

VETERINARY MEDICAL BOARD TELECONFERENCE MEETING MINUTES

Pursuant to Governor Gavin Newsom's Executive Order [N-29-20](#), issued on March 17, 2020, the Veterinary Medical Board (Board) met via teleconference/WebEx Events with no physical public locations on **Thursday, August 13, 2020**.

9:00 a.m., Thursday, August 13, 2020

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

Dr. Jaymie Noland called the Board meeting to order at 9:00 a.m. Executive Officer Jessica Sieferman called roll; seven members of the Board were present, and a quorum was established. Ms. Dianne Prado was absent.

Board Members Present

Jaymie Noland, Doctor of Veterinary Medicine (DVM), President
Kathy Bowler, Public Member, Vice President
Christina Bradbury, DVM
Jennifer Loreda, Registered Veterinary Technician (RVT)
Mark Nunez, DVM
Cheryl Waterhouse, DVM
Alana Yanez, Public Member

Staff Present

Jessica Sieferman, Executive Officer
Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Robert Stephanopoulos, Enforcement Manager
Terry Perry, Enforcement Technician
Justin Sotelo, Lead Administrative & Policy Analyst
Karen Halbo, Regulatory Counsel, Department of Consumer Affairs (DCA)
Tara Welch, Board Counsel, DCA

Guests Present

Caroline Adrian, Physical Therapist (PT), PhD, FIAVRPT
Joshua Arellano, PT, Doctor of Physical Therapy (DPT)
Mary Argo, PhD
Karen Atlas, PT, MPT, Certified Canine Rehabilitation Therapist (CCRT), President, California Association of Animal Physical Therapists (CAAPT) / Animal Physical Therapy Coalition (APTC)
G.V. Ayers, Lobbyist, Gentle Rivers Consulting LLC
Joanne Bak, DVM, CCRT, Certified PT
Shelah Barr, CMT, ABW, SAMP, CCC, FP-MT, CCFT
Jennifer Benton, PT, CCRT
Karyna Blake
Kellie Boiston, PT, RVT
Zane Brown, Consumer
Carrie Calay

Ruthie Combs
Hillary Conant, DVM
Elizabeth Coronel, Co-Moderator, DCA, SOLID
Mary Kathryn Cruz Jones, Medical Board of California
James Dagostino, PT, DPT
Stacy DeFoe, Executive Director, California Physical Therapy Association (CPTA)
Diane DeStefano
Nancy Ehrlich, RVT, California Veterinary Technicians Association (CaRVTA)
Ann Essner
Valerie Fenstermaker, California Veterinary Medical Association (CVMA)
Diane Francis
Jeanine Freeberg
Marissa Greenberg, DVM
Sandy Gregory, RVT
Rae Greulich, Consumer
Patrick Grohl, Premiere Equine Center
Kirsten Haeusler, PhD, Certified Canine Rehabilitation Practitioner (CCRP), Rehabilitation
Specialist
Kristen Hagler, BS, RVT, VTS (Physical Rehabilitation), CCRP
Kayla Hardin
Lee Heller, PhD, J.D.
Amie Hesbach, PT, MS, DPT, CCRP, CCRT
Carrie Holmes, Deputy Director of Board and Bureau Relations, DCA
Roubina Honarchian, DVM
Diane Isbell, DVM
Jason Kaiser, Executive Officer, Physical Therapy Board of California
Megan Kelly
Jon Klingborg, DVM
Ron Koh
Jill Kuhl, DPT, MSPT, CCRT, OCS
Diane Lamoreaux
Janella Leano, PT, DPT
Nancy Lee, PT, MA, CCRT
Maria Lima
Natalie Lindberg, RVT, CaRVTA
Francisco Maia, PT, DPT, CCRT
Emily McKay, PT, DPT, CCRP
Rachell Mendez
Jenny Moe, PT, MS, DPT, CCRT, APT
Ronald Moe, Consumer
Krista Niebaum, PT
Leigh Ann Nilsson, CCRP
Brittany Ortega, Moderator, DCA, SOLID
Angela Ortiz, RVT
William Otto
Ryan Perez, Business Analytics Manager, DCA
Russ Peterson, DVM
Zach Powell
Chris Reed, PT, DPT
Elizabeth Reed
Alice Rose

Donna Roth, Consumer
Robyn Roth, PT, APT, MPA
Mike Sanchez, Television Specialist, DCA
Juanita Smith
Ashley Snook
Melissa St. Rose, Consumer
Lisa Stahr, Founder/President/CEO, Scout's House, Inc.
Leigh Stevens, DVM
Richard Sullivan, DVM, Board Multidisciplinary Advisory Committee (MDC)
James Syms, PT, DSc
Christine Talbott
Julia Tomlinson, BVSc, MS, PhD, DACVS
Erin Troy, DVM
Kelly Valdez
Patricia Wagner, DVM
Jessica Waldman, DVM, CCRT
Stuart Waldman
Lisa Wogan, Reporter/Editor, Veterinary Information Network News Service

2. Public Comment on Items Not on the Agenda

Ms. Ashley Snook asked if individuals providing comment could introduce themselves, so that members of the public could follow along and know who is speaking.

Mr. Ronald Moe, a consumer, indicated that he owns many animals and has fostered many. He shared that he is married to an animal physical therapist, who is one of the best in the country. He stated that his wife is unable to open her own business because of a supposed monopoly that veterinarians would like to have. He stated that no doctor controls his physical therapist and that he gets to choose his own physical therapist through referrals from his doctor. Mr. Moe indicated that he wants the same exact thing for his animals – to be able to choose his physical therapist for his animals. He added that he is able to choose his own veterinarian; and he wants the same for his animals when it comes to physical therapy. He explained that no doctor supervises his human physical therapist, so it should be the same way for animals. He added that brick and mortar businesses can be increased by allowing animal physical therapists to have their own business locations, just like human physical therapists.

Ms. Sieferman reminded members of the public that testimony related to animal physical rehabilitation (APR) would be heard under Agenda Item 4.

3. Update, Discussion, and Possible Action on Amendments to Section 2035, Article 4, Division 20, Title 16 of the California Code of Regulations (CCR), Duties of Supervising Veterinarian

Ms. Sieferman explained that the cover memo for this agenda item provided background on and the approval review status of the rulemaking package. She explained that the MDC and the Board spent a significant amount of time on the proposed regulatory text. She stated that when the package was reviewed by the Business, Consumer Services and Housing Agency (Agency), they expressed some concerns related to the use of the terms “necessary”, “extensive clinical skills”, “requisite training,” and “demonstrated competency.” She explained that Agency’s concerns pertained to the Administrative Procedure Act’s (APA) “clarity” standard, which

ensures that regulations are easily understood by those persons directly affected by them. She added that given the amount of work that has gone into this proposal, it would likely take some time to resolve the concerns. She indicated that the Board may want to consider giving this item back to the MDC, where it originated, to vet further.

Dr. Noland asked for comments from members of the Board or a possible motion and welcomed comments from members of the public.

Nancy Ehrlich, RVT, CaRVTA, reminded the Board that the purpose of the regulatory proposal was to discuss giving RVTs enhanced duties or restricting some job tasks of veterinary assistants. She added that the conversation devolved into items being too complicated and that job tasks change over time. Additionally, she stated that the language ended up with superfluous definitions. She explained that subsection (a) of CCR section 2035 already encompasses everything that is in subsection (d); therefore, subsection (d) is not necessary. She added that, if the MDC is of the same opinion (they cannot define any new job tasks that should be restricted to RVTs), then they should just eliminate the addition of subsection (d).

James Syms, PT, DSc, stated that any regulatory proposal going through the review process must pass DCA and the Office of Administrative Law (OAL) and meet clarity, statutory authority, and non-duplication standards. He wished the MDC luck in addressing the concerns identified.

Leigh Stevens, DVM, indicated that she would like to see this item go back to the MDC because it does seem superfluous. She added that the regulations, as they stand, are already adequate.

- Dr. Cheryl Waterhouse moved and Dr. Mark Nunez seconded a motion to delegate this item back to the MDC for discussion at its next meeting. The motion carried on a vote of 6-0-1, with Ms. Jennifer Loreda abstaining.

4. Public Hearing on Proposed Adoption of Section 2038.5, Article 4, Division 20, Title 16, of the CCR, Animal Physical Rehabilitation

Dr. Noland indicated that she wanted to provide a few statements before the hearing commenced. She stated that she first wanted to make a clarification regarding the assertion that Board members did not attend the September 10, 2015 public hearing regarding the animal physical rehabilitation rulemaking. She explained that a rulemaking hearing does not require Board member participation and that the purpose of a hearing is to provide the public with an opportunity to present their oral or written comments on the rulemaking. She added that once comments are received, Board members then consider these comments carefully and deliberate on responses, which may occur at a subsequent Board meeting. She explained that since the September 10, 2015 rulemaking hearing was not a Board meeting, Board members who were present were not identified as Board members and did not actively participate. She added that at the October 20, 2015 Board meeting, the Board members reviewed the public comments, decided to withdraw the rulemaking at that time, and sent the matter back to the MDC to address various concerns. She stated that, given the controversy surrounding this topic, it was believed that holding this public hearing during a Board meeting was appropriate.

Dr. Noland proceeded with starting the hearing. She indicated that the hearing was being held under the authority of Business and Professions Code section 4808 and the procedures set forth in the APA. She stated that the hearing was beginning at approximately 9:23 a.m., on August 13, 2020. She added that the hearing would be open to take oral and written testimony

and/or documentary evidence by any person interested in these regulations, for the record, and that testimony and documentary evidence would be considered by the Board pursuant to the requirements of the APA. She stated that the following procedures would be followed by all persons providing testimony: follow instructions from the moderator; provide name and group represented; provide up to two minutes of oral testimony; provide written testimony to the Board by 12:00 p.m.; if applicable, indicate agreement with prior testimony without repeating; and, summarize written testimony orally, but do not read into the record. She added that once the Board has heard all public testimony, the Board will determine appropriate responses that will be included in the Final Statement of Reasons filed with OAL and posted on the Board's website. Dr. Noland also indicated that a complete copy of the rulemaking file will be available for review at the Board's office in Sacramento.

Dr. Noland opened the matter up for public testimony.

Oral testimony is transcribed, as follows:

[Kristen Hagler](#), BS, RVT, VTS (Physical Rehabilitation), CCRP - **SUPPORT:**

Thank you for the time to speak today. My name is Kristen Hagler, and I'm a California Registered Veterinary Technician. Twenty years of experience in the animal physical rehabilitation field, holding multiple credentials and board certifications. I am the President of the Academy of Physical Rehabilitation Veterinary Technicians and am considered an exceptionally qualified subject matter expert. I support the regulations for animal rehabilitation, as proposed. Consumer access for rehabilitation and pain management has grown since the early 2000's. In California, there is a combined number of nearly 190 veterinarians and Registered Veterinary Technicians, if not more, who have completed advanced coursework or board specialty recognition in rehabilitation and pain management. In comparison, veterinary ophthalmology, founded 50 years ago, has only 20 board certified veterinarians listed in the State of California. Why aren't human ophthalmologists here lobbying to treat animals and increase consumer access? Aren't they just as qualified to treat pets using the same argument...consumer protection, access, and safety? What would stop them from doing so if these regulations are changed yet again? Precedents must be evaluated very carefully. Opposing these regulations violates RVT and veterinarian job duties. Physical therapists will be allowed to place and replace splints, perform castings on animals...[inaudible]...without the direction of a veterinarian. Improper placement of a medical appliance can cause significant or permanent harm, as it is being done on animals. I have experienced injuries to animals and would like to see this prevented. In closing, I do have other examples of injuries for medical attention for veterinarians that happen and occur all the time during treatment. Accidents happen. Conditions go unnoticed by pet animals and pet owners. I challenge a non-veterinarian and members of the public to recognize the subtle abnormalities in animals that pet parents are unaware of...[time reached]

[Patricia Wagner](#), DVM - **SUPPORT:**

Good morning, thank you for the opportunity. I am Dr. Patricia Wagner. I'm a veterinarian. I'm licensed in California, as well as three other states. And I have advanced training in pain management, acupuncture, and physical rehabilitation. My two statements are that...non-veterinary individuals, regardless of their other training, do not have the knowledge of physiology that multiple species have, and the differences between them. And quite basically, humans and dogs do not function in a similar manner. Secondly, non-veterinary trained, or veterinary technician trained individuals, are not educated...[inaudible]...of pain in animals. And

by this, they could very easily injure or exacerbate underlying issues in their patients. And I think there's a great chance for harm in individuals that don't have a veterinary medical background. Thank you.

