

# Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834

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## MEETING NOTICE AND AGENDA VETERINARY MEDICAL BOARD

### Board Members

Cheryl Waterhouse, DVM, President  
Richard Sullivan, DVM, Vice President  
Kathy Bowler  
Jennifer Loreda, RVT  
Judie Mancuso  
Jaymie Noland, DVM  
Mark Nunez, DVM  
Alana Yanez

**May 23-24, 2018**  
**1747 N. Market Blvd.**  
**1st Floor Hearing Room**  
**Sacramento, California**

Action may be taken on any  
item listed on the agenda.

### **10:00 a.m. Wednesday, May 23, 2018**

1. Call to Order/Roll Call/Establishment of a Quorum
2. Introductions
3. Review and Approval of February 21-22, 2018 Board Meeting Minutes
4. Review and Approval of March 8, 2018 Board Meeting Minutes
5. Multidisciplinary Advisory Committee Report – Dr. Jon Klingborg
  - A. Review, Discussion, and Possible Board Action on Multidisciplinary Advisory Committee Items and Recommendations ([See Attached Agenda](#))
6. Conduct Interviews for the Possible Appointment of Applicants to the Multidisciplinary Advisory Committee – 11:00 a.m.
7. 2018 Legislation of Interest; Review and Possible Board Action to Adopt Positions on Legislative Bills
  - A. AB 710 (Wood, 2018) Cannabidiol
  - B. AB 1753 (Low, 2018) Controlled substances: CURES database.
  - C. AB 1776 (Steinorth, 2018) The County of San Bernardino pilot project: Emergency medical transport of police dogs: pilot project.
  - D. AB 2138 (Chiu and Low, 2018) Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.
  - E. AB 2215 (Kalra, 2018) Cannabis: veterinarians: animals.
  - F. AB 2300 (Maienschein, 2018) Continuing education: veterinarians.
  - G. AB 2362 (Rubio, 2018) Safe transportation of dogs and cats.
  - H. AB 2409 (Kiley, 2018) Professions and vocations: occupational regulations.
  - I. AB 2483 (Voepel, 2018) Indemnification of public officers and employees: antitrust awards.

- J. AB 2589 (Bigelow, 2018) Controlled substances: human chorionic gonadotropin.
  - K. AB 3013 (Chu, 2018) Veterinary medicine: animal physical rehabilitation.
  - L. SB 1305 (Glazer, 2018) Emergency medical services providers: dogs and cats: immunity.
  - M. SB 1441 (Stern, 2018) Animal cruelty: declawing.
  - N. SB 1480 (Hill, 2018) Professions and vocations.
  - O. SB 1491 (Committee on Business, Professions and Economic Development, 2018) Healing arts.
- 8. Discussion Regarding American Association of Veterinary State Boards' (AAVSB) Draft Policy on Telehealth; Possible Board Action to Adopt Position or Comment on AAVSB Draft Telehealth Policy
  - 9. Review and Select Delegate(s) to Represent the Board at the AAVSB Annual Meeting in Washington D.C.
  - 10. Review and Discuss American Veterinary Medical Association (AVMA) Concerns Regarding Federal Drug Administration's (FDA) Proposed Changes to Drug Compounding Guidelines; Possible Board Action to Adopt Position or Comment on FDA Drug Compounding Guidelines
  - 11. Proposed Regulations
    - A. Status of Pending Regulations
    - B. Discussion and Possible Board Action on the following Regulatory Proposals:
      - 1. Amend Section 2069, Article 6, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Emergency Animal Care to include a provision authorizing Registered Veterinary Technicians (RVTs) to Euthanize Animals in an Emergency
      - 2. Amend Section 2036, Article 4, Division 20, Title 16 of the CCR Regarding Tasks RVTs may Perform Under Indirect Supervision
      - 3. Amend Section 2035, Article 6, Division 20, Title 16 of the CCR Regarding Supervision Requirements for Veterinarians Delegating Tasks to RVTs
  - 12. Public Comment on Items Not on the Agenda

*Note: The Board may not discuss or act on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125, 11125.7(a).)*
  - 13. Recess until Thursday, May 24, 2018, at 9:00 a.m.

**9:00 a.m. Thursday, May 24, 2018**

- 14. Reconvene - Establishment of a Quorum
- 15. Introductions
- 16. Board President Report – Dr. Cheryl Waterhouse
- 17. RVT Report – Jennifer Loreda, RVT

18. Executive Officer & Staff Reports

- A. Administrative/Budget
- B. Enforcement
- C. Licensing/Examination
- D. Hospital Inspection

19. Future Agenda Items and Next Meeting Dates:

- August 29-30, 2018, Location TBD
- November 21-22, 2018, Location TBD
- A. Agenda Items for Next Meeting
- B. Multidisciplinary Advisory Committee Meetings:
  - August 28, 2018, Location TBD
  - November 20, 2018, Location TBD

**CLOSED SESSION**

20. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions.

21. Pursuant to Government Code Section 11126(a)(1), the Board Will Meet in Closed Session to Conduct Interviews and Possible Appointment of Executive Officer – 1:00 p.m.

**RETURN TO OPEN SESSION**

22. Reconvene Open Session

23. Report on Actions Taken During Closed Session Regarding Executive Officer Appointment

24. Adjournment

This agenda can be found on the Veterinary Medical Board website at [www.vmb.ca.gov](http://www.vmb.ca.gov). Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

This meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit [thedcapage.wordpress.com/webcasts/](http://thedcapage.wordpress.com/webcasts/). The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe and participate, please plan to attend at a physical location. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

The meeting locations are accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting the Board at (916) 515-5220, email: [ymb@dca.ca.gov](mailto:ymb@dca.ca.gov), or send a written request to the Board of Veterinary Medicine, 1747 N. Market St., Suite 230, Sacramento, CA 95834. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (916) 326-2297

#### **MISSION**

The mission of the Veterinary Medical Board is to protect consumers and animals by regulating licensees, promoting professional standards and diligent enforcement of the practice of veterinary medicine.





## MEETING MINUTES VETERINARY MEDICAL BOARD

February 21-22, 2018  
1747 N. Market Blvd.  
1<sup>st</sup> Floor Hearing Room  
Sacramento, California 95834

**10:00 a.m. Wednesday, February 21, 2018**

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

Dr. Cheryl Waterhouse called the Veterinary Medical Board (Board) meeting to order at 10:06 a.m. Executive Officer, Annemarie Del Mugnaio, called roll; six members of the Board were present and thus a quorum was established. Jamie Noland, Doctorate of Veterinary Medicine (DVM) and Alana Yanez, Public Member were absent.

### **2. Board President's Remarks, Board Member Comments and Introductions**

#### Members Present

Cheryl Waterhouse, DVM, President  
Richard Sullivan, DVM, Vice President  
Mark Nunez, DVM  
Jennifer Loreda, Registered Veterinary Technician (RVT)  
Kathy Bowler, Public Member  
Judie Mancuso, Public Member

#### Staff Present

Annemarie Del Mugnaio, Executive Officer  
Ethan Mathes, Administrative Program Manager  
Amanda Drummond, Administrative Program Analyst  
Tara Welch, Legal Counsel

#### Guests Present

Bonnie Lutz, Klinedinst  
Bryan Yerger, CPIL  
Charles Lozow, Esq., Right:Ratio  
Cindy Savely, RVT, CVMA and Sacramento Valley Veterinary Technician Association (SVVTA)  
Cody Storm, Legislative Aide for the Office of Assemblyman Marc Steinorth  
Diana Duncan  
Erica Hughes, State Humane Association of California (SHAC)  
Gary Richter, DVM, California Veterinary Medical Association (CVMA)

Grant Miller, DVM, CVMA  
John Pascoe, DVM, University of California (UC) Davis  
Leah Shufelt, RVT, CVMA  
Linda Tripp, SVVTA and UC Davis  
Marshall E. Scott, DVM, CVMA  
Nancy Ehrlich, RVT, California Registered Veterinary Technician Association (CaRVTA)  
Paul Hansbury, Lovingly and Legally Grown  
Rick Arthur, DVM, UC Davis and California Horse Racing Board (CHRB)  
Rick Baedeker, CHRB  
Solomon Stupp, The Lizzie Initiative for Pet Protection  
Susan Tibbon, Lovingly and Legally Grown  
Valerie Fenstermaker, CVMA

### **3. Review and Approval of October 18-19, 2017 Board Meeting Minutes**

The Board made minor changes to the October 18-19, 2017 meeting minutes.

- Dr. Mark Nunez moved and Ms. Kathy Bowler seconded the motion to approve the minutes as amended. The motion carried 6-0.

### **4. Review and Approval of December 11, 2017 Board Teleconference Meeting Minutes**

The Board made minor changes to the December 11, 2017 meeting minutes.

- Ms. Bowler moved and Dr. Nunez seconded the motion to approve the minutes as amended. The motion carried 6-0.

### **5. Election of Officers**

- Ms. Bowler nominated Dr. Richard Sullivan as vice-president of the Board. Ms. Judie Mancuso seconded the nomination. Dr. Sullivan accepted the nomination. The vote carried 6-0.
- Ms. Bowler nominated Dr. Waterhouse as president of the Board. Ms. Jennifer Loreda seconded the nomination. Dr. Waterhouse accepted the nomination. The vote carried 6-0.

### **6. Discussion and Possible Board Action on Nominations for Leadership Positions Within the American Association of Veterinary State Boards (AAVSB)**

Dr. Waterhouse addressed the Board that Ms. Bowler currently represents the Board as the only public member as the AAVSB's representative to the International Council of Veterinary Assessments (ICVA). The Board must vote to re-nominate Ms. Bowler for this position. Ms. Bowler discussed her role as the public member for the ICVA and her desire to be re-appointed to the position.

- Ms. Loreda moved and Ms. Judie Mancuso seconded the motion to re-nominate Ms. Bowler for the AAVSB public member position to the ICVA. The motion carried 6-0.

Ms. Del Mugnaio noted she will send the nomination letter to the AAVSB.

## **7. Proposed Regulations**

### **A. Status of Pending Regulations**

Ms. Del Mugnaio reported the Animal Control Officer (ACO) regulations have gone into effect and the proposed Consumer Protection Enforcement Initiative (CPEI) regulations are under final review with the Department of Consumer Affairs (DCA). Comments were received from legal regarding the proposed Disciplinary Guidelines regulations and those corrections have been made and the rulemaking file will be re-submitted to DCA.

Board staff is currently working on the emergency filing of the Scheduled Fees regulations, which have been approved by DCA and the Business Consumer Services and Housing Agency (BCSH) and will be submitted to the Office of Administrative Law (OAL) today and, if approved, will take affect within 10 days. Staff is also working on Board-approved proposed regulations for Telemedicine, but updates to a national policy from the AAVSB may impact the language the Board previously approved; the Board will discuss this issue later in the agenda.

### **B. Discussion and Possible Board Action on the following Regulatory Proposals:**

#### **i. Adopt Position on California Horse Racing Board's Proposed Regulations, Section 1660.1, Article 7, Division 4, Title 4 of the California Code of Regulations (CCR) Regarding Delivery of Medical Records**

Ms. Del Mugnaio provided an overview for the CHRB's proposed regulation regarding delivery of medical records. In current horse racing regulation, medical records cannot be shared between veterinarians when a horse is sold to a new owner, which is dangerous for both horses and jockeys. The CHRB is requesting the support of the Board to allow for the expeditious exchange of medical records between veterinarians when a horse is sold at a claiming race.

Mr. Rick Baedeker, Executive Officer for the CHRB, and Dr. Rick Arthur, Equine Medical Director for UC Davis who is assigned to the CHRB, provided a background into the varied types of racing and explained how a claiming race works. The proposed regulation has not been brought before the CHRB, and Messrs. Baedeker and Arthur wanted to obtain input from the Board and request support for this proposed medical records transfer concept. The proposed regulations would require medical records for a horse claimed in a claim race to be transferred to the new owner within 7 days and require the new veterinarian to review the records prior to treating the horse. These regulations would help to better protect the horse and jockey from potentially catastrophic injuries that the new veterinarian would be unaware of without medical records.

The Board discussed the 7-day requirement for record transferring and that the Veterinary Medicine Practice Act (Act) mandates that veterinarians provide a summary of medical records to

clients within 5 days. Mr. Baedeker stated that he has no problem with revising the language to 5 days to provide consistency with the Act.

The Board expressed concern regarding an emergency or the need for treatment within the 5-day window, prior to receiving the medical record. Dr. Arthur and Mr. Baedeker both stated that the 5 days would be a maximum, and they anticipate most veterinarians will have the records submitted prior to the 5 days, but that there will be an exception to providing treatment in emergent or urgent situations.

Dr. Grant Miller recommended the CHRB consider basing their requirements for sharing medical records content off CCR section 2032.3(b) because veterinarians are already familiar with these regulations and should be able to easily comply with the proposed CHRB's requirement.

- Dr. Nunez moved and Ms. Bowler seconded the motion to support the concept of 4 CCR Section 1660.1 to require veterinarians to transfer medical records for a horse claimed during a claiming race to the new owner within 5 days and that the new veterinarian be required to review the medical record prior to providing treatment, except in urgent or emergent situations. The motion carried 6-0.

**ii. Adopt Position on California Department of Food and Agriculture's Proposed Regulations, Sections 5000-5004, Articles 1-4, Chapter 1, and Sections 5005-5012, Articles 1-4, Chapter 2, Division 5, Title 3 of the CCR Regarding Livestock Drugs**

Ms. Del Mugnaio provided an overview of the California Department of Food and Agriculture's (CDFA) proposed regulation. The language was made available the day before the Board's meeting, and the 45-day public comment period will remain open until March 22, 2018. This will provide an opportunity for the Board to review the proposed language and submit their comments prior to the end of the comment period.

Ms. Del Mugnaio also provided a history regarding this regulatory proposal. Senate Bill (SB) 27 was signed by Governor Brown and became effective on January 1, 2016 to help prevent the overuse of antimicrobial drugs in livestock and help reduce antibiotic resistance. One of the effects of this bill is that large animal veterinarians will no longer be using antimicrobial drugs in a regular pattern of use and the prescription of antibiotic drugs will need to be medically indicated or treat a diagnosed disease. For this reason, there has been concern raised from the public that there would be an access issue to obtain antibiotics. The CDFA began developing regulations in response to the access concern by proposing an allowance for a restricted livestock antimicrobial dealer who can dispense antimicrobial medications to individuals with a prescription from a veterinarian. In July of 2017, the Board drafted a response to CDFA that included a number of concerns regarding the proposed regulation. Since then, the Governor's office has hosted multiple meetings that included the Board, CDFA, the Pharmacy Board, and BCSH to address the concerns and continue working together in implementing these regulations. The language that was published the day prior addresses some of the concerns, and it is up to the Board to review the current language and determine if they wish to provide a public comment during the current comment period.

Mr. Philip Laird, Deputy General Counsel for the BCSH conveyed BCSH's perspective and provided additional overview of the proposed regulation. He stated that a component of the proposed regulation provides for restricted livestock drug licensees to have the ability to fill antibiotic prescriptions, and it has been the goal of the various stakeholder meetings to resolve expressed concerns. The proposed language includes training requirements for anyone filling antibiotic prescriptions, and this is a process the CDFA believes they can regulate and enforce effectively.

Dr. Waterhouse brought up the Board's multiple concerns, including how non-medical personnel will be dispensing antibiotics, how there are no identified revocations for multiple violations of the law, an unclear plan for record auditing, who will be reviewing those records, and if a pharmacist resigns as a supervisor, how are facilities allowed to dispense medication during the time period where there is no supervision. Additional concern was raised regarding the lack of clear labeling requirements similar to the Board's requirements. Dr. Waterhouse further identified as concern that facilities can only sell antibiotics in the quantity that they receive, and the client may end up with a larger quantity of antimicrobial drugs than that was prescribed.

The Board discussed the various concerns expressed and agreed that they wanted to draft a comment letter regarding their concerns and submit it to the CDFA during the 45-day regulatory comment period.

- Ms. Mancuso moved and Ms. Bowler seconded the motion for the Executive Committee of Dr. Waterhouse and Dr. Sullivan to draft a letter to submit to the CDFA during their 45-day regulatory comment period that addresses the Board's concerns regarding the proposed regulation. The motion carried 6-0.

**iii. Amend Section 2069, Article 6, Division 20, Title 16 of the CCR Regarding Emergency Animal Care to include a provision authorizing RVTs to Euthanize Animals in an Emergency**

Ms. Del Mugnaio updated the Board on CCR section 2069, which was previously approved by the Board at the October 2017 Board meeting; however, concerns were raised at that time over the authorization for an RVT to provide euthanasia services in an emergency. Currently, under CCR sections 2036 and 2069, it is within the authority of an RVT to provide euthanasia services in an emergency, and there was an expressed need to clarify if this was the intent of the Board to allow RVTs to provide these services.

Dr. Waterhouse clarified that RVT emergency service would only be provided after direct communication with a veterinarian. Ms. Tara Welch confirmed that this emergency service can only be authorized after direct communication or under CCR section 2069(c), if written protocols have been established by the supervising veterinarian.

The Board discussed that, while there is nothing currently preventing an RVT from providing euthanasia services, it may be in the best interest of clarity to include euthanasia as a service that RVTs can provide in an emergency. Ms. Loreda proposed a change to section 2069(b) to add

subsection (3) to specify that RVTs may administer drugs to end the suffering of an animal, up to and including euthanasia.

- Ms. Mancuso moved and Ms. Loredo seconded the motion to revise Section 2069, Article 6, Division 20, Title 16 of the CCR regarding Emergency Animal Care to include a provision authorizing RVTs to euthanize animals in an emergency as amended.

Dr. Grant identified that the phrases “pharmacological agents” and “a drug or drugs” are both used in this section and recommended that the Board use only one term for clarity. He also inquired as to the definition of pharmacological agents and how those vary from drugs.

Ms. Welch identified that no definition of pharmacological agents currently exists within the Veterinary Medicine Practice Act. This item was assigned to legal counsel to research further to determine if pharmacological agents are identified in the pharmacy code.

- The motion was rescinded due to further research from legal counsel being required.

**iv. Amend Section 2036, Article 4, Division 20, Title 16 of the CCR Regarding Tasks RVTs may Perform Under Indirect Supervision**

Ms. Del Mugnaio introduced the proposed changes to CCR section 2036; the proposed language was forwarded to the Board from the Multidisciplinary Advisory Committee (MDC), due to a request by CaRVTA to remove the application of casts and splints by an RVT from direct supervision to indirect supervision.

- Ms. Mancuso moved and Dr. Sullivan seconded the motion to approve the language as amended.

There was public comment from Ms. Nancy Ehrlich regarding the necessity of subsection (c), and a concern due to how the language is currently written that it could be interpreted that RVTs are restricted to only administering controlled substances and applying casts and splints under indirect supervision, and no other tasks are allowed under indirect supervision.

The Board discussed amending section 2036(c) to state “An RVT may perform the following procedures under indirect supervision of a licensed veterinarian, including, but not limited to (1) controlled substances, (2) apply casts and splints,” but legal counsel opined that this may open up additional tasks to be performed by veterinary assistants. Currently, under CCR section 2036.5, veterinary assistants are restricted from performing the items listed in section 2036(a), (b) and (c), but by adding “including and not limited to,” this could potentially open up additional tasks that a veterinary assistant can perform.

Ms. Welch requested that the Board direct her to research the history of CCR section 2036(c) and why it was originally added to the Act, as well as to research the history of section 2036.5 before the Board proceeds further with this issue.

- Dr. Nunez moved and Ms. Bowler seconded the motion for legal counsel to research the history of CCR sections 2036(c) and 2036.5. No vote was necessary to delegate this task to legal counsel. The original motion by Ms. Mancuso was rescinded.
- v. **Amend Section 2003, Article 1, and Adopt Section 2017, Article 2, and Section 2042, Article 5, Division 20, Title 16 of the CCR Regarding the Consumer Protection Enforcement Initiative (CPEI).**

Ms. Del Mugnaio updated the Board and reported the CPEI regulations had previously been adopted by the Board but, as outlined in the included Memo, there are conforming changes to the proposed language. Upon legal counsel review, it was identified that some citations were missing and there are also substantive changes to section 2042(a)(2).

Ms. Welch clarified Business and Professions Code (BPC) Section 4808 will not be removed from statutory authority, and the addition as stated in the second and third bullet point of the Memo will actually be additions to the reference section, not authority. The substantive changes were a result of the initial rulemaking package review, where it was identified that the regulatory proposal was overbroad and went beyond what was allowed in statute. Specifically, the portion of the proposed language that identifies disciplinary action taken by the federal government or the United State military is beyond statute and should be removed.

There was concern from members of the Board regarding allowing licensure for applicants who have disciplinary action taken against them by other countries, the military, or the federal government. Ms. Welch referenced BPC Section 141, which authorizes disciplinary action against a licensee for disciplinary action taken by another state, an agency of the federal government, or another country for any act existentially related to the practice. By adding BPC section 141 to the reference section, the federal portion of the proposed language can stay, but the U.S. military language will still need to be removed.

- Dr. Nunez moved and Ms. Mancuso seconded the motion to approve the proposed regulatory changes to Section 2042, Article 5, Division 20, Title 16 of the CCR as modified, direct the Executive Officer to take all steps necessary to initiate the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes to the rulemaking package, notice the proposed text for a 45-day public comment period and if no adverse comments are received during the 45-day comment period and no hearing is requested, adopt the proposed regulatory changes as modified. The motion carried 6-0.

*The Board revisited this topic on day two of the Board meeting.*

Ms. Welch revisited the topic of CPEI, and after additional research, reported that BPC section 141 allowed for the U.S. Military language to remain, given that the U. S. Military operates under the Department of Defense, which is a federal public agency.

- Dr. Nunez moved and Dr. Sullivan seconded the motion to amend the previously adopted motion. The motion carried 6-0.

- Dr. Nunez moved and Ms. Mancuso seconded the motion to adopt the amended language. The motion carried 6-0.

## **8. Discussion and Consideration of Board Comments to the American Association of Veterinary State Board's Draft Policy on Telehealth**

### **A. Discussion and Possible Board Action to Amend Section 2032.1, Article 4, Division 20, Title 16 of the CCR Regarding the Veterinarian-Client-Patient Relationship and Telemedicine**

Dr. Sullivan addressed the Board and stated that he participated in the AAVSB webinar regarding telehealth, and due to changes at the national level, wanted to bring this topic back to the Board for further input to see if the Board wanted to draft a response to the AAVSB to include their concerns with the AAVSB draft policy.

The Board discussed some of the concerns they have with the AAVSB's telehealth policy, including the use of telehealth and telemedicine interchangeably, that the definition of telehealth did not include telephones, and that the veterinary-client-patient relationship (VCPR) can be established via electronic means. There was also concern raised over the issue of a client crossing state lines and if the veterinarian provides services electronically, the veterinarian would be violating the practice act for that particular originating state.

Ms. Del Mugnaio suggested that the Board recommend the AAVSB establish an interstate compact that would lend to consistency between the states and prohibit a veterinarian with an existing VCPR from receiving disciplinary action if they continue to treat their patient when they cross state lines.

- Ms. Bowler moved and Ms. Mancuso seconded the motion to draft a letter to the AAVSB to address the Board's concerns regarding the AAVSB's draft policy on telehealth. The motion carried 6-0.

The Board further discussed whether the AAVSB's draft policy impacts the Board's previously approved language regarding telemedicine or if they wanted staff to continue working with the previously approved rulemaking file. The Board agreed to proceed with their rulemaking file since the AAVSB draft policy will take additional time to develop.

Dr. Nunez identified a discrepancy in the proposed language where the language states diagnostic services can be performed via telemedicine, but for the purposes of this Board, telemedicine can only be performed after an initial VCPR has been established for that issue, therefore diagnosis cannot be accomplished via telemedicine. The Board agreed that "the diagnosis" should be removed from the telemedicine regulatory proposal.

- Ms. Bowler moved and Dr. Sullivan seconded the motion to approve the proposed regulatory changes to Section 2032.1, Article 4, Division 20, Title 16 of the CCR as modified, direct the Executive Officer to take all steps necessary to initiate the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes



to the rulemaking package, notice the proposed text for a 45-day public comment period and if no adverse comments are received during the 45-day comment period and no hearing is requested, adopt the proposed regulatory changes as modified. The motion carried 6-0.

## **9. Multidisciplinary Advisory Committee Report – Dr. Jon Klingborg**

### **A. Review, Discussion, and Possible Board Action on Multidisciplinary Advisory Committee Items and Recommendations**

Dr. Sullivan presented on behalf of the MDC chair, Dr. Jon Klingborg. He reviewed the MDC meeting discussion, including an update from the complaint process audit subcommittee and updates on minimum standards for shelter medicine. The MDC voted to move minimum standards for alternate veterinary premises and duties of a supervising veterinarian to the Board for approval.

## **10. Discussion and Possible Board Action on Legislative and Regulatory Proposals Regarding the Corporate Practice of Veterinary Medicine**

Ms. Welch presented the topic and stated that it is unclear for healing arts boards as to how to enforce the common law ban on corporate practice of medicine. Currently there are unlicensed corporations who may be influencing how their employed veterinarians perform their duties and dictating the products and services that they can provide to a client. The goal is to limit the interference of corporations within the practice.

There was a request from the Board to hear input from stakeholders and receive some discussion regarding this topic. The Board decided to place this issue on the August agenda and include a public hearing.

## **11. 2018 Legislation of Interest; Possible Board Action to Adopt Positions on Legislative Bills and Proposals**

### **A. Assembly Bill 1776 (Steinorth, 2018) Emergency Medical Transportation: Transport of Police Dogs**

Ms. Del Mugnaio presented Assembly Bill (AB) 1776 to the Board and introduced public members who were speaking on behalf of the Bill.

Mr. Cody Storm, Legislative Aide for the Office of Assemblyman Marc Steinorth, and Mr. Mike Meoli, a firefighter and tactical paramedic, discussed the background behind AB 1776 and why they are looking for Board support for the bill. AB 1776 would allow for the transportation of law enforcement canines, whom are injured in the line of duty, via ambulances to a veterinary hospital. The proposed bill language is based off existing laws already in effect in other states.

Mr. Storm also noted another potential bill to accompany AB 1776 that would allow paramedics to obtain training from a veterinarian and perform life-sustaining services for injured animals during emergent situation. The Board had concerns regarding the additionally proposed bill. Ms. Del Mugnaio added this topic was to be addressed in the Public Comment section of the agenda and that only comments regarding AB 1776 and the proposed text should be addressed at this time.

Some Board members expressed support for AB 1776, while other members of the Board expressed support for the concept of AB 1776 but had concerns about voting to support the bill when amendments may be made later in the legislative process.

- Ms. Mancuso moved and Ms. Loredo seconded the motion to support AB 1776 as published. The motion failed 3-3. Dr. Waterhouse, Dr. Sullivan and Ms. Bowler voted no.
- Dr. Sullivan moved and Ms. Bowler seconded the motion to watch AB 1776. The motion carried 6-0.

#### **B. Assembly Bill 1753 (Low, 2018) Controlled substances: CURES Database.**

Ms. Del Mugnaio reported AB 1753 is a Controlled Substance Utilization, Review and Evaluation System (CURES) bill that, as it is currently written, does not change a veterinarian's responsibility under CURES but offered the Board may want to watch the bill as it proceeds through the legislative process.

- Dr. Sullivan moved and Ms. Bowler seconded the motion to watch AB 1753. The motion carried 6-0.

#### **C. Legislative Proposal for Protections for Veterinarians to Discuss the Use of Cannabis for Animal Patients**

##### **(i) Presentation by Dr. Jaymie Payton, University of California, Davis (UCD) Regarding UCD's Cannabis Survey**

Dr. Jaymie Payton, the chief of integrated medicine services at UC Davis, addressed the Board regarding a survey she is conducting regarding the use of cannabis in pets. The survey will remain open until the end of March, but preliminary results reflect over 1,300 respondents who use medical cannabis on their pets. The survey appeared to suggest there is a public desire for use of cannabis with most respondents reporting that they obtain their dosing information from companies selling the cannabis products to owners. Dr. Peyton reiterated there is limited research on the use of cannabis in pets and that the ability to conduct this research is difficult due to funding and because cannabis is labeled as a Federal Schedule I drug. She further reported on the requirements for conducting a study and the need for such studies to be conducted to ensure efficacy and proper dosages of cannabis are used with animals.

Ms. Valerie Fenstermaker stated that the CVMA has been working with Assemblymember Kalra's office to develop AB 2215 that would allow for the discussion and recommendation of cannabis in pets. She believes there is a need in the veterinary community to develop legislation that would allow clients to discuss cannabis usage in pets with veterinarians, but under current law veterinarians are prohibited. This prohibition has led to the majority of clients obtaining their information, including dosages of cannabis for use on pets, from other sources. Ms. Fenstermaker stated that while the CVMA does not condone the recommending of cannabis in pets, they could not distinctly determine where discussing the use of cannabis in pets ends and where

recommendation begins, so they support legislation that allows for both discussion and recommendation.

There was concern from the Board regarding the recommendation of cannabis without research to back the recommendations, as well as concern in the proposed legislative language that prohibits the Board from seeking disciplinary action. The Board also expressed a desire to support funding for research regarding and to encourage Assemblymember Kalra to make researching cannabis a priority of this AB 2215.

