BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA VETERINARY MEDICAL BOARD
1747 North Market Blvd., Suite 230, Sacramento, CA 95834-2978
P (916) 515-5220 | Toll-Free (866) 229-0170 | www.vmb.ca.gov

CALIFORNIA VETERINARY MEDICAL BOARD
MULTIDISCIPLINARY ADVISORY COMMITTEE
MEETING MINUTES
July 15, 2025

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

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

Webcast Link:

- Agenda Items 1-11 (https://youtu.be/AkL_JKxc8rQ)

10:00 a.m., Tuesday, July 15, 2025

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

Committee Chair, Marie Ussery, Registered Veterinary Technician (RVT), called the meeting to order at 10:00 a.m. She welcomed Maria Preciosa S. Solacito, Doctor of Veterinary Medicine (DVM), to the Committee, noting that Dr. Solacito filled the vacant veterinarian Board Liaison position on the Committee following the term expiration of Barrie Grant, DVM.

Executive Officer (EO), Jessica Sieferman, called roll, and eight members of the Committee were present; a quorum was established. Richard Sullivan, DVM, was absent from the meeting.

Members Present

Marie Ussery, RVT, Chair
Cheryl Waterhouse, DVM, Vice Chair
Kathy Bowler
Jeni Goedken, DVM
Mark Nunez, DVM
Kristi Pawlowski, RVT, Board Liaison
Leah Shufelt, RVT
Maria Preciosa S. Solacito, DVM, Board Liaison

Staff Present

Jessica Sieferman, EO
Matt McKinney, Deputy EO
Alicia Hernandez, Administration/Licensing Manager
Patty Rodriguez, Enforcement Manager
Ashley Sanchez, Enforcement Manager
Justin Sotelo, Policy Specialist
Rob Stephanopoulos, Enforcement Manager
Jacqueline French, Enforcement Analyst
Kimberly Gorski, Enforcement Analyst
Amber Kruse, Enforcement Analyst
Anh-Thu Le, Enforcement Analyst
Robert Rouch, Enforcement Analyst

Department of Consumer Affairs (DCA) Staff Present

David Bouilly, Moderator, Strategic Organizational Leadership and Individual Development (SOLID)
Judie Bucciarelli, Staff Services Manager, Executive Office
Elizabeth Dietzen-Olsen, Regulations Counsel, Attorney III, Legal Affairs Division
Peter Fournier, Information Officer I, Office of Public Affairs (OPA)
Bryce Penney, Television Specialist, OPA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division

Guests Present

Stephen Cital, RVT
Pam Collier, RVT, Ethos Veterinary Health
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association (CaRVTA)
Chazney Johnson
Steven Manyak, DVM, Board Member
Grant Miller, DVM, Director of Regulatory Affairs, California Veterinary Medical Association (CVMA)
Kristy Veltri, RVT
Scott Young, Summit / Pharma Policy Center

2. Public Comment on Items Not on the Agenda

Public Comment: Ms. Ussery requested public comment on this item. There were no public comments made on this item.

3. Review and Approval of April 15, 2025 Committee Meeting Minutes

Ms. Ussery stated that Ms. Pawlowski had provided some edits to the April 15, 2025 Committee meeting minutes. Ms. Pawlowski shared those edits with the Committee. Kathy Bowler also provided one minor edit to the meeting minutes.

Motion: Ms. Ussery requested a motion. Kristi Pawlowski, RVT, moved and Cheryl Waterhouse, DVM, seconded a motion to approve the April 15, 2025 Committee meeting minutes, as amended.

Public Comment: Ms. Ussery requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Ms. Ussery called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 6-0-2 with Ms. Bowler and Dr. Solacito abstaining.

Members	Vote			
	Yea	Nay	Abstain	Absent
Marie Ussery, RVT, Chair	X			
Cheryl Waterhouse, DVM, Vice Chair	X			
Kathy Bowler			X	
Jeni Goedken, DVM	X			
Mark Nunez, DVM	X			
Kristi Pawlowski, RVT	X			
Leah Shufelt, RVT	X			
Maria Preciosa S. Solacito, DVM			X	

4. Committee Chair Report—*Marie Ussery, RVT*

Ms. Ussery presented the following updates to the Committee:

- **Purpose of the Committee Chair Report**: Ms. Ussery explained that she was going to start reporting on what is being determined and voted on at Board meetings, noting that many Committee members may not always see the outcome of agenda items sent to the Board. She added that this was her first attempt to summarize what occurred at the previous Board meeting and that she will continue to keep Committee members informed.

- **Subcommittee Reports Overview**: At the April 2025 Board meeting, Ms. Ussery provided an overview of the Inspections, Outreach, and California Department of Food and Agriculture (CDFA) Subcommittee Reports, followed by a detailed discussion of items that required action.

- **Proposed Legislation to Amend Business and Professions Code (BPC) Sections 4825.1 and 4827 Regarding Veterinary Medicine Practice Exemptions**: At the April 2025 Board meeting, Ms. Ussery also presented materials on this legislative proposal and the Board showed an appreciation for stakeholder outreach and all of the hard work that went into this item.

  However, the Board was disappointed by the contentious tone of some stakeholder responses received. Concerns had been raised about inconsistent definitions and legislative language, and there was a great deal of concern about owners not being able to provide first aid to their animals.

  As a result of those concerns, the Board proposed creating a first aid and husbandry exemption clause, which became BPC section 4827, subdivision (a), paragraph (8). The Board ensured this clause was worded carefully to avoid unintended loopholes and sought a balance between allowing reasonable care and preventing unregulated and unlicensed veterinary practice. The Board voted to submit the amended proposal to the California State Legislature.

