VETERINARY MEDICAL BOARD
MULTIDISCIPLINARY ADVISORY COMMITTEE
MEETING MINUTES
APRIL 19, 2022

The Multidisciplinary Advisory Committee (Committee) of the Veterinary Medical Board (Board) met via teleconference/WebEx Events on **Tuesday, April 19, 2022**, at the following locations:

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

Department of Consumer Affairs
Division of Investigations
Plaza Center
22320 Foothill Blvd., Ste. 220
Hayward, CA 94541

9:00 a.m., Tuesday, April 19, 2022

Webcast Link:

- https://youtu.be/D0V7UNt-MVU

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

Webcast: 00:00:45

Committee Chair, Richard Sullivan, Doctor of Veterinary Medicine (DVM), called the meeting to order at 9:39 a.m. Board Executive Officer, Jessica Sieferman, called roll; seven members of the Committee were present, and a quorum was established. Drs. Kevin Lazarcheff and Jamie Peyton were absent.

Members Present

Richard Sullivan, DVM, Chair
Leah Shufelt, Registered Veterinary Technician (RVT), Vice-Chair
Christina Bradbury, DVM, Board Liaison
Jennifer Loredo, RVT, Board Liaison
Maria Salazar Sperber, Juris Doctor (JD)
Dianne Sequoia, DVM (Hayward, CA)
Marie Ussery, RVT

Staff Present

Jessica Sieferman, Executive Officer
Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Kimberly Gorski, Enforcement Analyst

Jeffrey Olguin, Lead Administrative & Policy Analyst
Karen Halbo, Regulatory Counsel, Attorney III,
    Department of Consumer Affairs (DCA), Legal Affairs Division (LAD)
Tara Welch, Board Counsel, Attorney III, DCA, LAD

Guests Present

Roseanne Balliet, Stokes Healthcare
Dan Baxter, California Veterinary Medical Association (CVMA)
Rebecca Campagna, California Department of Public Health
Nancy Ehrlich, RVT,
    California Registered Veterinary Technicians Association (CaRVTA)
Dan Famini, DVM,
    Coordinator, Santa Rosa Junior College—Veterinary Technician Program
Ann Fisher, DCA
William Kent Fowler, DVM
Anita Levy Hudson, RVT, President of CaRVTA
Bonnie Lutz, Esq., Klinedinst
Grant Miller, DVM, CVMA
John Pascoe, University of California (UC), Davis
Ken Pawlowski, DVM, CVMA
Kristi Pawlowski, RVT
D. Jeff Pollard, DVM
Trisha Saint Claire, Moderator, DCA, SOLID
Mike Sanchez, Television Specialist, DCA, Office of Public Affairs
Kristy Veltri, RVT
Heather Walker, RVT
Lindsey Wendt, DVM

2. Committee Chair's Remarks and Committee Member Comments

Webcast: 00:01:58

Dr. Sullivan remarked that it was nice to meet in person.

3. Public Comment on Items Not on the Agenda

Webcast: 00:02:21

The Committee received the following public comment:

Dan Famini, DVM, 10-year coordinator for Santa Rosa Junior College's Veterinary Technician Program stated he had two primary concerns regarding proposed changes to what has been traditionally called the Alternate Route for [RVT] education which is the set of regulations through which Santa Rosa Junior College program operates. Dr. Famini stated his primary concern was that as the new regulations are written, or at least the copy of them that was sent by the Board dated from 2020, they would require any student to have at least 2,000 hours of experience prior to beginning such a program. He stated while he