Numerous public comments requested the Board to support AB 2215 and promote animal safety. The public felt that it is the responsibility of the Board to lead the way in regulating cannabis usage in pets and to ensure clients are obtaining their cannabis treatment information from veterinarians as opposed to outside sources.

- Dr. Nunez moved to support AB 2215 if amended to exclude the recommendation portion of the bill. There was no second.
- Dr. Sullivan moved and Ms. Mancuso seconded the motion to support AB 2215. *The motion failed 4-2 due to the Board requirement to have 5 votes in favor to pass a motion when there is a Board quorum of 6.*
- Ms. Bowler moved and Ms. Loreda seconded the motion to watch AB 2215, but work with Assemblymember Kalra. *The motion failed 4-2 due to the Board requirement to have 5 votes in favor to pass a motion when there is a Board quorum of 6.*

The Board further discussed the requirements of the language that required that the Board develop guidelines for veterinarians when there is no evidence based practice to rely on. There was a desire amongst the Board to work with Kalra's office to address their concerns.

- Ms. Bowler moved and Ms. Loreda seconded the motion to watch AB 2215, communicate with Assemblymember Kalra's office to express concerns regarding the use of the term "recommendation," the requirement to develop guidelines, and the lack of Board's disciplinary oversight if there is abuse in the recommendation of cannabis. The motion passed 6-0

#### **D. Legislative Proposal for Exemptions for Veterinarians to Render Services to an Animal During a Declared Emergency**

Ms. Del Mugnaio introduced this topic and stated that while the proposed language is not currently a bill, CVMA is working to get it into legislation that allows a veterinarian to provide certain services in a declared emergency situation.

Ms. Fenstermaker noted that the language is due to the recent Northern California fires where there was an emergent need for veterinarians to be deployed to assist pet owners, but there is a lack of existing statute that would allow for veterinarians to bypass the VCPR and provide services and medications.

Ms. Welch had concerns regarding some of the terms used in the proposed language and the need to clarify those terms. She recommended a cross-reference to the Emergency Services Act in order to provide additional clarity. Ms. Del Mugnaio referenced Government Code section 8659(b), which includes the types of emergencies and what services can be rendered by a veterinarian and RVT during emergencies, but felt that the cross-reference to that section alone was not enough and there was a need to develop statutes.

Ms. Fenstermaker added she would update the proposed statute per the discussion and forward it to the Board for their input and consideration.

- Dr. Nunez moved and Dr. Sullivan seconded the motion to support the concept of the legislative proposal providing exemptions for veterinarians to render services to an animal during a declared emergency. The motion carried 6-0.

#### **E. Legislative Proposal Regarding the Status of the Premises Permit Following Disciplinary Action Against a Licensee Manager and Premises Permit Application Requirements for Owner and Licensee Manager**

Ms. Del Mugnaio provided background that there is an issue with premises permit registration requirements; when a managing licensee, who is also the premises owner, is facing disciplinary action regarding their premises, the managing licensee may simply switch their managing licensee duties but still retain ownership of the premises. Both the managing licensee and the premises owner are subject to discipline by the Board.

Ms. Del Mugnaio iterated that the new language would require an inspection of the premises before a new managing licensee could be substituted. The Board proposed minor changes to the language to ensure that substituting a premises owner for reasons other than disciplinary actions would not warrant a re-inspection.

- Dr. Sullivan moved and Ms. Mancuso seconded the motion to approve the legislative proposal as amended. The motion carried 6-0.

#### **F. Legislative Proposal for Spay and Neuter Surgeries as Continuing Education Credits**

Ms. Susan Riggs from the American Society for the Prevention of Cruelty to Animals (ASPCA) presented AB 2300 to the Board authored by Assemblymember Maienschein. A similar bill was passed in New York, and it allows for veterinarians to provide spay and neuter services to low income communities in lieu of 6 hours of continuing education (CE) credits. This service would be provided in conjunction with a shelter or humane society.

Multiple members from the Board expressed their concerns with AB 2300, stating that the CE is an important requirement in veterinary licensure as a means of protecting consumers. They felt CE requirements in California are already low at 36 hours for every two years, and taking 6 of those hours away for pro bono spay and neuter services would dilute the CE.

- Dr. Nunez moved and Ms. Loredó seconded the motion to watch AB 2300. The motion carried 6-0.

### **G. Legislative Proposal for Electronic Administration of the Veterinary Law Exam**

Ms. Del Mugnaio introduced the topic of the electronic administration of the Veterinary Law Exam (VLE). This update to BPC Section 4848 would allow the VLE to be administered via electronic means instead of only regular mail.

Mr. Ethan Mathes with the Board clarified that applicants taking the VLE will be notified via email and will take the examination via a web-based portal. The electronic VLE is currently set up on Survey Monkey but could be moved to another in the future.

Ms. Welch suggested a revision to the proposed language to strike “or both by regular mail and email” and add “or by electronic means” to maintain consistency and clarity.

- Dr. Sullivan moved and Ms. Bowler seconded the motion to accept the proposed language as amended. The motion carried 6-0.

### **H. Update on the 2018 Omnibus Provisions Approved by the Board**

Ms. Del Mugnaio addressed the Board that the 2018 Omnibus Provisions were already approved by the Board at their last meeting, and this item is an update to those proposals. Ms. Del Mugnaio reported that she spoke to the Senate Business and Economic Development Committee consultant regarding the proposals, and they agreed to carry the proposals in a committee bill. The committee bill will also include the electronic administration of the VLE, premises permit inspection changes, and the disciplinary actions taken against a managing licensee of a premises that the Board voted on today.

There was a public inquiry from Ms. Ehrlich regarding if there was an option to add eligibility for graduates of veterinary schools to take the RVT exam. Ms. Del Mugnaio clarified that this is one of the loopholes they are attempting to rectify in the Omnibus provisions and that regulation will be developed later to address that issue once the proposed legislative language becomes law. Ms. Welch added that there is a delayed implementation date in incorporating this proposal so that veterinary graduates currently practicing as an RVT have time to complete the RVT exam.

## **12. Public Comment on Items Not on the Agenda**

Ms. Del Mugnaio informed the Board that there were three public comments received that she wanted to make the Board aware of in case they wanted to address these topics as future agenda items. The first public comment had been briefly discussed earlier in the agenda under 11.A. and included the emergency treatment of animals by Emergency Medical Technicians (EMTs). The other public comments included a licensing situation and reciprocity requirements and also a suggestion regarding changing the requirements for direct supervisions of an RVT for dental services.

### **13. Recess until February 22, 2018 at 9:00 a.m.**

**9:00 a.m., Thursday, February 22, 2018**

### **14. Reconvene - Establishment of a Quorum**

Dr. Waterhouse called the Board meeting to order at 9:10 a.m. Ms. Del Mugnaio called roll; six members of the Board were present and thus a quorum was established. Dr. Noland and Ms. Yanez were absent.

### **15. Introductions**

#### **Members Present**

Cheryl Waterhouse, DVM, President  
Richard Sullivan, DVM, Vice President  
Mark Nunez, DVM  
Jennifer Loreda, RVT  
Kathy Bowler, Public Member  
Judie Mancuso, Public Member

#### **Staff Present**

Annemarie Del Mugnaio, Executive Officer  
Ethan Mathes, Administrative Program Manager  
Amanda Drummond, Administrative Program Analyst  
Patty Rodriguez, Hospital Inspection Program Manager  
Tara Welch, Legal Counsel

#### **Guests Present**

Bonnie Lutz, Klinedinst  
Grant Miller, DVM, CVMA  
Linda Tripp, SVVTA and UC Davis  
Stephanie Trumm, MAXIMUS  
Valerie Fenstermaker, CVMA

### **16. Board President Report – Dr. Cheryl Waterhouse**

Dr. Waterhouse updated the Board regarding the MDC pre-screening interviews and stated that full interviews will be held at the next Board meeting in May. She also had a conversation with the human resources director of DCA regarding upgrading the Board's size and structure; however, DCA is currently conducting an evaluation of all boards and is hoping to have another update at the May meeting. Dr. Waterhouse also discussed she has been in numerous meetings regarding important topics, including the antimicrobial drug discussion, the use of cannabis in animals, and telehealth services.

## **17. RVT Report – Jennifer Loredo, RVT**

Ms. Loredo updated the Board on CCR section 2036, the tasks of the RVTs, and stated that there is progress on getting casting and splits moved to indirect supervision. She also expressed a desire to see RVT drug compounding added to a future agenda discussion. Ms. Loredo also cautioned RVTs to be cognizant about where they obtain their information from, as there are misleading sources regarding the fee increase circulating social media.

## **18. Presentation Regarding Assessment of Rehabilitation for Substance Use Disorders – Stephanie Trumm, Clinical Case Manager, MAXIMUS**

Ms. Stephanie Trumm addressed the Board regarding her role as the MAXIMUS clinical case manager. She provided insight into her duties and provided guidance how the Board can evaluate an individual who petitions the Board to determine if they are in recovery. The Board had questions regarding making disciplinary determinations and the recovery statistics of MAXIMUS.

## **19. Executive Officer & Staff Reports**

### **A. Administrative/ Budget**

Mr. Mathes updated the Board on the draft expenditure report and reported that the report reflects previous reports where the Board had a very lean fund condition which supports the need for the upcoming emergency fee increase in part due to the deficit in Attorney General (AG) expenditures and revenues. He also stated that he would be filing a mid-year AG budget augmentation request to the Department of Finance and clarified questions that Board members and members of the public had regarding his report.

### **B. Enforcement**

Ms. Del Mugnaio updated on the enforcement program's status and stated that there will be over 1,000 complaints this year. In Fiscal Year (FY) 2016/2017, there were 1,019 complaints and it appears the Board will exceed that number in FY 2017/2018. She stated that she believes this situation is unique to this Board, as no other boards within DCA have experienced as drastic of an increase in complaints. Ms. Del Mugnaio attributed this to an increase in staff to work cases, how staff tracks the cases, and the Board taking a more active role in unlicensed activity.

### **C. Licensing/ Examination**

Mr. Mathes updated the Board on the status of the RVT/AAVSB job analysis and stated that the report from the Office of Professional Examination Services (OPES) has been delayed until the May meeting. He also updated that he is working with staff to update the Board's website to a new design.

There was a public inquiry from Ms. Ehlich regarding the Veterinary Technical National Exam (VTNE) and California school statistics, and she expressed concern that the rates for California RVTs are 20% lower than other RVT candidates from other states. Mr. Mathes stated he had reached out to AAVSB regarding these statistics but had not yet received that information.

#### **D. Hospital Inspection**

Ms. Patty Rodriguez updated the Board regarding the hospital inspection program. The program has been suspended since November of 2017 due to a lack of funds and is estimating to fall short of the 20% inspection goal, and end up around 12% of veterinary premises inspected for FY 2017/2018.

#### **20. Future Agenda Items and Next Meeting Dates – May 23-24, 2018, Sacramento; August 29-30, 2018, Location TBD; November 21-22, 2018, Location TBD**

- A. Agenda Items for Next Meeting – Tattooing Spayed and Neutered Animals; DEA Registration for Animal Hospital Premises**
- B. Multidisciplinary Advisory Committee Meetings – May 22, 2018, Sacramento; August 28, 2018, Location TBD; November 20, 2018, Location TBD**

The Board discussed their upcoming meetings and proposed a date and time for a teleconference meeting on March 8, 2018 at 11:00 a.m. The August meeting is moved to August 29<sup>th</sup> and 30<sup>th</sup> with a location to be determined. The Board discussed potential topics for the May meeting including spay and neuter tattooing, a presentation from the Drug Enforcement Administration (DEA) regarding DEA facility licenses, and MDC interviews. The Board also discussed re-visiting topics for the May meeting that needed additional research from legal or continued Board discussion. The Board delegated the issue of dental extractions by RVTs to the MDC for further research.

#### **CLOSED SESSION**

#### **21. Pursuant to Government Code Section 11126(c)(3), the Board will meet in closed session to deliberate and vote on disciplinary matters, including stipulations and proposed decisions.**

##### In the Matter of the Accusation Against Davinder S. Sandhu, Case Number AV 2014 4 - Decision After Remand

The Board approved the Decision After Remand for Case Number AV 2014 4.

##### In the Matter of the First Amended Accusation Against Dale Cotton, DVM - Board Case No. BV 2015 37

The Board adopted the stipulated settlement.

##### In the Matter of the Accusation Against Melinda Newton, DVM - Board Case No. 4602016000381

The Board adopted the stipulated settlement.

##### In the Matter of the First Amended Accusation Against Roma Salib, DVM - Board Case No. 4602016000020

The Board adopted the stipulated settlement.



In the Matter of the Statement of Issues Against Beth Schultz, VACSP Applicant - Board Case No. 4602017001027

The Board adopted the stipulated settlement.

In the Matter of the Accusation Against William Sawyers, DVM, Veterinarian License No. VET 14207, and William E. Sawyers, DVM, PC AKA Equine Assisted Reproductive Technologies, Premises Permit No. HSP 5978 - Board Case No. AV 2016 30

The Board adopted the stipulated settlement.

In the Matter of the Statement of Issues Against Aidin Rahbari-Kharazi, Veterinarian License Applicant - Board Case No. 4602017000537

The Board moved to remand this case back to the Administrative Law Judge.

In the Matter of the Second Amended Accusation Against Amandeep Singh, DVM, and Geisert Animal Hospital, Premises Permit No. HSP 1592

The Board adopted the Proposed Decision.

**22. Pursuant to Government Code Section 11126(e), the Board Conferred with and Received Advice from Legal Counsel and Deliberated regarding *Gloria Faith Gong Simons, DVM v. Veterinary Medical Board*, San Diego County Superior Court, Case No. 37-2017-00030529-CU-WM-CTL**

**23. Pursuant to Government Code Section 11126(a)(1), the Board will meet in closed session to discuss the Executive Officer Evaluation.**

## **RETURN TO OPEN SESSION**

### **24. Adjournment**

- Ms. Loreda moved and Dr. Sullivan seconded the motion to adjourn the meeting. The motion carried 6-0.

*The meeting adjourned at 3:43 p.m.*

# Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834

TELEPHONE: 916-515-5220 FAX: 916-928-6849 | WWW.VMB.CA.GOV



## MEETING MINUTES Veterinary Medical Board

The Veterinary Medical Board met via teleconference on  
**Thursday, March 8, 2018**, at the following locations:

Waterhouse Animal Hospital  
1115 East Champlain  
Fresno, California

VCA Miller-Robertson Animal Hospital  
8807 Melrose Avenue  
West Hollywood, California

Western Riverside Animal Shelter  
6851 Van Buren Boulevard  
Jurupa Valley, California

Bay Cities Pet Hospital  
20447 Hawthorne Boulevard  
Torrance, California

Laguna Beach Community  
and Susi Q Senior Center  
380 Third Street  
Laguna Beach, California

Veterinary Medical Board  
1747 North Market Boulevard, Suite 230  
VMB Conference Room  
Sacramento, California

**Thursday, March 8, 2018 – 11:00 a.m. – 12:00 p.m.  
OR UNTIL COMPLETION OF BUSINESS**

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

Veterinary Medical Board (Board) President, Cheryl Waterhouse, called the meeting to order at 11:02 a.m. via telephone conference. Executive Officer, Annemarie Del Mugnaio called roll; five members of the Board were present and thus a quorum was established. Dr. Jaymie Noland and Alana Yanez were not present. Ms. Kathy Bowler was present as of 11:10 a.m.

### 2. Introductions

#### Members Present

Cheryl Waterhouse, DVM, President  
Richard Sullivan, DVM, Vice President  
Kathy Bowler, Public Member  
Jennifer Loreda, RVT  
Mark Nunez, DVM  
Judie A. Mancuso, Public Member

#### Staff Present

Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board  
Ethan Mathes, Administrative Program Manager

Amanda Drummond, Administrative Program Coordinator  
Tara Welch, Legal Counsel

Guests Present

Charles Lozow, Esq., Right:Ratio  
Chris Gabriel  
David Kinley  
Gary Richter, DVM, Montclair Vet Hospital  
Paul Hansbury, Lovingly and Legally Grown  
Renee Kalee-Smith  
Susan Tibbon, Lovingly and Legally Grown  
Trina Hazzah, DVM

**3. Executive Officer (EO) Recruitment and Selection Process**

- A. Presentation from Office of Human Resources, Department of Consumer Affairs (DCA), on EO Recruitment from Selection Process**
- B. Discuss and Possible Action on Process for Recruitment and Selection of an EO**

Ms. Nicole Le, Chief of Office of Human Resources, DCA, addressed the Board and provided an overview of the process for recruiting an EO, the roles that the Selection Committee will play, and that the Office of Human Resources will assist the Selection Committee with reviewing minimum qualifications.

**C. Discuss and Possible Action on Appointment of an EO Selection Committee**

Ms. Le reviewed and explained the duties of the EO Selection Committee to review the applicants and forward the most qualified candidates onto the Board for interviews. It is also the duty of the Selection Committee to develop questions for interviews and they may be responsible for conducting preliminary interviews prior to the Board interviews.

- Dr. Mark Nunez and Ms. Mancuso seconded the motion to nominate Dr. Waterhouse and Dr. Sullivan to be the Selection Committee. The motion carried 6-0.

Ms. Le also advised that the Board must discuss delegating the task of extending the recruitment period if the Selection Committee determined that there were no qualified applicants.

- Ms. Bowler moved and Ms. Mancuso seconded the motion to delegate the Selection Committee to extend the recruitment period beyond 30 days if no qualified applications are received. The motion carried 6-0.

**D. Review and Possible Action on Revised EO Duty Statement and Recruitment Announcement**

Ms. Le provided the Board with a current Board EO Duty Statement and a revised edition of the EO duty statement, which was amended with the assistance of Ms. Del Mugnaio.

- Ms. Judie Mancuso moved and Ms. Kathy Bowler seconded the motion to approve the revised Duty Statement. The motion carried 6-0.

Ms. Le provided the Board with a draft recruitment posting. Ms. Del Mugnaio explained the desirable qualifications and experiences are skills that the Board wants the applicants to speak to in a Statement of Qualifications (SOQ) and asked if there are any skills that they feel are relevant they should be included in the applicable section of the SOQ.

The Board discussed revising bullet point three to include effectively communicate with internal and external stakeholders. The Board agreed to request that applicants limit their SOQ to three pages, and that they advertise the job posting for 30 days with the understanding that if the Selection Committee does not find a qualified applicant, they can re-advertise the vacant position.

- Ms. Bowler moved and Dr. Richard Sullivan seconded the motion to approve the job announcement as revised, to limit the SOQ to three pages and to advertise the position for 30 days. The motion carried 6-0.

Ms. Le advised that the position will be posted on the CalHR website starting March 12, 2018.

**4. Closed Session – began at 12:01 p.m.**

**A. Presentation from Office of Human Resources, Department of Consumer Affairs (DCA), on EO Recruitment from Selection Process**

*The Board met during closed session to discuss the appointment of either an acting or interim EO until a permanent EO can be recruited.*

**5. Return to Open Session – 12:25 p.m.**

**6. Report on Actions Taken in Closed Session**

The Board moved to appoint Mr. Ethan Mathes to the position of Interim EO effective March 12, 2018, until a permanent EO can be recruited.

**7. Public Comment on Items Not on the Agenda**

Public comments were received from David Kinley, Dr. Gary Richter, Paul Hansbury and Susan Tibbon, who were present at the 1747 North Market Boulevard location, and Dr. Trina Hazzah, Charles Lozow, Chris Gabriel, and Renee Kalee-Smith, who were present at the 8807 Melrose Avenue location, regarding their experiences with cannabis for their pets and the successful health outcomes their pets have experienced using cannabis. The public members presented proposed language for Assembly Bill (AB) 2215 and urged the Board to work with Assemblymember Ash Kalra to support AB 2215 to allow veterinarians to discuss and recommend the use of cannabis with their animal patients.

## **8. Adjournment**

Ms. Mancuso moved to adjourn and Ms. Loredó seconded the motion. The Board adjourned at 12:27 p.m.

# Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834

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## MEETING NOTICE and AGENDA MULTIDISCIPLINARY ADVISORY COMMITTEE

### Committee Members

Jon A. Klingborg, DVM, Chair  
Allan Drusys, DVM, Vice-Chair  
William A. Grant II, DVM  
Jeff Pollard, DVM  
David F. Johnson, RVT  
Kristi Pawlowski, RVT  
Diana Woodward Hagle  
Jennifer Loreda, RVT  
Richard Sullivan, DVM

**May 22, 2018**  
**1747 N. Market Blvd.**  
**1<sup>st</sup> Floor Hearing Room**  
**Sacramento, California**

Action may be taken on any item listed on the agenda.

**10:00 a.m. Tuesday, May 22, 2018**

1. Call to Order/ Roll Call/ Establishment of a Quorum
2. Committee Chair's Remarks, Committee Member Comments, and Introductions
3. Review and Approval of February 20, 2018 Committee Meeting Minutes
4. Election of Multidisciplinary Advisory Committee Chair and Vice-Chair
5. Update from the Public and Private Shelters and Minimum Standards & Protocols for Shelter Medicine Subcommittee; Potential Recommendation to Full Board; Review and Possible Action on Recommendation
6. Discussion and Consideration of Amendments to RVT Animal Health Care Tasks Regarding Dental Extractions; Potential Recommendation to Full Board; Review and Possible Action on Recommendation
7. Public Comment on Items Not on the Agenda  
*Note: The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125 and 11125.7(a).)*
8. Future Agenda Items and Next Meeting Dates
  - August 28, 2018, Location TBD
  - November 13, 2018, Location TBD
  - A. Multidisciplinary Advisory Committee Assignment Priorities
  - B. Agenda Items for Next Meeting
9. Adjournment

This agenda can be found on the Veterinary Medical Board website at [www.vmb.ca.gov](http://www.vmb.ca.gov). Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Committee Chair and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

This meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit [thedcapage.wordpress.com/webcasts/](http://thedcapage.wordpress.com/webcasts/). The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe and participate, please plan to attend at a physical location. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to the Committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

The meeting locations are accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting the Committee at (916) 515-5220, email: [vmb@dca.ca.gov](mailto:vmb@dca.ca.gov), or sending a written request to the Board of Veterinary Medicine, 1747 N. Market St., Suite 230, Sacramento, CA 95834. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (916) 326-2297.

<p>The mission of the Veterinary Medical Board is to protect consumers and animals by regulating licensees, promoting professional standards and diligent enforcement of the practice of veterinary medicine.</p>
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## MEMORANDUM

<b>DATE</b>	April 30, 2018
<b>TO</b>	Veterinary Medical Board
<b>FROM</b>	Amanda Drummond, Administrative Programs Coordinator
<b>SUBJECT</b>	<b>Appointment of Applicants to the Multidisciplinary Advisory Committee</b>

### **Background:**

At the July and October 2017 meeting, the Veterinary Medical Board (Board) reviewed and discussed upcoming vacancies on its Multidisciplinary Advisory Committee (MDC). The Board requested staff to immediately begin recruitment for the MDC's upcoming vacancies and a notification of MDC vacancies was submitted via the Board ListServe email subscription list on August 11, 2017 and September 21, 2017.

A review of the application process was conducted at the October 2017 Board Meeting; In December 2017 and January 2018, the Executive Committee and Executive Officer, Ms. Annemarie Del Mugnaio held pre-screening phone interviews for all applicants who applied for appointment to the MDC.

There is currently one opening for a registered veterinary technician; this term would begin upon appointment and go through June 2020. There are also multiple veterinarian and a public member opening on the MDC; these terms would begin in July 2018 and go through June 2021. Kristie Pawlowski, RVT, is eligible for re-appointment for her position with the MDC and has submitted a letter of intent to continue her service on the committee. MDC terms are three-year terms and members may serve two consecutive terms.

The most qualified applicants were chosen for a second level of interviews at the Board's Meeting on May 23, 2018. Seven applicants were chosen, but only six are able to attend the Board meeting for the next level of interviews.

The following candidates are scheduled for interviews at the May 23, 2018 Board meeting:

<b>Applicant</b>	<b>Vacancy Type</b>	<b>License Number</b>
Kevin D. Lazarcheff, DVM	Veterinary	12786
Margaret Warner, DVM	Veterinary	14209
<i>Ronald M. Kelp, DVM*</i>	<i>Veterinary</i>	<i>8689</i>
Leah Shufelt, RVT	Veterinary Technician	6284
Christine Crick, RVT	Veterinary Technician	9006
Linda Tripp, RVT	Veterinary Technician	5302
Stuart F. Eckman	Public	

*\*Unable to attend the Board meeting for interviews.*

### **Attachments:**

MDC Applicant Information

Kristie Pawlowski letter of request for re-appointment to the MDC



# KRISTI M. PAWLOWSKI, RVT



**21 April 2018**

Mr. Ethan Mathes  
Interim Executive Officer  
Veterinary Medical Board  
California Department of Consumer Affairs  
1747 N. Market Boulevard Suite 230  
Sacramento, CA 95834-2987

**Dear Mr. Mathes:**

I am submitting this letter to request reappointment from the Veterinary Medical Board to their Multidisciplinary Advisory Committee. Please accept this letter to express my continued interest in a position on this Committee. I have vast experience in the profession having served as a Registered Veterinary Technician for 29 years. I have served the vocation in numerous areas including clinical practice in private practice, management, lecturing, staff training, rescue organizations and volunteer services. I am even currently continuing my education at California State University, Sacramento.

I look forward to continuing on my service through the Committee and if you have any questions, please do not hesitate to contact me.

Thank you for your consideration,



**Kristi M. Pawlowski, RVT**

Kevin D. Lazarcheff, DVM



September 7, 2017

Veterinary Medical Board  
Attn: MDC Appointment  
1747 N. Market Blvd., Suite 230  
Sacramento, CA 95834

RECEIVED

SEP 26 2017

VMB/RVTC

To whom it may concern,

I would like to be considered for the open position on the California Veterinary Medical Board's multidisciplinary committee. The MDC is a unique and important collaboration allowing the veterinary profession to address issues of regulation and consumer protection with the VMB. I think it is one of the best aspects of the VMB, and have every interest in its continued success.

I have been licensed, and practiced in California since 1995. I have practiced in both the small and the large animal arenas, including equine and dairy practice. I have seen how the Department of Consumer Affairs and the VMB interact with, and affect the various aspects of practice. For the past 12 years I have practiced emergency and critical care medicine, and I own a small animal practice in Oakhurst, California. I have held two premises permits in the State.

The past 8 years I have had the opportunity to work with the VMB through my position on the California Veterinary Medical Association's Board of Governors, and most recently as a sitting member of the premises task force. I have had the opportunity to see how the various regulatory bodies work with, and through the Department of Consumer Affairs. I am currently the president of the CVMA, however that term and my time on the BOG will end in June of 2018.

In my time with the CVMA I have had the opportunity to meet with many veterinarians throughout the state. I am also a member of the Central California Veterinary Medical Association and the Mariposa-Merced Veterinary Medical Association. I have enjoyed working with organized veterinary medicine and would like to continue to serve my profession. I feel I have insight and experience that would be an asset to the MDC.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read 'K. Lazarcheff'.

Kevin D. Lazarcheff, DVM





**Valley Animal Hospital  
of Merced**

September 10, 2017

Dear Veterinary Medical Board:

I am writing to recommend that the VMB appoint Dr. Kevin Lazarcheff to the Multi-Disciplinary Advisory Committee.

Over the past several years, I came to know Kevin ("Laz", actually), since he was an emergency veterinarian at the local 24 hour clinic. I found his communication with clients to be excellent, his case approach is thorough without being excessive or too costly, and he is a great colleague with which to work.

At this same time, Laz began attending some of our local CE and Association meetings and I found his input to be insightful. His perspective not only as a veterinarian, but also as a patient and a consumer advocate, was clearly evident. Laz is thoughtful and respectful of others, yet he does have well-considered opinions that he articulates clearly.

I encourage the Veterinary Medical Board to appoint Dr. Kevin Lazarcheff to the Multi-Disciplinary Advisory Committee. He will be an excellent addition to a great team at the MDC!

Sincerely,

A handwritten signature in black ink that reads "Jon Klingborg, DVM". The signature is written in a cursive, slightly slanted style.

Jon Klingborg, DVM



Over the past seven years I have had the distinct pleasure of getting to know Dr. Kevin Lazarcheff, while we both served on the Board of Governors of the California Veterinary Medical Association. Dr. Lazarcheff's commitment to the profession is truly inspiring. I cannot think of a veterinarian that would be more qualified to serve on the Multi-Disciplinary Committee of the California Veterinary Medical Board.

Dr. Lazarcheff has an incredibly diverse background that gives him a unique perspective on the practice of veterinary medicine. Initially he worked in a mixed animal practice where he dealt with horses and livestock (including goats and sheep) in addition to small animals. He then worked for a number of years in small animal emergency hospitals dealing with critical and emergent patients. This past year, Dr. Lazarcheff bought a small animal practice and now, not only practices as a small animal general practitioner, but also has the responsibility of a practice owner.

I understand that the charge of the Veterinary Medical Board is consumer protection. In all the years I have known Dr. Lazarcheff, I can assure you that all his deliberations and input have been well thought out, and are always aimed at improving the quality, delivery and practice of veterinary medicine which is ultimately to the benefit of our patients. I can honestly say that I have never heard Dr. Lazarcheff take a position that would be self-serving to either himself or veterinary medicine or to the detriment of veterinary patients or clients.