- **Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 2068.5 Regarding Practical Experience and Education as Equivalent Curriculum**: Ms. Ussery presented materials from the April 2025 Committee meeting and explained to the Board the options that were provided in the materials.

  She stated that the Committee had chosen the Option 3 pathway to recommend to the Board. She added that many concerns were raised about eliminating the RVT task checklist, stating supervising veterinarians needed more guidance to ensure consistency when attesting to RVT clinical skills. She added that the Board felt there was a need to either create a new checklist that is fully incorporated into the regulation by reference or to explicitly list the tasks in the regulation.

  Ms. Ussery stated that the Board also raised concerns that restricting acceptable clinical experience to the U.S. and Canada would prevent foreign-trained professionals from obtaining registration unless they redo all their clinical hours domestically (even if they are trained under an American Veterinary Medical Association (AVMA)-accredited program in countries like the United Kingdom, Ireland, or Australia).

  She explained that the Board opted to send the proposal back to the Committee, specifically tasking the RVT Subcommittee with reviewing and revising the task checklist for incorporation into regulation, or otherwise amending the regulation, and to review foreign clinical practice experience for sufficiency for this registration pathway.

- **Proposed Legislation to Amend BPC Section 4905 Regarding the Board's Fee Structure**: With assistance from Ms. Sieferman, the meeting materials were presented and questions from the Board were answered. Board staff and Committee members were thanked for their work on this item and complemented on how well thought out it was.

  The Board voted to submit the proposal with Option 2 to the California State Legislature. Ms. Sieferman added that the proposal had been included in the Board's Sunset bill, Assembly Bill (AB) 1502 (Berman, 2025), and that the bill was currently moving through the legislative process.

Dr. Nunez inquired about the veterinary medicine practice exemptions proposal and the concerns that were raised regarding owners not being able to provide first aid to their animals. Ms. Sieferman responded that these requested legislative amendments did not make it into the Board's Sunset bill.

Public Comment: Ms. Ussery requested public comment on this item. There were no public comments made on this item.

5. Update, Discussion, and Potential Action on Recommendations from the Registered Veterinary Technician Subcommittee—*Leah Shufelt, RVT, and Kristi Pawlowski, RVT*

A. Discussion and Possible Action to Amend Assembly Bill 1502 (Berman, 2025) Veterinary Medicine: California Veterinary Medical Board; Business and Professions Code Section 4841.5

Ms. Shufelt presented the meeting materials to the Committee, including the proposed amendments to BPC section 4841.5 in AB 1502, as amended on June 25, 2025.

Discussion: The Committee reviewed the meeting materials and the following was discussed:

Dr. Nunez and Ms. Bowler inquired about the number of hours of continuing education (CE) that is required for RVTs. Ms. Sieferman provided clarification on the requirement.

Dr. Nunez also asked if the reference to the American Association of Veterinary State Boards' (AAVSB) Program for the Assessment of Veterinary Education Equivalence (PAVE) needed to be removed from the statute because it no longer exists. Ms. Sieferman responded that the Board could request that the reference to PAVE be removed via an omnibus bill next year because it was too late to include this amendment in AB 1502.

Motion: Kristi Pawlowski, RVT, moved and Mark Nunez, DVM, seconded a motion to recommend the Board ratify the proposed amendments to BPC section 4841.5 in the June 25, 2025 version of AB 1502.

Public Comment: Ms. Ussery requested public comment on the motion. The following public comment was made on the motion:

- Grant Miller, DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

  Dr. Miller expressed concerns with the proposal to remove the proficiency checklist requirement for alternate pathway applicants or those RVTs who have practiced in another state. He stated that he understood the Board's analysis justifies this change by noting that RVTs entering through reciprocity may have been practicing for well over five years and therefore should not be subject to more strict requirements.

  However, he emphasized that, unlike veterinarians whose scope of practice is generally consistent across states, the education of RVTs and what they are allowed to do varies significantly from state to state. For example, in some states, RVTs are not allowed to perform dentals. Dr. Miller cautioned against simply assuming that RVTs entering through reciprocity are qualified to perform all of the same tasks as California-trained RVTs, especially when the state they are coming from may define and regulate the profession very differently.

  Dr. Miller requested that the Committee discuss whether it is appropriate to treat RVT reciprocity the same as veterinarian reciprocity, given these differences.

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

Ms. Pawlowski responded by acknowledging that she hears and understands the concerns that were raised, and stated that she does not disagree with them. She admitted that she does have concerns herself, particularly regarding the variation in what RVTs are allowed to do, such as performing dentals. She noted that many RVTs in California are not permitted to do dentals either, and she sees that as a problem.

However, Ms. Pawlowski emphasized that regardless of the differences in practice across states, all RVTs are tested on the same material. While she acknowledged that the issue is concerning, she stressed the importance of keeping pathways open rather than restricting them. She concluded by saying

that the Board should remain mindful of how it is creating opportunities for RVTs and avoid becoming more restrictive.

Ms. Sieferman provided clarification that the proposal under discussion was not intended to replace the alternate pathway to registration. She emphasized that all RVT applicants must still complete either the accredited education path or the alternate pathway. The 2,500 hours of clinical practice experience is a requirement specifically tied to individuals who passed the national examination more than five years ago.

Ms. Sieferman explained that the Board has determined that for those taking the alternate pathway—whether they are coming from out of state or not—they must complete both the clinical hours and the proficiency checklist. These applicants would still need to attest that they are proficient in the required skills.

Ms. Sieferman further clarified that the checklist is only required for those on the alternate pathway. For example, applicants who graduate from an AVMA-accredited program and pass the national examination are not required to have a separate supervisor verify their proficiencies because that is already covered through the accredited education pathway.