understands the rationale to have certain hours of experience before students complete the program or before students get to a certain point, to have that big a burden before they start any classes before they can start things such as biology or introduction to the career of veterinary medicine is going to be a deterrent and will prevent many potential wonderful employees from entering a veterinary career. He stated that in the Sonoma County area, which includes approximately 100 premises, Santa Rosa Junior College is the primary education source with over 85% of all new RVTs graduating from their program. He states this would completely decimate the number of employees entering when it is critically needed. His second concern is that the 2020 Board Memorandum stated that the new changes in terms of educational content would be put in place as of summer of 2024. He stated that if the timeline is still going to be adhered, that will also end this kind of program for a number of years. He stated it takes over two years for any changes in curriculum from the time paperwork is submitted before it is implemented in the classroom—that is the length of time getting through the bureaucracy of the California education system, so that would mean any interested student who would start classes this fall would already be too late to adhere to changes. Furthermore, he stated that while he applauds and appreciates the overall changes to the educational content, if there is not a grace-period in which the overlap in which students from either set of educational requirements would be accepted that, will require some people to completely start over and likely leave the this pathway and leave this workforce. He requested the opportunity to speak to the Committee for a chance to connect and be able to contribute any further insight from the community college perspective.

4. Review and Approval of January 18, 2022 Committee Meeting Minutes

Meeting Materials

Webcast: 00:07:55

Dr. Sullivan asked the Committee if there were any corrections, additions, or comments on the minutes and to make a motion.

- Motion: Ms. Loredo moved and Dr. Bradbury seconded the motion to approve the January 18, 2022 meeting minutes.

Dr. Sullivan requested public comment before the Committee acted on the motion. There were no public comments made on this item.

Dr. Sullivan called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- Vote: The motion carried 7-0.

5. Discussion and Potential Recommendation to the Board to Consider Potential Amendments to California Code of Regulations (CCR), Title 16, Section 2036 Regarding Animal Health Care Tasks for Registered Veterinary Technicians—*Richard Sullivan, DVM, and Leah Shufelt, RVT*

Meeting Materials

Webcast: 00:10:15

Dr. Sullivan and Ms. Shufelt provided background information and updates regarding animal health care tasks for RVTs and expanding the scope of practice for RVTs based on the items that pet owners can perform on their pets verses the role of what an RVT can do in regard to the care of an animal. Ms. Shufelt emphasized the overall goal of addressing the access to care issue by addressing two issues: (1) the physical distance that may limit pet owners from getting veterinary care; and (2) the cost of veterinary services that can change access for some families.

She stated the RVT Job Tasks Subcommittee believed that the discussion is premature because RVTs are not being utilized to their fullest potential at this time. She stated that the Subcommittee is looking into the possibility of RVTs within a clinic setting up to do tech appointments to provide limited services to animal patients and, therefore, lowering the cost of those services while still providing protection to the consumers.

She stated the Subcommittee is working with stakeholders to independently administer treatments to animals outside of the vet premises. She stated the Subcommittee reviewed the Veterinary Medicine Practice Act for RVTs, but that the Practice Act requires the supervision of RVTs by a veterinarian, which is a key part of all of the tasks that would not change this without statutory changes to allow these tasks to be done outside of the clinic setting with no supervision by a veterinarian.

Dr. Sullivan added that since this is a scope of practice issue, that it is not something that the Board can actually initiate, so any statutory changes would have to come from the Legislature. Dr. Sullivan stated that the only university he could find attempting this was Lincoln Memorial University in [Harrogate,] Tennessee through its Masters of Veterinary Clinical Care, which requires a bachelor's degree and the individual to be a licensed technician to apply. Dr. Sullivan emphasized the need to utilize RVTs in more areas rather than create an additional area of specialization, and he also informed the Committee that it may be faster to have the changes made through Legislation.

Ms. Welch clarified to the Committee perhaps CaRVTA could go to the Legislature and seek an exemption, similar to the new shelter exemption in BPC section 4827, subdivision (a)(5)(C), that now authorizes, in certain circumstances, the provision of medication under a veterinarian’s guidelines at the shelter in conformity with a prescription issued by a separate veterinarian not employed by the shelter. Ms. Welch stated that the issue is about an RVT providing medication and some other veterinary services without any veterinarian supervision. She noted that the Practice Act hinges the provision of all RVT services on direct or indirect veterinarian supervision. She reiterated the request from CaRVTA was to provide a way for RVTs to perform these services with no veterinarian supervision, which cannot be accomplished through regulation because the statutes require some level of supervision. Thus, Ms. Welch continued, the idea is for CaRVTA to seek a statutory

exemption similar to what the shelters obtained last year. Ms. Welch stated that the Board does not recommend to the Legislature changes to the scope of practice, so the Board would not be able to sponsor this legislation.