James Syms, PT, DSc - **OPPOSE:**

Good morning and thank you, Board, for allowing me to speak on this important issue. I've been involved with this way back since 2006. And I spoke many times before the Board. And, I'm considered a physical therapy content expert and was assigned to the Task Force, the Animal Rehabilitation Task Force, as such. My comments are basically in a couple of different parts. Number one, process – there's a flaw in the process. And it's very important. I mentioned earlier, regarding the comment of the previous agenda item, where the regulation regarding animal physical therapy, or any synonyms being proposed exceed statutory authority of a licensing board. Authority must be expressively written in statute. It cannot be assumed or implied, especially when it's codified in other parts of California law. Past attempts at regulatory action to address this issue have failed miserably, and nothing has changed to make the outcome of this regulatory event today to potentially be any different. I actually stated that at a 2015 Vet Medical Board meeting, presided by Mark Nunez in San Diego/San Marcos. And, a representative from the Department of Consumer Affairs, who happened to be there also, spoke next and concurred with my assessments here. From a professional practice standpoint, as a physical therapist, I make my clinical decisions based on my expertise. I would be offended if a board that I was licensed under would dictate the way I would have to practice, as this regulation would. I don't understand why any veterinarian would support the kind of...[inaudible]...In seven years of practice activities...[inaudible]...there have been absolutely zero disciplinary actions against physical therapists. From a consumer, I want the ability to seek the practitioner of choice that I feel can serve my animal. And I would like for the veterinarian to also be able to do that too. With that, I thank you for your time and I reserve that balance of my time. Thank you.

Caroline Adrian, PT, PhD - **OPPOSE:**

Good Morning Mr. Sotelo, Mr. Rodda, and the rest of the Board. My name is Caroline Adrian. I am calling in from Colorado. I'm a licensed physical therapist, who has successfully transferred my skills to animal patients over 20 years ago, when there was really no such thing a veterinary physical therapy or rehabilitation in the United States. I was the first physical therapist in the U.S., hired full time in a private veterinary practice in February of 2000. I have since established myself in this field, educating and developing collaborative relationships with veterinarians for the past 20 years. Some of these examples, I've lectured across the United States, around the world, Japan, Argentina, Sweden, Brazil, Italy, England, to name a few, at various physical therapy, as well as veterinary conferences. I've written chapters in books about veterinary rehabilitation, sat on expert panels with other board-certified veterinary specialists, published peer review research papers in prestigious veterinary journals, performed pro bono work, collaborating with new veterinarians to treat exotics. I direct rehab services for the largest veterinary hospital group in the country. And completed a PhD in Canine Biomechanics from Colorado State University's Clinical Sciences Department within the veterinary teaching hospital, taking courses side by side with veterinary students and veterinarians. This journey has been rewarding all along the way. We learn from one another. We strive to do what's best for our patients. And collaboration with other licensed professionals is not a new concept. We've had engineering, developing implants, performing research. And in 2007, I created a position and was hired as Director of Rehab Services. So, I see the limitations in patient care in a rehab setting across the country. And other states that do have common sense language that's

working. Therefore, I vehemently oppose this proposed animal rehab regulation with extensive knowledge and experience that this collaboration works...[time reached]

Francisco Maia, PT, DPT, CCRT - **OPPOSE:**

Good morning everyone. Thanks so much for having us this morning. My name is Dr. Francisco Maia. I am a physical therapist in Chicago, Illinois. I also serve as the current President of the Animal Physical Therapy Special Interest Group within the American Physical Therapy Association. And I have been faculty for one of the two institutions that teach veterinarians and physical therapists in the field of canine rehabilitation. So, needless to say, that I am considered one of the top experts in the field of canine rehabilitation. I wanted to take the time to talk a little bit about the common-sense language. So, for example, how it is done here in the State of Illinois, where the veterinary practice act allows other professionals, such as physical therapists, to work under the general supervision of veterinarians. That has allowed a tremendous amount of collaboration with veterinarians in the Chicago and Illinois area, who see us physical therapists as a very positive addition to the pet care that they can support for their clients. Not only that, they actually enjoy sending their patients to work with physical therapists. Specifically, because a lot of the time, they are weary of sending clients to clinics that do also general practice in veterinary medicine with the fear of clients choosing to stay with those clinics, not only for canine rehabilitation, but for the regular need as well as general practitioners. Also, as the President of the Physical Therapy Special Interest Group, I see physical therapists and students being very enthusiastic about the field of canine rehabilitation. And one of the main reasons why California needs to address this issue is because there are many physical therapists who wish to work in this field. But unfortunately, they are being suppressed of doing so because they don't want to invest the time and money in their education without knowing that they're going to be able to work with animals. Thank you so much.

Erin Troy, DVM - **SUPPORT:**

Good morning. My name is Erin Troy. I've been a veterinarian for 27 years and I've been practicing physical rehabilitation and pain management for 20 of those years. I am one of the first veterinarians in California to practice APR. My priority is, and always will be, the safety of animal patients. APR is safest when practiced with a veterinarian on site. This has never been disputed. It is unfair to the pet, their family, and to PTs not to have a veterinarian on site. Forty hours of unaccredited classes cannot replace a professional veterinary team. PTs don't know what they don't know. Emergencies happen. We've had patient seizures as they walk in the therapy room, we've had dogs collapse in the underwater treadmill, we've had dogs with congestive heart failure that the family thought were just having an off day, we've had a diabetic crisis and the family thought the dog had just played too hard the day before. If a vet had not been on site with these pets and families, they would have suffered. PTs may be able to take a temperature, but they can't diagnose an irregular heartbeat or heart murmur, or check the blood pressure or a blood glucose on the patient. No, of course they can't. It's not fair to expect them to. That's why we need a veterinarian on site. Over 80 percent of our rehab patients come with unrecognized and untreated pain. A painful body cannot be safely rehabbed. Pain must be diagnosed by a veterinarian and the multi-modal treatment almost always requires medications, which must be prescribed and managed by a veterinarian. I am making changes in my pet patient's medications on a weekly basis. We don't practice rehab in a bubble. Many pets who come to rehab are older and have multiple diseases and are on multiple medications, none of which a PT should have to manage. It's not fair to the pet, or the family, or the PT to not have a vet on site to assist these patients that are panting, have blood in their urine, increased appetite, decreased water intake, have vomiting or diarrhea. We all address these on site as they

happen, so the pet does not have to suffer from delay in care, and the family does not have to suffer the frustration of trying to find a vet appointment in days, or as our current situation, sometimes weeks...[time reached]

Nancy Ehrlich, CaRVTA - **SUPPORT**:

Well, it's hard for me to follow the previous speaker because she said virtually everything that I would say. I concur that the language, as proposed, is exactly as it should be. If physical therapists would like to work on animals, then they need to get a degree in an animal medical field. Because there are many veterinarians who are extremely competent who would like to work on people, but somehow they're not allowed to do that. So, I don't see the...it's arrogant that physical therapists think that they are able to treat animals as effectively as veterinary personnel. We're not in any way denigrating their skills as physical therapists. They are terrific and we need them. Just as we needed human dentists, and human cardiologists, to help us get our specialties off the ground. But they are not trained in veterinary medicine and they do not have a license to treat animals. And that's really all I have to say.

At the request of a Board member, the Board agreed to lengthen the time limit for testimony to three minutes. Individuals who already provided comments were given the opportunity to speak for an additional minute.

Marissa Greenberg, DVM - **OPPOSE**:

Hi there, my name is Marissa Greenberg. I'm a doctor of veterinary medicine in California. I am speaking today in opposition of this verbiage change. I myself have worked personally with my own dog, with multiple physical therapists with certification in canine rehabilitation, and have been incredibly impressed with their level of knowledge and skills for canines. I believe that their experience and training in humans provide them with insight into canines with their additional training that make it very safe for them to work on, not only my own dog, but any of my patients that I refer. I would like to have a choice with who I collaborate with, and find that these physical therapists are often excellent and skilled in this profession. I personally, as a veterinarian, received no skills or training in rehab. If this verbiage would mean that I could go and start doing rehab any day that I wanted, I actually have less training than any of them. I think that we should be giving owners a choice, and veterinarians a choice as to who they collaborate with. And what level of supervision a veterinarian is comfortable with, can help them determine that choice of who they refer to. I urge people to consider consumers' choices in this. I myself drove two hours each direction in order to be able to have my own dog receive physical therapy. Because the choices are already so limited. Owners need more choices in how they want to treat their animals. And veterinarians need those options as well. That's all at this point and I urge you to consider the opposition of this as well. Thank you.

Zane Brown, Consumer - **OPPOSE**:

Hi, thank you very much for allowing me to speak. I really appreciate it. My name is Zane Brown and I'm a consumer and I live in California. And I just wanted to...I have a dog myself who had some physical injuries over the last couple of years, about three years ago. And, we did an extensive search. We tried a lot of different options. We obviously started with veterinarians...and just to be clear, I'm not knocking veterinarians, of course. They definitely helped in the...they have definitely helped us, helping with my dog's physical problems. However, we did do a lot of searching. We went all over the state looking for what was going wrong with my dog. We couldn't figure it out. And finally, we found a physical therapist who did

an extensive...several sets of exams on my dog...physical exams, excuse me. And, was finally able to figure out what was wrong with him, where the pain was coming from, and begin to treat it. And basically, the physical therapists we've seen since this whole ordeal have been the reason that my dog is as healthy, physically, as he is today, and structurally. He had a very severe back issue and it took a long time to heal. You know, I'm really a fan of having a lot of different options. I support having a lot of different options, as far as treatment and who treats your dog because (or, my dog, I should say)...And, that's not to say that...So, that's pretty much where I'm at. I would love to be able to choose now and in the future who my dog sees, based on their level of knowledge, how they get along with him, how they approach his treatments. Because we have been down a lot of roads, up and down the state, literally. And, a lot of different modalities. So, I support having as many choices as you possibly can in physical therapists, and things like that. And I have nothing but great things to say about all the physical therapists my dog has seen over the last couple of years. And, thank you very much for your time and that's all I've got.

Donna Roth, Consumer - **SUPPORT**:

Hi, I'm Donna Roth. I'm an individual. I've been a pet owner and an animal lover my whole life. And, I take it very seriously, the care that I give to my dogs. I've even had more than one person tell me that they want to come back in their next life as one of my dogs, because I do really take it to heart. I've had four dogs taken care of by Dr. Jessica Waldman at CARE during the last fourteen years. I've had labs and they come with this set of their own physical problems. But the reason that I really believe that that should be part of the process is that...Just after she opened, I brought my lab Arlo to her because he was having so much trouble standing and walking. I've had three dogs of my four dogs who have had points in their life that they could not walk as they got older. And, one of the things that happened was that, during his exam, the therapist thought...and, God bless the therapists, they're so wonderful...but, he was breathing a little heavy, they thought that he was being lazy, and she examined him and said to me, you need to get chest X-rays. And it was the beginning of pneumonia for him. And, he had had laryngeal paralysis and had surgery and had quite a few bouts of it. But, had it not been for her at that moment, I don't know what would have happened and the fact that she was trained to know that it was something that I really needed to pay attention to. And, I can think of multiple other times when [she] had literally identified life threatening conditions for my dogs. One was a mast cell tumor...you know, dogs have plenty of lumps and bumps, but I had no way of knowing that. And, just ranging from reflux to more pneumonia to eye issues, glaucoma, all these different things. And, I think that what really has been important is that...the ability to use medication in combination with therapies and home care...and, I've had these dogs get their legs back in the most inspiring way. But the proper pain assessment and understanding the diagnosis and doing those treatments at the same time really got them up and walking. And, a vet on site is a constant medical advocate and they've been trained, they go to school for this. I feel nothing but lucky. It was the reason that I chose that facility. And, I couldn't possibly treat the physical challenges without this combined medication and physical therapy. And also, their amazing trained eye. So, I feel very strongly about it. It would make me go to a different place than that. And it saved my dog's lives, literally. So, please consider that and thank you so much.