Ms. Sieferman stated that the checklist requirement would have only applied to someone from an unaccredited school or alternate pathway, and this proposal was originally worded in a way that would have imposed additional clinical experience and proficiency requirements even on those who had followed the accredited path—which was not the Board's intent.

Ms. Sieferman reiterated that for those taking the alternate pathway—regardless of whether they are from in or out of state—the proficiency checklist remains a requirement. The proposal is only intended to address those applicants who already met the education requirement and passed the national examination over five years ago.

Dr. Nunez commented on the completion of a minimum of 2,500 hours, emphasizing several important points. He acknowledged that while some individuals might not be proficient in specific areas such as dentistry, many will be. He stressed that the ultimate decision on whether a person is allowed to perform certain tasks lies with the supervising veterinarian.

Dr. Nunez also highlighted the necessity of maintaining open pathways due to workforce issues, underscoring the significant need for RVTs in the field.

Dr. Goedken agreed with Dr. Nunez, emphasizing the importance of the supervision layer provided by a DVM for RVTs. She stated that it is always the responsibility of the DVM, regardless of whether the RVT is newly graduated, has

20 years of experience, or was educated in another state. The DVM must ensure that the tasks assigned to the RVT are not only compliant with the Practice Act, but also that the RVT is competent in performing them.

Dr. Goedken highlighted that this extra layer of supervision distinguishes RVTs from DVMs, who operate independently. She concluded that the responsibility ultimately lies with the DVM, irrespective of the RVT's educational pathway.

Roll Call Vote: Ms. Ussery called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 8-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Marie Ussery, RVT, Chair	X			
Cheryl Waterhouse, DVM, Vice Chair	X			
Kathy Bowler	X			
Jeni Goedken, DVM	X			
Mark Nunez, DVM	X			
Kristi Pawlowski, RVT	X			
Leah Shufelt, RVT	X			
Maria Preciosa S. Solacito, DVM	X			

B. Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 2068.5 Regarding Practical Experience and Education as Equivalent Curriculum

Ms. Pawlowski presented the meeting materials to the Committee.

Discussion: The Committee had no comments.

Motion: Mark Nunez, DVM, moved and Jeni Goedken, DVM, seconded a motion to take the following actions:

- Approve the regulatory text in Attachment 1 to amend CCR, title 16, Section 2068.5.

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

- If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as described in the text notice for CCR, title 16, Section 2068.5.

Public Comment: Ms. Ussery requested public comment on the motion. The following public comment was made on the motion:

- Grant Miller, DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

  Dr. Miller thanked the RVT Subcommittee and staff for their efforts in revisiting the RVT directed clinical practice checklist. He felt that the checklist was very complete and closely mirrored the American Veterinary Medical Association (AVMA), Committee on Veterinary Technician Education and Activities (CVTEA) checklist.

  Dr. Miller had a few general comments, particularly about subsection (f)(8), which pertains to avian, exotic, or small mammal procedures. He pointed out that the Practice Act often overlooks large animals, which has been a limitation for many.

  Dr. Miller suggested that if subsection (f)(8) were removed, it would imply that large animals were considered in the regulations, as the preceding items could apply to any species. He noted that the CVTEA checklist often marks avian, exotic, and small mammal items with an asterisk, indicating they are optional. However, regulatory standards require minimum standards, making it difficult to adopt a similar approach.

  He proposed striking subsection (f)(8) to ensure the checklist applies to any animal, allowing individuals to tailor their education towards specific animals, such as horses or exotics, similar to veterinary school. Dr. Miller emphasized that calling out exotics specifically seems unbalanced and neglects large animals. He concluded by suggesting the removal of subsection (f)(8) to create a more inclusive checklist.

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

It was asked whether the large animal piece had been discussed by the Subcommittee, noting that it might not have been addressed in the context of subsection (f)(8). It was also mentioned that this requirement is not currently in the checklist or regulation. The Subcommittee's discussion did not specifically mention equine, but rather focused on providing opportunities for RVTs who

might specialize in certain areas, such as small mammals and exotics, based on the CVTEA list.

It was also noted that the checklist aims to offer clinical experience opportunities within practice, not tied to education. The idea was that RVTs might have experience with at least one type of animal, though equine and food animals were not specifically discussed. The change to include avian, exotic, or small mammals was to accommodate those working with these animals without being overly prescriptive.

With regard to Dr. Miller's comments suggesting excluding subsection (f)(8), it was noted that the other categories are sufficient without calling out multiple species. It was also noted that the purpose of subsection (f)(8) was to be a catch-all, but it might not be effective in that role. It was further noted that items one through seven apply to all species, questioning why large animals would be excluded from these items.

It was mentioned that adding specific species like equine and large animals would make the checklist too prescriptive, requiring clinical experience with all listed species. The checklist should attest to clinical experience without specifying the practitioner type, similar to DVM licenses.

The consensus was to eliminate subsection (f)(8), as the education and national examination cover all necessary areas, making the specific mention of avian, exotic, and small mammal procedures redundant.

Dr. Nunez and Dr. Goedken agreed to amend the motion, approving the regulatory text in Attachment 1 to amend CCR, title 16, Section 2068.5 with the removal of paragraph (8) from subsection (f).

Public Comment: Ms. Ussery requested public comment on the amended motion. There were no public comments made on the amended motion.

Roll Call Vote: Ms. Ussery called for the vote on the amended motion. Ms. Sieferman took a roll call vote on the amended motion. The motion carried 8-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Marie Ussery, RVT, Chair	X			
Cheryl Waterhouse, DVM, Vice Chair	X			
Kathy Bowler	X			
Jeni Goedken, DVM	X			
Mark Nunez, DVM	X			
Kristi Pawlowski, RVT	X			
Leah Shufelt, RVT	X			
Maria Preciosa S. Solacito, DVM	X			

6. Update, Discussion, and Potential Action on Recommendations from the Inspections Subcommittee—*Jeni Goedken, DVM, and Kristi Pawlowski, RVT*

Ms. Pawlowski presented the meeting materials to the Committee.