Ms. Sieferman noted that an exemption for RVTs from the Practice Act would remove any consumer protection mechanism that the Board provides; the Board would not have jurisdiction to hold RVTs accountable if something goes wrong. Ms. Salazar Sperber agreed that carving RVTs out of the Practice Act would be problematic, but the language could be crafted to reserve the Board's oversight.

Dr. Sequoia raised concern about what happens when there is no veterinarian supervision and an RVT feels it is appropriate to give the animal patient a prescription drug. Dr. Sullivan clarified that the Subcommittee discussed the parameters that the RVT would be following the directions of the veterinarian; the RVT could not bring in their own medication or deviate from the directions given by a veterinarian, so there would be guidelines that would protect the consumer. Ms. Welch clarified that the proposed RVT exemption language would not authorize an RVT to diagnose or prescribe but effectively would authorize the RVT to administer some level of veterinary services and medication or prescription issued by a veterinarian.

Dr. Sullivan requested public comment on this item. The Committee received the following public comments:

> Ms. Bonnie Lutz stated that in addition to defending veterinarians, she has been recently called by all kinds of different companies to consult on different business practices. One interesting one had to do with RVTs doing home care. The pushback that she was getting was what if they just let the vet assistants do it because vet assistants are sometimes very experienced, but they are not licensed, so there really is nobody who can say that vet assistants cannot do that. She was very disturbed by that, and she strongly suggested that they not consider that business model. She wanted to bring that up because of the current conversation. After she had that discussion, she received a call by two other different parties on the same issue. She added, she was not talking about [Veterinary Assistant Controlled Substances Permits] VACSPs, but assistants who are not licensed can go out, work, and do these home care things while people are on vacation and administer prescriptions and do whatever they want because there is nobody who can do anything. She added she was very concerned about that.
>
> Nancy Ehrlich clarified that what CaRVTA was proposing was allowing an RVT to do what the client is supposed to be doing, nothing beyond the prescribed treatment from the veterinarian. She stated clients are already doing these procedures, and obviously RVTs are more qualified than clients to administer these treatments. In agreement with Ms. Lutz, she pointed out that a veterinary assistant is not restricted from performing job tasks because they are not really mentioned in the Practice Act as having to work under supervision [of a veterinarian], so only RVTs are forbidden from doing this procedure. She thinks

they are not going to have any problem going to the Legislature and getting this changed because it is not logical, and it is not good for anybody. She stated she looks forward to working with CVMA on this to get this done as soon as possible.

Anita Levy Hudson wrote that her point is similar to Ms. Ehrlich's, so that there are measures for accountability.

6. Discussion and Potential Recommendation to the Board Regarding Registered Veterinary Technician Educational Programs—*Leah Shufelt, RVT, and Jennifer Loredo, RVT*

Meeting Materials

Webcast: 00:37:50

Ms. Shufelt and Ms. Loredo presented this item by reviewing the statutes and regulations for Board-approved RVT programs to try to figure out if any additional consumer protection happens due to the Board process for looking at programs. Ms. Shufelt stated the RVT Education Subcommittee has started looking at this issue and the different accrediting bodies for RVT programs. She stated the Subcommittee has reached out to other states to determine other states' requirements for alternative education pathways while trying to remove Board approval for RVT programs, since three entities—AVMA, California Bureau of Private Post-Secondary Education, and Accrediting Commission for Community & Junior Colleges—already accredit and approve programs, and how that would affect out-of-state applicants. Both Ms. Shufelt and Ms. Loredo added the need for additional research into this topic.