Jenny Moe, PT, MS, DPT, CCRT, APT - **OPPOSE**:

Hello Board, thank you for this opportunity to speak. My name is Dr. Jenny Moe. I've been a licensed physical therapist in California for 17 years. Certified Canine Rehabilitation Therapist for over 10 years. I also hold an animal physical therapy license from the Veterinary Board in the State of Nevada. I'm the Vice President of the Animal Physical Therapy Special Interest

Group of the American Physical Therapy Association. I left the State of California last year in order to open a rehab business in Stateline, Nevada. And I would love to be able to serve the San Francisco Bay Area in the same way, collaborating closely with referring veterinarians for the best care of these animals. I strongly oppose this proposal. There is a huge backlog in California for pets waiting to gain access to physical rehab services. You have critical pets who literally cannot move, worsening. Time is their worst enemy. They have to wait months at times to get even an evaluation. Limiting qualified physical therapists from these services to direct supervision further limits access for these pets and consumers. I respectfully would like an explanation, specifically, as to why you rejected your own Stakeholders Task Force language, as it related to PTs practicing on animals. Instead of allowing the veterinarian to decide the level of supervision, you reworked the language to identify PTs, specifically, as practitioners who would need additional training on canines to even work with direct supervision. This is a heavy burden to put on PTs, specifically. And while you are not pursuing that language here today because you don't have the authority to do so, we would still appreciate a full explanation as to why you voted to require and call out PTs, specifically, to need additional training on animals in order to practice, even under direct supervision. But if you are an untrained person off the street, meaning an unlicensed veterinary assistant, you voted to allow these individuals to practice under the same provision of direct supervision, without any training at all? Why did you single out PTs? I do hear the veterinarians' concerns and respect their views tremendously. I worked closely for nearly ten years in a specialty practice and greatly appreciate having a veterinarian on site. At the same time, I've been able to catch many medical issues that were missed by my veterinary colleagues in that facility. I'm by no means saying that I have the same level of medical knowledge as a veterinarian. We PTs simply want to work alongside veterinarians and would completely respect their opinion if they felt a complicated patient needed to be seen in the facility with direct supervision. Speaking to previous comments, I have treated several animals over the years who actually sustained further injury while doing rehab in facilities with veterinarians and technicians only. Our expertise as physical therapists, alongside appropriate veterinary rehab training, allows us a unique position to help many pets. Thank you very much for your time and consideration.

[Joanne Bak](#), DVM, CCRT, Cert PT - **SUPPORT:**

Thank you. I'm Dr. Joanne Bak. I'm a veterinarian and a certified rehab practitioner. Certified CCRT. I've been a veterinarian for about 25 years. And fifteen of those have been formally practicing veterinary rehabilitation therapy. I've been an associate at veterinary specialty practices, including one of the largest veterinary corporations in, as well as veterinary rehab practices, one of which did utilize physical therapists. And, currently I've owned my own veterinary rehab practice for the past five years. So, I'm representing veterinarians, veterinary RVTs, and our pet patients. I support and agree with the proposal. And, I have more than two minutes, or two and a half minutes can cover, so I did write a detailed letter to the Board, which I submitted in support of this proposal, which I would like reviewed by the Board. I agree with prior speakers, Erin Troy, Nancy Ehrlich. Both of which I thought was very well said in similar viewpoints from mine. There's also a good letter by Dr. Richard Sullivan, of Bay Cities, that I think is worth a good review of as well. There's a gentleman that spoke earlier about having the consumer make it their choice. And we're not saying that the client and the consumer cannot have their choice in whether they see a physical therapist or a veterinarian. But they need veterinary supervision for the safety and the best interest of our patients. Every day, our veterinary patients, that I've experienced in all of my years of practicing rehab, need to be assessed, looked at. There're decisions we're making on a daily basis regarding our patients' care and their therapy. We're asked questions by clients and veterinary assistants and veterinary technicians every day that need to be answered most appropriately by the

veterinarian. I have veterinary technicians, veterinary assistants, RVTs that can assess patient vitals for our high-risk patients. I feel most comfortable with that and their skills with that. We have addressed, at times, urgent needs and pain and emergency situations that I feel are really only best serviced by a veterinarian on staff. I personally require...[inaudible]...experience to have anybody work in rehab for our facility. I've only had a couple of PTs actually inquire about jobs, and they don't have any veterinary coursework behind them. So, I don't see a whole lot of applicants for this field, personally. Although I've worked with a number of PTs and do feel that they are capable and respect what they do. I do feel that supervision by a veterinarian, however, is needed. Vets are qualified to perform and assess...[time reached]

Sandy Gregory, RVT - **SUPPORT:**

Hi, thank you for letting me speak. I'm Sandy Gregory, I'm an RVT. I've been an RVT since 2001. Before being an RVT, I was in the human physical therapy world as an assistant as an exercise scientist. So, I have both angles of experience. I'm also an instructor at a veterinary technology program. And like so many of the other people, like Nancy Ehrlich and Dr. Troy have stated, I support the language, as proposed. One of the things that I have a problem with is that bandaging and casting is an essential skill for veterinary technicians. And I have taught many veterinary technicians, and being an RVT myself, I value those essential skills. And I understand how to do that while animals are not the same as people. Physical therapists are trained to work with people. The other issue with this too that I feel is that there's a lot of schooling that goes behind veterinarians and veterinary technicians. And this is veterinary medicine. So, there's anticipatory skills and ability to interpret and respond to animal behavior. So, fear, pain, and aggression that we get extensive training in in the veterinary field and physical therapists do not get that same training. So, when an animal comes in, we have the ability to recognize those problems and can address them much more appropriately. And know how to make their experience more valuable and successful. I am not saying anything to degrade the skills that PTs have. I've worked with PTs and their experience is invaluable. But we have the advanced training. They have the advanced training as well, in certain areas. And, it would be nice to collaborate and be under the supervision of a veterinarian when things arise. Such as, some of these emergencies. The other thing too is that a lot of animals coming into physical therapy or animal rehab are long term patients, they're the geriatric ones. And I have a place in my heart for these animals, and if they are just going to a physical therapist, the physical therapists are not able to see the minor nuances of changes that are happening that can be addressed much sooner. So, I have a lot more that I can say, but the bottom line is that I support the language, as proposed. Not saying anything about the skill level of the PTs, but supporting RVTs and veterinarians in this field. Thank you for your time.

Richard Sullivan, DVM, MDC - **SUPPORT:**

Thank you. My name is Dick Sullivan. I am a small animal practitioner in Torrance, California. I'm a member of the MDC and a former member of the Veterinary Medical Board. I was on the Board and the liaison to the MDC during the development of these regulations. My letter is in your packet, so I'm not going to repeat that information. What I will do is respond to some of the comments that are in the letters of opposition that are in the packet. After the North Carolina antitrust issue, we are all very sensitive to the comments that this legislation deprives someone of their income. This legislation does not deprive any physical therapists of their livelihood. Their license is to practice physical therapy on humans, not animals. And if they want to work with animals, these regulations allow for that too. Another comment has to do with physical therapists having additional courses, certification programs, so they are properly trained to work on and care for animal patients. One of the courses that was referenced during the development

of these regulations was a course in which the final exam was a take home exam that the student had 30 days to complete with collaboration encouraged. Hardly a standard that would satisfy the educational requirements of any certification program approved by California's Office of Professional Examination Services, let alone, an equivalent to a degree in veterinary medicine. At the time, another comment was veterinarians were just protecting their income stream. This is not true. We do not have animal physical rehab at our clinic. There's an animal physical rehab clinic just up the street from us. It's owned by a physical therapist. She has a staff of veterinarians, physical therapists, and veterinary assistants. If there is a consumer complaint, then the Board of Physical Therapy would be deciding on this case because the Veterinary Medical Board cannot discipline another profession's license. The Physical Therapy Board has absolutely no experience in the Practice Act or in the standard of practice of veterinary medicine. This would not be consumer protection. To adopt any regulation for animal physical rehab less than these would not protect the public, and more importantly, would not be in the best interest of our patients. And in California, why should we offer anything less? Thank you.

[Lisa Stahr](#), Founder/President/CEO, Scout's House, Inc. - **OPPOSE**:

Thank you. I just wanted to give you a perspective of someone who's been doing animal physical therapy for over 15 years. I was the founder of Scout's House, one of the first facilities in the nation to offer this service in veterinary medicine. I am not a veterinarian. I am not anything other than someone who saw a wonderful need for an incredible service. My business partners, however, are both veterinarians. And, at the time that we developed Scout's House, we strongly agreed. And they felt very strongly about this...that veterinarians were not sufficiently knowledgeable about, or experienced with, the modalities and the therapies that rehab therapists must be proficient in. And that a physical therapist was. So, my veterinarians required me to hire a licensed physical therapist for humans to operate as the Director of Rehab Therapy for Scout's House, our business. Every patient at Scout's House starting then, and today, is required to be evaluated by one of our veterinarians and by our Director of Rehab Therapy, who is the licensed physical therapist. But, Krista Niebaum, our PT and the head of our rehab therapy program, she works with the veterinarians to do the initial exam. I think each professional brings her unique skills and training for the patient, which is a wonderful collaboration that consumers really appreciate. The veterinarian performs a general exam, with a specific emphasis on the patient's underlying health conditions. Particularly, any issues that may...[inaudible]...rehab. And, the physical therapist performs an evaluation on the animal's current functional abilities and assesses the animal's rehab potential. Together, the vet and the PT discuss the patient's case from both of their professional perspectives. And then our PT creates a comprehensive treatment plan tailored to that patient's unique functional and medical needs. It's a process that has worked very well for more than 4,000 companion animals that we have treated in over 15 years. I want to be very clear, too, that I really do support regulations that allow qualified and licensed PTs to work under the indirect supervision of a veterinarian. And to allow them to work on animals after a veterinarian has established a veterinarian-client-patient relationship, made a diagnosis, and determined that rehab would be safe and beneficial for the animal patient. I don't think that a PT has to have direct veterinary supervision. And I don't support the language that we are talking about here. So, I appreciate the time that you've given me to talk about this, but it's a perspective that's been working for 15 years, and I think you should consider it. Thank you.