I would be hard-pressed to think of a more thoughtful veterinarian than Dr. Lazarcheff, and when you combine that with his diverse background of practice, the Board could rest assured that they have an exceptionally intelligent and hard-working advocate for veterinary medicine and consumers.

Please feel free to contact me with any questions or for further information.

Sincerely,



Ken Pawlowski, DVM

Past-President, California Veterinary Medical Association





September 25, 2017

RECEIVED  
SEP 27 2017  
VMB/RVTC

Dear Members of the Veterinary Medical Board:

This document serves as my letter of interest in seeking an appointment to the Multidisciplinary Advisory Committee.

I would be a valuable member of the committee due to my unique and varied background.

Early in my career, I sought advance training and taught veterinary students in the university setting – gaining insight into challenges that universities face as they educate future veterinarians.

I have been an owner (with my spouse) of a large animal practice. This experience gave me insight into the effect of practice acts on the practice owner and how best to balance the needs of the practice and its consumer with our common goal of food and animal safety.

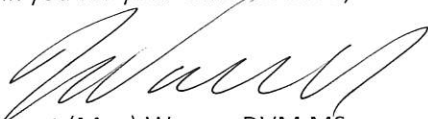
I have practiced in multiple types of small animal practice, from single doctor to large multi-doctor practices and practiced and managed in a large corporate practice. These experiences help me understand the wide range of practices that our profession encompasses and gives me insight in how to advocate for them and the clients they serve.

I have two additional perspectives on our profession. One is through working with a local shelter as a member and president of its nonprofit governing board. In this role, I have been involved in how we optimally provide for the stray population in an economical manner and provide a safe adoptable pet population for our community. My final perspective is my current one – that of working for an animal health company, calling on over 200 veterinary clinics and working with them to reach out and educate the consumer to better understand what our profession does and how to better protect pets and their people.

My involvement in organized veterinary medicine has been limited to the local level in both Wisconsin and California.

I will readily admit that my understanding of the nature of the regulatory bodies within the Department of Consumer Affairs is in its infancy. I would intend to use this to my advantage to be very open and curious, working toward greater understanding.

Thank you for your consideration,



Margaret (Meg) Warner DVM MS







**Margaret M. Warner, DVM, MS**



**Education:**

1988 – 1991	University of Wisconsin, School of Veterinary Medicine	MS – Respiratory Physiology
1982 – 1986	Michigan State University, School of Veterinary Medicine	DVM

**Employment:**

2015 – Present	Elanco Animal Health – Executive Sales Representative
2008 – 2015	Waterhouse Animal Hospital, Fresno, CA – Associate Veterinarian
2005 – 2008	Clovis Veterinary Hospital, Clovis, CA – Associate Veterinarian
2002 – 2005	Banfield The Pet Hospital, Portland, OR – Medical Director
2000 – 2002	Banfield The Pet Hospital, Fresno, CA – Chief of Staff
1998 – 2000	Banfield The Pet Hospital, St. Paul, MN – Chief of Staff
1993 – 1998	Animal Medical Center, Appleton, WI – Associate Veterinarian
1993 – 1994	Fox Valley Technical College, Appleton, WI – Instructor (Anatomy/Physiology)
1991- 1993	Animal Hospital of Howard, Howard, WI – Associate Veterinarian
1988 – 1991	University of WI, Madison, WI – Graduate Student/Teaching assistant
1986 – 1988	Blue Star Animal Hospital, South Haven, MI – Associate Veterinarian

**Professional Interests:**

Internal medicine, soft tissue surgery, client education, behavior, dentistry and nutrition

**Professional Activities:**

Present	Secretary CCVMA
Present	Member of AVMA, CVMA, CCVMA
2002	President's Council – Banfield The Pet Hospital
2001 – 2002	Protocol Committee – Banfield The Pet Hospital
1995 – 1998	Board member of Northeastern WI VMA Association





# CITY *of* CLOVIS

## POLICE DEPARTMENT

1233 FIFTH STREET • CLOVIS, CA 93612

September 25, 2017

Dear Veterinary Medical Board:

It is my pleasure to write a letter of recommendation for Dr. Meg Warner to be accepted as a Member of the Veterinary Medical Board Multi-Disciplinary Advisory Committee. I have known Dr. Warner for approximately seven years. Dr. Warner has served on the Friends of Clovis Pet Adoption Center Board of Directors for the past ten years. The past four years Dr. Warner has been elected as the President. As the Board President, Dr. Warner has provided sound judgement about the direction of the Board, expert advice about policies and procedures, has secured financial donations and has led the Board through a difficult transition of leadership. As a result of Dr. Warner's participation on the Board, Dr. Warner has become a trusted and valuable expert consultant for both Clovis Animal Services and the Miss Winkles Pet Adoption Center. In the past ten years, the staff (including me) has consulted with Dr. Warner many times about issues related to animal health, policies and procedures and general animal care. In addition, Dr. Warner's volunteer work as a Board Member has provided her with an important understanding about the extreme difficulties that municipal animal facilities have to secure adequate financial resources, qualified employees, high quality health services, and adequate housing for stray and adoptable animals.

Sincerely,

George Rodriguez, LCSW  
Police Services Manager





September 23, 2017

Dear Veterinary Medical Board:

I am writing to recommend that the VMB appoint Dr. Margaret Warner to the Multi-Disciplinary Advisory Committee. I think she would be a fantastic member of your committee.

I have known Dr. Warner since 1994 when I was a third year veterinary student. At that time she was acting as a mentor to numerous veterinary students at the University of Wisconsin. In that role she was knowledgeable, supportive, warm and encouraging.

In 1999 I was fortunate to reconnect with Dr. Warner when I was hired as an associate veterinarian in the Banfield St. Paul Minnesota hospital. She was the chief of staff at that location and my assigned mentor. The St. Paul hospital was very busy and had a highly diverse racial and socioeconomic client base. I was in the process of making the transition from primarily dairy practice to companion animal practice. She deftly led that 4 doctor practice while managing a heavy caseload, mentoring new doctors and students and bonding clients to our practice. She was loved by the team, our clients and the doctors.

Meg also possessed great leadership skills as a multiunit Medical Director as she demonstrated in California where she was responsible for 20 plus hospitals. I stayed in touch with her in her new role and took over her vacated position as the chief of staff at St. Paul. This was my first role in leadership and it was offered to me due to Dr. Warner's support and endorsement. She had instilled many leadership lessons in me and continued to model the way as she went forward in her career.

Dr. Warner is an excellent teacher, clinician and ambassador to our profession. She always kept the care of the patients and clients at the center of everything she did. Personally, she had a huge impact on my skills as a clinician and a leader and instilled a sense of "bond centered care". She was a sounding board for all things difficult, modeled servant leadership and wholehearted care for all the people and pets that came into her orbit. To this day, when I'm having a difficult moment, I often think back on my time working at St. Paul and think "what would Meg do right now."

I hope your will give Dr. Warner serious consideration for your appointment. I feel she would be an incredible asset for your group.

Warmest Regards,

A handwritten signature in black ink, appearing to read "Lee Nelson".

Lee Nelson, DVM, MPH  
Senior Director of Medical Programs  
Banfield Pet Hospitals





**Valley Animal Hospital  
of Merced**

September 23, 2017

Dear Veterinary Medical Board:

I am writing to recommend that the VMB appoint Dr. Margaret Warner ("Dr. Meg") to the Multi-Disciplinary Advisory Committee.

For the past two years, I've worked with Dr. Meg in her capacity as a representative for Elanco. I've found her to be down-to-earth, naturally curious and to have a comprehensive perspective about the practice of veterinary medicine.

Dr. Meg has been not been involved in organized veterinary medicine at the State or National level, but she has participated in her local veterinary association and also is very involved with her local animal shelter— so she brings a "grassroots" perspective to the MDC that would be valuable.

Through her work as a representative with Elanco, Dr. Meg meets all sorts of consumers from all different walks of life. She is a strong advocate for Pet Owners and their Pets by promoting products that are both affordable and safe. She also works with veterinarians from all different types of practices, so she understands this class of consumer and the many practice settings as well.

I encourage the Veterinary Medical Board to appoint "Dr. Meg" to the Multi-Disciplinary Advisory Committee. She has the perspective and intellectual curiosity to be a valuable addition to the Committee!

Sincerely,

Jon Klingborg, DVM





September 5, 2017

Veterinary Medical Board  
1747 N. Market Blvd. Suite 230  
Sacramento, CA 95834

RECEIVED  
SEP 29 2017  
VMB/RVTC

Dear California Veterinary Medical Board,

I am writing to express my continued interest in appointment to the Multidisciplinary Advisory Committee (MDC).

Throughout my career, it has been important to me to continually learn as well as keep up on important issues in Veterinary Medicine. I always want what is best for myself, my patients, and clients, and in order to do that I feel it is necessary to hold our entire profession to higher standards. I also have been lucky enough to work with and be mentored by amazing Veterinarians and Technicians that have instilled in me the need to be involved in and stand up for the things I believe in.

It is because of these things, and my willingness to challenge myself that I initially became interested in a position on the MDC and am once again interested in applying.

Since the time of my initial application, I have come to every meeting of the MDC and the first day of the VMB meetings, and therefore am aware of a lot of the work that the MDC has recently done in order to improve our profession including work on compounding, physical therapy, and alternate tasks for RVTs, to name just a few. These are all issues which will impact our profession, patients, and the consumers within the state of California, and therefore are issues that I have watched closely and are important to me as well.

As a member of the MDC I feel that I would have the ability to represent the Registered Veterinary Technicians in the state of California on many important issues, find out what areas of the Profession need to be looked at, discuss important topics, make recommendations to the VMB as necessary, and therefore ultimately have a positive impact on Veterinary Medicine as well as the public's opinion of our profession.

With my strong educational background, varied work experiences, and experience on both the San Diego County Veterinary Medical Association board as well as the RVT Committee and House of Delegates for the California Veterinary Medical Association, I feel that I would bring dedication, experience, and energy to the MDC if given the chance to serve. I look forward to hearing from you.

Sincerely,



Leah Shufelt BS, RVT



# Leah Shufelt BS, RVT



## Objective

My goal is to be appointed to the California Veterinary Medical Board's Multidisciplinary Advisory Committee in order to utilize my skills to strengthen the Veterinary Medical Profession in the state of California.

## Work Experience

December 2011 - Current

### **Radiation/Oncology and Imaging Supervisor, California Veterinary Specialists, Carlsbad, CA**

Responsible for all areas of care of radiation patients: anesthesia, setting up radiation fields, operating CT machine and linear accelerator, and client communications. Designed and implemented in house training program for Veterinary Assistants. Manage staff members within departments.

October 2002 - December 2011

### **Medical Supervisor, Adobe Animal Hospital, Ramona, CA**

Set up all nursing care protocols, direct supervisor of all nursing staff, daily nursing care duties of all patients at the hospital including anesthesia, surgical nursing, radiology and vaccine appointments. Managed inventory, OSHA, radiation safety, and CURES records.

June 2002 - Present (relief)

### **Lead Veterinary Technician, Emergency Service, Pet Emergency and Specialty Center, La Mesa, CA**

Utilize all RVT skills to work as an Emergency and Critical Care technician in a fast paced environment while ensuring the entire team works toward the goal of providing outstanding and compassionate care to all of our patients.

## Veterinary Board Experience

August 2006 - Present

### **Affiliate Chapter Representative, San Diego County Veterinary Medical Association**

Serve as a resource for RVTs, Vet Assistants, hospital managers, and other support staff  
Research topics of discussion, bring feedback from my chapter to the board for further discussion at meetings  
Facilitate and host CE meetings for the Chapter, Organize Technician Seminar for Spring and Fall Conference

February 2013 – Present

### **House of Delegates, RVT Delegation, California Veterinary Medical Association**

Represent the RVTs at the State Level of the CVMA organization, discuss and vote on issues that are important to Veterinary Medicine, make recommendations to the Board of Governors.

July 2012 – July 2017

### **RVT Committee District 1 Representative, California Veterinary Medical Association**

Represent the interests of my geographical chapter at the meetings of the state level of the CVMA RVT board.  
Discuss and make recommendations to the CVMA Board on topics of interest that impact RVTs in our state.

# Leah Shufelt BS, RVT




## Education

June 2002

College of Veterinary Medicine, Michigan State University, East Lansing, MI

Completed classroom, laboratory, and clinical rotations in the Veterinary Teaching Hospital, held part time job in the Food Animal Department while going to school.

**Bachelor's of Science, Veterinary Technology**



September 19, 2017

Veterinary Medical Board  
1747 N. Market Blvd. Suite 230  
Sacramento, CA 95834

To Whom it May Concern:

I am writing this letter to endorse Leah Shufelt for an appointment to the Multidisciplinary Advisory Committee (MDC).

It has been my pleasure to know Leah since October 2002 when she joined Adobe Animal Hospital in Ramona, California as a Registered Veterinary Technician. Along with her Bachelor's degree from Michigan State University and extensive emergency experience, I was immediately impressed with her knowledge and professionalism. As her responsibilities at the hospital increased to include some managerial tasks, it became obvious that she is organized, a team player, an excellent mentor and overall a joy to work with. She is also well versed regarding OSHA and radiologic safety compliance issues.

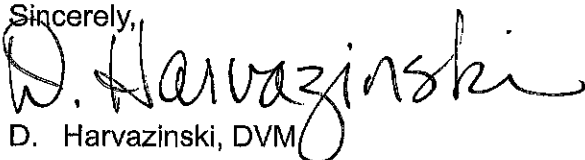
Recognizing her potential, I encouraged her to pursue joining the San Diego County Veterinary Medicine Association (SDCVMA) Board as a representative of the RVT Chapter. Leah is currently serving on the California Veterinary Medical Association (CVMA) RVT Committee and in their House of Delegates as well.

Leah's contributions on both boards, as well as on several subcommittees of SDCVMA have been significant. She will go the extra step to research items of importance and present well-written reports at committee meetings. Leah has also been instrumental in starting our Technician Seminar to run alongside our Veterinarian Seminar that the SDCVMA holds each Spring and Fall, and we are proud to say that we just held our first successful seminar, with an overwhelmingly positive response from the membership.

Her personality is such that she is at equal ease with DVMs, RVTs, clients, assistants and also pharmaceutical vendors. She is smart, writes well and is comfortable speaking in public.

I whole-heartedly recommend her to the MDC and can assure the committee members that she will be an asset.

Sincerely,

  
D. Harvazinski, DVM







hope • compassion • healing

September 10, 2017

To Whom It May Concern at the Veterinary Medical Board;

I am writing to you in regards to Leah Shufelt, RVT and her interest in joining your Multidisciplinary Advisory Committee.

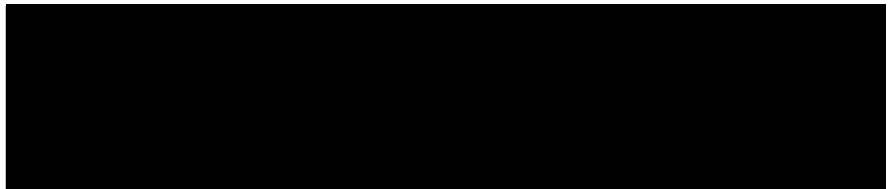
Leah works as my Radiation/Oncology and Imaging Supervisor as well as the Coordinator for the Radiation service at California Veterinary Specialists. In this role, she anesthetizes, sets up and treats on average of 10 radiation patients per day, as well as communicating with their owners and other staff members as to their care. This requires not only a high level of technical expertise, but also time management skills, communication skills, and extreme attention to detail. She always completes all of her own tasks, as well as managing other team members, and does things efficiently and with a positive attitude. She also finds time to sit down and talk with clients to ensure that they understand the care that their pet is receiving and that all of their questions are answered.

Leah also has shown a passion for her profession and the education of others by working on creating training and continuing education programs for all of the staff at the hospital through her work on our training and development committee. With her years of education and experience as well as her involvement in organized Veterinary Medicine, she is often a resource for other staff members.

Through my experiences with her, Leah has shown that she is a dedicated professional that truly cares about her patients, our clients, , her co-workers, and the Veterinary profession. I would highly recommend her for appointment to your committee.

Sincerely,

David Proulx, DVM, DACVIM (Oncology) , DACVR (Radiation Oncology)







11/1/2017

California Veterinary Medical Board  
Multidisciplinary Advisory Committee Advisory

RECEIVED  
DEC 07 2017  
VMB/RVTC

**Greetings California Veterinary Medical Board:**

I am writing to request consideration for candidacy appointment to the Multidisciplinary Advisory Committee.

As a Registered Veterinary Technician in good standing since 2010 in the State of California, I have been presented with regular opportunity to learn and exercise the rules and regulations of California Veterinary Law.

My work as the Regional Technical Development Coordinator in Norther California has provided experience and knowledge of pharmaceutical and DEA law, medical ethics, practice acts specific to RVTs and Veterinarians, as well as collaborative interactions with a diverse group of practitioners, administrators and clientele.

Prior to this position, my experience includes positions of public trust however, in a more direct application of patient and property management. Post 9/2001 I have been a very active member of the AVMA VMAT and concomitantly, as a Logistics Section Chief with FEMA and the Department of Homeland Security with the National Disaster Medical System, in both veterinary and human disaster teams. This has been one of the most fulfilling opportunities I could have ever imagined. I also serve the California Veterinary Medical Reserve Corps as the Region IV Coordinator.

If considered for the MDC, I would keep the highest regard for public trust, secure information, sensitive subject matter and animal welfare. I would appreciate your evaluation of my credentials and letters of reference and am happy to collate any further materials at your request.

Thank you for your time.

Very Respectfully,



Christine M. Crick CVT RVT VTS (Anesthesia/Analgesia)(ECC)



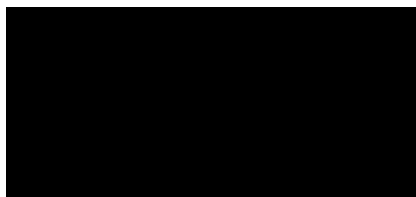


# Curriculum Vitae

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## ***Christine M. Crick, CVT RVT LVT VTS (Anesthesia / Analgesia)(ECC)***

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### **Clinical Employment History**

#### **Summary:**

Currently employed as a regional trainer which includes the technical development in 24 VCA hospitals in Northern California and Colorado/Hawaii regions. Clinical focus supports the general medicine and specialty/critical care practices, collaborating and training over 400+ support staff. Development of training materials for wet /dry lab offerings, publishing and skills development 'ladder' which focuses on anesthesia, surgical, internal medicine and critical care.

Past private practice: the lead anesthesia / critical care technician, providing instruction and support to surgical and critical care team of 70+ employees at a large referral center. Developed an anesthesia and pain management service including the recruitment of two boarded anesthesiologists which included alternative modalities and well-advanced case management in all specialty services at the largest specialty hospital in Chicagoland.

Inventory management, troubleshooting of diagnostic, monitoring and respiratory management equipment specific to anesthesia, interventional radiologic procedures, etc. Assisted & managed DEA scheduled narcotics (C II) for Critical Care and Surgical Services. Contact for outside sourcing of pharmaceutical liaison with human healthcare facilities as well as service vendors in anesthesia. Ability to multitask, manage multiple disciplines and high caseload environment skill set mastery developed in this position.

Member of the CE and Community Involvement Committee(s) which include lectures, CPR workshops, CERT Program, First Aid for Pets, Josh Foundation Liaison, etc. Advanced skill set in CPR developed, management of personnel and scheduling, full inventory management for surgical service as well as hospital diagnostic equipment support. Developed and led OSHA Team.

Special clinical focuses: Transfusion Medicine, high risk anesthetic case management, ventilation and perfusion, pulmonary physiology and restrictive functions, regional and systemic analgesia techniques, large scale disaster management including logistics

**Regional Technical Development Coordinator**  
Jan 2013 – Present

VCA Inc; Northern California NC4 NC5 NCS2  
[www.VCA.com](http://www.VCA.com)

**Technical Services Director /Clinical Nursing Specialist**  
Oct 2011 – Feb 2013

Four Seasons Veterinary Specialists; Lafayette CA  
[www.fourseasonsah.com](http://www.fourseasonsah.com)

**Director of Nursing/ Technical Supervisor**  
Jan 2011 – Sept 2011

VCA Bay Area Veterinary Specialists; San Leandro CA  
[www.vcaspecialtyvets.com/bay-area-specialists](http://www.vcaspecialtyvets.com/bay-area-specialists)

**Clinical Technician Specialist**  
Dec 2002 – May 2009

Veterinary Specialty Center; Buffalo Grove, IL  
[www.vetspecialty.com](http://www.vetspecialty.com)

**Surgical Nursing Supervisor**

Apr 2000 – Dec 2002

Animal Emergency and Critical Care; Northbrook IL

[www.bluepearlvet.com/illinois/overview/northfield-il](http://www.bluepearlvet.com/illinois/overview/northfield-il)**Anesthesia Technician**

Jan 1998 – Aug 1998

Norwood Park Animal Hospital

[www.norwoodparkanimalhospital.com](http://www.norwoodparkanimalhospital.com)**Emergency Technician**

August 1997 – March 1998

Animal Emergency of McHenry County

[www.casehospital.com](http://www.casehospital.com)**Federal Employment****Logistics Section Chief**

DHHS NDMS National Veterinary Response Team / LRAT

August 2004 – March 2015

*Prepare and present briefings on logistics programs, projects, and problems, to higher level management within NDMS, general logistics staff and NVRT team members*

- Advise higher level management of significant logistics/acquisition problems or risk areas that could affect the supportability or execution of program requirements
- Creation of database management of regionalized cache, inventory management and HTML based website.
- Plan, organize, direct and coordinate activities as a functional specialist including contracting, engineering, manufacturing, program control configuration in data management, distributor and field support of electrical equipment
- Material Safety Data Sheet Form Database creation for regional AVMA VMAT cache
- Liaison for NVRT 5 to FEMA logistics in project management, inventory control and recall issues, service and support of field issued federally owned equipment
- Conduct deployment training programs and develop evaluation tools
- Federal deployments include Hurricane Katrina, Hurricane Rita, Tropical Storm Ernesto, Haiti Earthquake 2010
- Emergency & critical care situations in disaster settings
- Service to federal working dogs during disaster mitigation

**Professional Clinical Certifications**

First Responder (State of Illinois)

1997

Certified Veterinary Technician (State of Wisconsin)

2001

License #9901287-051 (\*retired)

Board Certified Veterinary Anesthetist (AVTAA)

2003

#024

Board Certified Veterinary Emergency and Critical Care Technician (AVECCT)

2006

Registered Veterinary Technician (State of California)

2010

License #9006

Certified Veterinary Technician (State of Oregon)

2014

License #14237

Licensed Veterinary Technician (State of Washington)

2015

License # AT 60578630

Certified Veterinary Pain Practitioner (IVAPM)

2016

CVPP (\*pending)

**Awards & Distinctions**

VCA Inc, 2015 Paws for Recognition Award

2015

NDMS 2008 National Veterinary Response Team Distinguished Member of the Year

2009

NDMS 2006 VMAT 5 Distinguished Member of the Year

2007

NDMS 2006 John Howard Anderson Veterinary Achievement Award

2007

Presidential Volunteer Service Award (Gold, Silver, Bronze)

2007

McHenry Medical Reserve Corps Certificate of Appreciation

2007

AVMA Certificate of Outstanding Achievement

2006

Presidential Volunteer Service Award (Gold, Silver and Bronze)

2006

Office of the Surgeon General MRC Program Award of Achievement

2005

Presidential Volunteer Service Award (Silver, Bronze)

2005

## Lectures, Presentations, Workshops & Publications

Neurology and ICP Monitoring Lab (4hrs)	2014 International Veterinary Emergency and Critical Care Symposium
The Acute Abdomen Lab (4hrs)	
Pain Management Lab (4hrs)	2013 International Veterinary Emergency and Critical Care Symposium
AVTA Advanced Anesthesia Track	2011 Southwest Veterinary Symposium
AVECCT Critical Care Track	
Designing Anesthetic Protocols Masterclass	2010 North American Veterinary Conference
Anesthesia Track for Technicians (6hrs)	
Thoracic Surgery Anesthesia	2009 Illinois State VMA Conference
AVTA Anesthesia Track	2009 International Veterinary Emergency and Critical Care Symposium
Anesthesia Techniques for Regional and Local Workshop	2008 International Veterinary Emergency and Critical Care Symposium
AVTA Anesthesia Track-	
The Veterinary Component in Disasters	2008 Chicago Veterinary Management Group
Triage and Trauma in Disaster Medicine	2008 AVMA Conference Disaster Symposium
Anesthesia Considerations in Geriatrics and Pediatrics	2008 C2E2 Chicagoland Continuing Education
Veterinary Disaster Medicine – Mass Casualty Incidents	2007 ESF8 National Disaster Medical Symposium
Pulse Oximetry and Capnography in Clinical Practice	2007 C2E2 Chicagoland Continuing Education
Logistical Issues for the VMAT Team Member	2007 Minneapolis VMAT Camp Ripley Exercise
Academy of Veterinary Technician Anesthetists Panel	2007 International Veterinary Emergency and Critical Care Symposium
Surgery and Anesthesia Track	2006 Western Veterinary Conference
AVTA Anesthesia Track	2003 Western Veterinary Conference

Slowiak, C.M. (2010). *Ventilation Techniques in Small Animal Patients*. USA: Blackwell Publishing

Crick, C.M. (2015) *Blood Gas Analysis*. USA: Blackwell Publishing

Crick, C.M. (2015) *Ventilation Techniques in Small Animal Patients*. USA: Blackwell Publishing

Crick, C.M. (08 2015) *Blocking It All Out: Utilizing Blocks and Epidurals*, USA: The NAVTA Journal

\*RACE approved lecturer on file with the AAVSB. Currently lecturing over 12x per year at formal occasions within VCA in addition to outreach at local VMA and VT organizational meetings.

A full list of CE dates and lectures is available as your request.

## Professional Memberships

*Veterinary Emergency and Critical Care Society*  
*National Association of Veterinary Technicians in America*  
*International Veterinary Academy of Pain Management*  
*American Association of Anesthesia Technicians & Technologists (\*human)*  
*Society for Anesthesia Technology (\*human)*

*American Association of Critical Care Nurses (\*human)*

*Society of Critical Care Medicine (\*human)*

*American Society of Anesthesiologists (\*human)*



RECEIVED  
DEC 07 2017  
VNBARVTC

Diana S Duncan  
5712 Dorset Way  
Sacramento, CA 95822

December 4, 2017

Veterinary Medical Board  
1747 N Market Blvd, Suite 230  
Sacramento, CA 95834

To the Members of the Veterinary Medical Board,

This letter is written in support of Christine Crick, CVT, RVT, VTS (Anes) (CC) being considered for the role of RVT Representative to the MultiDisciplinary Committee of the California Veterinary Medical Board.

Chris was hired in February of 2013 as Regional Technician Development Coordinator for VCA hospitals in Northern California. In this role, Chris is responsible for helping to provide training and support to 24 hospitals throughout Northern California. Specifically, her tasks include helping our staff remain compliant with Controlled Drug policies, ensuring staff understanding and compliance to specific laws relating to the practice of Veterinary Medicine, and that they have the training they need to perform their duties. Additionally, she provides Continuing Education for our Veterinary Technicians and Assistants, and helps our Veterinary Assistants outline a path toward licensure for themselves as appropriate to their own personal background.

Chris is also active in the development of policies and guidelines for RVTs and Assistants throughout all of VCA, including programs related to anesthetic monitoring. Additionally, Chris is active in Disaster Relief efforts both locally and nationally and has been instrumental in helping in several recent events, including the Sonoma fires and the Houston hurricanes.

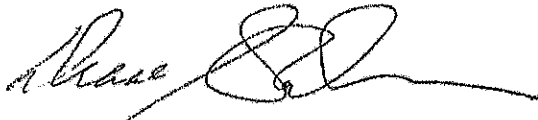
As you can imagine, in this role, Chris must be extremely organized, well-spoken, and have the ability to research and understand a great deal of information. Additionally, she is well-liked and extremely hard working.

I would not hesitate to recommend Chris for a role on the Veterinary Medical Board. She will provide a valuable perspective to the committee and take the performance of her duties very seriously.



If I can provide any additional information for you, please do not hesitate to contact me directly at [REDACTED]

Sincerely,

A handwritten signature in black ink, appearing to read "Diana S. Duncan", followed by a long, horizontal, wavy line that extends to the right.

Diana S Duncan, CVPM  
Senior Regional Vice President  
VCA, Inc.

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LINDA D. TRIPP

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December 29, 2017

Dear Veterinary Medical Board,

This letter is to express my interest in the open registered veterinary technician (RVT) position on the Veterinary Medical Board's Multidisciplinary Advisory Committee (MDC).

The VMB as one of the Department of Consumer Affairs boards is tasked to protect consumers through development of professional standards and overseeing the licensing of veterinarians, registered veterinary technicians and veterinary practices. Serving the VMB just makes sense for me, through my university positions as a clinical supervisor, staff research associate and now as a research compliance analyst, I have learn the role of regulatory agencies and the necessity regulations play to ensure consumer safety. As both a consumer and an industry professional, serving on the MDC presents an exciting opportunity to use my knowledge and give back to the community.