Dr. Sullivan requested public comment on this item. The Committee received the following public comment:

Dan Famini asked for a point of clarification, including: is it safe to assume that the changes to the content that had been proposed are not on board to be put in place within a couple years? His second point was that he did articulate all of his concerns in a letter he sent to the Board, and as a whole, he is very happy to see the Committee address that now. He requested that he needs to know how and when he will make himself available if the Committee wanted to check in with someone who is in the community college aspect of things or if the Committee wanted him to help connect them with a JCCC or any of the other accrediting groups from within the community college system. He stated he was happy to try to facilitate that connection.

7. Discussion and Potential Recommendation to the Board Regarding Board Guidelines for Veterinarian Discussion of Cannabis Within the Veterinarian-Client-Patient Relationship—*Richard Sullivan, DVM, and Christina Bradbury, DVM*

Meeting Materials

Webcast: 00:47:01

Dr. Sullivan informed the Committee that it was obvious to the Cannabis Subcommittee that hemp, CBD, is an over-the-counter product and should be enforced as any other over-the-counter product. He stated the Subcommittee felt that guidelines were not necessary at this time. However, [Assembly Bill] AB 1885 is going through the legislative process, which, if passed, would require some additional guidelines or amendments to the guidelines. He recommended no action at this time unless legislation is approved.

- Motion: Dr. Bradbury moved and Ms. Salazar Sperber seconded the motion to recommend the Board not update its cannabis guidelines at this time to include hemp or CBD products.

Dr. Sullivan requested public comment before the Committee acted on the motion. There were no public comments made on this item.

Dr. Sullivan called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- Vote: The motion carried 7-0.

8. Discussion and Potential Recommendation to the Board to Consider Potential Amendments to the Veterinarian-Client-Patient-Relationship Frequently Asked Questions, and CCR, Title 16, Sections 2030.3, Small Animal Vaccination Clinic, and 2032.1, Veterinarian-Client-Patient Relationship, in Pending Alternate Premises Rulemaking—*Richard Sullivan, DVM, and Jamie Peyton, DVM*

Meeting Materials

Webcast: 00:53:49

Dr. Sullivan provided background information about small animal vaccination clinics, CCR, title 16, section 2030.3, and the veterinarian-client-patient relationship (VCPR) required for blood tests and prescription medications so there would be proper medical records accessible by the client if necessary. He noted the first issue involved the definition of rabies vaccinations, which are classified as a dangerous drug because, according to their labels, they are restricted for use by or under the direction of a veterinarian. As noted in the memorandum for this item, statewide low cost rabies vaccination clinics over the past 50 years have been very successful. He stated their task was to exempt rabies vaccinations from the VCPR requirement in the regulation and adding subsections (b), (q), and (r) to section 2030.3 (see page 4 of the memo) and update the [Frequently Asked Questions] FAQs (question number 6). Dr. Sullivan was introduced by Grant Miller of CVMA to two veterinarians, Drs. Fritz and Campagna, in the rabies section of the California Department of Public Health. These veterinarians agreed the proposed language was acceptable and advised Dr. Sullivan that it is law that every city and county have a rabies control program that includes at-cost rabies vaccination clinics. Dr. Sullivan requested that

the Committee review the proposed changes, and he responded to questions from Committee members over their concerns.

Dr. Sullivan reviewed the proposed regulatory changes to CCR, title 16, section 2032.1 to exempt rabies vaccinations from the VCPR requirements. With respect to the proposed changes to CCR, title 16, section 2030.3, subsection (f), the Board's Regulatory Counsel had raised concerns over the terminology "bright, alert, and responsive" in relation to terms common in the profession, as these terms may require clarification in order to be approved from the Office of Administrative Law (OAL). Dr. Sullivan stated a motion to approve the proposal should remove the word "bright" from the text. Committee members discussed using the terms "responsive" and "ambulatory." Ms. Sieferman noted that the initial statement of reasons (ISR) submitted to OAL in support of the rulemaking should indicate terms that are standard in the industry to explain the use of the terms. During the Committee's discussion, the term "BAR veterinary" was searched and located online, providing support for the use of "bright, alert, and responsive" in the text.