[Lee Stevens](#), DVM - **OPPOSE**:

Hi, my name is Lee Stevens. I am a veterinarian. I actually am the supervising veterinarian for Scout's House. So, coincidence seems to have happened here. What I would like to say, to follow up, is that...really, this interpersonal relationship and collaboration that we have is very, very powerful. It does not preclude the fact that cases are being referred to us by veterinarians. Because they themselves don't have the skills. I agree, I don't have the skill to do physical therapy. And after working with a physical therapist, we approach cases from very, very different perspectives. If we have animals that need further pain control, we can use things like modalities with PT. But then I also make sure that we refer back to the referring veterinarians, so that animals are not lacking for pain control. Another thing that was really important was that when this practice was set up, it was set up so that we are next door to an emergency clinic. We're next door to a veterinary clinic. We made sure that, even if a veterinarian was not on site, they certainly could be safely treating animals and have care that was available instantaneously. Another thing is that when animals are being assessed by a veterinarian...again, we're coming up with the diagnosis. PTs are not trained, and they know they're not trained, to diagnose. But they are trained in finding the best course of action and the best treatment plan for animals. If they are appropriately certified, then they certainly are able to recognize what's going on with animals. And if they've worked with animals long enough, they too will be able to understand when some animal is in discomfort or if there is a problem. We have RVTs. We have an RVT who works with us as well. So again, she is well, well qualified to assess if an animal is not doing well. So, we've tried to cover all of our bases. And, in terms of...there was the CVMB's Stakeholder Task Force, which I thought very much appropriately covered physical therapy and how PTs and veterinarians could operate together. And there are other states that have successfully worked together to allow licensed physical therapists and veterinarians to work together, so that consumers had the best access to the best options as they can. And, I can't tell you the number of times we've had animals come in where people are like this is the last option. If this doesn't work, we can't get in anywhere else. But, there's not a lot of PT available and when they can have it, and you know that you are saving an animal from being euthanized because you can get them to walk again. That's...[time reached]

[Patrick Grohl](#), Premiere Equine Center – **OPPOSE:**

Hi, thank you for your time. My wife and I started Premiere Equine Center in Oakdale, California 12 years ago. And we are probably the largest equine rehabilitation facility in the country, let alone the state. First off, I think you guys really strongly need to consider differentiating between the companion animals, you know, your pets and the equine industry, as it is such a different field. The requirements to house these animals are so different. When this regulation came out, I had at least 10 to 15 veterinarians reach out to me, contact me, and said what are we going to do with our horses? Where are we going to send our horses? These are the owners of clinics, this is the head of surgery at UC Davis, these are the biggest veterinarian names on the West Coast. What are we going to do with our horses? Our facility does not practice veterinary medicine. You can only get a horse into our rehab facility with discharges from a veterinarian. All their care is not overseen daily by a veterinarian, but they all get veterinary re-checks. Their rehab program is all discharged by a veterinarian. And like I said, you cannot get a horse onto our facility without it coming from a veterinarian. We work as an outlet for the vets; they don't have the facility or the staff to rehab horses. Obviously, to keep a large number of horses on site, it takes a lot of property, a lot of facility. And, we provide that for the veterinarians. Our clientele comes from all over the country. We take care of your Kentucky Derby horses and your Olympic type jumpers. And they all come with discharges from veterinarians. The changes to the guidelines would be a huge disservice to the veterinarians in California and to the consumer, the equine owner...as they rely on our facility...and the veterinarians that refer the horses to our facility to help care for their animals. Like I said, I think the small animal side and the large

animal side are so different, and that needs to be taken into consideration. And there definitely needs to be some different guidelines. I do feel like there needs to be some guidelines on both sides. You know, especially on our side, the large animal side. I feel like every horse at a rehab-type facility should come from a veterinarian, and needs to have discharges from a veterinarian. And they need to make sure that whoever is taking care of those animals are not practicing veterinary medicine, they're not treating horses, they are not diagnosing injuries. We do not do any of that stuff at our facility. And that is how we have such good relationships with the vets. They know that their client is still under their care even though it's at our facility. So, thank you for your time and please consider having completely different standards for large animals and small animals. Thank you.

Kellie Boiston, PT, RVT - **OPPOSE:**

Thank you for allowing me the opportunity to speak today. My name is Kellie Boiston. I am a physical therapist, a certified equine rehab therapist, and a member of the California Association of Animal Physical Therapists. I am also an RVT. But, I want to be very clear that it was my training as a physical therapist, not as an RVT, that gave me the skills to perform rehabilitation...including pain, assessment in verbal and non-verbal patients, and the extensive training in anatomy, muscle function, and joint kinematics...that is essential to rehabilitation. I am speaking today in opposition to this proposed regulation. We recognize that the field of animal rehab needs oversight and regulation. And we have attempted, for years, to work with the CVMA and CVMB towards the goal of reasonable and responsible language and regulations that would protect the consumer and pet. And, at the same time, allow them access to quality and affordable rehabilitation for their pets. If the Vet Board is successful with defining the practice of animal rehab, as the practice of veterinary medicine, and not create a pathway of exemption for a licensed physical therapist, with advanced training in animals, to work under reasonable guidelines, my job opportunities, and ability to earn a living would be dramatically reduced. This regulation would be restraint of trade. I urge you to put a stop to any regulatory effort that fails to include a licensed physical therapist, with specialty training in animals, as a legitimate provider of animal rehab services. I urge you instead to require language that would allow qualified licensed PTs to work under direct or indirect supervision, with the level of supervision to be determined by the referring veterinarian. And to allow them to work on animals after a veterinarian has made a diagnosis and determined that rehab would be a safe and beneficial intervention for their animal patients. Leaving the decision up to the veterinarian, and allowing qualified PTs to practice in the range setting, or on their own premises, under indirect supervision, again, in cases where the referring vet has deemed this safe and appropriate, will allow increased safe access for consumers, allow veterinarians to collaborate with other licensed professionals of their choice, and allow the Board oversight to protect the consumer. This is consistent with the CVMB Stakeholders Task Force recommendations, and is consistent with the other states that have gone before us. Thank you for your time.

Angela Ortiz, RVT - **SUPPORT:**

I'm in full support of the written regulations. I do feel that they fully support the consumer protection and the patient safety, especially while maintaining the VCPR. Veterinary technicians have to work under the direct supervision of the veterinarian. We can't bandage, we can't do splints. I've seen a lot of damage actually happen from PTs, so I am fully in support of the current bill. So, I just wanted to share my support. Thank you.

Joshua Arellano, PT, DPT - **OPPOSE:**

Hi, thank you...I just wanted to say thank you for your time. My name is Dr. Joshua Arellano, I'm a physical therapist. I've been practicing and participating in animal physical therapy/rehabilitation since approximately 2010. I feel like if this language is approved, we are essentially limiting consumers' ability to choose quality care for the animals. Physical therapy is a collaboration between vets and us, physical therapists. Both with their own areas of expertise. I challenge any vet to a discussion in progressive overload or periodization or a rehab plan of care for their patients without collaboration from a physical therapist. I'm not saying we are trained to diagnose medical issues in animals. We are not. However, we are experts in developing a plan of care to improve a patient's functional mobility, address their functional impairments, and allow them to be as healthy and capable as their owners would wish them to be. I do support indirect supervision. But I do want to make it clear that I do not support this direct supervision. And I just want to say that I feel that collaboration with veterinarians and physical therapists is key. That's all I wish to say. Thank you.

Jon Klingborg, DVM - **SUPPORT**:

Hi, I'm Jon Klingborg, a small animal veterinarian, and I served on the MDC for nine years. At the outset, it should be noted that physical therapists have always been welcomed to provide their services in an animal hospital setting that is under a veterinarian's supervision. There are 3,000 veterinary premises in this state. That means that there are 3,000 opportunities for physical therapists to collaborate with a veterinarian on behalf of an animal owner. And 3,000 potential locations that could provide plenty of access for the California pet owner. APR is a mainstream veterinary service. It may surprise you to learn that, in California, there are three times more DVMs and RVTs certified in APR than there are veterinary specialists for neurology, oncology, and cardiology. I've uploaded that graph for you. And there isn't an outcry from clients that they don't have enough access to veterinary neurologists, oncologists, or cardiologists. This crisis is largely manufactured by those with a vested self-interest. Moreover, you don't see those MDs in these fields try to cross over and work on animals. For some reason, this whole scope of practice issue seems to be unique to physical therapy. Let's be clear that the primary goal of those opposed to the proposed language is to allow PTs to provide APR outside of the veterinary practice setting. In part, this issue is also driven by physical therapists who have opened their own businesses, working on animals, which, by the way, appears to be a violation of their own practice act and by veterinarians and physical therapists who stand to gain financially through certification courses. The bottom line – this proposed language contains regulations that clarify how physical therapists may be allowed to practice APR legally. Please support it. Thank you.

Francisco Maia, PT, DPT, CCRT - **OPPOSE (allowed one additional minute)**:

Yes, thank you so much for allowing us that extra minute, so I can finish the thought process that I was going through earlier. Which is good, because it ties up very nicely with the comments that have been done regarding the general practice of veterinary medicine...[inaudible]... diagnosis of what's going on with the pets. So, common sense language that has been adopted in other states still maintains the power of doing diagnostic tests and providing the diagnosis to the veterinarians. That does not change. Much like it has worked with physicians and physical therapists in human medicine since the inception of the physical therapy profession almost a hundred years ago today. If any of you have had physical therapy for yourself, or a loved one, then you will know that the PT worked in collaboration, but independently from your physician. It would be completely infeasible to have a physician present in every physical therapy clinic in the United States or in California. So, I ask, why are we placing this barrier in animals getting the same level of care that we do for ourselves? Thank you.

[James Dagostino](#), PT, DPT - **OPPOSE**:

Thank you, madam moderator. My name is Dr. James Dagostino, doctor of physical therapy. And by the way, I don't practice on animals. I'm a human physical therapist. But, back in 2013, like Dr. Syms, I was considered a contact expert for the California Physical Therapy Association. At that time, there was a compromise that could be had. And today, there's a compromise that could be had. I believe, with many of my colleagues who have said physical therapists are not diagnosticians, once an animal is medically cleared, you should turn the PT loose and let them do what they do best. If they have the advanced training. It seems that the veterinary profession has based their claim on their knowledge of physical therapy based on their advanced training. The RVT says...[inaudible]...Because they have advanced training, they should be physical therapists. Each has an idea of what rehabilitation should be and could basically collaborate, I would say, together. So, as my comments were back in 2013, I think you could come to a model whereby indirect supervision, after the animal has been medically cleared, is probably the smartest way to go. I said this back in 2013, when I wrote my letter to Dr. Tom...[inaudible]...and it seems we're stuck in the past right now. What makes this so? Ladies and gentlemen, this regulation that is proposed right now, chooses to ignore the physical therapists. And chooses to cut them out of the business, so to speak. One of the comments that I've always said is, why? How come you haven't chosen to include the physical therapists, in what I would call a collegial relationship? And my apologies to the doctors who have basically said, this is not about economics. Ladies and gentlemen, this is about economics. Thank you for your time.

[Kristen Hagler](#), BS, RVT, VTS (Physical Rehabilitation), CCRP - **SUPPORT (allowed one additional minute)**:

Thank you for the additional time. I will try to quickly expand on my previous comments. I would like the new Board members to understand my qualifications. I participated on the Animal Rehabilitation Task Force. I supported a model for veterinary licensees, veterinarians, or RVTs present at all times during an animal rehabilitation therapy. But this is not considered an option to address consumer protection and pet safety. My professional expertise also includes speaking internationally, editing and writing textbook chapters, and peer review journal articles. As a founder of the Veterinary Technician Specialty Organization, we had to petition to our national organizing body that there was a need to develop a specialty by meeting certain requirements. Our organization would not have joined the other 16 specialties if there was not a need. Please recognize the professional progress the veterinary profession has accomplished since collaborating with physical therapists. The American College of Veterinary Sports Medicine and Rehabilitation is leading the field in research and treatments for animals. Please also consider the enormous fiscal aspect, which was discussed during the Appropriations Committee in 2018 for Assembly Bill 3013. The initial estimated costs were upwards of \$600,000 and maintenance of that program was around \$125,000, annually. There was a reason that that bill failed. It is not necessary. Thank you for the additional time, I forego the rest.

[Jennifer Benton](#), PT, CCRT - **OPPOSE**:

I have been a physical therapist for twenty years and certified in canine rehabilitation for the past ten years. I'm calling to oppose the language proposed. As a physical therapist, we are experts at communicating, as part of a health care team. It is the core of who we are as a profession. And we do not work in a bubble. With every patient we see, at every visit, whether

they are verbal or non-verbal, we screen for red flags, and then we collaborate accordingly. That would be no different with animals. I do not believe that we need to be in the same building as a veterinarian to have a close and safe working relationship. Options for accessing animal rehabilitation are indeed extremely limited in California. I urge you to allow the referring veterinarian to determine the level of supervision needed, and to allow physical therapists to practice under indirect supervision. Thank you.