For the past two years, I have served as the vice president for Sacramento Valley Veterinary Technician Association (SVVTA), helping to promote the important role a technician and support staff hold in assisting veterinarians provide exceptional veterinary care. SVVTA is a not-for-profit organization dedicated to providing continuing education to technicians and staff.

Currently, I hold the position as senior research compliance analyst for the Office of Research's Research Compliance and Integrity (RCI) Unit at UC Davis. One of my responsibilities is to investigate allegations of research misconduct and participate fully in the investigation process. In addition, I develop processes to facilitate and enhance the administration of research compliance across the campus. I provide subject matter interpretation of the different federal and state agencies regulatory requirements related to research compliance.

Previously, as a clinic supervisor for the Veterinary Medical Teaching Hospital (VMTH), I was responsible for managing three small animal clinical services (anesthesia, surgery and surgical support). As supervisor, I was responsible for identifying staffing needs, recruitment, training, evaluating, coaching, performance reviews and corrective action including dismissal. I was relied on to provide effective communication, collaboration and creative solutions to the daily challenges regarding caseload management and technician staffing assignments. I had the opportunity to serve on an internal strategic planning committee to identify clinical operation concerns during construction of new hospital. Before accepting a position as a clinic supervisor, I worked as the lead RVT in both anesthesia and ICU.

My experiences as an RVT and as a research compliance analyst make me a uniquely qualified candidate to provide assistance to the VMB in carrying out their mission to protect consumers and their pets, along with enforcing the California Veterinary Medicine Practice Act.

I appreciate your consideration and look forward to hearing from you.

Sincerely,

/s/ Linda D. Tripp

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## LINDA D. TRIPP

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### Education:

Bachelor of Science, Animal Science, 1982  
*University of California, Davis, California*

### Professional Experience:

#### Senior Research Compliance & Investigation Analyst, November 2012 – Present

*Office of Research, Research Compliance and Integrity (RCI), University of California, Davis*

Manage a comprehensive research compliance program that includes formulating strategies, administering policies, and processes. I provide subject matter interpretation of the different federal and state agencies regulatory requirements related to research compliance. As the senior analyst, I function with a high degree of autonomy, serving as the primary point of contact for potential situations of noncompliance, investigate research misconduct and coordinate the Campus' Responsible Conduct Research (RCR), a federally mandated research ethics program. RCI provides oversight of numerous compliance related activities at UC Davis, including financial conflict of interest, stem cell research and export control laws regulating the transfer of controlled technology.

- ✦ Strong critical thinking skills to make decisions and develop recommendations and formulate corrective actions based on understanding of regulations and policies, analysis of information, and awareness of current issues.
- ✦ Conduct legal, regulatory and policy research and analyses; gathers, synthesizes and analyzes information to provide timely, accurate and well-researched recommendations to leadership.
- ✦ Conduct assessments, evaluations and investigations to achieve necessary corrective action in a timely manner.
- ✦ Collaborate with diverse groups at all levels of a higher education organization, including faculty, senior administrators, legal representatives, and external governmental agency representative.

#### Research Compliance Analyst, May 2011 to November 2012

*Research Administration and Compliance, Office for Animal Care and Use (OACU), University of California, Berkeley*

Provided leadership and subject matter expertise regarding animal welfare. Serve as a facilitator for the Animal Care and Use Committee (ACUC) to address a wide array of issues relating animal welfare in research and teaching. Assist on special projects with a campus-wide impact to develop an effective institutional animal care program. Oversee daily operations and promote operational consistency, clarity, compliance, and efficiency. Effectively and efficiently resolve complex problems requiring a sophisticated knowledge and application of animal welfare regulations, ethical principles and University policy. One major accomplishment was the benchmarking and developing a comprehensive policy for the Animal Occupational Health and Safety Program (AOHSP).

- ✦ Review, create and update ACUC policy and procedures based on current or developing trends.
- ✦ Perform inspections of investigator's laboratories and animal facilities. Investigate research concerns or reported noncompliance for the ACUC.
- ✦ Act as a university liaison with representatives of regulatory agencies, accrediting agencies, and funding bodies, such as the USDA, CDFG, the Association for Assessment and Accreditation of Laboratory Animal Care, International (AAALAC) and OLAW-NIH.
- ✦ Provide initial review and evaluation of protocols for the use of live, vertebrate animals in teaching and research.

#### Small Animal Clinic Supervisor, June 2001 to May 2011

*Veterinary Medical Teaching Hospital (VMTH), University of California, Davis*

Manage the daily operations of three small animal services (anesthesia, surgery and surgical support (ORs)). Work with a diverse group of faculty and staff to provide creative solutions to unique challenges. Provide direct supervision for 35 plus technicians, providing technical support for 8 different clinical job titles/positions with work hours encompassing 24/7. Responsible for staff recruitment, training, monitoring performance, providing annual performance reviews, initiate corrective action, layoffs and dismissal. One of the most rewarding aspects of my position, was anticipating, evaluating and implementing the necessary changes to accommodate novel veterinary treatments and procedures.

- ✦ Establish work schedules, daily assignments, oversee receiving, scheduling of client appointments, monitor Services' overall operational requirements, flow and performance in order to meet the needs within the SA Clinic.
- ✦ Provide oversight for two of the clinical research programs; veterinary student spay/neuter program and the clinical renal transplant program.
- ✦ Identify risks of infectious diseases and nosocomial infections; establish aseptic procedures and appropriate cleaning protocols to reduce exposure to patients and staff.
- ✦ Develop and implement procedures (SOP's) for residents and staff including the operation of complex medical equipment.
- ✦ Assist faculty with clinical trials (e.g., drafting consent form, formulating budgets, feasibility based on clinic operations).
- ✦ Provide "point of service" billing including; formulating accurate surgical estimates, recommending changes to anesthesia and surgical fees, review client invoices, initiate purchase orders and monitor service expenditures.
- ✦ Responsible for initial contact with medical companies and vendors, evaluate medical equipment and assist in acquisition of equipment and instrumentation.
- ✦ Oversee hospital inspections and act as liaison for those done by EH&S, USDA and Yolo County (CUPA) inspections.
- ✦ Organize and instruct in resident courses, including preparing animal use and care protocols, coordinate acquisition of animals, facilities and equipment for resident courses.
- ✦ Assist with the recruitment of faculty surgeons.

#### **Awards:**

- ✦ Campus Achievement Award, UC Berkeley 2012
- ✦ Staff Recognition Award, UC Davis, 1998
- ✦ Volunteer Achievement Award, Community Association Institute (CAI) 1995

#### **Certifications and Licenses:**

- ✦ Registered Veterinary Technician (RVT), #5302
- ✦ Certified Laboratory Animal Technologist (LATG)
- ✦ Certified Professional IACUC Administrator (CPIA)
- ✦ Accredited Export Compliance Professional (ECoP®)

#### **Training:**

- ✦ UC Workplace Investigations, Van Dermyden Maddux Law Corporation 2016
- ✦ University Export Controls, ECTI 2016
- ✦ Complying with U.S. Export Controls, BIS 2015
- ✦ Human Gene Transfer, UC Davis 2013
- ✦ Impact of Export Controls on Higher Education & Scientific Institutions, AUECO 2014
- ✦ Management Development Program, UC Davis 2008
- ✦ Leadership Training Program, Community Association Institute 1992

#### **Membership and Affiliations:**

- ✦ Sacramento Valley Veterinary Technician Association (SVVTA), Vice President 2016-present
- ✦ California Veterinarian Medical Association (CVMA), Member 2004 – present
- ✦ American Association for Laboratory Animal Science (AALAS), 1991-present
- ✦ Cal Aggie Alumni Association (CAAA), Lifetime Member

#### **Personal:**

- ✦ Aka Linda D. Fisher
- ✦ 1<sup>st</sup> Degree Black Belt, American Taekwondo Association (ATA)
- ✦ Interests include kayaking, hiking and travel

#### **Presentations:**

- ✦ Understanding and Avoiding Research Misconduct, RCR Program, UC Davis, October 16, 2013
- ✦ The Use of Animals in Research and Teaching at UCB (co-presenter), UC Berkeley, July 12, 2012
- ✦ Prepping the Patient for Surgery: Do's and Don'ts for a Successful Surgery, Fall Symposium on Recent Advances in Clinical Veterinary Medicine, Davis, CA. September 17, 2007

- \* The Surgical Team: Responsibilities of the RVT Scrub Nurse is more than you Imagined, Fall Symposium on Recent Advances in Clinical Veterinary Medicine, Davis, CA. September 17, 2007
- \* Surgical and Patient Prep, UC Davis School of Veterinary Medicine, Center for Continuing Professional Education, Davis, CA. June 4, 2006
- \* Gowning, Gloving, Patient Positioning and Draping (lecture and lab), UC Davis School of Veterinary Medicine, Center for Continuing Professional Education, Davis, CA. June 4, 2006
- \* The RVT's Role in Small Animal Surgery, Japanese Veterinary Technician Seminar: VT Specialties in Small Animal Medicine and Surgery, Davis, CA. March 10, 2006
- \* Operational Support - POS Billing Medical/Surgical Procedures, NAVCA Conference on Cutting Edge Veterinary Medicine, Davis, CA. September 19, 2005

#### **Publications:**

Yackey M, Ilkiw JE, Pascoe PJ, **Tripp LD**. Effect of transdermally administered fentanyl on the minimum alveolar concentration of isoflurane in cats. *Vet Anaesth Analg*. 2004 Jul;31(3):183-9.

Higgins RJ, McKisic M, Dickinson PJ, Jimenez DF, Dow SW, **Tripp LD**, LeCouteur RA. Growth inhibition of an orthotopic glioblastoma in immunocompetent mice by cationic lipid-DNA complexes. *Cancer Immunolo Immunother*. 2004 Apr;53(4):338-44.

Anor S, Lipsitz D, Williams DC, **Tripp L**, Willitis N, Maselli R, LeCouteur RA. Evaluation of jitter by stimulated single-fiber electromyography in normal dogs. *J Vet Inter Med*. 2003 Jul-Aug;17(4):545-50.

Ilkiw JE, Pascoe PJ, **Tripp LD**. Effect of variable-dose propofol alone and in combination with two fixed doses of ketamine for total intravenous anesthesia in cats. *Am J Vet Res*. 2003 Jul;64(7):907-12.

Yamada K, Wisner ER, de Ropp JS, LeCouteur RA, **Tripp LD**. Technical parameter affecting image characteristics in in-vivo MR microscopy of the mouse. *Vet Radiol Ultrasound*. 2002 Nov-Dec;43(6):518-27.

Ilkiw JE, Pascoe PJ, **Tripp LD**. Effects of morphine, butorphanol, buprenorphine and U50488H on the minimum alveolar concentration of isoflurane in cats. *Am J Vet Res*. 2002 Aug;63(8):1198-202.

Driessen B, Haskins SC, Pascoe PJ, **Tripp LD**, Reitan JA. Haemodynamic effects of ATP in dogs during hypoxia-induced pulmonary hypertension. *J Vet Pharmacol Ther*. 1999 Jun;22(3):213-9.

Ilkiw JE, Pascoe PJ, **Fisher LD**. Effect of alfentanil on the minimum alveolar concentration of isoflurane in cats. *Am J Vet Res*. 1997 Nov;58(11):1274-9.

Ilkiw JE, Pascoe PJ, **Fisher LD**. Cardiovascular effects of equipotent isoflurane and alfentanil/isoflurane minimum alveolar concentration multiple in cats. *Am J Vet Res*. 1997 Nov;58(11):1267-73.

Niederhauser UB, Holliday TA, Hyde DM, McQuarrie AD, **Fisher LD**. Correlation of sensor electroneurographic recordings and myelinated fiber diameters of the superficial peroneal nerve of dogs. *Am J Vet Res*. 1990 Oct;51(10):1587-95.

Stuart F. Eckmann



RECEIVED  
SEP 29 2017  
VMB/RVTC

September 28, 2017

Veterinary Medical Board  
Attn: MDC Appointment  
1747 N. Market Blvd., Suite 230  
Sacramento, CA 95834

Dear California Veterinary Medical Board members and staff:

I am writing to you to apply for appointment to your Multidisciplinary Advisory Committee (MDC) as a public member, preferably for the term beginning in July 2018. I am not, and have never been a veterinary technician, registered or otherwise. I am not a veterinarian, and I do not have a PhD. I believe this qualifies me for consideration as a public member.

Here is a brief overview of my background.

- I have been a resident of California since 1983, first in Mountain View and now in Los Altos.
- As a Mountain View resident, I was a member of a task force involved in the design of the city's first dog park, and which involved working with the Audubon Society to protect the habitat of the Burrowing Owl, which was at that time a species of special concern.
- As a Los Altos resident, I am currently a member of a task force involved in the design, placement, and funding the city's proposed new community center.
- I am currently Executive Chairman and Trustee of the Molecular Sciences Institute, a Milpitas-based non-profit founded by a Nobel Laureate with his funding for his award in genomics.
- I have been involved for many years in the life science angel and venture capital communities, where I have been an active participant in the screening of startups in drugs, devices, and diagnostics, including many with potential application in veterinary medicine.
- I have been involved as a fundraiser and investor in a startup, based on technology out of Stanford and the University of Pittsburgh, which is currently going through FDA approval for a viral-based immunotherapy for oncology, and which has veterinary application.



- I have been involved for several years as a sponsor of a translational research collaboration in oncology between the College of Veterinary Medicine at Purdue and the Johns Hopkins Greenberg Bladder Cancer Institute, and I have traveled frequently to both of these institutions and to offsites over the last several years.

- I previously served as Health Committee Chair and subsequently President of the Tibetan Terrier Club of America.

- Through my involvement with the breed, I applied for grant funding (which was awarded) through the Canine Health Foundation and the Orthopedic Foundation for Animals to better characterize both phenotype and genotype of a genetic condition in the breed (Batten Disease, also known as neuronal ceroid lipofuscinosis) which caused blindness, dementia-like behavior, and early death. A decade of DNA collection resulted in identification of the marker and, through collaboration with those involved with the affected (human) children, translational work which provided a candidate gene for its human counterpart. I wrote about this in both English and German-language publications, and the work was profiled on NPR's *Morning Edition*, CNN, and several other general-population and dog publications.

- I organized what I believe was the first translational medicine stem cell conference, held here in California, which included speakers on the human side from the California Institute for Regenerative Medicine (CIRM's CSO), and those on the veterinary clinical and research side, as well as the families of the children with Batten Disease and those with dogs in their families who had the same condition, where the only agenda was for all sides to talk and learn from each other.

- As a result of my work with Batten Disease, I was invited to join the Board of Directors of the Canine Health Foundation, subsequently became its Treasurer, and was a Chair of its Grants Committee, which funded both basic science and clinical research at all the veterinary schools in this country, as well as Canada and the EU. My work as a foundation grants committee chair involved participation in several conferences, including oncology. It also involved site visits to several veterinary schools throughout the country in the oversight of some of the foundation's funded research.

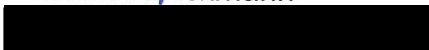
On the personal side, our family has included several canine members, and for about a decade my dogs, my wife, and I were involved with therapy dog work at Lucile Packard Children's Hospital and nearby nursing homes. Our dogs have introduced us to some other great dogs, wonderful people, and caring, compassionate members of the veterinary and veterinary technology community.

I believe I would bring relevant experience to the California Veterinary Medical Board's Multidisciplinary Advisory Committee. I am respectfully submitting my name and background for consideration as a public member.

Sincerely,



Stuart F. Eckmann



## Possible Board Positions Regarding Pending Legislation

The Board can vote to adopt the following positions regarding pending or proposed legislation:

- **Support:** The Board will actively support proposed legislation and demonstrate support through letters, testimony and other action necessary to communicate the supportive position taken by the Board.
- **Support, if amended:** The Board will take a supportive position and may work with the legislature to amend the proposed legislation
- **Oppose:** The Board will actively oppose the proposed legislation and demonstrate opposition through letters, testimony and other action necessary to communicate the opposed position taken by the Board.
- **Oppose, unless amended:** The Board will take an opposed position and may work with the legislature to amend the proposed legislation.
- **Neutral:** The Board neither supports nor opposes the addition/amendment/repeat of the statutory provision(s) set forth by the bill.
- **Watch:** The watch position adopted by the Board will indicate interest regarding the proposed legislation, without adopting an official position. The Board staff and members will closely monitor the progress of the proposed legislation and amendments.

*\*\*Note: The above positions are to provide a guideline for the Board when voting on position to take for proposed legislation, but the Board is able to take any position and is not limited to only the positions stated above.*



2018 TENTATIVE LEGISLATIVE CALENDAR
COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 9-20-17

Table with 8 columns (Wk., S, M, T, W, TH, F, S) and 6 rows for January. Dates 1, 3, 10, 12, 15, 19, 26, 31 are highlighted.

Table with 8 columns (Wk., S, M, T, W, TH, F, S) and 5 rows for February. Dates 16, 19, 23 are highlighted.

Table with 8 columns (Wk., S, M, T, W, TH, F, S) and 6 rows for March. Dates 22, 23, 30 are highlighted.

Table with 8 columns (Wk., S, M, T, W, TH, F, S) and 6 rows for April. Dates 2, 27 are highlighted.

Table with 8 columns (Wk., S, M, T, W, TH, F, S) and 6 rows for May. Dates 11, 18, 25, 28 are highlighted.

DEADLINES

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 12 Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 15 Martin Luther King, Jr. Day.
- Jan. 19 Last day for any committee to hear and report to the Floor bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)). Last day to submit bill requests to the Office of Legislative Counsel.
- Jan. 31 Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

- Feb. 16 Last day for bills to be introduced (J.R. 61(b)(4), J.R. 54(a)).
- Feb. 19 Presidents' Day.

- Mar. 22 Spring Recess begins upon adjournment (J.R. 51(b)(1)).
- Mar. 30 Cesar Chavez Day observed.

- Apr. 2 Legislature reconvenes from Spring Recess (J.R. 51 (b)(1)).

- Apr. 27 Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in their house (J.R. 61(b)(5)).

- May 11 Last day for policy committees to hear and report to the Floor nonfiscal bills introduced in their house (J.R. 61(b)(6)).
- May 18 Last day for policy committees to meet prior to June 4 (J.R. 61(b)(7)).
- May 25 Last day for fiscal committees to hear and report to the Floor bills introduced in their house (J.R. 61 (b)(8)). Last day for fiscal committees to meet prior to June 4 (J.R. 61 (b)(9)).
- May 28 Memorial Day.
- May 29 – June 1 Floor session only. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).

\*Holiday schedule subject to final approval by Rules Committee.

2018 TENTATIVE LEGISLATIVE CALENDAR  
COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK  
Revised 9-20-17

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
Wk. 4	24	25	26	27	28	29	30

- June 1** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- June 4** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).
- June 28** Last day for a legislative measure to qualify for the Nov. 6 General Election ballot. (Elec. Code Sec. 9040)
- June 29** Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

JULY							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Summer Recess	8	9	10	11	12	13	14
Summer Recess	15	16	17	18	19	20	21
Summer Recess	22	23	24	25	26	27	28
Summer Recess	29	30	31				

- July 4** Independence Day.
- July 6** Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)). **Summer Recess** begins on adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess				1	2	3	4
Wk. 2	5	6	7	8	9	10	11
Wk. 3	12	13	14	15	16	17	18
No Hrgs.	19	20	21	22	23	24	25
No Hrgs.	26	27	28	29	30	31	

- Aug. 6** Legislature reconvenes from Summer Recess (J.R. 51(b)(2)).
- Aug. 17** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).
- Aug. 20 – 31 Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).
- Aug. 24** Last day to **amend** on Floor (J.R. 61(b)(17)).
- Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(18)). **Final Recess** begins on adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2018

- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec.10(b)(2)).
- Oct. 1 Bills enacted on or before this date take effect January 1, 2019 (Art. IV, Sec. 8(c)).
- Nov. 6 General Election.
- Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 3 2019-20 Regular Session convenes for Organizational Session at 12 noon (Art. IV, Sec. 3(a)).

2019

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

\*Holiday schedule subject to final approval by Rules Committee.

## 2018 Legislation of Interest

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### A. AB 710 (WOOD) – CANNABIDIOL

**INTRODUCED:** 2/15/17

**STATUS:** Pending hearing

**FISCAL IMPACT:** None

**BOARD POSITION:** None

Assembly Bill (AB) 710 proposes to add section 26002 to the Business and Professions Code (BPC) and to add section 11150.2 to the Health and Safety Code, relating to controlled substances. Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. Existing law designates cannabis in Schedule I. Cannabidiol is a compound contained in cannabis.

Existing law restricts the prescription, furnishing, possession, sale, and use of controlled substances, including cannabis and synthetic cannabinoid compounds, and makes a violation of those laws a crime, except as specified. This bill, if one of specified changes in federal law regarding the controlled substance cannabidiol occurs, would deem a physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses a product composed of cannabidiol, in accordance with federal law, to be in compliance with state law governing those acts. The bill would also provide that upon the effective date of one of those changes in federal law regarding cannabidiol, the prescription, furnishing, dispensing, transfer, transportation, possession, or use of that product in accordance with federal law is for a legitimate medical purpose and is authorized pursuant to state law.

Existing law, the Medicinal and Adult-Use Cannabis Regulation and Safety Act, regulates the cultivation, processing, and sale of medicinal and adult-use cannabis within the state. This bill would expressly exclude from regulation under that act, any medicinal product composed of cannabidiol approved by the federal Food and Drug Administration and either placed on a schedule of the federal Controlled Substances Act other than Schedule I, or exempted from one or more provisions of that act.

**B. AB 1753 (LOW) – CONTROLLED SUBSTANCES: CURES DATABASE**

**INTRODUCED:** 1/3/18

**STATUS:** In committee, currently on suspense file.

**FISCAL IMPACT:** None

**BOARD POSITION:** Watch

AB 1753 proposes to amend, beginning January 1, 2020, sections 11161.5, 11162.1 and 11165 of the Health and Safety Code, relating to controlled substances. Under existing law, certain controlled substances are classified into designated schedules. The Department of Justice (DOJ) is required to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner. Existing law requires that prescription forms for controlled substances be obtained from security printers approved by the DOJ.

AB 1753 would require the DOJ to limit the number of approved security printers to three (3) and would require prescription forms for controlled substance prescriptions to have a unique serial number and require a printer to submit specified information to the DOJ for all prescription forms delivered. The bill would require the information submitted by a dispensing pharmacy, clinic, or other dispenser to the (DOJ) to include the serial number for the corresponding prescription pad.

**C. AB 1776 (STEINORTH) – SAN BERNARDINO PILOT PROJECT: EMERGENCY MEDICAL TRANSPORT OF POLICE DOGS: PILOT PROJECT**

**INTRODUCED:** 1/4/18

**STATUS:** Pending assignment to Senate policy committee

**FISCAL IMPACT:** None

**BOARD POSITION:** Watch

AB 1776 proposes to add and repeal Section 1797.10 of the Health and Safety Code, relating to emergency medical services. Under existing law, the Emergency Medical Services Authority establishes training standards for Emergency Medical Technicians (EMT) at various levels, including EMT-I, EMT-II, and EMT-P. Existing law requires each county develop an emergency medical services program to designate a local emergency medical services agency to have primary responsibility for the administration of emergency medical services. This bill would authorize San Bernardino county to work with its local emergency medical services agency to conduct a pilot project commencing January 1, 2019, that would authorize an emergency medical technician to provide emergency transportation for a police dog injured in the line of duty to a veterinary medical facility. The bill would repeal this authority on January 1, 2022.

**D. AB 2138 (CHIU AND LOW) – LICENSING BOARDS: DENIAL OF APPLICATION: REVOCATION OR SUSPENSION OF LICENSURE: CRIMINAL CONVICTION**

**INTRODUCED:** 2/12/18

**STATUS:** Pending hearing in appropriations committee

**FISCAL IMPACT:** Yes

**BOARD POSITION:** None

AB 2138 proposes to amend sections 7.5, 480, 481, 482, 488, 490, 492, 493, 1005, and 11345.2, add section 481.5, and repeal section 490.5 of the Business and Professions Code (BPC) relating to professions and vocations. Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny, suspend, or revoke a license or take disciplinary action against a licensee on the grounds that the applicant or licensee has, among other things, been convicted of a crime, as specified. Existing law provides that a person shall not be denied a license solely on the basis that the person has been convicted of a felony if he or she has obtained a certificate of rehabilitation or that the person has been convicted of a misdemeanor if he or she has met applicable requirements of rehabilitation developed by the board, as specified. Existing law also prohibits a person from being denied a license solely on the basis of a conviction that has been dismissed, as specified. Existing law requires a board to develop criteria to aid it when considering the denial, suspension, or revocation of a license to determine whether a crime is substantially related to the qualifications, functions, or duties of the business or profession the board regulates and requires a board to develop criteria to evaluate the rehabilitation of a person when considering the denial, suspension, or revocation of a license.

This bill would revise and recast those provisions to instead authorize a board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been convicted of a crime only if the applicant or licensee is presently incarcerated or if the conviction, as defined, occurred within the preceding 5 years, except for violent felonies, and would require the crime to be directly and adversely related to the qualifications, functions, or duties of the business or profession. The bill would prohibit a board from denying a person a license based on the conviction of a crime, or on the basis of acts underlying a conviction for a crime, if the conviction has been dismissed or expunged, if the person has made a showing of rehabilitation, if the person has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction. The bill would provide that these provisions relating to denial, revocation, or suspension of a license would supersede contradictory provisions in specified existing law.

The bill would require the board to develop criteria for determining whether a crime is directly and adversely related to the qualifications, functions, or duties of the business or profession. The bill would require a board to find that a person has made a showing of rehabilitation if certain conditions are met. The bill would require a board to follow certain procedures when

requesting or acting on an applicant's or licensee's criminal history information. The bill would also require a board to annually submit a report to the Legislature and post the report on its Internet Web site containing specified deidentified information regarding actions taken by a board based on an applicant or licensee's criminal history information.

Existing law authorizes a board to deny a license on the grounds that an applicant knowingly made a false statement of fact that is required to be revealed in the application for licensure. This bill would prohibit a board from denying a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had the fact been disclosed.

Existing law authorizes a board to suspend a license if a licensee is not in compliance with a child support order or judgment. This bill would repeal that authorization.

Existing law authorizes specified agencies to take disciplinary action against a licensee or deny a license for professional misconduct if the licensee has successfully completed certain diversion programs or alcohol and drug problem assessment programs. This bill would instead prohibit a board from taking disciplinary action against a licensee or denying a license for professional misconduct if the licensee has successfully completed certain diversion programs or alcohol and drug problem assessment programs or deferred entry of judgment.

Existing law authorizes a board after a specified hearing requested by an applicant for licensure to take various actions, including imposing probationary conditions on the license. This bill would additionally authorize a board to grant the license and immediately issue a public reproof. The bill would limit probationary terms or restrictions placed on a license by a board to 2 years or less and would authorize additional conditions to be imposed only if the board determines that there is clear and convincing evidence that additional conditions are necessary to address a risk shown by clear and convincing evidence. The bill would require a board to develop criteria to aid it in considering the imposition of probationary conditions and to determine what conditions may be imposed. The bill would authorize a licensee or registrant whose license or registration has been placed on probation to petition the board for a change to that probation one year from the effective date of the board's decision, would require the board to issue a decision on the petition within 90 days, and would deem the petition granted if the board does not file a decision denying the petition within 90 days.

## **E. AB 2215 (KALRA) – CANNABIS: VETERINARIANS: ANIMALS**

**INTRODUCED:** 2/12/18

**STATUS:** Passed in committee

**FISCAL IMPACT:** Yes

**BOARD POSITION:** Watch and actively work with Assemblymember Kalra’s office to express concerns regarding the use of the term “recommendation”, the requirement to develop guidelines and the lack of Board’s disciplinary oversight if there is abuse in the recommendation of cannabis. The Executive Committee is in support of this bill.

AB 2215 proposes to amend sections 26000 and 26001 and to add sections 4884 and 26001.5 to the BPC, relating to cannabis. The Control, Regulate and Tax Adult Use of Marijuana Act of 2016 (AUMA), an initiative measure approved as Proposition 64 at the November 8, 2016, statewide general election, authorizes a person who obtains a state license under AUMA to engage in commercial adult-use cannabis activity pursuant to that license and applicable local ordinances. The Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), among other things, consolidates the licensure and regulation of commercial medicinal and adult-use cannabis activities and states that it is the intent of MAUCRSA to control and regulate the cultivation, distribution, transport, storage, manufacturing, processing, and sale of both medicinal cannabis and medicinal cannabis products for patients with a valid physician recommendation and adult-use cannabis and adult-use cannabis products for adults 21 years of age and over. MAUCRSA defines “cannabis products” for these purposes.

This bill would state that it is additionally the intent of MAUCRSA to control and regulate the cultivation, distribution, transport, storage, manufacturing, processing, and sale of cannabis and cannabis products for medicinal use on an animal owned by an adult 21 years of age and over and would define “cannabis products” to include products intended for medicinal use on an animal. The bill would authorize an adult 21 years of age and over to use, for medicinal purposes, cannabis and cannabis products on an animal owned by that adult and would limit the sale of the products to those adults to a licensee who has been issued a retailer license under MAUCRSA. The bill would also make other conforming changes.