Discussion: The Committee reviewed the meeting materials and the following was discussed:

Dr. Nunez raised a question about the Radiologic Health Branch (RHB), which falls under the Radiation Safety and Environmental Management Division of the California Department of Public Health. He noted the duplication of efforts between the RHB and the Board; however, he also stated that he assumed the RBH handles radiation safety for both veterinary and human hospitals. Dr. Nunez questioned how much attention is given to protocols like hands-free techniques, which are not used in human medicine.

Ms. Pawlowski and Ms. Sieferman commented on the diligence of the inspectors, noting that they actively look at these types of protocols.

Ms. Bowler mentioned that the protocols for veterinary premises, including dog activity and boarding space, were essential components that needed to be considered. She inquired whether there had been a need to update the inspection protocols for these facilities, emphasizing the importance of having appropriate measures in place for boarding activities, similar to those in a kennel situation.

Ms. Bowler concluded by stating that all of these considerations made perfect sense and were crucial for maintaining proper standards in veterinary boarding facilities.

Ms. Pawlowski responded that nothing was done regarding inspections of a boarding facility because it still falls under the veterinary premises.

Ms. Sieferman clarified that the facilities in question are not standalone boarding facilities, but are tied to a registered veterinary premises where animals are housed in one part and veterinary services are provided in another. She emphasized that

these facilities are still part of the inspection process. Inspectors inquire about the types of services provided at these locations, ensuring that any registered veterinary premises where boarding services are provided are properly inspected.

Ms. Sieferman also provided a couple of clarifications regarding the checklists. She stated that the Subcommittee is not seeking approval of these checklists; they are intended as educational outreach materials for posting, and feedback is being sought. She noted that the current posted checklists contain some confusion and objectives that are not entirely aligned with the law. These issues were addressed and clarified through numerous Subcommittee meetings.

Ms. Sieferman expressed appreciation for the Subcommittee and staff's efforts in putting the checklists together.

Additionally, Ms. Sieferman mentioned that some parts of the checklists have an asterisk referring to CCR, title 16, section 2030, which may not be in current law. This is because it should be updated with the new alternate premises rulemaking package that is forthcoming.

Ms. Welch suggested that the Subcommittee might need direction on whether to post the checklists now, before the alternate premises rulemaking is approved and effective, or to wait until that package is effective. She noted that, in her review, the checklist is not tracking existing law and is not quite tracking the upcoming alternate premises rulemaking either.

Ms. Welch acknowledged that the concepts of these checklists are great, and feedback on formatting and other details in the checklists was important. However, she stated that the checklists need to be revised for consistency with the regulations to be useful for the public.

Ms. Welch questioned whether the Committee would prefer to see the checklists for the future or for the present, expressing concern about the amount of work involved in creating checklists only to have to revise them again in six months.

Ms. Pawlowski emphasized the importance of publishing the checklists as soon as possible because, from what she hears, they are used frequently in practice. She expressed willingness for the Subcommittee to help determine which parts should be published immediately and which could be held back.

Ms. Pawlowski also clarified that the intent of these checklists is to be available online rather than as PDF documents, so that users can click on references to go directly to the cited law. This would remove confusion and eliminate questions about the source of the information, making things easier for inspectors and everyone involved by removing ambiguity. She stated that her goal is to simplify processes in

the long run, and she is willing to support whatever approach is easiest for staff, with the Subcommittee providing any needed assistance.

Ms. Sieferman noted that they are not asking for approval, only feedback on the checklists, with the aim of clarifying what is current law. She mentioned that the Subcommittee has already discussed that once the alternate premises package becomes effective, they will need to make notes on what must be updated at that time, so those changes could be made quickly. She explained that the goal—originally intended to be met at the last meeting—was to have this completed then, but that was not successful. While recognizing the delay, she stated they still want to have the checklists posted online.

Dr. Goedken emphasized that this item is different from others because it is a living, breathing daily thing. Its purpose is not only to educate premises and veterinarians on how to stay compliant, but it is also the basis for how inspectors are trained and how inspections are conducted every day. She explained that the current checklists—although outdated—are still being enforced during inspections, with no waiting period for a new publication. Delays in updating the checklists affects ongoing inspections.

Dr. Goedken described the revision process as significant cleanup, noting that when she was trained as an inspector in 2013 or 2014, she could recite the checklists from memory, but only upon clicking the linked regulations did she realize some requirements were being misinterpreted. For years, veterinarians were being told certain requirements based on incorrect interpretations. This reinforced her point that the checklists are documents in motion, essential both for keeping premises compliant and guiding staff inspections.

Dr. Goedken recommended that the checklists be formally reviewed every year to ensure they stay current, especially given changing regulations. She also clarified that the Board is not seeking formal approval because they do not approve every item posted by staff, and doing so would be beyond their jurisdiction and overwhelming. However, since current enforcement is based on standards that may lack actual authority, she believes it is important to clean up the checklists now, post them, and establish an ongoing committee to review and update them annually.

Ms. Sieferman clarified that when it is said that the Board is enforcing the current checklists, it is only enforcing the portions supported by law, and any parts not supported by law are not actively enforced.

Ms. Sieferman further explained that a major reason for bringing this item to the Committee and the Board is tied to prior discussions—specifically, a couple of years ago, former Board member Dr. Jaymie Noland encouraged reviewing the inspection process to find ways to streamline it. Dr. Noland had suggested only doing half of the checklist due to the amount of time inspections took. At that time, staff gathered

feedback from all inspectors, the Committee discussed it, and the Board ultimately decided not to change the checklist, determining that every part of it was necessary.