[Nancy Lee](#), PT, MA, CCRT - **OPPOSE:**

I am a physical therapist and I have worked and been certified in canine rehab for the past 10 years. I have worked very collaboratively with many veterinarians and have had excellent relationships with them. However, I would like to point out that vets do not have coursework in rehabilitation, as part of their veterinary curriculum. In contrast, physical therapists...our sole focus of our physical therapy curriculum is in rehabilitation, assessment, and techniques. And, we now have a doctorate degree in rehabilitation, which provides us extensive coursework in rehabilitation, assessment techniques, and treatment techniques. So, veterinarians learn their rehab techniques from physical therapists and continuing education courses. They are not qualified to supervise us because they are learning from us. With this regulation, even a new grad veterinarian, with no advanced certification in rehabilitation would be considered qualified to supervise us. The Veterinary Board is a consumer protection agency. Restricting consumers' ability to access the skills of a licensed physical therapist, with advanced certification in animal rehab, is not protecting the consumer. It may actually be harming the consumer and their pet by forcing them to get rehabilitation care from someone who has less skills and knowledge in rehab than a physical therapist. A veterinarian with no advanced certification in rehab could just go out and buy a laser or an underwater treadmill and call it rehabilitation. There is so much more that we can do in rehab than just those two modalities. If you want to protect consumers and their pets, you should go after dog groomers, who have actually killed pets, instead of physical therapists, who have not. PTs have been practicing in several other states without direct supervision and have never injured or killed an animal. The same rehabilitation techniques that work on humans work on animals. By preventing us from practicing our professional skills, in order for you to block up this market for vets exclusively, is restraint of trade. This is solely a money grab to prevent competition in a small, but growing market. In North Carolina, the dental cleaners took the vet board to the Supreme Court and won. So, precedence has been set.

[Valerie Fenstermaker](#), CVMA - **SUPPORT:**

Hi, this is Valerie Fenstermaker on behalf of the California Veterinary Medical Association. The CVMA has participated in numerous discussions and meetings over many years regarding the practice of animal physical rehabilitation and the ongoing illegal practice by lay persons. We are in full support of the proposed regulations. They define animal physical rehabilitation, they clarify who may render treatment, and they require that a veterinarian-client-patient relationship be established. Most importantly, they provide an increased level of medical care and safety for animal patients. These regulations are the results of many thoughtful and extensive discussions and we appreciate the process conducted by the Veterinary Medical Board on this matter. Thank you.

[Melissa St. Rose](#), Consumer - **SUPPORT:**

Thank you so much for giving me the opportunity. And, I'm actually a consumer. And, my goal is really just to share my own personal experiences, stories, in this area. Since 2003, through now, so 17 years, I've had five pets gone through rehab. And, I'll tell you that, in my opinion, it is very

important to have a vet on site. Three of my five pets, their lives were prolonged because a vet was on site, who actually noticed changes. In one situation, just noticing a slight change where...long story short, it turned out to be a mast. And I could take care of it faster, sooner rather than later. Another situation, where there was an inspection going on and it was the vet on site that actually noticed the slight changes and brought it to my attention, so I could take care of it. So, I'm not a doctor, I'm not a veterinarian, I'm not a rehab person. I'm actually just a consumer. But, in my opinion, it was very important, and is very important, to have a veterinarian on site because it's just these slight nuances that can make a difference and have made a difference in my pets' lives over the last 17 years. So, I just wanted to share that with you guys and let you know that, from a consumer standpoint, these vets on site are making a difference in our lives and in our pets' lives and prolonging their lives. So, in my opinion, a vet should be on site. Thank you so much for the opportunity to speak today. I appreciate it.

Amie Hesbach, PT, MS, DPT, CCRP, CCRT - **OPPOSE:**

Yes, thank you for your time. My name is Amie Hesbach. I'm a licensed physical therapist with a master's degree, a doctorate degree, in physical therapy. And, I'm dually certified in canine rehabilitation. I've been an educator of veterinarians, veterinary technicians, and physical therapists, both nationwide, as well as internationally. I'm a former president of the American Physical Therapy Association Animal Physical Therapy Special Interest Group. And I continue to collaborate with veterinarians and veterinary medical professionals in my rehab practice. And have done so for over twenty years. I'm calling today to oppose this proposal. What I do support is freedom of choice for the consumer. I do want to make clear that physical therapists are licensed professionals. We have a code of ethics, we have a standard of practice. We collaborate with veterinarians to manage the patient, medically. Physical therapists refer animal or human patients who are inappropriate for physical therapy and who have medical conditions or signs, which are emergent or which would not allow for safe practice of physical therapy, regardless of whether the veterinarian is on site or not. By mandating supervision, this will significantly increase the cost of rehabilitation service to the consumer and limit choice, creating a monopoly in this area of practice, limiting consumer choice, consumer access, and restricting trade. Veterinarians, veterinary technicians, veterinary nurses, and other practitioners in animal rehabilitation should be held to the same mandated level of competency, education, skills, and knowledge as physical therapists. I've seen soft tissue, joint, and boney injuries to pets who have been supposedly rehabilitated by practitioners who do not have the level of competency, education, skills, and knowledge as qualified physical therapists. Physical therapists should not be discriminated against and lumped together in the same group as non-licensed, non-regulated, non-educated lay people in this area of practice. That is my statement, and I thank you for your time today.

Stacy DeFoe, Executive Director, California Physical Therapy Association (CPTA) - **OPPOSE:**

My name is Stacy DeFoe, Executive Director for the California Physical Therapy Association. And we did submit our letter. So, I won't go too far into it. But we are opposed to the current regulatory proposal. We don't necessarily agree with the Vet Board's assessment that animal physical rehabilitation is defined in the veterinary scope of practice. We think this definition should be outlined by a legislative action. Physical therapists possess the education and skills that are essential to rehabilitation and should definitely be included in any such action. PTs are licensed professionals uniquely educated and trained to clinically assess patients, both verbal and non-verbal, and develop the appropriate course of rehab. And they're accustomed to working in a collaborative manner with other health care professionals. And we think a pathway with appropriate guidelines needs to be created for qualified physical therapists, with specialty

training, to collaborate with veterinarians and treat animals under direct or indirect supervision. And that would be up to the veterinarian to decide. This was recommended by the Vet Board's own Task Force. And this process has been working in many other states without incident. So, we would like to see the Board withdraw the current proposal and look for an alternative solution that specifically allows qualified and licensed PTs to work under the direct or indirect supervision. And to continue to treat animals once a determination diagnosis has been made by a veterinarian that rehabilitation is safe to continue. So, for all of the reasons that we've stated, we believe that the Board should provide flexibility to allow the veterinarian to decide the level of supervision. And collaborating with the physical therapist. This would improve the interprofessional collaboration, allow consumers to have expanded choice of access to qualified physical therapists for their pet, and allow properly qualified physical therapists to practice their expertise under more reasonable laws. We think California needs to catch up with other states who have already been doing this and, again, doing this without incident. Thank you.

Jessica Waldman, DVM, CCRT - **SUPPORT:**

Hi, thank you for the opportunity. I'm a veterinarian with advanced training in acupuncture and rehabilitation. I've served on two task forces for the Veterinary Medical Board regarding animal rehab over the past 10 years. I'm a pioneer in the veterinary rehabilitation field, and I opened a veterinary rehabilitation clinic 13 years ago, and my clinic also employs physical therapists. It still does. There is access for PTs. You can just come in, visit our clinic today. I've actually enjoyed working with PTs collaboratively. I see a lot of benefits. The other thing I've seen over 13 year are their deficits. From initial behavior issues or how to handle pets, PTs can't even put on a muzzle when they start working with us. Clients ask questions, a lot of questions, about pain management, about prescribing medication, about how to deal with their pet's pain. They can't answer this, and they can't address this through prescriptions. PTs can't read medical records from referring veterinarians to understand the full issues. They also are not trained in reading animal X-rays. One really important thing is that PTs can neither identify, nor treat, emergencies or critical situations. Our patients in the veterinary rehabilitation field are not healthy puppies. These are injured pets. They got hit by a car. They're paralyzed. They're painful. They're crying. They have open wounds. They have other issues like cancer or high blood pressure. I'll never forget A.J. A 10-year-old golden retriever with a lovely family. He was working with a physical therapist, who said that he seemed very tired during his exercises. Within two minutes, I had done a complete physical exam and found out the A.J. wasn't tired, A.J. was actually dying. He had a belly full of blood. He had a bleeding splenic tumor that, given my early intervention, was able to be stabilized and he lived for several months longer. Actually, almost a year. The PT thought he was tired. That was my first clue. We have to make sure we keep these pets safe from a veterinary perspective. The list is so long of medical problems that arise during therapy. I've seen life-threatening allergic reactions throughout my rehab clinic. I see seizures every two to three weeks. I've seen collapse. I've seen hundreds of pets struggling to breathe from heart failure. The most important thing is not just for PTs, to protect them, and to make sure that they are feeling good about what they're able to do, and what they want to do. Because they do have a wonderful role in our field. This is to protect the pets, it's to protect the families, it's to protect patients. I'm a veterinarian and I support this language, and I very much thank all the work that the Medical Board has done to also help promote keeping our pets very safe.

Russ Peterson, DVM – No position stated:

Thank you. My name is Dr. Russ Peterson. I'm an equine practitioner. Also, a diplomate in the American College of Equine Sports Medicine and Rehabilitation. I support what Pat Grohl

previously commented. And, in contrast to the companion animal rehabilitation, the scope of equine rehabilitation includes management provisions for longer term resident care. Expectations or aspects, such as housing, nutrition, preventive health, biosecurity for our accompanying residents there that are long term, rather weeks and months, as opposed to out-patients, are important factors. Cases should be all referred by a primary clinician for a specific rehabilitation exercise and supportive therapy for post injury, musculoskeletal injuries, and post-surgical cases. The physical sites, the equipment requirements, etc., that are required for equine facilities often force them to be in a remote or rural area, rather than directly on site in a veterinary clinic or hospital with resident veterinarians and RVTs and staff. Therefore, the equine rehabilitation facilities may best serve their patients and the consumer expectations for safe and effective rehabilitation by having a different set of criteria for licensing and regulating guidelines than a...[inaudible]...rehabilitation facility. Primary doctor patient...[inaudible]... should be the first step. And secondly, in the COVID times that we have, we're finding that telemedicine and other means of evaluating patients without onsite presence may be more of a factor in these equine...[inaudible]...The development of FaceTime and Zoom, and all those aspects, allow us to assess the progress of the patients on a regular basis, in addition to onsite visits, when necessary. Or, transport of those patients to a clinic or a facility for assessment and modification of their rehabilitation, as it should be modified. Development of specific guidelines, regulations, and staffing qualifications for the provision of different physical exercise and therapy modalities, specifically for equine rehab and post-op patients, would optimize patient care. And continued veterinary guidance, participation, and management would best optimize consumer protection...[inaudible]...The scope of services and veterinary interaction in the equine rehabilitation facilities in California is currently quite variable and warrants state veterinary direction focused upon specific needs and provisions, which are, in many ways, different than the companion animal rehabilitation facilities. Thank you for your time.

[Shelah Barr](#), CMT, ABW, SAMP, CCC, FP-MT, CCFT - **OPPOSE**:

Hi, my name is Shelah Barr. I hold several high-level certifications in canine physical fitness and conditioning training, as well as several certifications in human and animal massage. I've been serving the pet community for 15 years and was a member of the stakeholders Task Force. I also have a background in human medicine. I have a vetted interest in this issue, not only as a paraprofessional representing myself and my clients, but as a consumer. My concerns, put bluntly, are that the CVMB insists that a veterinarian or their assistants can practice in a specialty area, just because. They also insist that a person holding a degree in this specialty field is patently unqualified to practice in the specialty in which they are trained...[inaudible]...is that vets and their assistants don't necessarily need additional training in this field, but physical therapist do. I'd like to add that there is currently no veterinary school in the United States offering a curriculum beyond a one-day class in animal physical rehabilitation. This nonsensical hypocrisy does not serve the animals and people the CVMB is charged with protecting. It does the opposite. It puts animals in the hands of persons untrained in a specialty field. Nowhere in any other medical environment would you find unqualified, untrained persons sanctioned to practice on live patients in a specialty field. This is a dangerous and unnecessary proposal and can endanger the care of thousands of animals throughout California. It could extend the care of them unnecessarily, inflating costs for consumers. Adopting the task force's original language, which was approved by the CVMB, following precedences of other states that are successfully using a truly collaborative model, will protect consumers from this land grab by the CVMB and their primary concern, veterinarians. Please give us consumers the choice of qualified practitioners and disallow the CVMB to form a monopoly of this modality that is outside their scope, according to their own practice act. Thank you for your time.