Dr. Sullivan moved on to review the proposed new VCPR FAQ question number 6. The Committee discussed the proposed FAQ response for small animal vaccination clinics.

Dr. Sullivan requested public comment before a motion would be made, and the Committee received the following public comment:

> Ken Pawlowski of CVMA stated that he did not know exactly what the Committee settled on as far as the whole "BAR" comment, but last he had heard, the Committee was contemplating saying "responsive to stimuli," so he stated two points: (1) the definition of "responsive" when you look in a medical dictionary is the ability to respond to a stimulus, so it is redundant to say responsive to stimuli; and (2) if you put in "to stimuli," you are implying that there are multiple tests to require different types of stimulation because that is multiple, so are you requiring them to flash a light in their eye to see if their pupils respond, as well as to clap to see if they can hear. He argued responsive is good enough; it is well documented. He stated veterinarians know what "BAR" means.
>
> Bonnie Lutz also emphasized that "BAR", after reading a lot of medical records and her not being a veterinarian, is a widely used term. She believes that the vet assistants, or whatever level they are that are assisting at the vaccine clinics, completely understand what "BAR" is. She stated she does not have a lot of public people calling her to ask her how to interpret these regulations. However, she does have a lot of veterinarians calling her to ask how to interpret them, so "BAR" will stand out and make sense to them. She stated she just does not want to bring up some other problems, and she is just a little concerned about "evaluated and healthy enough". She stated she knows that a veterinarian will be signing off on it, so she is comfortable with that; it is just evaluated by the veterinarian to be healthy enough. She claimed "healthy enough" is such a broad term. She asked the Committee what if there is an animal who has some kind of health condition, but how do you determine whether it is healthy enough to get a

rabies vaccine to prevent it from getting rabies? She stated she was a little concerned about the vagueness of those [terms], but she did not want to start a big discussion over that because she thinks she is comfortable being able to tell a veterinarian how to determine that and how they can look at it from their professional background and sign off on the record. However, as far as "BAR", she thinks that is what you should use.

Dr. Sullivan responded by saying that when a patient comes to him for only a rabies vaccination, that is done by a veterinarian. He does not think that most veterinarians are going to run a bunch of tests to make sure there is not an immune disease going on or something like that, so unless there is some other need for defining the examination of the veterinarian, he thinks the Committee will leave that as is, unless she had some other wording.

Dr. Bradbury inquired what were the final revisions to the CCR, title 16, section 2030.3, subsection (r). Dr. Sullivan responded that the text would read:

"Notwithstanding subsection (q), if a rabies vaccination is administered, then only a visual examination of the patient shall be required to ensure that the patient is bright, alert, and responsive. If the patient is not bright, alert, and responsive, then the patient must be evaluated by the veterinarian to be healthy enough to receive the rabies vaccination."

- Motion: Dr. Bradbury moved and Ms. Ussery seconded the motion to recommend the Board approve and adopt the additions and proceed with the rulemaking process of CCR, title 16, sections 2030.3 and 2032.1, as amended.

Dr. Sullivan requested public comment before the Committee acted on the motion. There were no public comments made on this motion.

Dr. Sullivan called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- Vote: The motion carried 7-0.

Dr. Sullivan called for a motion on the Subcommittee's recommendation for revisions to the VCPR FAQs.

- Motion: Ms. Shufelt moved and Dr. Bradbury seconded the motion to recommend that the Board add the drafted vaccination question and answer to the Board's Frequently Asked Questions.

Dr. Sullivan requested public comment before the Committee acted on the motion. There were no public comments made on this motion.

Dr. Sullivan called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- Vote: The motion carried 7-0.