Since then, meetings with the RHB revealed that the entire radiation safety section of the inspection—which takes inspectors significant time—is completely duplicative of RHB's inspections and is based on RHB's laws. Because of this redundancy, Ms. Sieferman suggested inspectors no longer need to perform that portion. Instead, they could work collaboratively with RHB; if Board inspectors find that equipment is not properly registered, they can notify RHB, which only inspects properly registered facilities.

Likewise, Ms. Sieferman stated that if RHB inspectors see unsanitary conditions or other concerns within a facility, they can refer those to the Board for follow-up. In this way, RHB would inspect under its laws, and the Board would inspect under its own laws.

Ms. Bowler thanked the Subcommittee, stating that as a consumer and for purposes of public protection, she believes inspections are very important. While they are expensive and time-consuming, she feels they are valuable both for consumers and for veterinary practitioners as regulations and requirements change over time.

Ms. Bowler recalled the earlier days when a printed booklet was mailed to all premises and widely carried, noting that now the ability to have real-time, accurate online information is key. She expressed some concern that after all the work put into the current effort, there should be a way for the Board to include a caveat at the top of the posted material if there are any inconsistencies or inaccuracies, to avoid confusing people.

Ms. Sieferman stated that the Inspection Subcommittee can work with legal counsel to ensure the checklists are fully consistent with current law. She added that they can also include a note indicating that, come January 1, 2026, or whenever the rulemaking becomes effective, the documents will be updated.

Dr. Solacito stated that, while reviewing the checklists, she questioned whether it is truly applicable to existing small animal mobile clinics. She asked about the inspection team's process, beginning with licensing, and how they verify that a mobile practice complies with the requirements for a mobile unit.

Dr. Solacito noted that it has come to her attention that some small animal mobile practices are essentially house-call services, where the practice of veterinary medicine does not take place in the mobile unit itself, yet they hold a mobile premises registration. She raised the question of what could be done to update the checklist to reflect this change in practice.

Ms. Sieferman explained that there is currently no requirement for a veterinary premises—whether a mobile unit or fixed facility—to be inspected prior to receiving registration. She stated that the Inspection Subcommittee's goal is to align with what current law requires.

Ms. Sieferman noted that the pending alternate premises package addresses mobile practices specifically, including those providing services from within a vehicle and those conducting house calls. The rulemaking differentiates between the two types, and stakeholders were consulted to ensure the provisions are applicable in each situation.

Ms. Sieferman further explained that if a fixed veterinary premises has a mobile premises tied to it, the licensee is simply notifying the Board of that mobile premises, and it does not require its own separate registration. However, if someone operates an independent mobile practice, that practice must have its own mobile registration.

Dr. Waterhouse asked about the status of the alternate rulemaking package.

Ms. Sieferman stated that the rulemaking process is still underway and the public comment period is open until August. If written public comments are received with objections or adverse recommendations, those will be brought back to the Board. She stated that she anticipated receiving comments from entities wanting to provide Mobile Animal Sterilization Hospital clinics or large-scale spay/neuter clinics in big venues like gymnasiums, particularly regarding concerns about the requirement for a separate surgery suite with a door that seals from floor to ceiling.

Ms. Sieferman explained that written public comments submitted during the comment period will be reviewed by the Board in October. The Board will decide how to respond, and if they agree to make amendments, the package can be released for another 15-day public comment period to address those concerns. Ideally, the changes would still take effect January 1, 2026, but there will be additional opportunities for public input before then.

Dr. Goedken advised that if someone is a licensee manager and their name is on a registration, it is their responsibility to stay current with changing regulations. She emphasized that the checklist is a living, breathing thing, and as regulations change, licensee managers need to keep their finger on the pulse, which she considers an inherent duty of the role.

Dr. Goedken noted that staff can only interpret the regulations as they currently exist; although future changes are expected, they cannot chase pending updates because the timeline for rulemaking is uncertain. Instead, the focus should be on cleaning up and updating the checklist based on the regulations that are currently in effect, while acknowledging that it will remain a moving target as additional changes occur.

Ms. Sieferman clarified that the alternate premises package includes minimum standards at the beginning for all veterinary premises. For mobile practices—whether small or large—the applicability depends on whether services are provided from the vehicle or within the vehicle. If certain overall standards do not apply in a specific setting, such as a vaccination clinic, that is noted in the relevant section.

Ms. Sieferman explained that the package organizes standards by type: overall standards for all veterinary premises, separate standards for small animal fixed veterinary premises, mobile veterinary premises (applicable to both small and large animals), and standards specific to animal vaccination veterinary premises.

Ms. Pawlowski asked if checklists with the pending updates could be published now.

Ms. Welch noted that some requirements, such as oxygen standards, will change under the new alternate premises regulations, which can create confusion about whether a premises must comply with current law or upcoming law. Ms. Welch recommended focusing first on the three different types of premises to ensure the checklists properly reflect current regulations and can be posted. Then, the Board can begin preparing for the new alternate premises regulations by drafting updated checklists in advance. This approach would allow for quicker revisions in response to public comment, if needed.

Public Comment: Ms. Ussery requested public comment on this item. The following public comment was made on this item:

- Grant Miller, DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

  Dr. Miller thanked the Committee and Inspections Subcommittee for tackling this much-needed resource, noting that he frequently receives questions from veterinarians whose premises do not match the existing checklist. He appreciated the expansion of the checklist and offered a couple of comments.

  First, for the small animal mobile section on page 18, Dr. Miller highlighted that misunderstandings in the veterinary profession often stem from a single word. He suggested changing the word "clinic" to "premises" to eliminate confusion and reinforce that a premises can be mobile. This change would clarify that mobile veterinary practices are full-service and not limited to outpatient services, reducing future questions about premises permits for mobile practices.