[Rae Greulich](#), Consumer - **OPPOSE**:

Thank you. I'm a consumer. Physical therapists in California must have a master's degree to become licensed. They then go on to receive advanced training to become specifically certified to work on animals. Obviously, as a consumer, this is the level of competency I want in the person manipulating the limbs of my fragile animal. I'm lucky, I know the difference. But most people do not. But these regulations do not mandate proper training for all who practice physical therapy on animals. But the uninformed consumer is none the wiser. These regulations leave the field wide open to sloppiness and abuses by less than honorable practitioners. That's very dangerous. It's clear that this would be a lucrative win for California veterinarians, which is why this fight has gone on for so long. But that, by no means, would make it right if this bill passes. So, let's not look to the California Veterinary Medical Board to protect my pet. I'm here to protect my pet. The moral high ground here goes to those who are fighting for mandatory educational standards for all who practice in the specialty of animal rehab before they are allowed to practice physical therapy on a pet. These regulations are severely lacking. This bill has to go back to the drawing board. So that the people that are practicing physical therapy are properly educated. I surrender the rest of my time.

[Diane Francis](#), Consumer - **OPPOSE**:

I'm a consumer and having owned a couple dogs that have had serious issues, that needed help in physical therapy. My experience has been that the vet that we see, that we painstakingly found, because...despite the veterinarians that have said there are people out there that will hurt animals that are PTs. You can find that anywhere. I can tell you that I've had more bad things happen to my animals because of bad vets than I've ever had with the physical therapy that I've had to do, because I've had no problems with the physical therapy. And, the previous vet that admitted that most vets can't address these issues in any way that a PT would, seems obvious. They're not trained. I believe I deserve the right to decide for myself who's going to treat my animals. And it's specious for anyone to use a bad experience from a PT as a good reason for this proposal to go through. I mean, in every profession, there are bad experiences, and that should have nothing to do with it. I feel like I can go to someone and choose whether I think they're making rational decisions and whether I trust them. We do that with every decision we make about our own bodies, about our own health, and I can certainly make it for my dogs. There's a huge waiting time right now to try to get in to see a physical therapist, and I think that the folks that have mentioned that this is a monetary thing that's being pushed in favor of veterinarians, I think is absolutely true. I want to be able to take my dog to where I want, and if there's any kind of problem with how they're being trained, then change that. But don't take the choice away from us. Of what we want to do with our animals. Thank you very much.

[Jason Kaiser](#), Executive Officer, Physical Therapy Board of California:

Good morning. My name is Jason Kaiser. I'm the Executive Officer with the Physical Therapy Board of California. I'll keep my comments brief. I just wanted to correct any kind of misconceptions, or maybe clarify some points that were made here today. As an opener, and most specifically, currently, there is no authority in the PT practice act that authorizes a physical therapist or a physical therapist assistant to participate or practice their art in science on animals. Business and Professions Code 2620, which defines the scope of PT practice, specifically refers to "person." And for clarity on that, based on some comments that were made about investigations or complaints, should the PT Board receive a complaint that involves one of our licensees and animal rehab, the PTBC would consider that complaint non-jurisdictional and would forward that complaint to the Veterinary Medical Board. In the event that the Veterinary

Medical Board sanctioned or cited one of our licensees for the unlicensed practice of veterinary medicine, we may also, on a case by case basis, and when appropriate, sanction or cite our licensee, as well. Very much the same way we would if we had one of our licensees sanctioned by another board or bureau, such as the Medical Board of California, the Registered Nursing Board, Occupational Therapy Board, Acupuncture Board, or Chiropractic Board, as examples. And as always, the PTBC is happy to serve as a resource in this discussion. Thank you for the time, and I will yield back the balance of my time.

[Karen Atlas](#), PT, MPT, CCRT, President, California Association of Animal Physical Therapists (CAAPT) / Animal Physical Therapy Coalition (APTC) - **OPPOSE**:

My name is Karen Atlas, and I'm a California licensed physical therapist since 1996 and certified in canine rehab since 2008. This issue is very near and dear to my heart, and I've devoted my career to the physical well-being of animals. I'm the President of the California Association of Animal Physical Therapists and the Animal Physical Therapy Coalition. The latter is a grass roots coalition representing vets, physical therapists, RVTs, and consumers, and I'm speaking on their behalf today in opposition to your proposed regulations. This is a consumer driven industry and California consumers have been asking for the opposite of your proposal. They want more access and more choice of animal physical therapists, not less. They also want minimum standards, educationally, in place for all practitioners rendering this type of specialized care, as this would truly protect them from unqualified practitioners. We noted in the stakeholders Task Force that the veterinary profession severely lacks in any rehab education. So, to not mandate any additional training for this specialty that they do not receive in their training, in their education, would not be in the best interest of the consumers. Aside from all of the voiced consumer opposition, with over 4,000 petition signatures and letters that were sent in by DVMs, RVTs, PTs, etc., I'd also like to touch on just two of the legal defects and deficiencies we have identified in this regulation and process. Firstly, the Board's APR unlawfully enlarges the scope of the veterinary practice defined in statute. The veterinary scope of practice does not include physical therapy. When courts construe statutes and the legislative intent behind them, they look at what the statute enumerates and will not read into it, as the Board is trying to do here. Based upon the language of section 4826, animal rehab is not expressly authorized as part of veterinary practice. Secondly, the proposed APR regulation violates the Administrative Procedure Act, and it fails to comply with the requirements within that Act. The Animal Physical Therapy Coalition is calling for unity. We would like to see the professions working together, as a team. And, this cannot happen within the proposed regulatory framework. We urge the Board to abandon these efforts and, instead, support the true solution to this issue, which would require a legislative remedy akin to what is written in AB 3013 to codify the stakeholders Task Force language. It is important to note here that AB 3013 did not pass in Appropriations in 2018. But it is noteworthy that the inflated costs included the Board to create a certification, which is simply not true of what the bill was doing. It was not creating a certification. It was just outlining needed education standards. It is also important to note that physical therapists receive training on animal pain recognition, animal behavior, animal handling, comparative animal anatomy and physiology...[time reached]

[G.V. Ayers](#), Lobbyist, Gentle Rivers Consulting LLC - **OPPOSE**:

Thank you. I am G.V. Ayers from Gentle Rivers Consulting. I represent the Animal Physical Therapy Coalition, of which Karen Atlas, who you just heard from, is President. I'm separately submitting written comments containing additional objections and opposition to the current regulatory proposal that cannot be covered in this hearing today because of time. However, we wish to highlight the following. First, scope of practice. Scope of practice is within the sole

purview of the Legislature. The regulation seeks to define animal rehabilitation within the scope of practice of veterinary medicine without the input, oversight, or action of the Legislature. This issue should be part of the Legislature's Sunset Review process and should have a legislative solution. Second, the regulation will have a significant adverse economic impact upon businesses and jobs. The regulation will allow animal physical rehabilitation solely within the veterinary practitioner...[inaudible]... and will restrain the trade of qualified professionals. Legitimate rehabilitation practices will certainly be negatively affected, resulting in jobs lost and businesses lost. Third, like human physical therapy, animal physical therapy should be a collaborative effort between qualified and trained professionals. Doctors and physical therapists working together on a healthcare team for the welfare of patients. The Department of Consumer Affairs, and the Veterinary Medical Board, and the Physical Therapy Board should also work together to develop a workable solution to the issues at hand, and which should also be addressed then in legislation. Four, the protection of the public. Last of all, all DCA regulatory agencies are mandated by law that the protection of the public shall be the highest priority for, in this case, the Veterinary Medical Board, in exercising its licensing, regulatory, disciplinary functions. There are no documented examples of consumer harm by licensed physical therapists trained in animal physical rehabilitation practicing physical therapy on animals. There are no examples of consumer harm in California, or in any other state that regulates APR. Well, the question then remains, if the Board is seeking to occupy a scope of practice solely by licensed veterinarians, when there are already qualified professionals safely practicing within that scope, and there are no examples of consumer harm by those practitioners, what is the purpose behind the regulation? It is surely not the protection of the public. Thank you for your time.

[Karen Atlas](#), PT, MPT, CCRT, President, California Association of Animal Physical Therapists (CAAPT) / Animal Physical Therapy Coalition (APTC) - **OPPOSE (allowed one additional minute)**:

Thank you. Thank you for hearing from me again. I just wanted to chime in this time about how this regulation affects me, personally. This regulation directly and negatively affects my livelihood in a profound way. As well, it has dramatic negative effects on all my clients. I am the owner of Atlas Rehab for Canines, a full service, stand alone, state of the art rehab facility located in Santa Barbara. I employ three veterinarians, one PT, one LVT, and six assistants. Despite operating a clinic with three veterinarians on staff, this regulation would either require me to make a profound fee hike to accommodate the new ruling of direct veterinary supervision. Or, require me to close my doors completely. Neither option is acceptable for me or my community of clients and patients. My rates would have to skyrocket with no added benefit by having a veterinarian watch me do the work that I am trained to do. I've built trusted relationships with my referring veterinarians, and we all work seamlessly together for the benefit of our mutual patients. I truly believe we are better together, so I ask for a unified approach to legislation and regulation, rather than a segregated and hierarchical approach that is currently being proposed. Thank you.

[Chris Reed](#), PT, DPT - **OPPOSE**:

Thank you for your time today. My name is Chris Reed, I am a doctor of physical therapy and the Chair of the California Physical Therapy Association Government Affairs Committee. I speak in opposition to this proposed regulation. Animal physical rehabilitation is not established within the scope of practice of veterinary medicine. By promulgating the proposed regulations, the California Veterinary Medical Board is attempting to define and establish a practice within the scope of veterinary medicine when the Legislature has not established it within California

statute. Scope of practice of the licensed professions has always been held within the purview of the Legislature. Animal physical rehabilitation should be established by legislative action, not by board regulation. I would like to understand why CVMB refuses to pursue a legislative resolution into this issue. Through this proposed regulation, it is clear the California Veterinary Medical Board believes only licensed veterinarians and registered veterinary technicians possess the knowledge and training to plan and supervise animal physical rehabilitation for animal patients to ensure proper animal handling, recognize pain and discomfort, and provide emergency care and assistance, as needed, in the particular field of animal physical rehabilitation. This is inaccurate because it does not consider the advanced training that physical therapists receive in animal physical rehabilitation, specifically, during their annual rehabilitation certification coursework. The original stakeholders Task Force language was certain to include educational standards to achieve competency, allowing physical therapists to render safe rehabilitation services on animals while working under indirect veterinary supervision. Physical therapists are doctorally educated, licensed professionals trained to critically think and reason, and to clinically assess patients who are both verbal and non-verbal. Physical therapists are accustomed to working in a collaborative manner, as a team with other health care professionals. As a profession, we take our education and licensure seriously. We recognize our need for advanced training beyond what is provided in the physical therapy programs in order to be competent to treat animals. We are not proposing to work on animals without that necessary additional training. We are a licensed profession who takes on liability and responsibility for our actions. And we all carry liability malpractice insurance, and we have our own licensing board and practice act that we are required to adhere to. The California Physical Therapy Association urges the California Veterinary Medical Board to withdraw the current regulatory proposal, and to seek an alternative solution, which will specifically allow qualified and licensed physical therapists to work under the direct or indirect supervision of a veterinarian with the level of supervision to be determined by the veterinarian. Further, that physical therapists are allowed to work on animals after a veterinarian has made a diagnosis and determined that physical rehabilitation would be a safe and medically necessary intervention for the animal patient. Thank you.

Ronald Moe, Consumer - **OPPOSE (allowed one additional minute)**:

Hi, thank you. I spoke earlier at the very beginning, so I will just take an extra minute to add to my comment. I am opposed to this situation. I am a consumer. And again, if we can implement something like other states have, where they work in conjunction with a vet, this proposal would make it to where if I took my animal to a vet that did not have a physical therapist, my personal vet, then I have to go see another vet, and pay additional costs, that has a physical therapist. This is not correct, and this is not right. That makes it where I have to change my vet that I might have had for years and years, which I have a few vets for the many animals that I have. And I have my own personal physical therapist for my animals, as well, that I have chosen. So, I'm opposed to this legislation, or this situation. I want a choice. They should work together, but they should be referred by a vet that they need physical therapists. And they should be allowed to work separately from a vet because not all vets are qualified in this field of physical therapy. They should work together, but not in this way where vets control the situation. Thank you again for the additional one minute.