9. **Discussion and Potential Recommendation to the Board Regarding Veterinary Drug Compounding Guidance—*Richard Sullivan, DVM, and Marie Ussery, RVT***

Meeting Materials

Webcast: 01:39:34

Ms. Ussery provided a background of the drug compounding regulations and described the Drug Compounding Subcommittee's development of an educational document that would serve as a guideline for practitioners on how to comply with these new regulations. Ms. Ussery explained that while developing the document, it became apparent there are holes in the regulation itself and a few things missing that would allow for the regulations work well. First, there is no requirement for a unique identification number or prescription number, which affects the traceability of the compounded drugs. In addition, the requirement is intended that all compounded drugs dispensed are logged into the medical record, but the word "dispensed" is not currently in the regulation, so as currently written, the regulation applies to all compounded medications. Ms. Ussery stated the Subcommittee would like to develop regulatory amendments to address the concerns raised. Dr. Sullivan added to the discussion of these issues and described the development of the formula document form. The Committee reviewed the draft documents.

Dr. Bradbury raised concerns regarding IV fluids and adding potassium or various items to IV fluids. She noted that on page 4, second paragraph, the document discusses RVTs compounding drugs, and she has a similar concern regarding tabletop compounding (page 6). Dr. Sullivan explained the statute only authorizes compounding by a veterinarian or RVT, including for tabletop compounding.

Ms. Welch inquired whether the first paragraph on page 4 regarding pending USP changes at the federal level are necessary to include in this document. She suggested striking this paragraph. Dr. Sullivan explained the paragraph is helpful to explain to practitioners why the new drug compounding laws are necessary and provide history relative to Pharmacy Law changes. Ms. Welch suggested providing more context to this history by describing the federal law changes, then describing veterinarian compliance with Pharmacy Law, which now requires USP compliance, and the differences for veterinary drug compounding.

Dr. Sullivan requested public comment on the Introduction Section of the guidance document. The Committee received the following public comment:

> Anita Levy Hudson stated that it sounded like these are some pretty dramatic changes, and she asked if the information was going to be shared and publicized so that other DVMs and practice owners are aware that this task is going to be restricted to DVMs and RVTs. She stated she is sure that it is something that is not widely practiced, if not widely known.

Dr. Sullivan explained that the material the Committee was going over would go out to the licensees—the veterinarians and RVTs. The method or way it will be presented, whether it is emailed or prepared as a brochure, has not been decided,

and staff will decide that, but the Committee is putting this together so that they can get this information out to the licensees.

Anita Levy Hudson responded she thought it was going to be very surprising and limiting to a lot of practices.

Ken Pawlowski followed up on Dr. Bradbury's comment about whether adding potassium chloride to an IV solution would have to be done by an RVT or veterinarian only and what requirements that fell under. He stated they have to have a defined plan stating all the ingredients and equipment that are used. Dr. Pawlowski asked how does that get done, where does that go. He stated he needs to do that for every patient, and he has multiple patients every day that get potassium chloride added to their IV solutions. He asked is that good for only four hours. He requested for the Committee to explain to him how this actually works in practice.

Dr. Sullivan responded that the formula would be in the formula part of the document, but when a new preparation is made, unless it is used within four hours or begun to be used in four hours, it would have to be documented on a spreadsheet.

Ken Pawlowski provided an example of how he uses 20 mil. equivalents, 24 mil. equivalents, or 30 mil. equivalents and asked if they had a standard document in their policies and procedures that describe how to make each of these and then reference that in the patient's medical record. He stated this is probably supposed to be happening already, but he can guarantee it is not happening in any practice out there. He asked how does this work in a day-to-day practice.

Dr. Sullivan responded that the plan is either with hard copy or in a computer format template that the formula is in one section, and then you go to a spreadsheet that shows when it is being delivered. He stated that there is a problem with the wording in the regulation right now in that it does not have it separated to office stock or to a patient. So if the compounded drug used in the clinic, the Board would have to make some new regulations addressing that as office stock. He stated everything in the regulation is directed towards a patient, and he will be contacting Dr. Pawlowski to see what is the best way of doing that in a clinic setting.