  Second, regarding the small animal vaccination checklist, Dr. Miller pointed out that CCR, title 16, section 2030.3 is poorly written and causes confusion. He proposed including an affirmative statement indicating that CCR, title 16, section 2030.3 does not override BPC section 4826.6, which requires a veterinarian-

client-patient relationship (VCPR). He emphasized that there is a misconception that a VCPR is not needed for vaccination clinics, which is incorrect.

Dr. Miller stressed the importance of referencing BPC section 4826.6 in the guidance document to ensure compliance with minimum standards and to address the widespread confusion and misunderstanding in the veterinary profession.

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

Ms. Pawlowski thanked Ms. Rodriguez, Ms. Sanchez, and Mr. McKinney for their amazing and hard work on the inspection checklists. Dr. Nunez concurred that Board staff did very good work revising the checklists. Ms. Pawlowski also stated that it was the intent to change all instances of "clinic" to "premises".

Ms. Welch reminded the Committee that the checklists reflect the wording in existing regulations, which do not currently have the best titles. She added that, moving forward, the regulation titles will be amended. She suggested that, for now, a statement could be made to clarify that a clinic includes all relevant premises. She emphasized the importance of ensuring that this does not become an alleged underground regulation and that it is crucial to adhere to the current law, despite its flaws.

Ms. Welch proposed making a clarifying statement to ensure everyone knows which checklist applies to which type of premises. She acknowledged that not all requested changes were made to the checklists, but noted that these are important points to address. She suggested making revisions to the checklists to reflect current law and then posting them. Afterward, new checklists for alternate veterinary premises can be worked on after the regulations are amended.

7. Update and Discussion from the Complaint Audit Subcommittee— *Jeni Goedken, DVM, and Cheryl Waterhouse, DVM*

Dr. Goedken presented the meeting materials to the Committee.

Discussion: The Committee reviewed the meeting materials and the following was discussed:

- **Purpose of Discussion**: A scenario involving an initial examination of a dog for vaccinations, then four months later, the dog tested positive for Giardia had been discussed during consultant and Subject Matter Expert (SME)-level conversations and was brought to the Committee for discussion. The intent was to explore whether California's condition-specific VCPR requirement should be re-evaluated and possibly aligned with what other states are doing. It was noted

that Oregon is the only other state that has a condition-specific VCPR requirement.

- **Scenario Summary**: In the scenario provided in the meeting materials, the VCPR was established at the original vaccination appointment. Later, the client reported new symptoms, dropped off a fecal sample, and the test came back positive for Giardia. The veterinarian prescribed medication without re-establishing the VCPR. Many SMEs agreed they would have done the same, suggesting that this might reflect a new standard of care.

- **Current Law vs. Practice**: Under current California law, the VCPR is condition specific and must be re-established to treat new conditions. Telemedicine can be used to re-establish the VCPR, but the law requires that all disclosure and warning requirements be met. In this scenario, the VCPR was not re-established, yet most reasonable veterinarians indicated they would have prescribed the medication in the same situation.

- **COVID-19 Waiver Context**: During COVID-19, a temporary waiver allowed veterinarians to diagnose and treat new conditions via telemedicine if an initial in-person examination had occurred. This period lasted about 18 months to 2 years. Some participants thought there had been broader condition-specific relief, while others clarified that the waiver was primarily tied to extended prescription timelines.

- **Standard of Care vs. Regulation Conflict**: Several SMEs noted a tension between the legal requirement for a condition-specific VCPR and common veterinary practice. The hypothetical scenario raised the broader question of what should happen when the standard of care conflicts with the law. Some suggested adding qualifying statements or clearer guidance to help avoid confusion among SMEs when reviewing cases.

- **Differing Perspectives**: Some participants viewed fecal testing as part of wellness care, tying it to the prior VCPR. Others emphasized that the law clearly requires condition-specific reestablishment. Concerns were raised that a strictly black-and-white interpretation could lead to inconsistent case reviews depending on the approach of the SME involved.

- **Access to Care and Spectrum of Care Considerations**: In situations where clients cannot afford or access in-person visits, alternatives such as fecal testing may be reasonable. This led to questions about whether the condition-specific VCPR requirement limits access to care in certain cases.

- **Future Implications**: It was noted that long-standing statutory requirements could influence how new graduates interpret and apply the standard of care.

Over time, this could shift veterinary norms toward stricter adherence to condition-specific rules.

- **Conclusion**: The discussion ended without a consensus on whether to recommend reevaluating the condition-specific VCPR. It was agreed that these points would be reported to the Board without a formal recommendation.

Public Comment: Ms. Ussery requested public comment on the discussion regarding condition-specific VCPRs. The following public comments were made on this issue:

- Grant Miller, DVM, Director of Regulatory Affairs, CVMA, provided the following public comment:

  Dr. Miller emphasized the importance of the current discussion, stating that it is one of the most critical conversations the Committee has ever had. He urged the Committee not to gloss over the topic, especially since the CVMA is considering legislation on this issue for the coming year. Dr. Miller mentioned that the CVMA's strategic planning session in October will address this topic, and he invited the Board to collaborate.

  He highlighted that the condition-specific interpretation of the law significantly impacts access to veterinary care in California. The high cost of veterinary care, partly due to this interpretation, prevents many pet owners from seeking care. Dr. Miller noted that the VCPR law in California is not fundamentally different from those in other states, but California's Board uniquely enforces a condition-specific interpretation.

  Dr. Miller explained that this interpretation began with a prior EO and has continued under current Board staff. He argued that the law does not explicitly require a condition-specific approach and that the Board could adopt a different policy without changing the law's wording. He requested that the Committee review BPC sections 4826.6, subdivisions (a)(2) and (b), which state that a veterinarian only needs to be recently acquainted with the animal, not necessarily for a specific purpose.