The California Uniform Controlled Substances Act classifies controlled substances into 5 designated schedules, and places cannabis and cannabis products under Schedule I. The act prohibits prescribing, administering, dispensing, or furnishing a controlled substance to or for any person or animal, unless otherwise specified.

The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs. The act authorizes the board to revoke or suspend the license

of a person to practice veterinary medicine, or to assess a fine, for specified causes, including violating a statute related to controlled substances. The act also makes a violation of its provisions a misdemeanor.

This bill would prohibit a licensed veterinarian from dispensing or administering cannabis or cannabis products to an animal patient. Because a violation of the Veterinary Medicine Practice Act's provisions is a crime, the bill would expand the scope of that crime, thereby imposing a state-mandated local program.

The bill would also prohibit the Veterinary Medical Board from disciplining, or denying, revoking, or suspending the license of, a licensed veterinarian solely for discussing the use of cannabis on an animal for medicinal purposes. The bill would require the board to develop guidelines for these specified discussions on or before July 1, 2019, and would require the board to post those the guidelines on its Internet Web site.

#### **F. AB 2300 (MAIENSCHN) – CONTINUING EDUCATION: VETERINARIANS**

**INTRODUCED:** 2/13/18      **STATUS:** Pending hearing

**FISCAL IMPACT:** None      **BOARD POSITION:** Watch

AB 2300 proposes to amend sections 4846.5 of the BPC, relating to healing arts. Existing law creates a Veterinary Medical Board in the Department of Consumer Affairs whose highest priority is to protect the public in exercising its licensing, regulatory, and disciplinary functions. Existing law requires applications for a veterinarian license to be furnished on a form and accompanied by a diploma or other verification of graduation from a veterinary college recognized by the board. Existing law requires each veterinarian licensed by the board to biennially apply for renewal of his or her license. Existing law requires the board to issue renewal licenses to those applicants that have completed a minimum of 36 hours of continuing education in the preceding 2 years, including no more than 6 hours of self-study courses.

This bill would instead authorize an applicant for renewal to earn a total of 6 hours or less of the 36 hours of continuing education by either taking up to 6 hours of self-study courses or providing up to 4 hours of pro bono spaying or neutering services to benefit residents of low-income communities, as defined, or a combination thereof.



#### **G. AB 2362 (RUBIO) – SAFE TRANSPORTATION OF DOGS AND CATS**

**INTRODUCED:** 2/14/18

**STATUS:** On the floor, waiting to be heard

**FISCAL IMPACT:** None

**BOARD POSITION:** None

AB 2362 proposes to add Chapter 12 (commencing with Section 122390) to Part 6 of Division 105 of the Health and Safety Code, relating to public health. Existing law governs the retail sale of dogs and cats by pet dealers, as defined, and establishes minimum standards for the care of those animals, as specified.

This bill would establish health and safety standards for mobile or traveling housing facilities for dogs and cats, including standards governing sufficient heating and cooling, ventilation, and lighting. The bill would establish minimum and maximum temperatures and would require, among other things, that dry bedding and auxiliary ventilation be provided under certain circumstances. The bill would apply to public and private organizations, including animal shelters, rescue groups, humane society shelters, and for-profit entities, as specified.

#### **H. AB 2409 (KILEY) – PROFESSIONS AND VOCATIONS: OCCUPATIONAL REGULATIONS**

**INTRODUCED:** 2/14/18

**STATUS:** Died/Failed passage

**FISCAL IMPACT:** None

**BOARD POSITION:** None

AB 2409 proposes to add section 37 to the BPC, relating to professions and vocations. Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs and provides that those boards are established for the purpose of ensuring that those private businesses and professions deemed to engage in activities that have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. Existing law authorizes a board to deny a license if an applicant has been convicted of a crime, done any act involving dishonesty, fraud, or deceit with intent to substantially benefit himself or herself or another or substantially injure another, or does any act that, if done by a licensee of the business or profession, would be grounds for suspension or revocation.

This bill would establish that a person has a right to engage in a lawful profession or vocation without being subject to an occupational regulation, as defined, that imposes a substantial burden on that right, and would require each occupational regulation to be limited to what is demonstrably necessary and narrowly tailored to fulfill a legitimate public health, safety, or welfare objective. The bill would include within this the right of a person with a criminal record to not have the person's criminal record used by a board as an automatic or mandatory

permanent bar to engaging in a lawful profession or vocation, except as specified, and the right of a person who is behind on his or her taxes or loan payments to not have a board use that fact as an automatic or mandatory permanent bar to engaging in a lawful profession or vocation.

The bill would authorize a person to petition a board to review an occupational regulation, as defined, within the board's jurisdiction for compliance with the above rights, as specified. The bill would authorize a person with a criminal record to petition a board at any time for a determination of whether the person's criminal record will automatically disqualify the person from obtaining a license from the board and would specify the criteria a board is allowed to use in making that determination. The bill would include related definitions and declare the intent of the Legislature in this regard.

#### **I. AB 2483 (VOEPEL) – INDEMNIFICATION OF PUBLIC OFFICERS AND EMPLOYEES: ANTITRUST AWARDS**

**INTRODUCED:** 2/14/18

**STATUS:** Pending assignment to Senate policy committee

**FISCAL IMPACT:** None

**BOARD POSITION:** None

AB 2483 proposes to amend section 825 of the Government Code, relating to liability. The Government Claims Act, except as provided, requires a public entity to pay any judgment or any compromise or settlement of a claim or action against an employee or former employee of the public entity if the employee or former employee requests the public entity to defend him or her against any claim or action against him or her for an injury arising out of an act or omission occurring within the scope of his or her employment as an employee of the public entity, the request is made in writing not less than 10 days before the day of trial, and the employee or former employee reasonably cooperates in good faith in the defense of the claim or action. That act prohibits the payment of punitive or exemplary damages by a public entity, except as specified.

This bill would require a public entity to pay a judgment or settlement for treble damage antitrust awards against a member of a regulatory board within the Department of Consumer Affairs for an act or omission occurring within the scope of the member's official capacity as a member of that regulatory board. The bill would specify that treble damages awarded pursuant to a specified federal law for violation of another federal law are not punitive or exemplary damages within the act.

**J. AB 2589 (BIGELOW) – CONTROLLED SUBSTANCES: HUMAN CHORIONIC GONADOTROPIN**

**INTRODUCED:** 2/15/18      **STATUS:** Pending hearing

**FISCAL IMPACT:** None      **BOARD POSITION:** None

AB 2589 proposes to amend section 11056 of the Health and Safety Code, relating to controlled substances. Under the existing California Uniform Controlled Substances Act, controlled substances are listed on 5 different schedules. Existing law lists human chorionic gonadotropin (hCG) as a Schedule III controlled substance. Substances listed as controlled substances are subject to various forms of regulation, including reporting requirements, prescribing requirements, and criminal prohibitions on possession.

This bill would exempt hCG from being subject to the reagent regulations of the Controlled Substances Act when possessed by, sold to, purchased by, transferred to, or administered by a licensed veterinarian, or a licensed veterinarian's designated agent, exclusively for veterinary use.

**K. AB 3013 (CHU) – VETERINARY MEDICINE: ANIMAL PHYSICAL REHABILITATION**

**INTRODUCED:** 2/16/18      **STATUS:** Pending hearing in appropriations committee

**FISCAL IMPACT:** Yes

**BOARD POSITION:** The Executive Committee wrote a response letter opposing AB 3013 but the Board has not adopted an official stance regarding this bill.

AB 3013 proposes to amend section 4905 and add section 4828.5 to the BPC, relating to healing arts. Existing law, the Physical Therapy Practice Act, provides for the licensure and regulation of physical therapists by the Physical Therapy Board of California, which is within the Department of Consumer Affairs, and defines physical therapy as the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise.

Existing law, the Veterinary Medicine Practice Act, provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs. That act makes it unlawful for any person to practice veterinary medicine in this state without a license and provides that the practice of

veterinary medicine includes, among other things, the treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of an animal.

This bill would authorize a licensed physical therapist with a certificate in animal physical rehabilitation to provide animal physical rehabilitation to an animal if certain requirements are met, including that the animal physical rehabilitation is performed in certain settings and under the supervision of a supervising veterinarian. The bill would authorize an animal physical rehabilitation assistant to assist with delegated animal physical rehabilitation tasks if certain conditions are met. The bill would require the Veterinary Medical Board to create an application form and determine the application process for the certificate. The bill would require the Veterinary Medical Board and the Physical Therapy Board of California, in cooperation, to determine the qualifications necessary for a physical therapist to receive a certificate issued by the Veterinary Medical Board, as provided, and would authorize the Veterinary Medical Board to charge a fee for issuance and renewal of a certificate. The bill would provide that a physical therapist with a certificate in animal physical rehabilitation or an animal physical rehabilitation assistant is solely liable for any delegated animal physical rehabilitation tasks provided under a direct order. The bill would authorize the Veterinary Medical Board to discipline a physical therapist with a certificate in animal physical rehabilitation. The bill would also define various terms for these purposes

**L. SB 1305 (GLAZER) – EMERGENCY MEDICAL SERVICES PROVIDERS: DOGS AND CATS: IMMUNITY**

**INTRODUCED:** 2/16/18                      **STATUS:** Pending hearing in Senate appropriations

**FISCAL IMPACT:** No                      **BOARD POSITION:** None

Senate Bill (SB) 1305 proposes to add Section 1799.109 to the Health and Safety Code, relating to emergency medical services providers. Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (the act), establishes the Emergency Medical Services Authority to coordinate and integrate all state activities concerning emergency medical services, including, among other duties, establishing training standards for specified emergency services personnel. The act provides a qualified immunity for public entities and emergency rescue personnel providing emergency services. The act provides other exemptions from liability for specified professionals rendering emergency medical services.

Existing law, the Veterinary Medicine Practice Act, governs the practice of veterinary medicine in this state and makes it unlawful for any person to practice veterinary medicine in this state without a valid license issued pursuant to the act. For purposes of the act, the practice

of veterinary medicine includes, among other things, administering a drug, appliance, or treatment for the cure or relief of a wound, fracture, or bodily injury of an animal.

This bill would authorize an emergency medical services provider, as defined, to provide basic first aid to dogs and cats, as defined, to the extent the provider is authorized by the employer to provide that care. The bill would exempt that provider and his or her employer from liability for civil damages, and would exempt the provider from other disciplinary action, for providing that care, except as specified. The definition of “basic first aid for dogs and cats” for purposes of these provisions would specifically include, among other acts, administering oxygen and bandaging for the purpose of stopping bleeding.

#### **M. SB 1441 (STERN) – ANIMAL CRUELTY: DECLAWING**

**INTRODUCED:** 2/16/18

**STATUS:** Died/Failed passage

**FISCAL IMPACT:** Yes

**BOARD POSITION:** The Executive Committee wrote a response letter opposing SB 1441 but the Board has not adopted an official stance regarding this bill.

SB 1441 proposes to amend section 597.6 of the Penal Code, relating to animal cruelty. Existing law prohibits a person from performing, or otherwise procuring or arranging for the performance of, surgical claw removal, declawing, onychectomy, or tendonectomy on any cat that is a member of an exotic or native wild cat species. Existing law also prohibits a person from otherwise altering such a cat’s toes, claws, or paws to prevent the normal function of the cat’s toes, claws, or paws. Except as specified, a person who violates these prohibitions is guilty of a misdemeanor.

This bill would make the protections of that prohibition applicable to domestic cats, as defined. The bill would make a violation of these prohibitions with a domestic cat an infraction punishable by a fine not to exceed \$250 for a first offense, and as a misdemeanor for a 2nd or subsequent offense. By creating a new crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

## **N. SB 1480 (HILL) – PROFESSIONS AND VOCATIONS**

**INTRODUCED:** 2/16/18

**STATUS:** Pending hearing in Senate appropriations

**FISCAL IMPACT:** No

**BOARD POSITION:** None

SB 1480 proposes to amend sections 101, 328, 3147, 4830, and 4836.2 of, and to add Sections 4826.4, 4829.5, and 4841.2 to, the Business and Professions Code, and to amend Sections 7000, 7103, 8731, 8778.5, 8785, 103775, and 103780 of the Health and Safety Code, relating to professions and vocations.

Existing law establishes the Department of Consumer Affairs, and specifies the various boards and bureaus that comprise the department. This bill would make technical changes to that provision.

Existing law requires the Director of Consumer Affairs to implement complaint prioritization guidelines for boards to use in prioritizing their respective complaint and investigative workloads. This bill would require the director to amend those guidelines to include the category of “allegations of serious harm to a minor, as specified.”

Existing law, the Optometry Practice Act, provides for the licensure and regulation of the practice of optometry by the State Board of Optometry. Existing law authorizes a person to renew an expired optometrist license by paying specified fees and filing a form prescribed by the board. This bill would also authorize the renewal of expired statements of licensure, branch office licenses, and fictitious name permits by filing an application for renewal and paying renewal and delinquency fees prescribed by the board. The Veterinary Medicine Practice Act regulates the practice of veterinary medicine by the Veterinary Medical Board and makes a violation of its provisions a crime. Existing law separately provides immunity from liability to a veterinarian or registered veterinary technician who renders services during certain states of emergency.

This bill would authorize a California-licensed veterinarian at a registered premises located within a 25-mile radius of any declared condition of emergency to, in good faith, provide veterinary services without establishing a veterinarian-client-patient relationship and dispense or prescribe a dangerous drug or device where failure to provide services or medications may result in loss of life or intense suffering. The bill would provide immunity from liability for a veterinarian providing those services.

Existing law excludes specified persons from the provisions regulating the practice of veterinary medicine, including veterinary medicine students in 2 specified schools of veterinary medicine who participate in diagnosis and treatment, as specified. This bill would instead exclude students from any veterinary medical program accredited by the American Veterinary Medical Association Council on Education who participate in diagnosis or

treatment with direct supervision, or surgery with immediate supervision, subject to specified conditions.

Existing law provides for a veterinary assistant controlled substance permit issued by the Veterinary Medical Board to qualified applicants and authorizes the board to deny, revoke, or suspend a veterinary assistant controlled substance permit for specified reasons. This bill would add to those list of reasons the conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, veterinary surgery, or veterinary dentistry. The bill would also authorize the board, in addition to denial, revocation, or suspension, to issue a probationary veterinary assistant controlled substance permit.

The bill would prohibit a graduate of a veterinary college from performing animal health care tasks otherwise performed by a registered veterinary technician, except as specified, and would require a veterinarian to offer a consultation to the client each time he or she initially prescribes, dispenses, or furnishes a dangerous drug, as defined, to an animal patient in an outpatient setting. Because a violation of that provision would be a crime, the bill would impose a state-mandated local program.

The bill would also make technical changes to various provisions of the Health and Safety Code by eliminating cross-references to obsolete provisions governing cemeteries. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

#### **O. SB 1491 (COMMITTEE OF BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT) – HEALING ARTS**

**INTRODUCED:** 2/21/18      **STATUS:** Pending hearing in Senate appropriations

**FISCAL IMPACT:** No      **BOARD POSITION:** None

SB 1491 proposed to amend sections 27, 865, 1607, 1611, 1611.3, 1611.5, 1612, 1614, 1615, 1621, 1645, 1750, 1750.2, 1750.4, 1751, 1753.7, 2290.5, 3004, 3146, 3735, 3751, 4848, 4980.37, 4980.39, 4980.41, 4980.72, 4980.78, 4980.79, 4990.30, 4992, 4996.17, 4999.14, 4999.22, 4999.32, 4999.48, 4999.60, 4999.62, 4999.63, and 4999.100 of, and to repeal sections 650.4 and 1601.5 of, the Business and Professions Code, and to amend section 6924 of the Family Code, relating to healing arts.

The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs, and requires an applicant for licensure to demonstrate his or her competency by examination. That act requires the examination to consist of certain

components, including an examination concerning the act that is required to be administered by the board by mail.

This bill would require that component of the examination to be administered by the board by regular mail, email, or by both regular mail and email.



AMENDED IN SENATE APRIL 2, 2018

AMENDED IN SENATE JANUARY 18, 2018

AMENDED IN ASSEMBLY APRIL 27, 2017

AMENDED IN ASSEMBLY MARCH 27, 2017

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

## **ASSEMBLY BILL**

**No. 710**

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### **Introduced by Assembly Member Wood**

February 15, 2017

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An act to add Section 26002 to the Business and Professions Code, and to add Section 11150.2 to the Health and Safety Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

#### LEGISLATIVE COUNSEL'S DIGEST

AB 710, as amended, Wood. Cannabidiol.

Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. Existing law designates cannabis in Schedule I. Cannabidiol is a compound contained in cannabis.

Existing law restricts the prescription, furnishing, possession, sale, and use of controlled substances, including cannabis and synthetic cannabinoid compounds, and makes a violation of those laws a crime, except as specified.

This bill, if one of specified changes in federal law regarding the controlled substance cannabidiol occurs, would deem a physician, pharmacist, or other authorized healing arts licensee who prescribes, furnishes, or dispenses a product composed of cannabidiol, in accordance with federal law, to be in compliance with state law governing those acts. The bill would also provide that upon the effective date of one of those changes in federal law regarding cannabidiol, the prescription, furnishing, dispensing, transfer, transportation, possession, or use of that product in accordance with federal law is for a legitimate medical purpose and is authorized pursuant to state law.

Existing law, the Medicinal and Adult-Use Cannabis Regulation and Safety Act, regulates the cultivation, processing, and sale of medicinal and adult-use cannabis within the state.

This bill would expressly exclude from regulation under that act, any medicinal product composed of cannabidiol approved by the federal Food and Drug Administration and either placed on a schedule of the federal Controlled Substances Act other than Schedule I, or exempted from one or more provisions of that act.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. The Legislature finds and declares that both  
2 children and adults with epilepsy are in desperate need of new  
3 treatment options and that cannabidiol has shown potential as an  
4 effective ~~treatments~~ *treatment* option. If federal laws prohibiting  
5 the prescription of medications composed of cannabidiol are  
6 repealed or if an exception from the general prohibition is enacted  
7 permitting the prescription of drugs composed of cannabidiol,  
8 patients should have rapid access to this treatment option. The  
9 availability of this new prescription medication is intended to  
10 augment, not to restrict or otherwise amend, other cannabinoid  
11 treatment modalities *including, but not limited to, industrial hemp*  
12 *products and derivatives containing cannabidiol*, currently  
13 available under state law.

14     SEC. 2. Section 26002 is added to the Business and Professions  
15 Code, to read:

1     26002. This division shall not apply to any product containing  
2     cannabidiol that has been approved by the federal Food and Drug  
3     Administration that has either been placed on a schedule of the  
4     federal Controlled Substances Act other than Schedule I or has  
5     been exempted from one or more provisions of that act, and that  
6     is intended for prescribed use for the treatment of a medical  
7     condition.

8     SEC. 3. Section 11150.2 is added to the Health and Safety  
9     Code, to read:

10    11150.2. (a) Notwithstanding any other law, if cannabidiol is  
11    excluded from Schedule I of the federal Controlled Substances  
12    Act and placed on a schedule of the act other than Schedule I, or  
13    if a product composed of cannabidiol is approved by the federal  
14    Food and Drug Administration and either placed on a schedule of  
15    the act other than Schedule I, or exempted from one or more  
16    provisions of the act, so as to permit a physician, pharmacist, or  
17    other authorized healing arts licensee acting within his or her scope  
18    of practice, to prescribe, furnish, or dispense that product, the  
19    physician, pharmacist, or other authorized healing arts licensee  
20    who prescribes, furnishes, or dispenses that product in accordance  
21    with federal law shall be deemed to be in compliance with state  
22    law governing those acts.

23    (b) For purposes of this chapter, upon the effective date of one  
24    of the changes in federal law described in subdivision (a),  
25    notwithstanding any other state law, a product composed of  
26    cannabidiol may be prescribed, furnished, dispensed, transferred,  
27    transported, possessed, or used in accordance with federal law and  
28    is authorized pursuant to state law.

29    (c) *This section does not apply to any product containing*  
30    *cannabidiol that is made or derived from industrial hemp, as*  
31    *defined in Section 11018.5 and regulated pursuant to that section.*

32    SEC. 4. This act is an urgency statute necessary for the  
33    immediate preservation of the public peace, health, or safety within  
34    the meaning of Article IV of the California Constitution and shall  
35    go into immediate effect. The facts constituting the necessity are:

36    In order to ensure that patients are able to obtain access to a new  
37    treatment modality as soon as federal law makes it available, it is  
38    necessary that this act take effect immediately.

O

AMENDED IN ASSEMBLY APRIL 18, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1753**

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**Introduced by Assembly Member Low**

January 3, 2018

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An act to amend Sections 11161.5, 11162.1, and 11165 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL’S DIGEST

AB 1753, as amended, Low. Controlled substances: CURES database.

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the Department of Justice, as specified. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the Department of Justice.

This bill ~~would, beginning January 1, 2020, require~~ *would authorize* the Department of Justice to *reduce or* limit the number of approved printers to 3, as specified. The bill would require prescription forms for controlled substance prescriptions to have a uniquely serialized number, in a manner prescribed by the Department of Justice, and would require a printer to submit specified information to the Department of Justice for all prescription forms delivered. The bill would require the

information submitted by a dispensing pharmacy, clinic, or other dispenser to the Department of Justice to include the serial number for the corresponding prescription ~~pad~~, *form*, if applicable.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares the following:

2 (a) The prevailing use of paper prescription pads to prescribe  
3 controlled substances leads to significant instances of theft and  
4 fraud each year, contributing to the prescription drug abuse crisis  
5 and fueling criminal enterprises engaged in drug diversion.

6 (b) Prescribing controlled substances by means of electronic  
7 transmission prescription, or e-prescribing, has long been  
8 considered the most effective way to combat prescription pad theft  
9 and fraud.

10 (c) Many states have begun to require that all controlled  
11 substances must be prescribed electronically as a means of  
12 addressing the public health and public safety crises associated  
13 with prescription drug abuse and diversion.

14 (d) Until mandatory e-prescribing is established in California,  
15 it is critical that tighter restrictions be placed on the manufacturing  
16 and tracking of prescription pads used within the state.

17 SEC. 2. Section 11161.5 of the Health and Safety Code is  
18 amended to read:

19 11161.5. (a) Prescription forms for controlled substance  
20 prescriptions shall be obtained from security printers approved by  
21 the Department of Justice.

22 (b) The department may approve security printer applications  
23 after the applicant has provided the following information:

24 (1) Name, address, and telephone number of the applicant.

25 (2) Policies and procedures of the applicant for verifying the  
26 identity of the prescriber ordering controlled substance prescription  
27 forms.

28 (3) Policies and procedures of the applicant for verifying  
29 delivery of controlled substance prescription forms to prescribers.

30 (4) (A) The location, names, and titles of the applicant's agent  
31 for service of process in this state; all principal corporate officers,  
32 if any; all managing general partners, if any; and any individual

1 owner, partner, corporate officer, manager, agent, representative,  
2 employee, or subcontractor of the applicant who has direct access  
3 to, or management or control of, controlled substance prescription  
4 forms.

5 (B) A report containing this information shall be made on an  
6 annual basis and within 30 days after any change of office,  
7 principal corporate officers, managing general partner, or of any  
8 person described in subparagraph (A).

9 (5) (A) A signed statement indicating whether the applicant,  
10 any principal corporate officer, any managing general partner, or  
11 any individual owner, partner, corporate officer, manager, agent,  
12 representative, employee, or subcontractor of the applicant who  
13 has direct access to, or management or control of, controlled  
14 substance prescription forms, has ever been convicted of, or pled  
15 no contest to, a violation of any law of a foreign country, the United  
16 States, or any state, or of any local ordinance.

17 (B) The department shall provide the applicant and any  
18 individual owner, partner, corporate officer, manager, agent,  
19 representative, employee, or subcontractor of the applicant who  
20 has direct access to, or management or control of, controlled  
21 substance prescription forms, with the means and direction to  
22 provide fingerprints and related information, in a manner specified  
23 by the department, for the purpose of completing state, federal, or  
24 foreign criminal background checks.

25 (C) Any applicant described in subdivision (b) shall submit his  
26 or her fingerprint images and related information to the department,  
27 for the purpose of the department obtaining information as to the  
28 existence and nature of a record of state, federal, or foreign level  
29 convictions and state, federal, or foreign level arrests for which  
30 the department establishes that the applicant was released on bail  
31 or on his or her own recognizance pending trial, as described in  
32 subdivision (l) of Section 11105 of the Penal Code. Requests for  
33 federal level criminal offender record information received by the  
34 department pursuant to this section shall be forwarded to the  
35 Federal Bureau of Investigation by the department.

36 (D) The department shall assess against each security printer  
37 applicant a fee determined by the department to be sufficient to  
38 cover all processing, maintenance, and investigative costs generated  
39 from or associated with completing state, federal, or foreign  
40 background checks and inspections of security printers pursuant

1 to this section with respect to that applicant; the fee shall be paid  
2 by the applicant at the time he or she submits the security printer  
3 application, fingerprints, and related information to the department.

4 (E) The department shall retain fingerprint impressions and  
5 related information for subsequent arrest notification pursuant to  
6 Section 11105.2 of the Penal Code for all applicants.

7 (c) The department may, within 60 calendar days of receipt of  
8 the application from the applicant, deny the security printer  
9 application.

10 (d) The department may deny a security printer application on  
11 any of the following grounds:

12 (1) The applicant, any individual owner, partner, corporate  
13 officer, manager, agent, representative, employee, or subcontractor  
14 for the applicant, who has direct access, management, or control  
15 of controlled substance prescription forms, has been convicted of  
16 a crime. A conviction within the meaning of this paragraph means  
17 a plea or verdict of guilty or a conviction following a plea of nolo  
18 contendere. Any action which a board is permitted to take  
19 following the establishment of a conviction may be taken when  
20 the time for appeal has elapsed, the judgment of conviction has  
21 been affirmed on appeal, or when an order granting probation is  
22 made suspending the imposition of sentence, irrespective of a  
23 subsequent order under the provisions of Section 1203.4 of the  
24 Penal Code.

25 (2) The applicant committed any act involving dishonesty, fraud,  
26 or deceit with the intent to substantially benefit himself, herself,  
27 or another, or substantially injure another.

28 (3) The applicant committed any act that would constitute a  
29 violation of this division.

30 (4) The applicant knowingly made a false statement of fact  
31 required to be revealed in the application to produce controlled  
32 substance prescription forms.

33 (5) The department determines that the applicant failed to  
34 demonstrate adequate security procedures relating to the production  
35 and distribution of controlled substance prescription forms.

36 (6) The department determines that the applicant has submitted  
37 an incomplete application.

38 (7) As a condition for its approval as a security printer, an  
39 applicant shall authorize the Department of Justice to make any  
40 examination of the books and records of the applicant, or to visit

1 and inspect the applicant during business hours, to the extent  
2 deemed necessary by the board or department to properly enforce  
3 this section.

4 (e) An approved applicant shall submit an exemplar of a  
5 controlled substance prescription form, with all security features,  
6 to the Department of Justice within 30 days of initial production.

7 (f) The department shall maintain a list of approved security  
8 printers and the department shall make this information available  
9 to prescribers and other appropriate government agencies, including  
10 the Board of Pharmacy.

11 (g) Before printing any controlled substance prescription forms,  
12 a security printer shall verify with the appropriate licensing board  
13 that the prescriber possesses a license and current prescribing  
14 privileges which permits the prescribing of controlled substances  
15 with the federal Drug Enforcement Administration (DEA).

16 (h) Controlled substance prescription forms shall be provided  
17 directly to the prescriber either in person, by certified mail, or by  
18 a means that requires a signature signifying receipt of the package  
19 and provision of that signature to the security printer. Controlled  
20 substance prescription forms provided in person shall be restricted  
21 to established customers. Security printers shall obtain a photo  
22 identification from the customer and maintain a log of this  
23 information. Controlled substance prescription forms shall be  
24 shipped only to the prescriber's address on file and verified with  
25 the federal Drug Enforcement Administration or the Medical Board  
26 of California.

27 (i) Security printers shall retain ordering and delivery records  
28 in a readily retrievable manner for individual prescribers for three  
29 years.

30 (j) Security printers shall produce ordering and delivery records  
31 upon request by an authorized officer of the law as defined in  
32 Section 4017 of the Business and Professions Code.

33 (k) Security printers shall report any theft or loss of controlled  
34 substance prescription forms to the Department of Justice via fax  
35 or ~~e-mail~~ *email* within 24 hours of the theft or loss.

36 (l) (1) The department shall impose restrictions, sanctions, or  
37 penalties, subject to subdivisions (m) and (n), against security  
38 printers who are not in compliance with this division pursuant to  
39 regulations implemented pursuant to this division and shall revoke  
40 its approval of a security printer for a violation of this division or



1 action that would permit a denial pursuant to subdivision (d) of  
2 this section.

3 (2) When the department revokes its approval, it shall notify  
4 the appropriate licensing boards and remove the security printer  
5 from the list of approved security printers.

6 (m) The following violations by security printers shall be  
7 punishable pursuant to subdivision (n):

8 (1) Failure to comply with the Security Printer Guidelines  
9 established by the Security Printer Program as a condition of  
10 approval.