Ken Pawlowski asked whether IV fluids are office stock or patient specific.

Dr. Sullivan responded that it is what the Committee has to decide. He stated he would say it is office stock that then is administered to a patient. There has to be some type of paper flow going to that patient; it would end up going into the hospital record with the treatment.

Ken Pawlowski asked if it been looked into or if anybody knew how this works on the human side. Dr. Pawlowski stated they add things to their IVs, as well. He stated that it may be something to look into—how is it handled. He asked if they are being treated differently than on the human side. He states this becomes

borderline untenable for multiple patients, and he looks forward to the Subcommittee contacting him to provide whatever information he can to help.

Dr. Sullivan responded that the Board is trying to have an enforceable paper trail as efficiently as it can do it. In trying to do the educational material, the Subcommittee quickly discovered some gaps in the regulations that will have to be corrected, and this is one of them.

Kristi Pawlowski spoke in support RVTs. She stated that there is a shortage of veterinarians and RVTs, and RVTs are leaving this profession right now. She stated she runs a 24-hour veterinary hospital and to put this on RVTs—that only RVTs and veterinarians can do this—will impact the access to veterinary care. She stated that at any given time, she has a four, six, to eight hour waits in her area. She stated that following COVID, she has a spreadsheet that is shared among the local [Emergency Rooms] ERs about the wait time. She stated that there is not a day that goes by that ERs are not closing down because they cannot accept any more patients. She stated saying RVTs and veterinarians are the only ones who can now put anything into an IV is going to delay even more treatment for more patients. She claimed access to care is going to be limited because the Board is saying veterinary assistants cannot assist these patients and only RVTs and DVMs can assist these patients. She stated, "we have now gone against ourselves in what we are trying to do" and have limited access to care even more because less people will be able to help these pets. She stated that veterinary hospitals have just caused an increase in workload because of the paperwork for something that hospitals been doing for years. She claims the Board is not thinking about the pets or consumers when she has to fill out more paperwork. She stated she gets it is the law but sometimes it should be looked at whether pets or the consumers are being helped.

Dr. Sullivan responded that the requirement is in statute, which the Board has been looking at for years. Dr. Bradbury responded to the issues related to IV fluids and the importance of documenting treatment within the patient's record. Dr. Bradbury raised concerns about how practitioners will be able to follow the guidelines and still provide care for the patients because of the time spent on the paperwork. The Committee continued discussion, including items related to IV fluids, the proposed changes to the regulations, and proposed statutory revisions to authorize veterinary assistants to compound drugs. Dr. Sullivan reiterated the need for the Subcommittee to critically review regulations for office stock.

Dr. Sullivan requested Ms. Welch provide the language to add to the guidance document.

Ms. Welch responded that she is proposing a new paragraph on page 4 of the meeting material (page 1 of the Guidance on Veterinary for Drug Compounding) under section 1, paragraph 2, to include with the following language as a new second paragraph, which will bridge the gap between the USP standards and veterinarian drug compounding standards under the Practice Act, while mentioning the Pharmacy Law:

"In California, the Pharmacy Law was recently amended to require compounding of drug preparations by a pharmacy to be consistent with standards established under the USP. (See Business and Professions Code (BPC), § 4126.8.) Various provisions under the pharmacy law regarding prescriptions are applicable to veterinarians, so it was important to establish separate drug compounding requirements specific to veterinarian practice under the Veterinary Medicine Practice Act."

Ms. Welch included additional non-substantive changes, including striking out the full words "Business and Professions Code" and the parentheses around "BPC", in current paragraph two, which would become new paragraph three, as the abbreviation would have already been called out in the language above.