At the conclusion of public testimony, Dr. Noland asked Lead Administrative & Policy Analyst Justin Sotelo to present the summaries of written comments received during the 45-day public comment period and the proposed responses to those comments for Board consideration.

Mr. Sotelo indicated that the cover memo provided a brief background on APR, as discussed and considered by the Board, MDC, and Animal Rehabilitation Task Force, and that Attachment 1 provided a more detailed listing of those specific meetings with links to meeting materials and minutes. He reported that, on March 12, 2020, the Board received a request for a public hearing and that during the 45-day public comment period (March 13 through April 27, 2020), the Board received: 38 comments in support of the regulatory proposal; 146 comments in opposition; a petition from the California Association of Animal Physical Therapists/Animal Physical Therapy Coalition in opposition, signed by 4,117 individuals (at the time of submittal to the Board on April 13, 2020); and, one comment regarding the consideration of a wildlife rehabilitation exemption.

Mr. Sotelo briefly summarized the written comments in support of the regulatory proposal. He indicated that these comments included the following arguments: the emerging field of APR needs oversight and regulation; APR falls under the practice of veterinary medicine; APR should remain under the supervision of a veterinarian; all 50 states allow veterinarians to perform APR without any additional certifications and without restrictions; physical therapists working under the direct supervision of a veterinarian and in a veterinarian's hospital/clinic is in the best interest of consumer protection and patient safety; the proposal would not monopolize the market on animal health care, hinder inter-professional relationships and collaboration, or restrict consumer access to animal care professionals or APR services; the proposal retains provisions for the continued inclusion of licensed physical therapists; and, the proposal is reasonable, preserves animal safety, and has been through three different deliberative vetting processes.

Next, Mr. Sotelo summarized the written comments in opposition to the proposal. He indicated that these comments were organized into six categories, and that a proposed response for each category was provided for Board consideration.

Mr. Sotelo indicated that the categories of comments in opposition and proposed responses for Board consideration were as follows:

- 1. APR monopolized by the Veterinary Profession; Physical Therapists not recognized; reduced job opportunities for Physical Therapists; limited access to quality animal care.** *Opponents of the rulemaking argued that: APR will be monopolized by the veterinary profession (when some veterinarians do not even have time or the ability to provide APR services); appropriately certified/licensed physical therapists will not be recognized as legitimate providers of APR services; job opportunities for physical therapists will be reduced; consumer access to qualified/licensed animal care providers will be limited; rural areas will continue to be underserved; and consumers will seek unregulated services.*

Proposed Response for Board Consideration: *The Board's regulatory proposal does not place additional limitations on existing law or restrict the current consumer access to APR services. Rather, the proposal clarifies the authorized practice of APR by physical therapists under the direct supervision of a licensed veterinarian. In this way, the rulemaking establishes the ability of physical therapists to practice APR on animals; otherwise, physical therapists are only authorized to practice on humans by the Physical Therapy Board of California.*

- 2. APR Competency.** *Opponents stated that the regulatory proposal does not ensure educational competency of practitioners and that a true provision of consumer protection*

would include mandatory educational standards for all who practice AR (the specialty of AR is not currently taught and tested for in veterinary or veterinary technician schools); the proposed regulation is asserting that a veterinarian is more knowledgeable and experienced in rehabilitation than an appropriately certified and licensed physical therapist.

Proposed Response for Board Consideration: The practice of veterinary medicine includes diagnosing or prescribing a drug, medicine, appliance, application, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals. (BPC § 4826, subd. (b).) Only licensed veterinarians can practice veterinary medicine. (BPC § 4825.) Pursuant to regulations adopted by the Board, individuals not licensed as veterinarians may perform health care tasks on animals under the supervision of a licensed veterinarian. (BPC § 4836.) Therefore, the California State Legislature established by statute the prohibition of the practice of APR by anyone other than a licensed veterinarian. The Board's APR proposed regulation would authorize non-veterinarians to perform APR under the supervision of a veterinarian. The Board's proposed regulation does not go beyond what is already prohibited by statute.

The Board does not have statutory authority to create a new license type or certificate for physical therapists that potentially would establish educational standards for obtaining that license. To provide increased consumer access to APR, the Board is establishing the ability for physical therapists to provide APR under the supervision of a veterinarian. The Board's regulatory proposal is the only law that would allow physical therapists, who are licensed under the Physical Therapy Practice Act, to practice APR.

3. **Scope of Practice; APR is not established in statute.** Opponents argued that APR is not established within the scope of practice of veterinary medicine and that the proposal attempts to define APR in regulation without legislative authorization, input, or oversight. APR should be established by legislative action, not by regulation.

Proposed Response for Board Consideration: See response to Item 2 above.

4. **Alternatives; Task Force Recommendation.** Opponents stated that legitimate alternatives to the proposed regulation have not been considered and that the alternative recommended by the Task Force was not listed in the Notice of Proposed Regulatory Action. The Task Force had recommended an "indirect supervision" model that would have allowed licensed physical therapists with certification in AR to practice on their own premises under veterinarian direction, but not require that a veterinarian be on site or be their direct employer.

Proposed Response for Board Consideration: The Task Force recommended the creation of a Board-issued APR certificate for California licensed physical therapists. However, the Board does not have authority to create certifications through regulations. This would require statutory authority granted by the Legislature.

Since the Board does not have authority to create certifications, the Board's proposed regulation does not include the creation of an APR certification.

5. **Other States and AB 3013.** Opponents argued that other states (i.e., Nevada, Utah, Colorado, and Oregon) have established APR in statute and created successful models (providing for collaboration between license groups that benefits the pet-owning public);

the Board should follow in the footsteps of these states. Opponents also stated that AB 3013 was a logical legislative solution in California that would have properly included physical therapists; however, the bill had an inflated cost estimate.

Proposed Response for Board Consideration: *As mentioned above in response to Item 2, the Board does not have statutory authority to create a new APR certification.*

- 6. Human Medical/Physical Therapy Model.** *It was stated that the human medical model works well and does not require that a primary care physician be on location with a physical therapist; indirect supervision is a reasonable option for veterinary patients as well. Providing a veterinarian-client-patient relationship is established, direct supervision or having a veterinarian on premise is an unnecessary barrier.*

Proposed Response for Board Consideration: *The Board does not have statutory authority to create a new license type or certificate for physical therapists that potentially would establish educational, experience, and safety standards for obtaining that license. To provide increased consumer access to APR, the Board is establishing the ability for physical therapists to provide APR under the supervision of a veterinarian. The Board's regulatory proposal is the only law that would allow physical therapists, who are licensed under the Physical Therapy Practice Act, to practice APR.*

Further, the human medical model does not apply easily to treatment of animals as animals are unable to converse about their treatment plan or effectively communicate pain or discomfort from treatment. Providing APR under indirect supervision and without the presence of a licensed veterinarian places the animal patient in potential danger if the physical therapist is not well-versed in complications and side-effects of APR for the specific animal patient.

Mr. Sotelo discussed the petition in opposition to the regulatory proposal. He indicated that the petition was received via email by the Board on April 13, 2020, and that it was signed by 4,117 individuals at the time of submittal. He also indicated that the petition contained statements that were inaccurate and/or misleading and that corrections to those statements were provided in the cover memo.

Mr. Sotelo indicated that the comments provided within the petition were similar to comments received by individual opponents. He stated that the substantive comments were organized into four categories with proposed responses for Board consideration, as follows:

- 1. APR Monopolized by Veterinary Profession; Physical Therapists not recognized; reduced job opportunities for Physical Therapists; limited access to quality animal care.** *The Petition stated that the proposed regulatory language will solidify a veterinary monopoly by mandating that qualified physical therapists work under direct supervision and only on a veterinary premises (this limits the practices of physical therapists, prevents talent from entering the profession, and subjects those individuals to lower pay). It was argued that pet owners should have access to other physical therapy options and best quality care, not just what is associated with their veterinarian. In addition, it was stated that most veterinarians do not have the interest or space to offer physical rehabilitation services directly.*

Proposed Response for Board Consideration: *The Board's regulatory proposal does not place additional limitations on existing law or restrict the current consumer access to*

APR services. Rather, the proposal authorizes the performance of APR by physical therapists, who are otherwise only licensed to practice on humans by the Physical Therapy Board of California.

2. **APR Competency.** The Petition stated that most veterinarians do not have the knowledge or skillset to provide physical rehabilitation services; veterinarians are no more qualified than human physicians to perform rehabilitation on their patients. APR requires highly trained, qualified, and skilled physical therapists, who are the best possible providers of this specialized service.

Proposed Response for Board Consideration: The practice of veterinary medicine includes diagnosing or prescribing a drug, medicine, appliance, application, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals. (BPC § 4826, subd. (b).) Only licensed veterinarians can practice veterinary medicine. (BPC § 4825.) Pursuant to regulations adopted by the Board, individuals not licensed as veterinarians may perform health care tasks on animals under the supervision of a licensed veterinarian. (BPC § 4836.) Therefore, the California State Legislature established by statute the prohibition of the practice of APR by anyone other than a licensed veterinarian. The Board's APR proposed regulation would authorize non-veterinarians to perform APR under the supervision of a veterinarian. The Board's proposed regulation does not go beyond what is already prohibited by statute.

The Board does not have statutory authority to create a new license type or certificate for physical therapists that potentially would establish educational standards for obtaining that license. To provide increased consumer access to APR, the Board is establishing the ability for physical therapists to provide APR under the supervision of a veterinarian. The Board's regulatory proposal is the only law that would allow physical therapists, who are licensed under the Physical Therapy Practice Act, to practice APR.

3. **Alternatives.** The Petition stated that physical therapists, who have additional training in AR, should be allowed to work under the indirect supervision of a veterinarian, as long as a referral is made.

Proposed Response for Board Consideration: The Board does not have statutory authority to create a new license type or certificate for physical therapists that potentially would establish educational, experience, and safety standards for obtaining that license. To provide increased consumer access to APR, the Board is establishing the ability for physical therapists to provide APR under the supervision of a veterinarian. The Board's regulatory proposal is the only law that would allow physical therapists, who are licensed under the Physical Therapy Practice Act, to practice APR.

Further, the human medical model does not apply easily to treatment of animals as animals are unable to converse about their treatment plan or effectively communicate pain or discomfort from treatment. Providing APR under indirect supervision and without the presence of a licensed veterinarian places the animal patient in potential danger if the physical therapist is not well-versed in complications and side-effects of APR for the specific animal patient.

4. **Other States; AB 3013.** As argued by individual opponents above, the Petition stated that the model of "indirect supervision" has been in successful practice in many other states for years, and that legislation consistent with AB 3013 should be passed.

Proposed Response for Board Consideration: As mentioned above in response to Item 2, the Board does not have statutory authority to create a new APR certification as proposed in AB 3013.

Lastly, Mr. Sotelo indicated that a separate comment was received, requesting that a wildlife rehabilitation exemption be considered for inclusion in the proposed rulemaking language. He stated that the individual indicated that wildlife rehabilitation remains a point of confusion, but that it is a very active field in the State of California, with nearly 100,000 animals going through the hands of wildlife rehabilitators each year under permits from California Department of Fish and Wildlife (CDFW) and U.S. Fish and Wildlife Service (USFWS). He added that the individual noted that there is nothing in the Board's regulations that exempts these animals from falling under the proposed "physical rehabilitation" rules and that wildlife in rehabilitation need physical therapy all of the time prior to release, and neither domestic animal veterinarians, nor RVTs are trained to do it. Mr. Sotelo indicated that staff would need the Board's assistance in developing an appropriate response to this comment.

Mr. Sotelo indicated that any new or different arguments received during the hearing would again be provided to the Board for consideration. Ms. Sieferman added that additional comments had been received by the Board up through August 12, 2020, and those comments were compiled and sent to Board members and to DCA's Internet Team for posting on the Board's website. She also indicated that the Board received substantive arguments from Simas & Associates during the late afternoon on August 12, 2020, and staff did not have adequate time to prepare a response. Ms. Sieferman explained that any substantive comments that were not responded to in the meeting materials would be considered by the Board at its October 2020 meeting.

Dr. Noland indicated that the Board would now consider the proposed responses to comments.