11 (2) Failure to take reasonable precautions to prevent any  
12 dishonest act or illegal activity related to the access and control of  
13 security prescription forms.

14 (3) Theft or fraudulent use of a prescriber's identity in order to  
15 obtain security prescription forms.

16 (n) A security printer approved pursuant to subdivision (b) shall  
17 be subject to the following penalties for actions leading to the  
18 denial of a security printer application specified in subdivision (d)  
19 or for a violation specified in subdivision (m):

20 (1) For a first violation, a fine not to exceed one thousand dollars  
21 (\$1,000).

22 (2) For a second or subsequent violation, a fine not to exceed  
23 two thousand five hundred dollars (\$2,500) for each violation.

24 (3) For a third or subsequent violation, a filing of an  
25 administrative disciplinary action seeking to suspend or revoke  
26 security printer approval.

27 ~~(e) Beginning January 1, 2020, the Department of Justice shall~~  
28 ~~limit the number of approved printers to three. The Department of~~  
29 ~~Justice shall establish policies governing the selection of the three~~  
30 ~~approved vendors based on ability to meet demand and prevent~~  
31 ~~fraud and theft of prescription pads and the process of revoking~~  
32 ~~approval for currently authorized printers in excess of three.~~

33 *(o) In order to facilitate the standardization of all prescription*  
34 *forms and the serialization of prescription forms with unique*  
35 *identifiers, the Department of Justice may cease issuing new*  
36 *approvals of security printers to the extent necessary to achieve*  
37 *these purposes. The department may, pursuant to regulation,*  
38 *reduce the number of currently approved security printers to no*  
39 *fewer than three vendors. The department shall ensure that any*  
40 *reduction or limitation of approved security printers does not*

1 *impact the ability of vendors to meet demand for prescription*  
2 *forms.*

3 SEC. 3. Section 11162.1 of the Health and Safety Code is  
4 amended to read:

5 11162.1. (a) The prescription forms for controlled substances  
6 shall be printed with the following features:

7 (1) A latent, repetitive “void” pattern shall be printed across the  
8 entire front of the prescription blank; if a prescription is scanned  
9 or photocopied, the word “void” shall appear in a pattern across  
10 the entire front of the prescription.

11 (2) A watermark shall be printed on the backside of the  
12 prescription blank; the watermark shall consist of the words  
13 “California Security Prescription.”

14 (3) A chemical void protection that prevents alteration by  
15 chemical washing.

16 (4) A feature printed in thermochromic ink.

17 (5) An area of opaque writing so that the writing disappears if  
18 the prescription is lightened.

19 (6) A description of the security features included on each  
20 prescription form.

21 (7) (A) Six quantity check off boxes shall be printed on the  
22 form so that the prescriber may indicate the quantity by checking  
23 the applicable box where the following quantities shall appear:

24 1–24

25 25–49

26 50–74

27 75–100

28 101–150

29 151 and over.

30 (B) In conjunction with the quantity boxes, a space shall be  
31 provided to designate the units referenced in the quantity boxes  
32 when the drug is not in tablet or capsule form.

33 (8) Prescription blanks shall contain a statement printed on the  
34 bottom of the prescription blank that the “Prescription is void if  
35 the number of drugs prescribed is not noted.”

36 (9) The preprinted name, category of licensure, license number,  
37 federal controlled substance registration number, and address of  
38 the prescribing practitioner.

39 (10) Check boxes shall be printed on the form so that the  
40 prescriber may indicate the number of refills ordered.

1 (11) The date of origin of the prescription.

2 (12) A check box indicating the prescriber's order not to  
3 substitute.

4 (13) An identifying number assigned to the approved security  
5 printer by the Department of Justice.

6 (14) (A) A check box by the name of each prescriber when a  
7 prescription form lists multiple prescribers.

8 (B) Each prescriber who signs the prescription form shall  
9 identify himself or herself as the prescriber by checking the box  
10 by his or her name.

11 (15) (A) A uniquely serialized number, in a manner prescribed  
12 by the Department of Justice.

13 ~~(B) Within the next working day following delivery, a security~~  
14 ~~printer shall submit via Web-based application, as specified by the~~  
15 ~~Department of Justice, all of the following information for all~~  
16 ~~prescription forms delivered:~~

17 ~~(i) Serial numbers of all prescription forms delivered.~~

18 ~~(ii) All prescriber names and Drug Enforcement Administration~~  
19 ~~Controlled Substance Registration Certificate numbers displayed~~  
20 ~~on the prescription forms.~~

21 ~~(iii) The delivery shipment recipient names.~~

22 (b) Each batch of controlled substance prescription forms shall  
23 have the lot number printed on the form and each form within that  
24 batch shall be numbered sequentially beginning with the numeral  
25 one.

26 (c) (1) A prescriber designated by a licensed health care facility,  
27 a clinic specified in Section 1200, or a clinic specified in  
28 subdivision (a) of Section 1206 that has 25 or more physicians or  
29 surgeons may order controlled substance prescription forms for  
30 use by prescribers when treating patients in that facility without  
31 the information required in paragraph (9) of subdivision (a) or  
32 paragraph (3) of this subdivision.

33 (2) Forms ordered pursuant to this subdivision shall have the  
34 name, category of licensure, license number, and federal controlled  
35 substance registration number of the designated prescriber and the  
36 name, address, category of licensure, and license number of the  
37 licensed health care facility the clinic specified in Section 1200,  
38 or the clinic specified in Section 1206 that has 25 or more  
39 physicians or surgeons preprinted on the form. Licensed health  
40 care facilities or clinics exempt under Section 1206 are not required

1 to preprint the category of licensure and license number of their  
2 facility or clinic.

3 (3) Forms ordered pursuant to this section shall not be valid  
4 prescriptions without the name, category of licensure, license  
5 number, and federal controlled substance registration number of  
6 the prescriber on the form.

7 (4) (A) Except as provided in subparagraph (B), the designated  
8 prescriber shall maintain a record of the prescribers to whom the  
9 controlled substance prescription forms are issued, that shall  
10 include the name, category of licensure, license number, federal  
11 controlled substance registration number, and quantity of controlled  
12 substance prescription forms issued to each prescriber. The record  
13 shall be maintained in the health facility for three years.

14 (B) Forms ordered pursuant to this subdivision that are printed  
15 by a computerized prescription generation system shall not be  
16 subject to subparagraph (A) or paragraph (7) of subdivision (a).  
17 Forms printed pursuant to this subdivision that are printed by a  
18 computerized prescription generation system may contain the  
19 prescriber's name, category of professional licensure, license  
20 number, federal controlled substance registration number, and the  
21 date of the prescription.

22 ~~(d) This section shall become operative on January 1, 2012.~~  
23 ~~Prescription forms not in compliance with this division shall not~~  
24 ~~be valid or accepted after July 1, 2012.~~

25 *(d) Within the next working day following delivery, a security*  
26 *printer shall submit via Web-based application, as specified by*  
27 *the Department of Justice, all of the following information for all*  
28 *prescription forms delivered:*

29 *(1) Serial numbers of all prescription forms delivered.*

30 *(2) All prescriber names and Drug Enforcement Administration*  
31 *Controlled Substance Registration Certificate numbers displayed*  
32 *on the prescription forms.*

33 *(3) The delivery shipment recipient names.*

34 *(4) The date of delivery.*

35 SEC. 4. Section 11165 of the Health and Safety Code is  
36 amended to read:

37 11165. (a) To assist health care practitioners in their efforts  
38 to ensure appropriate prescribing, ordering, administering,  
39 furnishing, and dispensing of controlled substances, law  
40 enforcement and regulatory agencies in their efforts to control the

1 diversion and resultant abuse of Schedule II, Schedule III, and  
2 Schedule IV controlled substances, and for statistical analysis,  
3 education, and research, the Department of Justice shall, contingent  
4 upon the availability of adequate funds in the CURES Fund,  
5 maintain the Controlled Substance Utilization Review and  
6 Evaluation System (CURES) for the electronic monitoring of, and  
7 Internet access to information regarding, the prescribing and  
8 dispensing of Schedule II, Schedule III, and Schedule IV controlled  
9 substances by all practitioners authorized to prescribe, order,  
10 administer, furnish, or dispense these controlled substances.

11 (b) The Department of Justice may seek and use grant funds to  
12 pay the costs incurred by the operation and maintenance of  
13 CURES. The department shall annually report to the Legislature  
14 and make available to the public the amount and source of funds  
15 it receives for support of CURES.

16 (c) (1) The operation of CURES shall comply with all  
17 applicable federal and state privacy and security laws and  
18 regulations.

19 (2) (A) CURES shall operate under existing provisions of law  
20 to safeguard the privacy and confidentiality of patients. Data  
21 obtained from CURES shall only be provided to appropriate state,  
22 local, and federal public agencies for disciplinary, civil, or criminal  
23 purposes and to other agencies or entities, as determined by the  
24 Department of Justice, for the purpose of educating practitioners  
25 and others in lieu of disciplinary, civil, or criminal actions. Data  
26 may be provided to public or private entities, as approved by the  
27 Department of Justice, for educational, peer review, statistical, or  
28 research purposes, provided that patient information, including  
29 any information that may identify the patient, is not compromised.  
30 Further, data disclosed to any individual or agency as described  
31 in this subdivision shall not be disclosed, sold, or transferred to  
32 any third party, unless authorized by, or pursuant to, state and  
33 federal privacy and security laws and regulations. The Department  
34 of Justice shall establish policies, procedures, and regulations  
35 regarding the use, access, evaluation, management, implementation,  
36 operation, storage, disclosure, and security of the information  
37 within CURES, consistent with this subdivision.

38 (B) Notwithstanding subparagraph (A), a regulatory board whose  
39 licensees do not prescribe, order, administer, furnish, or dispense

1 controlled substances shall not be provided data obtained from  
2 CURES.

3 (3) In accordance with federal and state privacy laws and  
4 regulations, a health care practitioner may provide a patient with  
5 a copy of the patient's CURES patient activity report as long as  
6 no additional CURES data is provided and keep a copy of the  
7 report in the patient's medical record in compliance with  
8 subdivision (d) of Section 11165.1.

9 (d) For each prescription for a Schedule II, Schedule III, or  
10 Schedule IV controlled substance, as defined in the controlled  
11 substances schedules in federal law and regulations, specifically  
12 Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21  
13 of the Code of Federal Regulations, the dispensing pharmacy,  
14 clinic, or other dispenser shall report the following information to  
15 the Department of Justice as soon as reasonably possible, but not  
16 more than seven days after the date a controlled substance is  
17 dispensed, in a format specified by the Department of Justice:

18 (1) Full name, address, and, if available, telephone number of  
19 the ultimate user or research subject, or contact information as  
20 determined by the Secretary of the United States Department of  
21 Health and Human Services, and the gender, and date of birth of  
22 the ultimate user.

23 (2) The prescriber's category of licensure, license number,  
24 national provider identifier (NPI) number, if applicable, the federal  
25 controlled substance registration number, and the state medical  
26 license number of any prescriber using the federal controlled  
27 substance registration number of a government-exempt facility.

28 (3) Pharmacy prescription number, license number, NPI number,  
29 and federal controlled substance registration number.

30 (4) National Drug Code (NDC) number of the controlled  
31 substance dispensed.

32 (5) Quantity of the controlled substance dispensed.

33 (6) International Statistical Classification of Diseases, 9th  
34 revision (ICD-9) or 10th revision (ICD-10) Code, if available.

35 (7) Number of refills ordered.

36 (8) Whether the drug was dispensed as a refill of a prescription  
37 or as a first-time request.

38 (9) Date of origin of the prescription.

39 (10) Date of dispensing of the prescription.

1 (11) The serial number for the corresponding prescription ~~pad~~,  
2 *form*, if applicable.

3 (e) The Department of Justice may invite stakeholders to assist,  
4 advise, and make recommendations on the establishment of rules  
5 and regulations necessary to ensure the proper administration and  
6 enforcement of the CURES database. All prescriber and dispenser  
7 invitees shall be licensed by one of the boards or committees  
8 identified in subdivision (d) of Section 208 of the Business and  
9 Professions Code, in active practice in California, and a regular  
10 user of CURES.

11 (f) The Department of Justice shall, prior to upgrading CURES,  
12 consult with prescribers licensed by one of the boards or  
13 committees identified in subdivision (d) of Section 208 of the  
14 Business and Professions Code, one or more of the boards or  
15 committees identified in subdivision (d) of Section 208 of the  
16 Business and Professions Code, and any other stakeholder  
17 identified by the department, for the purpose of identifying  
18 desirable capabilities and upgrades to the CURES Prescription  
19 Drug Monitoring Program (PDMP).

20 (g) The Department of Justice may establish a process to educate  
21 authorized subscribers of the CURES PDMP on how to access and  
22 use the CURES PDMP.

AMENDED IN ASSEMBLY APRIL 12, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1776**

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**Introduced by Assembly Member Steinorth**  
**(Principal coauthor: Assembly Member Friedman)**  
(Principal coauthor: Senator Glazer)  
**(Coauthors: Assembly Members ~~Acosta~~ Acosta and Flora)**

January 4, 2018

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An act to add *and repeal* Section 1797.10~~to~~ of the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1776, as amended, Steinorth. ~~Emergency medical transportation: transport of police dogs. The County of San Bernardino pilot project: Emergency medical transport of police dogs: pilot project.~~

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, establishes the Emergency Medical Services Authority, among other things, to establish training standards for Emergency Medical Technicians (EMT) at various levels, including EMT-I, EMT-II, and EMT-P. ~~Existing law makes a firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, EMT-P, or registered nurse who renders emergency medical services at the scene of an emergency or during an emergency air or ground ambulance transport only liable in civil damages for acts or omissions performed in a grossly negligent manner or acts or omissions not performed in good faith. Existing law exempts the public agency employer of the firefighter, police officer or other law enforcement officer, EMT-I, EMT-II, EMT-P, or registered nurse from civil liability if the employee is not liable. Existing law requires each county that~~



*develops an emergency medical services program to designate a local emergency medical services agency to have primary responsibility for administration of emergency medical services in the county.*

*This bill would authorize ~~an EMT-I, EMT-II, or EMT-P to transport a police dog, as defined, injured in the line of duty to a facility that is capable of providing veterinary medical services to the injured police dog if there is not a person requiring medical attention or medical transportation at the time the decision is made to transport the police dog. The bill would also exempt an EMT-I, EMT-II, EMT-P who provides emergency medical transportation for a police dog, or the EMT's employer, from liability for civil damages resulting from an act or omission relating to the transport of the police dog, unless the act or omission constitutes gross negligence or is performed in bad faith.~~ the County of San Bernardino to work with its local emergency medical services agency to conduct a pilot project commencing January 1, 2019, that would authorize an emergency medical technician to provide emergency transportation for a police dog, as defined, injured in the line of duty to a facility that is capable of providing veterinary medical services to the injured police dog, as specified. The bill would repeal this authority on January 1, 2022.*

*This bill would make legislative findings and declarations as to the necessity of a special statute for the County of San Bernardino.*

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     *SECTION 1. Section 1797.10 is added to the Health and Safety*
- 2     *Code, to read:*
- 3     *1797.10. (a) The County of San Bernardino is authorized to*
- 4     *work with its local emergency medical services agency to conduct*
- 5     *a pilot project, commencing January 1, 2019, that would authorize*
- 6     *an emergency medical technician to provide emergency*
- 7     *transportation for a police dog injured in the line of duty to a*
- 8     *facility that is capable of providing veterinary medical services to*
- 9     *the injured police dog if there is not a person requiring medical*
- 10    *attention or medical transportation at the time the decision is made*
- 11    *to transport the police dog.*
- 12    *(b) For purposes of this section, "police dog" means a dog*
- 13    *being used by a peace officer in the discharge or attempted*

1 *discharge of his or her duties and includes, but is not limited to,*  
2 *a search and rescue dog, passive alert dog, and service dog.*

3 *This section shall remain in effect only until January 1, 2022,*  
4 *and as of that date is repealed.*

5 *SEC. 2. The Legislature finds and declares that a special statute*  
6 *is necessary and that a general statute cannot be made applicable*  
7 *within the meaning of Section 16 of Article IV of the California*  
8 *Constitution because of the unique needs of police dogs in the*  
9 *County of San Bernardino.*

10 ~~SECTION 1. Section 1797.10 is added to the Health and Safety~~  
11 ~~Code, to read:~~

12 ~~1797.10. (a) An EMT-I, EMT-II, or EMT-P may provide~~  
13 ~~emergency medical transportation for a police dog injured in the~~  
14 ~~line of duty to a facility that is capable of providing veterinary~~  
15 ~~medical services to the injured police dog if there is not a person~~  
16 ~~requiring medical attention or medical transportation at the time~~  
17 ~~the decision is made to transport the police dog.~~

18 ~~(b) An EMT-I, EMT-II, or EMT-P who provides emergency~~  
19 ~~medical transportation for a police dog pursuant to subdivision (a)~~  
20 ~~shall not be liable for civil damages resulting from an act or~~  
21 ~~omission relating to the transport of the police dog, unless the act~~  
22 ~~or omission constitutes gross negligence or is performed in bad~~  
23 ~~faith. The entity employing the EMT-I, EMT-II, or EMT-P that~~  
24 ~~provided emergency medical transportation to a police dog pursuant~~  
25 ~~to subdivision (a) shall not be liable for civil damages if the~~  
26 ~~employee is not liable.~~

27 ~~(c) For purposes of this section, "police dog" means a dog being~~  
28 ~~used by a peace officer in the discharge or attempted discharge of~~  
29 ~~his or her duties and includes, but is not limited to, a search and~~  
30 ~~rescue dog, passive alert dog, and service dog.~~

AMENDED IN ASSEMBLY APRIL 2, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2138**

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**Introduced by Assembly Members Chiu and Low**

February 12, 2018

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An act to amend ~~Sections 480 and~~ Sections 7.5, 480, 481, 482, 488, 490, 492, 493, 1005, and 11345.2 ~~of~~ of, to add Section 481.5 to, and to repeal Section 490.5 of, the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL’S DIGEST

AB 2138, as amended, Chiu. Licensing boards: denial of application: *revocation or suspension of licensure*: criminal conviction.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs and Affairs. Existing law authorizes a board to ~~deny~~ deny, suspend, or revoke a license or take disciplinary action against a licensee on the grounds that the applicant or licensee has, among other things, been convicted of a crime, as specified. Existing law provides that a person shall not be denied a license solely on the basis that the person has been convicted of a felony if he or she has obtained a certificate of rehabilitation or that the person has been convicted of a misdemeanor if he or she has met applicable requirements of rehabilitation developed by the board, as specified. Existing law also prohibits a person from being denied a license solely on the basis of a conviction that has been dismissed, as specified. Existing law requires a board to develop criteria to aid it when considering the denial, suspension, or revocation of a license to determine whether a crime is substantially related to the qualifications, functions, or duties of the

*business or profession the board regulates and requires a board to develop criteria to evaluate the rehabilitation of a person when considering the denial, suspension, or revocation of a license.*

~~This bill would instead prohibit a person from being denied a license solely on the basis that he or she has been convicted of a nonviolent crime and would make conforming changes.~~ *revise and recast those provisions to instead authorize a board to, among other things, deny, revoke, or suspend a license on the grounds that the applicant or licensee has been convicted of a crime only if the applicant or licensee is presently incarcerated or if the conviction, as defined, occurred within the preceding 5 years, except for violent felonies, and would require the crime to be directly and adversely related to the qualifications, functions, or duties of the business or profession. The bill would prohibit a board from denying a person a license based on the conviction of a crime, or on the basis of acts underlying a conviction for a crime, if the conviction has been dismissed or expunged, if the person has made a showing of rehabilitation, if the person has been granted clemency or a pardon, or if an arrest resulted in a disposition other than a conviction. The bill would provide that these provisions relating to denial, revocation, or suspension of a license would supersede contradictory provisions in specified existing law.*

*The bill would require the board to develop criteria for determining whether a crime is directly and adversely related to the qualifications, functions, or duties of the business or profession. The bill would require a board to find that a person has made a showing of rehabilitation if certain conditions are met. The bill would require a board to follow certain procedures when requesting or acting on an applicant's or licensee's criminal history information. The bill would also require a board to annually submit a report to the Legislature and post the report on its Internet Web site containing specified deidentified information regarding actions taken by a board based on an applicant or licensee's criminal history information.*

*Existing law authorizes a board to deny a license on the grounds that an applicant knowingly made a false statement of fact that is required to be revealed in the application for licensure.*

*This bill would prohibit a board from denying a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had the fact been disclosed.*

*Existing law authorizes a board to suspend a license if a licensee is not in compliance with a child support order or judgment.*

*This bill would repeal that authorization.*

*Existing law authorizes specified agencies to take disciplinary action against a licensee or deny a license for professional misconduct if the licensee has successfully completed certain diversion programs or alcohol and drug problem assessment programs.*

*This bill would instead prohibit a board from taking disciplinary action against a licensee or denying a license for professional misconduct if the licensee has successfully completed certain diversion programs or alcohol and drug problem assessment programs or deferred entry of judgment.*

*Existing law authorizes a board after a specified hearing requested by an applicant for licensure to take various actions, including imposing probationary conditions on the license.*

*This bill would additionally authorize a board to grant the license and immediately issue a public reproof. The bill would limit probationary terms or restrictions placed on a license by a board to 2 years or less and would authorize additional conditions to be imposed only if the board determines that there is clear and convincing evidence that additional conditions are necessary to address a risk shown by clear and convincing evidence. The bill would require a board to develop criteria to aid it in considering the imposition of probationary conditions and to determine what conditions may be imposed. The bill would authorize a licensee or registrant whose license or registration has been placed on probation to petition the board for a change to that probation one year from the effective date of the board's decision, would require the board to issue a decision on the petition within 90 days, and would deem the petition granted if the board does not file a decision denying the petition within 90 days.*

*This bill would also make necessary conforming changes.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     **SECTION 1.** *Section 7.5 of the Business and Professions Code*
- 2     *is amended to read:*
- 3     7.5. (a) A conviction within the meaning of this code means
- 4     a judgment following a plea or verdict of guilty or ~~a conviction~~
- 5     ~~following a plea of nolo contendere, contendere or finding of guilt.~~
- 6     Any action which a board is permitted to take following the

1 establishment of a conviction may be taken when the time for  
2 appeal has elapsed, or the judgment of conviction has been affirmed  
3 on appeal or when an order granting probation is made suspending  
4 the imposition of sentence, ~~irrespective of a subsequent order under~~  
5 ~~the provisions of Section 1203.4 of the Penal Code.~~ sentence.  
6 However, a board may not deny a license to an applicant who is  
7 otherwise qualified pursuant to subdivision (b) *or (c)* of Section  
8 480.

9 **Nothing**

10 (b) *Nothing* in this section shall apply to the licensure of persons  
11 pursuant to Chapter 4 (commencing with Section 6000) of Division  
12 3.

13 (c) *Except as provided in subdivision (b), this section controls*  
14 *over and supersedes the definition of conviction contained within*  
15 *individual practice acts under this code.*

16 **SECTION 1.**

17 **SEC. 2.** Section 480 of the Business and Professions Code is  
18 amended to read:

19 480. (a) ~~A-(1) Notwithstanding any other provision of this~~  
20 ~~code, a board may deny a license regulated by this code on the~~  
21 ~~grounds that the applicant has one of the following: been convicted~~  
22 ~~of a crime or has been subject to formal discipline only if either~~  
23 ~~of the following conditions are met:~~

24 ~~(1) Been convicted of a crime. A conviction within the meaning~~  
25 ~~of this section means a plea or verdict of guilty or a conviction~~  
26 ~~following a plea of nolo contendere. Any action that a board is~~  
27 ~~permitted to take following the establishment of a conviction may~~  
28 ~~be taken when the time for appeal has elapsed, or the judgment of~~  
29 ~~conviction has been affirmed on appeal, or when an order granting~~  
30 ~~probation is made suspending the imposition of sentence,~~  
31 ~~irrespective of a subsequent order under the provisions of Section~~  
32 ~~1203.4, 1203.4a, or 1203.41 of the Penal Code.~~

33 ~~(2) Done any act involving dishonesty, fraud, or deceit with the~~  
34 ~~intent to substantially benefit himself or herself or another, or~~  
35 ~~substantially injure another.~~

36 ~~(3) (A) Done any act that if done by a licensee of the business~~  
37 ~~or profession in question, would be grounds for suspension or~~  
38 ~~revocation of license.~~

39 ~~(B) The board may deny a license pursuant to this subdivision~~  
40 ~~only if the crime or act is substantially related to the qualifications;~~

1 ~~functions, or duties of the business or profession for which~~  
2 ~~application is made.~~

3 (A) *The applicant has been convicted of a crime for which the*  
4 *applicant is presently incarcerated or for which the conviction*  
5 *occurred within the preceding five years. However, the preceding*  
6 *five year limitation shall not apply to a conviction for a violent*  
7 *felony, as defined in Section 667.5 of the Penal Code.*

8 *The board may deny a license pursuant to this subparagraph*  
9 *only if the crime is directly and adversely related to the*  
10 *qualifications, functions, or duties of the business or profession*  
11 *for which application is made.*

12 (B) *The applicant has been subjected to formal discipline by a*  
13 *licensing board within the preceding five years based on*  
14 *professional misconduct that would have been cause for discipline*  
15 *before the board for which the present application is made and*  
16 *that is directly and adversely related to the qualifications,*  
17 *functions, or duties of the business or profession for which the*  
18 *present application is made. However, prior disciplinary action*  
19 *by a licensing board within the preceding five years shall not be*  
20 *the basis for denial of a license if the basis for that disciplinary*  
21 *action was a conviction that has been dismissed pursuant to Section*  
22 *1203.4, 1203.4a, or 1203.41 of the Penal Code or a comparable*  
23 *dismissal or expungement.*

24 (2) *Denial of a license includes denial of an unrestricted license*  
25 *by issuance of a restricted or probationary license.*

26 (b) *Notwithstanding any other provision of this code, a person*  
27 *shall not be denied a license solely on the basis that he or she has*  
28 *been convicted of a ~~nonviolent crime.~~ crime, or on the basis of*  
29 *acts underlying a conviction for a crime, if he or she has obtained*  
30 *a certificate of rehabilitation under Chapter 3.5 (commencing with*  
31 *Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been*  
32 *granted clemency or a pardon by a state or federal executive, or*  
33 *has made a showing of rehabilitation pursuant to Section 482.*

34 (c) *Notwithstanding any other provision of this code, a person*  
35 *shall not be denied a license on the basis of any conviction, or on*  
36 *the basis of the acts underlying the conviction, that has been*  
37 *dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41 of the*  
38 *Penal Code, or a comparable dismissal or expungement. An*  
39 *applicant who has a conviction that has been dismissed pursuant*  
40 *to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code*

1 *shall provide proof of the dismissal if it is not reflected on the*  
2 *report furnished by the Department of Justice.*

3 *(d) Notwithstanding any other provision of this code, a board*  
4 *shall not deny a license on the basis of an arrest that resulted in*  
5 *a disposition other than a conviction, including an arrest that*  
6 *resulted in an infraction, citation, or a juvenile adjudication.*

7 ~~*(e)*~~

8 *(e) A board may deny a license regulated by this code on the*  
9 *ground that the applicant knowingly made a false statement of fact*  
10 *that is required to be revealed in the application for the license. A*  
11 *board shall not deny a license based solely on an applicant's*  
12 *failure to disclose a fact that would not have been cause for denial*  
13 *of the license had it been disclosed.*

14 *(f) A board shall follow the following procedures in requesting*  
15 *or acting on an applicant's criminal history information:*

16 *(1) A board shall not require an applicant for licensure to*  
17 *disclose any information or documentation regarding the*  
18 *applicant's criminal history.*

19 *(2) If a board decides to deny an application based solely or in*  
20 *part on the applicant's conviction history, the board shall notify*  
21 *the applicant in writing of all of the following:*

22 *(A) The denial or disqualification of licensure.*

23 *(B) Any existing procedure the board has for the applicant to*  
24 *challenge the decision or to request reconsideration.*

25 *(C) That the applicant has the right to appeal the board's*  
26 *decision.*

27 *(D) The processes for the applicant to request a copy of his or*  
28 *her complete conviction history and question the accuracy or*  
29 *completeness of the record pursuant to Sections 11122 to 11127*  
30 *of the Penal Code.*

31 *(g) (1) For a minimum of three years, each board under this*  
32 *code shall retain application forms and other documents submitted*  
33 *by an applicant, any notice provided to an applicant, all other*  
34 *communications received from and provided to an applicant, and*  
35 *criminal history reports of an applicant.*

36 *(2) Each board under this code shall retain the number of*  
37 *applications received for each license and the number of*  
38 *applications requiring inquiries regarding criminal history. In*  
39 *addition, each licensing authority shall retain all of the following*  
40 *information:*



1 (A) The number of applicants with a criminal record who  
2 received notice of denial or disqualification of licensure.

3 (B) The number of applicants with a criminal record who  
4 provided evidence of mitigation or rehabilitation.

5 (C) The number of applicants with a criminal record who  
6 appealed any denial or disqualification of licensure.

7 (D) The final disposition and demographic information,  
8 including, but not limited to, voluntarily provided information on  
9 race or gender, of any applicant described in subparagraph (A),  
10 (B), or (C).