  Dr. Miller stressed that veterinarians should have the discretion to treat conditions like Giardia without unnecessary hurdles for clients. He pointed out that the current interpretation removes the ability of veterinarians to use their professional judgment. He argued that the Board's requirement for a documented VCPR for every condition limits veterinarians' ability to provide care efficiently and affordably.

  Dr. Miller concluded by urging the Committee to reconsider the interpretation of the law, as it affects the profession's ability to reach and serve all pet owners. He

asked the Committee to take five minutes to read the relevant sections of the law and consider reopening the conversation, noting that it will resurface regardless.

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

  Ms. Ehrlich expressed strong agreement with Dr. Miller, questioning why the VCPR definition was reinterpreted. She noted that in her long practice experience, the original definition considered a veterinarian to have sufficient knowledge of the patient if they had examined the animal within a year. She raised a practical concern about whether a veterinarian needs to perform an office call before a technician can trim a dog's nails.

  Ms. Ehrlich emphasized the importance of Dr. Miller's point about fees, highlighting that veterinary medicine has become so expensive that many people cannot afford it. She argued that requiring unnecessary examinations makes no sense and encouraged a return to the original VCPR interpretation, where a veterinarian's knowledge of the patient within a year was deemed sufficient.

Response to Public Comment: The following responses to public comment were made:

Ms. Sieferman clarified that the interpretation of laws is not solely at the discretion of the EO. She emphasized that multiple attorneys provide advice on what the law says and what it does not say. She acknowledged that the Board has had various legal counsels over the years, and it is unclear at what point the interpretation changed.

However, Ms. Sieferman noted that the condition-specific interpretation stems from BPC section 4826.6, subdivision (a)(2), which states that the veterinarian must have sufficient knowledge of the animal patient to initiate at least a general or preliminary diagnosis of the animal patient's medical condition.

Ms. Sieferman explained that the one-year timeframe often mentioned comes from the requirement for prescribing controlled substances, which has been extrapolated to the VCPR. She pointed out that there is no specific law stating how long a VCPR is valid. If the Board wants to clarify that the VCPR is not condition-specific, it should consider changing the relevant section in the statute. She reiterated that the Board's interpretation is not the final say and that there are many factors involved in these decisions.

Ms. Pawlowski stated that the condition-specific piece was heavily relied upon during telemedicine conversations and that it had strong support from the profession at that time. She expressed disheartenment at hearing opposition to it now, emphasizing that it was not just a Board decision, but had significant backing from the profession back then.

8. **Update and Discussion from the Outreach Subcommittee—*Kathy Bowler and Cheryl Waterhouse, DVM***

Dr. Waterhouse and Ms. Bowler presented the following updates to the Committee:

- **Meeting at University of California, Davis (UC Davis)**: In May 2025, Ms. Bowler, along with Dr. Waterhouse, Ms. Sieferman, and Mr. McKinney conducted a meeting at UC Davis with third and fourth year students where they discussed the Board's functions and consumer protection mission, spectrum of care, laws, and the VCPR. Dr. Waterhouse also provided real-life scenarios for discussion, which helped students understand practical applications of their knowledge.

  The meeting was highly interactive and informative. They plan to replicate this talk at the local Veterinary Medical Association in Fresno in September 2025.

- **Unlicensed Activity at Dog Shows**: The Subcommittee is investigating unlicensed activities in canine reproduction at dog shows, particularly focusing on diagnostics and transcervical inseminations. Ms. Bowler, with over 30 years of experience in dog shows, noted that these activities might be happening without proper licensing, which could pose risks to consumers.

- **Future Plans**: The Subcommittee plans to draft informational materials based on their findings about unlicensed activities. These materials will go through several review processes before becoming public. The goal is to ensure that any unlicensed activities are properly addressed and that consumers are well-informed about the complexities of canine reproduction services at dog shows.

Discussion: The Committee had no comments.

Public Comment: Ms. Ussery requested public comment on this item. There were no public comments made on this item.

9. **Update and Discussion from the California Department of Food and Agriculture (CDFA) Subcommittee—*Marie Ussery, RVT and Cheryl Waterhouse, DVM***

Ms. Ussery and Dr. Waterhouse provided CDFA Subcommittee updates and the following was discussed:

Signatures on Veterinary Feed Directives (VFDs)

Ms. Ussery explained that the Subcommittee and CDFA discussed an issue related to signatures on VFDs that CDFA has been encountering. The law currently does not specify what type of signature is acceptable on a VFD. Because of this, CDFA reached out to the Board and the U.S. Food and Drug Administration (FDA) for

guidance. Since VFDs are governed by federal law, they fall under FDA's jurisdiction.

Ms. Ussery shared that there is an inspection service group that reviews VFDs and flags those that are filled out incorrectly. When flagged, they contact the veterinarians to educate them and have the forms corrected. It is during this process that some veterinarians have reported that they did not authorize certain VFDs and that the signatures on them are not theirs. This has raised concerns about potentially fraudulent signatures.

Now, because these issues are being identified only when errors are caught, there is also uncertainty about how many VFDs that pass through without being flagged might also have unauthorized or fraudulent signatures. CDFA is raising this concern not to burden veterinarians but to protect them and the food supply. They are looking for solutions to these signature-related issues. Ms. Ussery mentioned that CDFA provided a table showing the different types of signatures they are receiving.

Ms. Sieferman explained that the table being shown came from CDFA and included various types of signatures. On the right-hand side of the table, under 21 CFR 11, CDFA indicated whether they believe each signature type complies with that federal regulation. For the entries marked with question marks, CDFA reached out for clarification to ensure their interpretation is correct, and to get guidance. She noted that this guidance would be helpful, not just for CDFA, but also for the Board.