- Dr. Cheryl Waterhouse moved and Dr. Christina Bradbury seconded a motion to approve the proposed responses provided in the Board meeting materials for inclusion in the Final Statement of Reasons, with the exclusion of wildlife rehabilitation.

Dr. Noland asked for comments from members of the Board.

Ms. Kathy Bowler noted that the proposed responses were very well written, but recommended one potential change. She suggested that the sentences referencing the human medical model not applying easily to the treatment of animals (on pages 6 and 10 of the cover memo) be revised – change "from treatment" to "from *or during* treatment."

Dr. Noland also noted that there were some substantive issues raised in large animal medicine that would probably need to be addressed at the October Board meeting.

Ms. Alana Yanez asked for an explanation regarding direct supervision and the proposed language. Dr. Waterhouse indicated that a veterinarian does not need to observe the physical therapy, but needs to be available in the building for small animal medicine.

Dr. Bradbury noted that it was her understanding that, under current law, physical therapists are potentially in violation of their own practice act, but that the proposed regulation would allow them to legally provide services under the supervision of a veterinarian.

Ms. Jennifer Loreda noted that, since the last time the Board voted on the proposed language, not much has changed. However, she concurred with Dr. Noland that the Board needs to define small animal versus large animal standards. She also indicated that the Board should address the wildlife rehabilitation issue.

Ms. Yanez indicated that she did not understand why there should be different standards for small and large animal medicine. Dr. Noland explained that the large animal industry is different in that the facilities are larger in order to house the animals, and veterinary clinics do not typically have that type of facility. She added that veterinarians work in conjunction with trainers and animal rehabilitation specialists. She also stated that it would be difficult to have two separate facilities in the same place and that it would require a tremendous change in infrastructure.

Dr. Waterhouse noted that she believed the Board attempted to address this issue in the proposed language. Ms. Tara Welch explained that the proposed language (subsection (d) of CCR, title 16, section 2038.5) included the following provision: "...if at the time the veterinary assistant is performing APR on an animal patient in a range setting, the supervising veterinarian shall be in the general vicinity of the treatment area." She stated that, in this scenario, the supervising veterinarian would not have to be in the building. Ms. Welch added that this was the Board's attempt to incorporate equine practice.

Dr. Bradbury also noted that most equine veterinarians do not have a standing practice, and therefore they typically would be in the general vicinity of a treatment area and available and/or accessible to individuals performing physical therapy.

Ms. Yanez asked why that same rule could not apply to small animal practice. She indicated that she did not understand why the rules need to be different for small animals if a physical therapist is just a call or a few blocks away from a veterinarian.

Dr. Noland clarified that the proposed regulation addresses the range setting issue, and that, many times, a veterinarian will diagnose and provide a plan of treatment, and the owner does a lot of the treatment on the animal. However, she stated that the scenario presented during the testimony, with regard to equine rehabilitation centers (where the owner and the veterinarian are not present), is not addressed in the proposed regulation.

Ms. Yanez stated that it seemed like physical therapy centers could easily call a veterinarian nearby, similar to what occurs with horses. She added that if exemptions are given to equine individuals, there should be a similar exemption for companion animals.

Dr. Noland responded that the range setting language is not meant to provide an exemption; it is meant to define what an equine practitioner faces on a day-to-day basis (i.e., providing services on ranches and farms).

Ms. Yanez stated that she still did not understand why direct supervision over physical therapists is necessary, if they are within close proximity to a veterinarian, and they are trained and have gone through extensive schooling and education. She also asked if veterinarians are taught physical therapy in veterinary school.

Dr. Waterhouse explained that when it has been stated that physical therapy or physical rehabilitation is not taught in veterinary schools, that is incorrect. She indicated that the University of California, Davis has an entire department devoted to that, so she was not sure

where that claim came from. With regard to physical therapy schools, Dr. Waterhouse indicated that students are only taught about human physical therapy. She added that the additional courses that have been discussed are more like a workshops; they are not accredited and there is no licensing exam. She stated that the workshops consist of 120 hours, plus some online courses, and then students take a collaborative exam at the end where no one fails. She added that the additional education that is being claimed is not something that the Board can recognize. She also explained that the claim regarding increased costs associated with AB 3013 had to do with including required certification in the bill because the Board cannot just recognize coursework. Dr. Waterhouse added that if an individual does not hold a license or permit from the Board, the Board cannot discipline them. She also stated that the Physical Therapy Board of California would not be able to discipline them either, if they are not practicing human physical therapy.

Ms. Yanez asked if the Board has received complaints about physical therapists harming animals. Ms. Sieferman explained that the Board tracks unlicensed practice complaints, but they are not broken down at that level.

Ms. Bowler stated that she was in favor of the proposed language when the Board originally voted on it, and that she has not seen a lot to change her mind in moving forward. She again suggested that the responses be tweaked, as noted earlier, that the wildlife rehabilitation issue be addressed, and that the equine rehabilitation issue be clarified.

Dr. Waterhouse discussed her visit to an APR clinic in Los Angeles two years ago. She explained that the experience demonstrated why physical therapists need to work under the direct supervision of a veterinarian.

Dr. Nunez commented on Ms. Yanez's question regarding whether there have been any reports of physical therapists harming animals. He mentioned that if that type of complaint against a physical therapist went to the Physical Therapy Board of California, it would be dismissed as non-jurisdictional. With regard to the statements received indicating that there has been no documented harm to animals by physical therapists, he mentioned that it is possible that is a result of there not being any recourse. He then stated that if the same complaint went to the Veterinary Medical Board, it would be classified as unlicensed activity. He added that while the Board may have the authority to issue a citation in that instance, it does not have the authority to discipline or revoke a physical therapy license. However, he explained that under the proposed regulation, with a physical therapist working under the supervision of a veterinarian, if something goes wrong, the Board has the authority to take action against the veterinarian.

Ms. Loreda clarified that the proposed provision for equine practice was not really an exemption, but more of a definition. She mentioned that at a prior meeting, there were several stakeholders from the equine industry present who indicated that they have assistants who are the most qualified in handling horses. She added that the stakeholders were concerned that the proposed language would exclude their assistants from handling horses because they were not licensed. So, she concluded that the provision was more for clarity, rather than being an exemption.

Dr. Bradbury stated that she was stunned by the claim that the Board is here to protect veterinarians and that veterinarians are attempting to monopolize this area of practice. She added that the individuals who are making this argument are the ones who are actually worried about losing their own money. Dr. Bradbury clarified that the Board is not here to protect veterinarians; it is here to protect the public and animals. She also stated that many of the arguments from opponents are not founded in anything the Board can do; the Board cannot

certify physical therapists or regulate them. She added that it is frustrating that the Board has to continue going over this, when there is a large number of individuals who are violating their own practice act and not adhering to their own rules. She indicated that there may be some truth that veterinarians are not being trained in physical therapy; however, she stated that she had two weeks in a physical therapy rotation and completed a physical therapy program during her internship. She mentioned that although she has training in physical therapy, she would refer to a physical therapy group, and that she currently refers to UC Davis. She added that it is not that physical therapists do not bring something to the table, but most of their education is in human anatomy, human physiology, and human pain control and pharmacology. She explained how physical therapy for animals is so much different. She stated that she cannot understand why individuals are upset that the Board is proposing a regulation that now allows them to do what they are already doing, but with a veterinarian directly involved. She added that she does not believe consumers understand, and that there has been a lot of misrepresentation. She stated that while many physical therapists may be great and honorable people, there are those who are not, and consumers have no recourse against those individuals. She concluded that she would like the Board to approve the proposed responses to comments as soon as possible.

Ms. Bowler stated that it is important to get everybody's concerns on the record. She added that she realizes the Board is not relitigating the regulatory proposal, it is just dealing with the Board responses to public comment. She reiterated her recommended minor amendment to the proposed responses. She also stated that with indirect supervision, there is a concern with the many underlying conditions that may exist. With regard to access to APR, she pointed out that there is even less access to other specialty fields, such as cardiology, ophthalmology, etc. She concluded that she just wanted to make sure that the Board responses are correct and well vetted among the members.

Dr. Waterhouse indicated that she accepted Ms. Bowler's recommended amendment to the proposed responses (as noted above), and offered an additional amendment to the motion in response to the statement from opponents that APR is not currently taught and tested for in veterinary and veterinary technician schools. Dr. Waterhouse recommended adding a statement to the proposed responses indicating that UC Davis has an entire department for APR.

Dr. Noland asked for public comment regarding the proposed responses to written opposition for Board consideration.

Dr. Maia asked for clarification regarding the Board not being able to regulate APR certification through regulation, but being able to define APR in regulation.

Mr. Ayers stated that he felt the proposed responses were lacking in several areas. He explained that he felt the responses did not address his written comments, which included: the proposed regulations will have a significant adverse economic impact on businesses and jobs; the dangers cited by the Board are not based upon fact; legitimate alternatives are not considered; the expertise of physical therapists qualified in animal rehabilitation is ignored; and, the regulations do not place the protection of the public as the Board's highest priority.

Ms. Atlas indicated that she wanted to make some comments and clarifications on some of the statements that were made in response to questions that were brought up. She stated that trying to separate out species does not really make any sense for veterinary medicine. She explained that she did not understand how it is too dangerous to treat a dog without direct supervision, but it is OK to treat a horse without direct supervision. However, she stated that if direct supervision was required for horses, that would be creating a huge gap in access for

people to receive care for their horses. Ms. Atlas also clarified that rehabilitation program coursework is accredited by the Registry of Approved Continuing Education (RACE), which is the industry standard for veterinary medicine coursework. She also stated that it is likely that the Board is in the crosshairs of the Federal Trade Commission for anti-trust and restraint of trade, by restraining a trade of other qualified professionals and unlawfully monopolizing a specialized field.

Emily McKay, PT, DPT, indicated that she works with small animals at UC Davis. She stated that she wanted to make a comment on the certification process, similar to what Ms. Atlas was discussing. She noted that she received her CCRP certificate through the University of Tennessee. She explained that she had to go to Tennessee and take an in-person, written exam, as well as an in-person practical exam in order to receive the certification. She noted that a 75% score is required in order to pass and receive the certification. She explained that there are other certification programs out there that ensure that individuals are qualified.

Ms. Elizabeth Reed indicated that a statement was made several times regarding human and animal PTs not being comparable because animals cannot talk. She stated that she wanted to refute that statement and people's thinking, as stroke victims and individuals with brain injuries may not be able to talk. However, she noted that both humans and animals can vocalize or react. She concluded by stating that both humans and animals can communicate, and it does not require a set of words.

Ms. Hagler stated that she wanted to provide a comment about educational pathways for the Board to consider. She noted that the two certification programs that had been mentioned previously are RACE approved; however, she explained that she could become a RACE approved provider. She explained that these programs also do not have any maintenance of certification, such as with the Academy of Physical Rehabilitation Veterinary Technicians and the American College of Veterinary Sports Medicine and Rehabilitation. She stated that the latter programs require maintenance of certification to ensure that the members are participating in the field and staying up to date with technology. She added that there is one other program, the Healing Oasis Wellness Center in Wisconsin, that is the only school in the United States that provides a diploma to its graduates and is nationally accredited.

The motion was amended as follows:

- Dr. Cheryl Waterhouse moved and Dr. Christina Bradbury seconded a motion to approve the proposed responses provided in the Board meeting materials, with additional revisions recommended by Ms. Kathy Bowler and Dr. Cheryl Waterhouse, for inclusion in the Final Statement of Reasons, with the exclusion of wildlife rehabilitation. The motion carried on a vote of 6-1-0, with Ms. Alana Yanez voting no.

Regarding the process, Ms. Siefertman explained that the Board is required to respond to every substantive comment and that any additional comments received during the hearing would be considered by the Board at its October meeting.

Dr. Nunez asked when the Board would address the wildlife rehabilitation issue. Dr. Noland indicated that the Board would address that in October as well. Dr. Nunez indicated that the Board may need to consider VCPR and legal/contract for services issues when addressing this item.

Dr. Noland indicated that there will be some nuances that will take some deliberation on the part of the Board.

5. Adjournment

Dr. Noland adjourned the meeting at 12:59 p.m.