11 (3) (A) Each board under this code shall annually make  
12 available to the public through the board's Internet Web site and  
13 through a report submitted to the appropriate policy committees  
14 of the Legislature deidentified information collected pursuant to  
15 this subdivision. Each board shall ensure confidentiality of the  
16 individual applicants.

17 (B) A report pursuant to subparagraph (A) shall be submitted  
18 in compliance with Section 9795 of the Government Code.

19 (h) "Conviction" as used in this section shall have the same  
20 meaning as defined in Section 7.5.

21 (i) This section supersedes any contradictory provision in a  
22 licensing act under this code or initiative act referred to in Division  
23 2 (commencing with Section 500) that authorizes license denial  
24 based on a criminal conviction, arrest, or the acts underlying an  
25 arrest or conviction.

26 SEC. 3. Section 481 of the Business and Professions Code is  
27 amended to read:

28 481. (a) Each board under ~~the provisions of~~ this code shall  
29 develop criteria to aid it, when considering the denial, ~~suspension~~  
30 ~~suspension~~, or revocation of a license, to determine whether a  
31 ~~crime or act is substantially~~ is directly and adversely related to the  
32 qualifications, functions, or duties of the business or profession it  
33 regulates.

34 (b) Criteria for determining whether a crime is directly and  
35 adversely related to the qualifications, functions, or duties of the  
36 business or profession a board regulates shall include all of the  
37 following:

38 (1) The nature and gravity of the offense.

39 (2) The number of years elapsed since the date of the offense.

1     (3) *The nature and duties of the profession in which the*  
2 *applicant seeks licensure or in which the licensee is licensed.*

3     (c) *A board shall not deny a license based in whole or in part*  
4 *on a conviction without considering evidence of rehabilitation.*

5     (d) *Each board shall post on its Internet Web site a summary*  
6 *of the criteria used to consider whether a crime is considered to*  
7 *be directly and adversely related to the qualifications, functions,*  
8 *or duties of the business or profession it regulates consistent with*  
9 *this section.*

10    SEC. 4. *Section 481.5 is added to the Business and Professions*  
11 *Code, to read:*

12    481.5. (a) *Probationary terms or restrictions placed on a*  
13 *license by a board shall be limited to two years or less. Any*  
14 *additional conditions may be imposed only if the board determines*  
15 *that there is clear and convincing evidence that additional*  
16 *conditions are necessary to address a risk shown by clear and*  
17 *convincing evidence.*

18    (b) *Each board under this code shall develop criteria to aid it*  
19 *when considering the imposition of probationary conditions or*  
20 *restrictions to determine what conditions may be imposed to*  
21 *address a risk shown by clear and convincing evidence.*

22    (c) (1) *A licensee or registrant whose license or registration*  
23 *has been placed on probation may petition the board for a change*  
24 *to the probation, including modification or termination of*  
25 *probation, one year from the effective date of the decision. The*  
26 *board shall issue its decision on the petition within 90 days of*  
27 *submission of the petition. The petition shall be deemed granted*  
28 *by operation of law if the board does not file a decision denying*  
29 *the petition within 90 days of submission of the petition.*

30    (2) *The one-year time period to petition for modification or*  
31 *termination of penalty shall control over longer time periods under*  
32 *a licensing act under this code or initiative act referred to in*  
33 *Division 2 (commencing with Section 500).*

34    SEC. 5. *Section 482 of the Business and Professions Code is*  
35 *amended to read:*

36    482. (a) ~~Each board under the provisions of this code shall~~  
37 ~~develop criteria to evaluate the rehabilitation of a person when:~~  
38 ~~when doing either of the following:~~

39    ~~(a)~~

1 (1) Considering the denial of a license by the board under  
2 Section ~~480~~, or 480.

3 ~~(b)~~

4 (2) Considering suspension or revocation of a license under  
5 Section 490.

6 ~~Each~~

7 ~~(b) Each board shall take into account all competent evidence~~  
8 ~~of rehabilitation furnished by the applicant or licensee. find that~~  
9 ~~an applicant or licensee has made a showing of rehabilitation if~~  
10 ~~any of the following are met:~~

11 ~~(1) The applicant or licensee has completed the criminal~~  
12 ~~sentence at issue without a violation of parole or probation.~~

13 ~~(2) (A) The applicant or licensee documents that he or she has~~  
14 ~~worked in a related field continuously for at least one year prior~~  
15 ~~to licensure or successfully completed a course of training in a~~  
16 ~~related field, unless the board finds a public record of an official~~  
17 ~~finding that the applicant committed professional misconduct in~~  
18 ~~the course of that work.~~

19 ~~(B) Work in a related field may include, but is not limited to,~~  
20 ~~work performed without compensation and work performed while~~  
21 ~~incarcerated.~~

22 ~~(C) "Related field," for purposes of this paragraph, means a~~  
23 ~~field of employment whose duties are substantially similar to the~~  
24 ~~field regulated by the board.~~

25 ~~(3) The applicant or licensee has satisfied criteria for~~  
26 ~~rehabilitation developed by the board.~~

27 *SEC. 6. Section 488 of the Business and Professions Code is*  
28 *amended to read:*

29 488. Except as otherwise provided by law, following a hearing  
30 requested by an applicant pursuant to subdivision (b) of Section  
31 485, the board may take any of the following actions:

32 (a) Grant the license effective upon completion of all licensing  
33 requirements by the applicant.

34 (b) Grant the license effective upon completion of all licensing  
35 requirements by the applicant, *grant the license and immediately*  
36 *issue a public reproof pursuant to Section 495,* immediately  
37 revoke the license, stay the revocation, and impose probationary  
38 conditions on the license, which may include suspension.

39 (c) Deny the license.

(d) Take other action in relation to denying or granting the license as the board in its discretion may deem proper.

*SEC. 7. Section 490 of the Business and Professions Code is amended to read:*

490. (a) (1) In addition to any other action that a board is permitted to take against a licensee, a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime, ~~if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.~~ *crime for which the applicant is presently incarcerated or for which the conviction occurred within the preceding five years. However, the preceding five year limitation shall not apply to a conviction for a violent felony, as defined in Section 667.5 of the Penal Code.*

(2) *The board may suspend or revoke a license pursuant to this subdivision only if the crime is directly and adversely related to the qualifications, functions, or duties of the business or profession for which application is made.*

(b) Notwithstanding any other provision of law, a board may exercise any authority to discipline a licensee for conviction of a crime that is independent of the authority granted under subdivision (a) only if ~~the both of the following are met:~~

(1) ~~The crime is substantially directly and adversely related to the qualifications, functions, or duties of the business or profession for which the licensee's license was issued.~~

(2) ~~The licensee was convicted of the crime within the preceding five years or is presently incarcerated for the crime. However, the preceding five year limitation shall not apply to a conviction for a violent felony, as defined in Section 667.5 of the Penal Code.~~

~~(c) A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. An action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code.~~

~~(d) The Legislature hereby finds and declares that the application of this section has been made unclear by the holding in *Petropoulos v. Department of Real Estate* (2006) 142 Cal.App.4th 554, and~~

1 ~~that the holding in that case has placed a significant number of~~  
2 ~~statutes and regulations in question, resulting in potential harm to~~  
3 ~~the consumers of California from licensees who have been~~  
4 ~~convicted of crimes. Therefore, the Legislature finds and declares~~  
5 ~~that this section establishes an independent basis for a board to~~  
6 ~~impose discipline upon a licensee, and that the amendments to this~~  
7 ~~section made by Chapter 33 of the Statutes of 2008 do not~~  
8 ~~constitute a change to, but rather are declaratory of, existing law.~~

9 *(c) Notwithstanding any other provision of this code, a board*  
10 *shall not suspend or revoke a license on the basis of a conviction,*  
11 *or of the acts underlying a conviction, where that conviction has*  
12 *been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or*  
13 *1203.42 of the Penal Code or a comparable dismissal or*  
14 *expungement.*

15 *(d) Notwithstanding any other provision of this code, a board*  
16 *shall not suspend or revoke a license on the basis of an arrest that*  
17 *resulted in a disposition other than a conviction, including an*  
18 *arrest that resulted in an infraction, citation, or juvenile*  
19 *adjudication.*

20 *(e) The board shall use the following procedures in requesting*  
21 *or acting on a licensee's criminal history information:*

22 *(1) A board shall not require a licensee to disclose any*  
23 *information or documentation regarding the licensee's criminal*  
24 *history.*

25 *(2) If a board chooses to file an accusation against a licensee*  
26 *based solely or in part on the licensee's conviction history, the*  
27 *board shall notify the licensee in writing of the processes for the*  
28 *licensee to request a copy of the licensee's complete conviction*  
29 *history and question the accuracy or completeness of his or her*  
30 *criminal record pursuant to Sections 11122 to 11127, inclusive,*  
31 *of the Penal Code.*

32 *(f) (1) For a minimum of three years, each board under this*  
33 *code shall retain all documents submitted by a licensee, notices*  
34 *provided to a licensee, all other communications received from or*  
35 *provided to a licensee, and criminal history reports of a licensee.*

36 *(2) Each board under this code shall retain all of the following*  
37 *information:*

38 *(A) The number of licensees with a criminal record who received*  
39 *notice of potential revocation or suspension of their license or who*  
40 *had their license suspended or revoked.*

1 (B) The number of licensees with a criminal record who  
2 provided evidence of mitigation or rehabilitation.

3 (C) The number of licensees with a criminal record who  
4 appealed any suspension or revocation of a license.

5 (D) The final disposition and demographic information,  
6 including, but not limited to, voluntarily provided information on  
7 race or gender, of any applicant described in subparagraph (A),  
8 (B), or (C).

9 (3) (A) Each board under this code shall annually make  
10 available to the public through the board's Internet Web site and  
11 through a report submitted to the appropriate policy committees  
12 of the Legislature deidentified information collected pursuant to  
13 this subdivision. Each board shall ensure the confidentiality of the  
14 individual licensees.

15 (B) A report pursuant to subparagraph (A) shall be submitted  
16 in compliance with Section 9795 of the Government Code.

17 (g) (1) This section supersedes any contradictory provision in  
18 a licensing act under this code or initiative act referred to in  
19 Division 2 (commencing with Section 500) that authorizes action  
20 based on a criminal conviction, arrest, or the acts underlying an  
21 arrest or conviction.

22 (2) This section shall not prohibit any agency from taking  
23 disciplinary action against a licensee for professional misconduct  
24 in the course and scope of the licensee's profession that is based  
25 on evidence that is independent of an arrest.

26 SEC. 8. Section 490.5 of the Business and Professions Code  
27 is repealed.

28 ~~490.5. A board may suspend a license pursuant to Section~~  
29 ~~17520 of the Family Code if a licensee is not in compliance with~~  
30 ~~a child support order or judgment.~~

31 SEC. 9. Section 492 of the Business and Professions Code is  
32 amended to read:

33 492. (a) Notwithstanding any other provision of law, successful  
34 completion of any diversion program under the Penal Code,  
35 successful completion by a licensee or applicant of any  
36 nonstatutory diversion program, deferred entry of judgment, or  
37 successful completion of an alcohol and drug problem assessment  
38 program under Article 5 (commencing with Section 23249.50) of  
39 Chapter 12 of Division 11 of the Vehicle Code, shall not prohibit  
40 any agency established under Division 2 (commencing with Section

500) of this code, or any initiative act referred to in that division, board from taking disciplinary action against a licensee or from denying a license for professional misconduct, notwithstanding that evidence of that misconduct may be recorded in a record pertaining to an arrest. *misconduct.*

This section shall not be construed to apply to any drug diversion program operated by any agency established under Division 2 (commencing with Section 500) of this code, or any initiative act referred to in that division.

(b) This section shall not prohibit any agency established under Division 2 (commencing with Section 500) of this code, or any initiative act referred to in that division, from taking disciplinary action against a licensee for professional misconduct in the course and scope of the profession, which is based on evidence that is independent of an arrest.

SEC. 10. Section 493 of the Business and Professions Code is amended to read:

493. (a) Notwithstanding any other provision of law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime ~~substantially directly and adversely~~ related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact, and the board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, and duties of the licensee in question. *fact.*

(b) (1) Criteria for determining whether a crime is directly and adversely related to the qualifications, functions, or duties of the business or profession the board regulates shall include all of the following:

(A) The nature and gravity of the offense.

(B) The number of years elapsed since the date of the offense.

(C) The nature and duties of the profession.

1 (2) *A board shall not categorically bar an applicant based solely*  
2 *on the type of conviction without considering evidence of*  
3 *rehabilitation.*

4 ~~As~~

5 (c) *As used in this section, “license” includes “certificate,”*  
6 *“permit,” “authority,” and “registration.”*

7 *SEC. 11. Section 1005 of the Business and Professions Code*  
8 *is amended to read:*

9 1005. The provisions of Sections 12.5, 23.9, 29.5, 30, 31, 35,  
10 104, 114, 115, 119, 121, 121.5, 125, 125.6, 136, 137, 140, 141,  
11 143, 163.5, 461, 462, 475, 480, 484, 485, 487, 489, 490, ~~490.5~~,  
12 491, 494, 495, 496, 498, 499, 510, 511, 512, 701, 702, 703, 704,  
13 710, 716, 730.5, 731, and 851 are applicable to persons licensed  
14 by the State Board of Chiropractic Examiners under the  
15 Chiropractic Act.

16 ~~SEC. 2:~~

17 *SEC. 12. Section 11345.2 of the Business and Professions Code*  
18 *is amended to read:*

19 11345.2. (a) An individual shall not act as a controlling person  
20 for a registrant if any of the following apply:

21 (1) The individual has entered a plea of guilty or no contest to,  
22 or been convicted of, a felony. If the individual’s felony conviction  
23 has been dismissed pursuant to Section 1203.4, 1203.4a, or 1203.41  
24 of the Penal Code, the bureau may allow the individual to act as  
25 a controlling person.

26 (2) The individual has had a license or certificate to act as an  
27 appraiser or to engage in activities related to the transfer of real  
28 property refused, denied, canceled, or revoked in this state or any  
29 other state.

30 (b) Any individual who acts as a controlling person of an  
31 appraisal management company and who enters a plea of guilty  
32 or no contest to, or is convicted of, a felony, or who has a license  
33 or certificate as an appraiser refused, denied, canceled, or revoked  
34 in any other state shall report that fact or cause that fact to be  
35 reported to the office, in writing, within 10 days of the date he or  
36 she has knowledge of that fact.

O



AMENDED IN ASSEMBLY APRIL 24, 2018

AMENDED IN ASSEMBLY MARCH 23, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

## ASSEMBLY BILL

**No. 2215**

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**Introduced by Assembly Member Kalra**

February 12, 2018

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An act to amend Sections 26000 and 26001 of, and to add Sections 4884 and 26001.5 to, the Business and Professions Code, relating to cannabis.

### LEGISLATIVE COUNSEL'S DIGEST

AB 2215, as amended, Kalra. Cannabis: veterinarians: animals.

The Control, Regulate and Tax Adult Use of Marijuana Act of 2016 (AUMA), an initiative measure approved as Proposition 64 at the November 8, 2016, statewide general election, authorizes a person who obtains a state license under AUMA to engage in commercial adult-use cannabis activity pursuant to that license and applicable local ordinances. The Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), among other things, consolidates the licensure and regulation of commercial medicinal and adult-use cannabis activities and states that it is the intent of MAUCRSA to control and regulate the cultivation, distribution, transport, storage, manufacturing, processing, and sale of both medicinal cannabis and medicinal cannabis products for patients with a valid physician recommendation and adult-use cannabis and adult-use cannabis products for adults 21 years of age and over. MAUCRSA defines “cannabis products” for these purposes.

This bill would state that it is additionally the intent of MAUCRSA to control and regulate the cultivation, distribution, transport, storage,

manufacturing, processing, and sale of cannabis and cannabis products for medicinal use on an animal owned by an adult 21 years of age and over and *would define “cannabis products” to include products intended for medicinal use on an animal. The bill would authorize an adult 21 years of age and over to use, for medicinal purposes, cannabis and cannabis products on an animal owned by that adult. The bill would define “cannabis products” to include products intended for medicinal use on an animal adult and would limit the sale of those the products to M-licensees: those adults to a licensee who has been issued a retailer license under MAUCRSA.* The bill would also make other conforming changes.

The California Uniform Controlled Substances Act classifies controlled substances into 5 designated schedules, and places cannabis and cannabis products under Schedule I. The act prohibits prescribing, administering, dispensing, or furnishing a controlled substance to or for any person or animal, unless otherwise specified.

The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs. The act authorizes the board to revoke or suspend the license of a person to practice veterinary medicine, or to assess a fine, for specified causes, including violating a statute related to controlled substances. The act also makes a violation of its provisions a misdemeanor.

This bill would prohibit a licensed veterinarian from dispensing or administering cannabis or cannabis products to an animal patient. Because a violation of the Veterinary Medicine Practice Act’s provisions is a crime, the bill would expand the scope of that crime, thereby imposing a state-mandated local program.

The bill would also prohibit the Veterinary Medical Board from disciplining, or denying, revoking, or suspending the license of, a licensed veterinarian *solely* for discussing the use of cannabis on an animal for medicinal purposes. The bill would require the board to develop guidelines for these-specified discussions on or before July 1, 2019, and would require the board to post-those the guidelines on its Internet Web site.

AUMA authorizes legislative amendment of its provisions with a  $\frac{2}{3}$  vote of both houses, without submission to the voters, to further its purposes and intent.

This bill would declare that its provisions further the purposes and intent of AUMA.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 4884 is added to the Business and  
2 Professions Code, to read:

3 4884. (a) A licensee shall not dispense or administer cannabis  
4 or cannabis products to an animal patient.

5 (b) Notwithstanding any other law, a veterinarian licensed under  
6 this chapter shall not be disciplined by the board or have his or her  
7 license denied, revoked, or suspended *solely* for discussing the use  
8 of cannabis on an animal for medicinal purposes.

9 (c) On or before July 1, 2019, the board shall adopt guidelines  
10 for veterinarians to follow ~~in~~ *when* discussing cannabis within the  
11 veterinarian-client relationship. These guidelines shall be posted  
12 on the board's Internet Web site.

13 SEC. 2. Section 26000 of the Business and Professions Code  
14 is amended to read:

15 26000. (a) This division shall be known, and may be cited, as  
16 the Medicinal and Adult Use Cannabis Regulation and Safety Act.

17 (b) The purpose and intent of this division is to establish a  
18 comprehensive system to control and regulate the cultivation,  
19 distribution, transport, storage, manufacturing, processing, and  
20 sale of all of the following:

21 (1) Medicinal cannabis and medicinal cannabis products for  
22 patients with valid physician's recommendations.

23 (2) Adult-use cannabis and adult-use cannabis products for  
24 adults 21 years of age and over.

25 (3) Cannabis and cannabis products for medicinal use on an  
26 animal owned by an adult 21 years of age and over.

27 (c) In the furtherance of subdivision (b), this division sets forth  
28 the power and duties of the state agencies responsible for

1 controlling and regulating the commercial medicinal and adult-use  
2 cannabis industry.

3 (d) The Legislature may, by majority vote, enact laws to  
4 implement this division, provided those laws are consistent with  
5 the purposes and intent of the Control, Regulate and Tax Adult  
6 Use of Marijuana Act.

7 SEC. 3. Section 26001 of the Business and Professions Code  
8 is amended to read:

9 26001. For purposes of this division, the following definitions  
10 shall apply:

11 (a) “A-license” means a state license issued under this division  
12 for cannabis or cannabis products that are intended for adults who  
13 are 21 years of age and older and who do not possess a physician’s  
14 recommendation.

15 (b) “A-licensee” means any person holding a license under this  
16 division for cannabis or cannabis products that are intended for  
17 adults who are 21 years of age and older and who do not possess  
18 a physician’s recommendation.

19 (c) “Applicant” means an owner applying for a state license  
20 pursuant to this division.

21 (d) “Batch” means a specific quantity of homogeneous cannabis  
22 or cannabis product that is one of the following types:

23 (1) Harvest batch. “Harvest batch” means a specifically  
24 identified quantity of dried flower or trim, leaves, and other  
25 cannabis plant matter that is uniform in strain, harvested at the  
26 same time, and, if applicable, cultivated using the same pesticides  
27 and other agricultural chemicals, and harvested at the same time.

28 (2) Manufactured cannabis batch. “Manufactured cannabis  
29 batch” means either of the following:

30 (A) An amount of cannabis concentrate or extract that is  
31 produced in one production cycle using the same extraction  
32 methods and standard operating procedures.

33 (B) An amount of a type of manufactured cannabis produced  
34 in one production cycle using the same formulation and standard  
35 operating procedures.

36 (e) “Bureau” means the Bureau of Cannabis Control within the  
37 Department of Consumer Affairs, formerly named the Bureau of  
38 Marijuana Control, the Bureau of Medical Cannabis Regulation,  
39 and the Bureau of Medical Marijuana Regulation.

1 (f) “Cannabis” means all parts of the plant *Cannabis sativa*  
2 *Linnaeus*, *Cannabis indica*, or *Cannabis ruderalis*, whether growing  
3 or not; the seeds thereof; the resin, whether crude or purified,  
4 extracted from any part of the plant; and every compound,  
5 manufacture, salt, derivative, mixture, or preparation of the plant,  
6 its seeds, or resin. “Cannabis” also means the separated resin,  
7 whether crude or purified, obtained from cannabis. “Cannabis”  
8 does not include the mature stalks of the plant, fiber produced from  
9 the stalks, oil or cake made from the seeds of the plant, any other  
10 compound, manufacture, salt, derivative, mixture, or preparation  
11 of the mature stalks (except the resin extracted therefrom), fiber,  
12 oil, or cake, or the sterilized seed of the plant which is incapable  
13 of germination. For the purpose of this division, “cannabis” does  
14 not mean “industrial hemp” as defined by Section 11018.5 of the  
15 Health and Safety Code.

16 (g) “Cannabis accessories” has the same meaning as in Section  
17 11018.2 of the Health and Safety Code.

18 (h) “Cannabis concentrate” means cannabis that has undergone  
19 a process to concentrate one or more active cannabinoids, thereby  
20 increasing the product’s potency. Resin from granular trichomes  
21 from a cannabis plant is a concentrate for purposes of this division.  
22 A cannabis concentrate is not considered food, as defined by  
23 Section 109935 of the Health and Safety Code, or a drug, as defined  
24 by Section 109925 of the Health and Safety Code.

25 (i) “Cannabis products” has the same meaning as in Section  
26 11018.1 of the Health and Safety Code. “Cannabis products”  
27 includes cannabis products, as defined in Section 11018.1 of the  
28 Health and Safety Code, intended for medicinal use on an animal.

29 (j) “Child resistant” means designed or constructed to be  
30 significantly difficult for children under five years of age to open,  
31 and not difficult for normal adults to use properly.

32 (k) “Commercial cannabis activity” includes the cultivation,  
33 possession, manufacture, distribution, processing, storing,  
34 laboratory testing, packaging, labeling, transportation, delivery or  
35 sale of cannabis and cannabis products as provided for in this  
36 division.

37 (l) “Cultivation” means any activity involving the planting,  
38 growing, harvesting, drying, curing, grading, or trimming of  
39 cannabis.

1 (m) “Cultivation site” means a location where cannabis is  
2 planted, grown, harvested, dried, cured, graded, or trimmed, or a  
3 location where any combination of those activities occurs.

4 (n) “Customer” means a natural person 21 years of age or older  
5 or a natural person 18 years of age or older who possesses a  
6 physician’s recommendation, or a primary caregiver.

7 (o) “Day care center” has the same meaning as in Section  
8 1596.76 of the Health and Safety Code.

9 (p) “Delivery” means the commercial transfer of cannabis or  
10 cannabis products to a customer. “Delivery” also includes the use  
11 by a retailer of any technology platform.

12 (q) “Director” means the Director of Consumer Affairs.

13 (r) “Distribution” means the procurement, sale, and transport  
14 of cannabis and cannabis products between licensees.

15 (s) “Dried flower” means all dead cannabis that has been  
16 harvested, dried, cured, or otherwise processed, excluding leaves  
17 and stems.

18 (t) “Edible cannabis product” means cannabis product that is  
19 intended to be used, in whole or in part, for human or animal  
20 consumption, including, but not limited to, chewing gum, but  
21 excluding products set forth in Division 15 (commencing with  
22 Section 32501) of the Food and Agricultural Code. An edible  
23 cannabis product is not considered food, as defined by Section  
24 109935 of the Health and Safety Code, or a drug, as defined by  
25 Section 109925 of the Health and Safety Code.

26 (u) “Fund” means the Cannabis Control Fund established  
27 pursuant to Section 26210.

28 (v) “Kind” means applicable type or designation regarding a  
29 particular cannabis variant or cannabis product type, including,  
30 but not limited to, strain name or other grower trademark, or  
31 growing area designation.

32 (w) “Labeling” means any label or other written, printed, or  
33 graphic matter upon a cannabis product, upon its container or  
34 wrapper, or that accompanies any cannabis product.

35 (x) “Labor peace agreement” means an agreement between a  
36 licensee and any bona fide labor organization that, at a minimum,  
37 protects the state’s proprietary interests by prohibiting labor  
38 organizations and members from engaging in picketing, work  
39 stoppages, boycotts, and any other economic interference with the  
40 applicant’s business. This agreement means that the applicant has

1 agreed not to disrupt efforts by the bona fide labor organization  
2 to communicate with, and attempt to organize and represent, the  
3 applicant's employees. The agreement shall provide a bona fide  
4 labor organization access at reasonable times to areas in which the  
5 applicant's employees work, for the purpose of meeting with  
6 employees to discuss their right to representation, employment  
7 rights under state law, and terms and conditions of employment.  
8 This type of agreement shall not mandate a particular method of  
9 election or certification of the bona fide labor organization.

10 (y) "License" means a state license issued under this division,  
11 and includes both an A-license and an M-license, as well as a  
12 testing laboratory license.

13 (z) "Licensee" means any person holding a license under this  
14 division, regardless of whether the license held is an A-license or  
15 an M-license, and includes the holder of a testing laboratory  
16 license.

17 (aa) "Licensing authority" means the state agency responsible  
18 for the issuance, renewal, or reinstatement of the license, or the  
19 state agency authorized to take disciplinary action against the  
20 licensee.

21 (ab) "Live plants" means living cannabis flowers and plants,  
22 including seeds, immature plants, and vegetative stage plants.

23 (ac) "Local jurisdiction" means a city, county, or city and  
24 county.

25 (ad) "Lot" means a batch or a specifically identified portion of  
26 a batch.

27 (ae) "M-license" means a state license issued under this division  
28 for commercial cannabis activity involving medicinal cannabis.

29 (af) "M-licensee" means any person holding a license under  
30 this division for commercial cannabis activity involving medicinal  
31 cannabis.

32 (ag) "Manufacture" means to compound, blend, extract, infuse,  
33 or otherwise make or prepare a cannabis product.

34 (ah) "Manufacturer" means a licensee that conducts the  
35 production, preparation, propagation, or compounding of cannabis  
36 or cannabis products either directly or indirectly or by extraction  
37 methods, or independently by means of chemical synthesis, or by  
38 a combination of extraction and chemical synthesis at a fixed  
39 location that packages or repackages cannabis or cannabis products  
40 or labels or relabels its container.

(ai) “Medicinal cannabis” or “medicinal cannabis product” means cannabis or a cannabis product, respectively, intended to be sold for use pursuant to the Compassionate Use Act of 1996 (Proposition 215), found at Section 11362.5 of the Health and Safety Code, by a medicinal cannabis patient in California who possesses a physician’s recommendation.

(aj) “Nursery” means a licensee that produces only clones, immature plants, seeds, and other agricultural products used specifically for the propagation and cultivation of cannabis.

(ak) “Operation” means any act for which licensure is required under the provisions of this division, or any commercial transfer of cannabis or cannabis products.

(al) “Owner” means any of the following:

(1) A person with an aggregate ownership interest of 20 percent or more in the person applying for a license or a licensee, unless the interest is solely a security, lien, or encumbrance.

(2) The chief executive officer of a nonprofit or other entity.

(3) A member of the board of directors of a nonprofit.

(4) An individual who will be participating in the direction, control, or management of the person applying for a license.

(am) “Package” means any container or receptacle used for holding cannabis or cannabis products.

(an) “Person” includes any individual, firm, partnership, joint venture, association, corporation, limited liability company, estate, trust, business trust, receiver, syndicate, or any other group or combination acting as a unit, and the plural as well as the singular.

(ao) “Physician’s recommendation” means a recommendation by a physician and surgeon that a patient use cannabis provided in accordance with the Compassionate Use Act of 1996 (Proposition 215), found at Section 11362.5 of the Health and Safety Code.

(ap) “Premises” means the designated structure or structures and land specified in the application that is owned, leased, or otherwise held under the control of the applicant or licensee where the commercial cannabis activity will be or is conducted. The premises shall be a contiguous area and shall only be occupied by one licensee.

(aq) “Primary caregiver” has the same meaning as in Section 11362.7 of the Health and Safety Code.



1 (ar) “Purchaser” means the customer who is engaged in a  
2 transaction with a licensee for purposes of obtaining cannabis or  
3 cannabis products.