Dr. Sullivan asked the Committee if it had any comments on the proposed language or Introduction Section. Dr. Sullivan requested public comment on the proposed language or Introduction Section. No public comment was made on the proposed language or Introduction Section.

Dr. Sullivan asked the Committee if it had any comments related to page five (5) of the meeting material (Section III. Formula Document through Section V. Labeling of Compounded Preparations). Dr. Sullivan requested public comment on these Sections. There were no public comments made on these Sections.

Dr. Sullivan moved on to Section VI. Definitions, Item A, and asked the Committee if it had any comments. Dr. Bradbury raised concerns regarding the definition of "Tabletop compounding." Dr. Sequoia asked whether changing the delivery method of a drug (rectally instead of orally) would be considered compounding. Dr. Sullivan responded no. Ms. Welch inquired where the definition of "tabletop compounding" came from and noted it was not part of the Board's regulations. Dr. Sullivan responded the term came from Pharmacy Law. Dr. Bradbury and Dr. Sullivan discussed additional clarification on tabletop compounding. Dr. Sullivan requested public comment on this Section. There were no public comments made on this Section.

Dr. Sullivan moved on to Section VI, Item B, the definition for expiration dates for non-sterile and sterile compounding. Dr. Sullivan asked for any comments from the Committee on this Section. Dr. Sequoia stated that the last sentence should state "of any ingredient" not "or any ingredient". Dr. Sullivan requested public comment on this Section. There were no public comments made on this Section.

Dr. Sullivan went over the template formula page and asked the Committee if it had any comments. Dr. Sullivan requested public comment on this template. The Committee received the following public comment:

Anita Levy Hudson asked about the oversight for this item as it seemed like such a daunting process, and definitely application is going to be a little bit tricky initially. She also inquired to which organization will oversee this or who will be asking to see this documentation in the hospitals.

Dr. Sullivan responded that it would be done by the Board on any disciplinary inspection or any routine inspection.

Dr. Sullivan asked the Committee if it would like to provide this information to the Board or wait until a finished product is available to the licensees. The Committee weighed in their responses, including providing information related to the updated statutes but also a need to provide information to the licensees.

- Motion: Dr. Bradbury moved and Dr. Sequoia seconded the motion to recommend that the Board approve the Guidance on Veterinary Drug Compounding document, as amended, and courtesy formula form for posting on its website and dissemination to all licensees and stakeholders.

Dr. Sullivan requested public comment before the Committee acted on the motion. There were no public comments made on this motion.

Dr. Sullivan called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- Vote: The motion carried 6-0. Ms. Salazar Sperber was absent.

10. Update from Complaint Process Audit Subcommittee—*Christina Bradbury, DVM, and Dianne Sequoia, DVM*

Meeting Materials

Webcast: 02:54:50

Dr. Bradbury provided information related to the complaint process, including: the expert witness training that occurred on March 28, 2022; standard of care; resources utilized when going over a case; allowing experts to be comfortable using the terminology “beyond the scope of my knowledge” when a case is beyond their knowledge on a particular topic; and establishing the subject matter expert criteria when selecting licensees. She also stated that she expects herself and Dr. Sequoia to be reviewing cases by the end of the year.

Dr. Sullivan requested public comment on this item. The Committee received the following public comment:

> Grant Miller inquired who was the new member getting up to speed noted under the Real Life Examples for Expert Training heading in the Subcommittee memo.

Dr. Bradbury responded that it was Dr. Sequoia.

> Grant Miller requested the library of expert references and subject matter expert criteria be available for public view.

Dr. Bradbury responded that should be doable.

11. Future Agenda Items and Meeting Dates

Meeting Materials

- **July 19, 2022**
- **October 18, 2022**

Webcast: 03:06:28

Ms. Sieferman provided an overview and update of the future meetings and future agenda items.

Dr. Sullivan requested public comment on this item. There were no public comments made on this item.

12. Adjournment

Dr. Sullivan adjourned the meeting at 1:34 p.m.