Ms. Sieferman said they thought it was important to bring this matter to the Committee and Board to consider whether more requirements should be added, or whether the current law could remain as is but supplemented with guidance about what types of signatures are acceptable.

Ms. Sieferman recalled that this topic came up during the SME roundtable, where they had a case involving a veterinarian who filed a complaint because an unlicensed individual signed her name without her knowledge. It turned out that the clinic's policy allowed RVTs or unlicensed staff to sign on behalf of veterinarians, and veterinarians should be aware of such practices.

This led to a broader discussion about what exactly is acceptable for RVTs or unlicensed individuals to do in relation to a veterinarian's signature. The SMEs were split on what was acceptable—some said using a signature stamp was fine, but when she described a situation where someone signed the veterinarian's name manually, some experts thought that was okay and others did not. There was no clear consensus.

Then, just a few days later, the Board received the email from CDFA dealing with the same issue, which reinforced the importance of bringing this to the Committee and the Board. Ms. Sieferman posed the question of whether further research is needed

and if changes to the law are warranted, or whether existing signature laws are sufficient and simply need to be supported by outreach that clarifies what is and is not acceptable when it comes to signatures.

The Committee also discussed the following with regard to signatures:

All current signature methods are vulnerable to forgery, and none offer complete protection. This is a major concern, especially considering that the computer-generated signature—often used as a secure alternative—does not resemble a real signature and is considered the worst option. It never ends up looking like an actual signature, which makes it problematic.

During a meeting with CDFA, it was shared that the FDA does not allow the use of rubber stamps on any prescriptions or VFDs. CDFA is evaluating signature types for compliance with 21 CFR 11. This issue was brought to the Committee to begin a discussion and determine whether there is consensus to explore it further. In contrast to human medicine, where prescriptions must be transmitted electronically, veterinarians still have an exemption that allows handwritten prescriptions.

This issue likely affects other professions, particularly in health care. Ms. Sieferman contacted the Medical Board of California EO and Assistant EO to find out how they are addressing it. Their legal counsel is also now reviewing the matter, and more information is expected.

In past roles with other boards—both healing arts and non-healing arts—laws were often silent on acceptable signature types, simply because alternative signature formats didn’t exist when those laws were written. As a result, any signature type was typically accepted.

Given that SMEs are divided and CDFA is facing similar challenges, this may be a good opportunity to either review existing laws to determine whether changes are needed or provide additional education to stakeholders. Any action taken should align with the approach of other boards and professions. There are also widely used software systems that generate signatures, and if those are now deemed non-compliant, that raises even more issues. These are all factors that need to be carefully considered moving forward.

Blood Banks

Dr. Waterhouse noted that the Subcommittee’s meetings with CDFA originally began as blood bank meetings, but have since evolved into a broader forum where CDFA brings up various topics. During the most recent meeting, CDFA provided a brief report on community blood banks. According to CDFA, community blood banks are producing 5% or less of the total blood product supply in the state, and that was essentially the extent of the discussion on the topic.

Currently, all three existing community blood banks have re-registered and remain active. One of them is affiliated with UC Davis, and the other two are privately operated. There was mention of a potential fourth entity expressing interest, but no new blood banks have opened yet. It is unclear whether the two private facilities are selling blood products now; they did not in the past, but that may have changed.

The Committee acknowledged that operating a blood bank is extremely challenging. Getting donors is very difficult, and there is a general lack of awareness about the need for blood donations. It was stated that it is clear how physically and logistically demanding the process is, making it hard to sustain these efforts.

Ms. Bowler mentioned that her own dogs are beginning to donate blood starting next week, and that she has been conducting personal outreach to recruit large-breed donors. Despite those efforts, starting and maintaining these facilities is still incredibly difficult, and it is disappointing that the number of community blood banks in the state has not grown. With only two private banks and UC Davis actively operating, the current supply is far from adequate.

Clarification on Continuing Education (CE) for Zoonotic Disease

CDFA requested clarification regarding CE related to zoonotic disease. It was believed that the necessary clarification was provided, and there was interest in following up to ensure that the CE can be used in a way that is useful and applicable for the veterinarians working at CDFA.

Public Comment: Ms. Ussery requested public comment on this item. There were no public comments made on this item.

10. Future Agenda Items and Meeting Dates

Ms. Sieferman noted that the following Committee meeting dates through 2026 were posted on the Board's website:

- October 14, 2025
- January 20, 2026
- April 14, 2026
- July 14, 2026
- October 13, 2026

Regarding future agenda items, Ms. Sieferman shared the following:

- The Committee has been effective at addressing specific items with corresponding action steps, and currently, there are no pending action items requiring Board recommendations;
- Subcommittees are continuing work on their respective outreach materials;

- The Inspection Subcommittee is expected to return with proposed legislative or regulatory amendments related to veterinary premises;
- Concerns were raised regarding federal Drug Enforcement Administration requirements and potential loopholes that may enable drug diversion; recommendations will likely aim to close those gaps;
- Additional issues were identified during the review of the inspection checklist that may also lead to future legislative or regulatory proposals;
- A Board member has requested that the Committee consider the topic of requiring electronic medical records, which may appear on a future agenda; and
- Two topics discussed during the current meeting—VFD signature requirements and VCPR condition specific language—may also be added as future agenda items, though they have not been formally assigned yet.

Public Comment: Ms. Ussery requested public comment on this item. There were no public comments made on this item.

11. Adjournment

Ms. Ussery adjourned the meeting at 12:54 p.m.

Hyperlinks to the webcast are controlled by a third-party and may be removed at any time. They are provided for convenience purposes only and are not considered part of the official record.