4 (as) “Sell,” “sale,” and “to sell” include any transaction whereby,  
5 for any consideration, title to cannabis or cannabis products is  
6 transferred from one person to another, and includes the delivery  
7 of cannabis or cannabis products pursuant to an order placed for  
8 the purchase of the same and soliciting or receiving an order for  
9 the same, but does not include the return of cannabis or cannabis  
10 products by a licensee to the licensee from whom the cannabis or  
11 cannabis product was purchased.

12 (at) “Testing laboratory” means a laboratory, facility, or entity  
13 in the state that offers or performs tests of cannabis or cannabis  
14 products and that is both of the following:

15 (1) Accredited by an accrediting body that is independent from  
16 all other persons involved in commercial cannabis activity in the  
17 state.

18 (2) Licensed by the bureau.

19 (au) “Unique identifier” means an alphanumeric code or  
20 designation used for reference to a specific plant on a licensed  
21 premises and any cannabis or cannabis product derived or  
22 manufactured from that plant.

23 (av) “Youth center” has the same meaning as in Section 11353.1  
24 of the Health and Safety Code.

25 SEC. 4. Section 26001.5 is added to the Business and  
26 Professions Code, to read:

27 26001.5. (a) An adult 21 years of age or over may use, for  
28 medicinal purposes, cannabis and cannabis products on an animal  
29 owned by that adult.

30 (b) Notwithstanding any other law, cannabis products, as defined  
31 in Section 11018.1 of the Health and Safety Code, intended for  
32 medicinal use on an animal may only be sold ~~by an M-licensee.~~  
33 *to an adult as described in subdivision (a) by a licensee who has*  
34 *been issued a retailer license under this division.*

35 SEC. 5. The Legislature finds and declares that this act furthers  
36 the purposes and intent of the Control, Regulate and Tax Adult  
37 Use of Marijuana Act of 2016.

38 SEC. 6. No reimbursement is required by this act pursuant to  
39 Section 6 of Article XIII B of the California Constitution because  
40 the only costs that may be incurred by a local agency or school

1 district will be incurred because this act creates a new crime or  
2 infraction, eliminates a crime or infraction, or changes the penalty  
3 for a crime or infraction, within the meaning of Section 17556 of  
4 the Government Code, or changes the definition of a crime within  
5 the meaning of Section 6 of Article XIII B of the California  
6 Constitution.

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AMENDED IN ASSEMBLY APRIL 2, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2300**

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**Introduced by Assembly Member Maienschein**  
**(~~Coauthor: Coauthors: Assembly Member~~ *Assembly Members***  
***Acosta, Levine, and Waldron*)**  
**(~~Coauthor: Coauthors: Senator~~ *Senators Wilk and Newman*)**

February 13, 2018

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An act to amend Section 4846.5 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2300, as amended, Maienschein. Continuing education: veterinarians.

Existing law creates a Veterinary Medical Board in the Department of Consumer Affairs whose highest priority is to protect the public in exercising its licensing, regulatory, and disciplinary functions. Existing law requires applications for a veterinarian license to be furnished on a form and accompanied by a diploma or other verification of graduation from a veterinary college recognized by the board. Existing law requires each veterinarian licensed by the board to biennially apply for renewal of his or her license. Existing law requires the board to issue renewal licenses to those applicants that have completed a minimum of 36 hours of continuing education in the preceding 2 years, including no more than 6 hours of self-study courses.

This bill would instead authorize an applicant for renewal to earn a total of 6 hours or less of the 36 hours of continuing education ~~doing~~ *by either taking up to 6 hours of self-study courses or providing up to 4 hours of pro bono spaying or neutering services to benefit residents*

of low-income communities, as ~~defined~~, *defined, or a combination thereof.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 4846.5 of the Business and Professions  
2     Code is amended to read:  
3     4846.5. (a) Except as provided in this section, the board shall  
4     issue renewal licenses only to those applicants that have completed  
5     a minimum of 36 hours of continuing education in the preceding  
6     two years.  
7     (b) (1) Notwithstanding any other law, continuing education  
8     hours shall be earned by attending courses relevant to veterinary  
9     medicine and sponsored or cosponsored by any of the following:  
10    (A) American Veterinary Medical Association (AVMA)  
11    accredited veterinary medical colleges.  
12    (B) Accredited colleges or universities offering programs  
13    relevant to veterinary medicine.  
14    (C) The American Veterinary Medical Association.  
15    (D) American Veterinary Medical Association recognized  
16    specialty or affiliated allied groups.  
17    (E) American Veterinary Medical Association's affiliated state  
18    veterinary medical associations.  
19    (F) Nonprofit annual conferences established in conjunction  
20    with state veterinary medical associations.  
21    (G) Educational organizations affiliated with the American  
22    Veterinary Medical Association or its state affiliated veterinary  
23    medical associations.  
24    (H) Local veterinary medical associations affiliated with the  
25    California Veterinary Medical Association.  
26    (I) Federal, state, or local government agencies.  
27    (J) Providers accredited by the Accreditation Council for  
28    Continuing Medical Education (ACCME) or approved by the  
29    American Medical Association (AMA), providers recognized by  
30    the American Dental Association Continuing Education  
31    Recognition Program (ADA CERP), and AMA or ADA affiliated  
32    state, local, and specialty organizations.

(2) Notwithstanding paragraph (1), a total of six hours or less of the required 36 hours of continuing education may be earned by doing either of the following, or a combination of either thereof:

(A) ~~Taking~~ *Up to six hours may be earned by taking* self-study courses, which may include, but are not limited to, reading journals, viewing video recordings, or listening to audio recordings.

(B) (i) ~~Providing~~ *Up to four hours may be earned by providing* pro bono spaying or neutering services to benefit residents of low-income communities. Services shall be provided under the supervision of a public animal control agency or shelter, society for the prevention of cruelty to animals shelter, humane society shelter, or rescue group. Services shall be administered at a facility that is appropriately equipped and staffed to provide those services.

(ii) For purposes of clause (i), “low-income communities” means census tracts with median household incomes at or below 80 percent of the statewide median income or with median household incomes at or below the threshold designated by the Department of Housing and Community Development as low income on its list of state income limits adopted pursuant to Section 50093 of the Health and Safety Code.

(3) The board may approve other continuing veterinary medical education providers not specified in paragraph (1).

(A) The board has the authority to recognize national continuing education approval bodies for the purpose of approving continuing education providers not specified in paragraph (1).

(B) Applicants seeking continuing education provider approval shall have the option of applying to the board or to a board-recognized national approval body.

(4) For good cause, the board may adopt an order specifying, on a prospective basis, that a provider of continuing veterinary medical education authorized pursuant to paragraph (1) or (3) is no longer an acceptable provider.

(5) Continuing education hours earned by attending courses sponsored or cosponsored by those entities listed in paragraph (1) between January 1, 2000, and January 1, 2001, shall be credited toward a veterinarian’s continuing education requirement under this section.

(c) Every person renewing his or her license issued pursuant to Section 4846.4, or any person applying for relicensure or for reinstatement of his or her license to active status, shall submit

1 proof of compliance with this section to the board certifying that  
2 he or she is in compliance with this section. Any false statement  
3 submitted pursuant to this section shall be a violation subject to  
4 Section 4831.

5 (d) This section shall not apply to a veterinarian's first license  
6 renewal. This section shall apply only to second and subsequent  
7 license renewals granted on or after January 1, 2002.

8 (e) The board shall have the right to audit the records of all  
9 applicants to verify the completion of the continuing education  
10 requirement. Applicants shall maintain records of completion of  
11 required continuing education coursework for a period of four  
12 years and shall make these records available to the board for  
13 auditing purposes upon request. If the board, during this audit,  
14 questions whether any course reported by the veterinarian satisfies  
15 the continuing education requirement, the veterinarian shall provide  
16 information to the board concerning the content of the course; the  
17 name of its sponsor and cosponsor, if any; and specify the specific  
18 curricula that was of benefit to the veterinarian.

19 (f) A veterinarian desiring an inactive license or to restore an  
20 inactive license under Section 701 shall submit an application on  
21 a form provided by the board. In order to restore an inactive license  
22 to active status, the veterinarian shall have completed a minimum  
23 of 36 hours of continuing education within the last two years  
24 preceding application. The inactive license status of a veterinarian  
25 shall not deprive the board of its authority to institute or continue  
26 a disciplinary action against a licensee.

27 (g) Knowing misrepresentation of compliance with this article  
28 by a veterinarian constitutes unprofessional conduct and grounds  
29 for disciplinary action or for the issuance of a citation and the  
30 imposition of a civil penalty pursuant to Section 4883.

31 (h) The board, in its discretion, may exempt from the continuing  
32 education requirement any veterinarian who for reasons of health,  
33 military service, or undue hardship cannot meet those requirements.  
34 Applications for waivers shall be submitted on a form provided  
35 by the board.

36 (i) The administration of this section may be funded through  
37 professional license and continuing education provider fees. The  
38 fees related to the administration of this section shall not exceed  
39 the costs of administering the corresponding provisions of this  
40 section.

1 (j) For those continuing education providers not listed in  
2 paragraph (1) of subdivision (b), the board or its recognized  
3 national approval agent shall establish criteria by which a provider  
4 of continuing education shall be approved. The board shall initially  
5 review and approve these criteria and may review the criteria as  
6 needed. The board or its recognized agent shall monitor, maintain,  
7 and manage related records and data. The board may impose an  
8 application fee, not to exceed two hundred dollars (\$200)  
9 biennially, for continuing education providers not listed in  
10 paragraph (1) of subdivision (b).

11 (k) (1) Beginning January 1, 2018, a licensed veterinarian who  
12 renews his or her license shall complete a minimum of one credit  
13 hour of continuing education on the judicious use of medically  
14 important antimicrobial drugs every four years as part of his or  
15 her continuing education requirements.

16 (2) For purposes of this subdivision, “medically important  
17 antimicrobial drug” means an antimicrobial drug listed in Appendix  
18 A of the federal Food and Drug Administration’s Guidance for  
19 Industry #152, including critically important, highly important,  
20 and important antimicrobial drugs, as that appendix may be  
21 amended.

**ASSEMBLY BILL**

**No. 2362**

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**Introduced by Assembly Member Rubio**

February 14, 2018

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An act to add Chapter 12 (commencing with Section 122390) to Part 6 of Division 105 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 2362, as introduced, Rubio. Safe transportation of dogs and cats.

Existing law governs the retail sale of dogs and cats by pet dealers, as defined, and establishes minimum standards for the care of those animals, as specified.

This bill would establish health and safety standards for mobile or traveling housing facilities for dogs and cats, including standards governing sufficient heating and cooling, ventilation, and lighting. The bill would establish minimum and maximum temperatures and would require, among other things, that dry bedding and auxiliary ventilation be provided under certain circumstances. The bill would apply to public and private organizations, including animal shelters, rescue groups, humane society shelters, and for-profit entities, as specified.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Chapter 12 (commencing with Section 122390)
- 2 is added to Part 6 of Division 105 of the Health and Safety Code,
- 3 to read:



## CHAPTER 12. SAFE TRANSPORTATION OF DOGS AND CATS

122390. Mobile or traveling housing facilities for dogs and cats shall be sufficiently heated and cooled when necessary to protect the dogs and cats from temperature or humidity extremes and to provide for their health and well-being. The ambient temperature in the mobile or traveling housing facility shall not fall below 50 degrees Fahrenheit (10 degrees Celsius) for dogs and cats not acclimated to lower temperatures, for those breeds, such as dogs with little fur, that cannot tolerate lower temperatures without stress or discomfort, and for sick, aged, young, or infirm dogs and cats. Dry bedding, solid resting boards, or other methods of conserving body heat shall be provided when temperatures are below 50 degrees Fahrenheit (10 degrees Celsius). The ambient temperature shall not fall below 45 degrees Fahrenheit (7.2 degrees Celsius) for more than 4 consecutive hours when dogs or cats are present, and shall not exceed 85 degrees Fahrenheit (29.5 degrees Celsius) for more than four consecutive hours when dogs or cats are present.

122391. Mobile or traveling housing facilities for dogs and cats shall be sufficiently ventilated at all times when dogs or cats are present to provide for the health and well-being of the animals, and to minimize odors, drafts, ammonia levels, moisture condensation, and exhaust fumes. Ventilation shall be provided by means of windows, doors, vents, fans, or air conditioning. Auxiliary ventilation, such as fans, blowers, or air conditioning, shall be provided when the ambient temperature within the animal housing area is 85 degrees Fahrenheit (29.5 degrees Celsius) or higher.

122392. Mobile or traveling housing facilities for dogs and cats shall be lighted well enough to permit proper cleaning and inspection of the facility, and observation of the dogs and cats. Animal areas shall be provided a regular diurnal lighting cycle of either natural or artificial light. Lighting shall be uniformly diffused throughout animal facilities and provide sufficient illumination to aid in maintaining good housekeeping practices, adequate cleaning, adequate inspection of animals, and for the well-being of the animals.

122393. This chapter applies to a public animal control agency or shelter, society for the prevention of cruelty to animals shelter,

1 humane society shelter, or rescue group that is in a cooperative  
2 agreement with at least one private or public shelter pursuant to  
3 Section 31108, 31752, or 31753 of the Food and Agricultural Code,  
4 and to a public or private for-profit entity that uses mobile or  
5 traveling housing facilities for dogs and cats.

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AMENDED IN ASSEMBLY APRIL 16, 2018

AMENDED IN ASSEMBLY MARCH 23, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2409**

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**Introduced by Assembly Member Kiley**

February 14, 2018

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An act to add Section 37 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2409, as amended, Kiley. Professions and vocations: occupational regulations.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs and provides that those boards are established for the purpose of ensuring that those private businesses and professions deemed to engage in activities that have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. Existing law authorizes a board to deny a license if an applicant has been convicted of a crime, done any act involving dishonesty, fraud, or deceit with intent to substantially benefit himself or herself or another or substantially injure another, or does any act that, if done by a licentiate of the business or profession, would be grounds for suspension or revocation.

This bill would establish that a person has a right to engage in a lawful profession or vocation without being subject to an occupational regulation, as defined, that imposes a substantial burden on that right, and would require each occupational regulation to be limited to what

is demonstrably necessary and narrowly tailored to fulfill a legitimate public health, safety, or welfare objective. The bill would include within this the right of a person with a criminal record to ~~obtain a license and not to have a board use the person's criminal record~~ *used by a board as an automatic or mandatory permanent bar to engaging in a lawful profession or vocation. The bill would also include* *vocation, except as specified, and the right of a person who is behind on his or her taxes or student loans to petition a board not to use these factors against that person, as prescribed. loan payments to not have a board use that fact as an automatic or mandatory permanent bar to engaging in a lawful profession or vocation.*

The bill would authorize a person ~~who is denied a license to file a petition and appeal to the board. The bill would prescribe procedures and legal standards by which a board may determine that a person's criminal record disqualifies that person. The bill would also permit a person, following the response to an administrative petition, to file an appeal to a court for a declaratory judgment or injunctive or other equitable relief, in accordance with certain legal procedures and criteria.~~ *to petition a board to review an occupational regulation, as defined, within the board's jurisdiction for compliance with the above rights, as specified. The bill would authorize a person with a criminal record to petition a board at any time for a determination of whether the person's criminal record will automatically disqualify the person from obtaining a license from the board and would specify the criteria a board is allowed to use in making that determination.* The bill would include related definitions and declare the intent of the Legislature in this regard.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. This act may be known as the "Occupational
- 2 Opportunity Act."
- 3 SEC. 2. The Legislature finds and declares all of the following:
- 4 (a) Each individual has the right to pursue a chosen profession
- 5 and vocation, free from arbitrary or excessive government
- 6 interference.
- 7 (b) The freedom to earn an honest living traditionally has
- 8 provided the surest means for economic mobility.

1 (c) In recent years, many regulations of entry into professions  
2 and vocations have exceeded legitimate public purposes and have  
3 had the effect of arbitrarily limiting entry and reducing competition.

4 (d) The burden of excessive regulation is borne most heavily  
5 by individuals outside the economic mainstream, for whom  
6 opportunities for economic advancement are curtailed.

7 (e) It is in the public interest to do all of the following:

8 (1) Ensure the right of all individuals to pursue legitimate  
9 entrepreneurial and professional opportunities to the limits of their  
10 talent and ambition.

11 (2) Provide the means for the vindication of this right.

12 (3) Ensure that regulations of entry into professions and  
13 vocations are demonstrably necessary and narrowly tailored to  
14 fulfill legitimate health, safety, and welfare objectives.

15 SEC. 3. Section 37 is added to the Business and Professions  
16 Code, to read:

17 37. (a) (1) Notwithstanding Section 480 or any other law, a  
18 person has a right to engage in a lawful profession or vocation  
19 without being subject to an occupational regulation that imposes  
20 a substantial burden on that right. To achieve this purpose, each  
21 occupational regulation shall be limited to what is demonstrably  
22 necessary and shall be narrowly tailored to fulfill a legitimate  
23 public health, safety, or welfare objective.

24 (2) Notwithstanding any other law, the right set forth in  
25 paragraph (1) includes the right of a person with a criminal record  
26 ~~to obtain a license to engage in a profession or vocation, and the~~  
27 ~~right to not have a board use the person's criminal record as an~~  
28 ~~automatic or mandatory permanent bar to engaging in a lawful~~  
29 ~~profession or vocation.~~ *to not have the person's criminal record*  
30 *be used by a board as an automatic or mandatory permanent bar*  
31 *to engaging in a lawful profession or vocation, unless for reasons*  
32 *specified in this section.*

33 (3) Notwithstanding any other law, the right set forth in  
34 paragraph (1) also includes the right of a person who is behind on  
35 his or her taxes or student ~~loans~~ *loan payments* to obtain a license  
36 to engage in a profession or vocation, and the right to not have the  
37 board use the person's status with respect to his or her taxes or  
38 student ~~loans~~ *loan payments* as an automatic or mandatory  
39 permanent bar to engaging in a lawful profession or vocation.

1     ~~(b) (1) (A) A person denied a license may file a petition and~~  
2 ~~appeal to the board.~~

3     ~~(B) If the person has a criminal record, the person shall include~~  
4 ~~in the petition a copy of his or her criminal record or shall authorize~~  
5 ~~the board to obtain a copy that record. The person may additionally~~  
6 ~~include information about his or her current circumstances,~~  
7 ~~including, but not limited to, the time passed since the offense,~~  
8 ~~completion of the criminal sentence, other evidence of~~  
9 ~~rehabilitation, testimonials, employment history, and employment~~  
10 ~~aspirations.~~

11     ~~(C) Notwithstanding any other law, the board may find that the~~  
12 ~~person's criminal record disqualifies that person from obtaining a~~  
13 ~~license only if the person's criminal record includes a conviction~~  
14 ~~for a felony or a violent misdemeanor and the board concludes~~  
15 ~~that the state has an important interest in protecting public safety~~  
16 ~~that is superior to the person's individual right. The board may~~  
17 ~~make this conclusion only if it determines, by clear and convincing~~  
18 ~~evidence at the time of the petition, all of the following:~~

19     ~~(i) The specific offense for which the person was convicted is~~  
20 ~~substantially related to the qualifications, functions, or duties of~~  
21 ~~the profession or vocation for which application was denied.~~

22     ~~(ii) The person, based on the nature of the specific offense for~~  
23 ~~which he or she was convicted and his or her current circumstances,~~  
24 ~~would be put in a position in which that person is more likely to~~  
25 ~~reoffend by having the license than if the person did not obtain~~  
26 ~~that license.~~

27     ~~(iii) A reoffense by the person would cause greater harm than~~  
28 ~~it would if the person did not have a license and was not put in a~~  
29 ~~position in which the person is more likely to reoffend.~~

30     ~~(2) Within 90 days of a petition filed pursuant to paragraph (1),~~  
31 ~~the board shall make a determination on the appeal, based on the~~  
32 ~~standards set forth in subdivision (a).~~

33     ~~(e) (1) Following the response to an administrative petition~~  
34 ~~pursuant to paragraph (2) of subdivision (b), a person may file an~~  
35 ~~appeal to a court of general jurisdiction for a declaratory judgment~~  
36 ~~or injunctive relief or other equitable relief for a violation of~~  
37 ~~subdivision (a).~~

38     ~~(2) In such an action, the board bears the burden of proving by~~  
39 ~~preponderance of the evidence that the challenged occupational~~

1 regulation meets the criteria set forth in paragraph (1) of  
2 subdivision (a):

3 ~~(3) If the board fails to meet the burden of proof and the court~~  
4 ~~finds by a preponderance of evidence that the challenged~~  
5 ~~occupational regulation fails to meet the criteria set forth in~~  
6 ~~paragraph (1) of subdivision (a), the court shall enjoin further~~  
7 ~~enforcement of the occupational regulation and shall award~~  
8 ~~reasonable attorney's fees and costs to the plaintiff.~~

9 ~~(4) A court shall liberally construe this section to protect the~~  
10 ~~rights established in paragraph (1) of subdivision (a).~~

11 *(b) (1) A person may petition a board to review an occupational*  
12 *regulation within the board's jurisdiction for compliance with*  
13 *subdivision (a). The board shall respond within 90 days after the*  
14 *petition is submitted, and shall, in writing, inform the petitioner*  
15 *of the board's decision to do one of the following depending on*  
16 *the circumstances:*

17 *(A) Subject to the Administrative Procedure Act (Chapter 3.5*  
18 *(commencing with Section 11340) of Part 1 of Division 3 of Title*  
19 *2 of the Government Code), repeal the occupational regulation.*

20 *(B) Subject to the Administrative Procedure Act (Chapter 3.5*  
21 *(commencing with Section 11340) of Part 1 of Division 3 of Title*  
22 *2 of the Government Code), amend the occupational regulation*  
23 *to bring it into compliance with subdivision (a).*

24 *(C) Recommend the enactment of legislation by the Legislature.*

25 *(D) State the basis on which the board concludes the*  
26 *occupational regulation complies with subdivision (a).*

27 *(2) A person may appeal the board's determination in paragraph*  
28 *(1) by filing an action in a court of general jurisdiction for*  
29 *declaratory judgment, injunctive relief, or other equitable relief.*

30 *(A) In such an action, the board bears the burden of proving*  
31 *by a preponderance of the evidence that the challenged*  
32 *occupational regulation is in compliance with subdivision (a).*

33 *(B) If the board fails to meet the burden of proof and the court*  
34 *finds by a preponderance of the evidence that the challenged*  
35 *occupational regulation does not comply with subdivision (a), the*  
36 *court shall enjoin further enforcement of the occupational*  
37 *regulation and shall award reasonable attorney's fees and costs*  
38 *to the petitioner.*

39 *(c) (1) Notwithstanding any other law, a person with a criminal*  
40 *record may petition a board at any time for a determination of*

1 *whether the person's criminal record will automatically disqualify*  
2 *the person from obtaining a license from the board.*

3 (2) *The person shall include in the petition the person's criminal*  
4 *record or authorize the board to obtain the person's criminal*  
5 *record.*

6 (3) *Notwithstanding any other statute or rule, the board may*  
7 *find the individual's criminal record disqualifies the individual*  
8 *from obtaining a license only if both of the following are met:*

9 (A) *The person's criminal record includes a conviction for a*  
10 *felony or violent misdemeanor.*

11 (B) *The board concludes the state has an important interest in*  
12 *protecting public safety that is superior to the person's right in*  
13 *subdivision (a). The board may make this conclusion only if it*  
14 *determines, by clear and convincing evidence at the time of the*  
15 *petition, that all of the following are met:*

16 (i) *The specific offense for which the person was convicted is*  
17 *substantially related to the state's interest in protecting public*  
18 *safety.*

19 (ii) *The person, based on the nature of the specific offense for*  
20 *which he or she was convicted and the person's current*  
21 *circumstances, will be put in a position where the person is more*  
22 *likely to reoffend by having the license than if the individual did*  
23 *not have the license.*

24 (iii) *A reoffense will cause greater harm than if the individual*  
25 *did not have a license and was not put in the position where the*  
26 *individual is more likely to reoffend.*

27 (4) *The board shall issue its determination within 90 days after*  
28 *the board receives the petition. The determination shall be in*  
29 *writing and include, but not be limited to, the person's criminal*  
30 *record, findings of fact, and the board's legal conclusions.*

31 (d) *For purposes of this section, the following terms apply:*

32 (1) *"Board" has the same meaning as set forth in Section 22.*

33 (2) *"License" has the same meaning as set forth in Section 23.7.*

34 (3) *"Occupational regulation" means a regulation, rule, policy,*  
35 *condition, test, permit, administrative practice, or other state*  
36 *government-prescribed requirement for a person to engage in a*  
37 *lawful profession or vocation.*



AMENDED IN ASSEMBLY APRIL 9, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2483**

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**Introduced by Assembly Member Voepel**

February 14, 2018

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An act to add Chapter 10 (commencing with Section 473) to Division 1 of the Business and Professions Code, relating to professions: liability.

LEGISLATIVE COUNSEL'S DIGEST

AB 2483, as amended, Voepel. ~~Department of Consumer Affairs: Office of Supervision of Occupational Boards: Indemnification of public officers and employees: antitrust awards.~~

*The Government Claims Act, except as provided, requires a public entity to pay any judgment or any compromise or settlement of a claim or action against an employee or former employee of the public entity if the employee or former employee requests the public entity to defend him or her against any claim or action against him or her for an injury arising out of an act or omission occurring within the scope of his or her employment as an employee of the public entity, the request is made in writing not less than 10 days before the day of trial, and the employee or former employee reasonably cooperates in good faith in the defense of the claim or action. That act prohibits the payment of punitive or exemplary damages by a public entity, except as specified.*

*This bill would require a public entity to pay a judgment or settlement for treble damage antitrust awards against a member of a regulatory board within the Department of Consumer Affairs for an act or omission occurring within the scope of the member's official capacity as a member of that regulatory board. The bill would specify that treble*

*damages awarded pursuant to a specified federal law for violation of another federal law are not punitive or exemplary damages within the act.*

Under existing law, the Department of Consumer Affairs is composed of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations for the purpose of protecting the people of California. With certain exceptions, decisions of these entities with respect to setting standards, conducting examinations, passing candidates, and revoking licenses, are final and are not subject to review by the Director of Consumer Affairs.

This bill would establish an Office of Supervision of Occupational Boards within the department to exercise active supervision over a “covered board,” defined as specific licensing and regulatory agencies within the department, to ensure compliance with specific policies established in the bill regarding licensing and enforcement (established policies). The bill would require the office, in the exercise of active supervision, to be involved in the development of a covered board’s rules and policies, to disapprove the use of any board rule or policy and terminate any enforcement action that is not consistent with the established policies, and to review and affirmatively approve only rules, policies, and enforcement actions consistent with the established policies. The bill would require the office to review and approve or reject any rule, policy, enforcement action, or other occupational licensure action proposed by each covered board before adoption or implementation. The bill would establish procedures for complaints, investigation, remedial action, and appeal relating to a rule, policy, enforcement action, or other occupational licensure action of a covered board inconsistent with the established policies.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 825 of the Government Code is amended  
2     to read:

3     825. (a) Except as otherwise provided in this section, if an  
4     employee or former employee of a public entity requests the public  
5     entity to defend him or her against any claim or action against him  
6     or her for an injury arising out of an act or omission occurring

1 within the scope of his or her employment as an employee of the  
2 public entity and the request is made in writing not less than 10  
3 days before the day of trial, and the employee or former employee  
4 reasonably cooperates in good faith in the defense of the claim or  
5 action, the public entity shall pay any judgment based thereon or  
6 any compromise or settlement of the claim or action to which the  
7 public entity has agreed.

8 If the public entity conducts the defense of an employee or  
9 former employee against any claim or action with his or her  
10 reasonable good-faith cooperation, the public entity shall pay any  
11 judgment based thereon or any compromise or settlement of the  
12 claim or action to which the public entity has agreed. However,  
13 where the public entity conducted the defense pursuant to an  
14 agreement with the employee or former employee reserving the  
15 rights of the public entity not to pay the judgment, compromise,  
16 or settlement until it is established that the injury arose out of an  
17 act or omission occurring within the scope of his or her  
18 employment as an employee of the public entity, the public entity  
19 is required to pay the judgment, compromise, or settlement only  
20 if it is established that the injury arose out of an act or omission  
21 occurring in the scope of his or her employment as an employee  
22 of the public entity.

23 Nothing in this section authorizes a public entity to pay that part  
24 of a claim or judgment that is for punitive or exemplary damages.

25 (b) Notwithstanding subdivision (a) or any other provision of  
26 law, a public entity is authorized to pay that part of a judgment  
27 that is for punitive or exemplary damages if the governing body  
28 of that public entity, acting in its sole discretion except in cases  
29 involving an entity of the state government, finds all of the  
30 following:

31 (1) The judgment is based on an act or omission of an employee  
32 or former employee acting within the course and scope of his or  
33 her employment as an employee of the public entity.

34 (2) At the time of the act giving rise to the liability, the employee  
35 or former employee acted, or failed to act, in good faith, without  
36 actual malice and in the apparent best interests of the public entity.

37 (3) Payment of the claim or judgment would be in the best  
38 interests of the public entity.

39 As used in this subdivision with respect to an entity of state  
40 government, “a decision of the governing body” means the

1 approval of the Legislature for payment of that part of a judgment  
2 that is for punitive damages or exemplary damages, upon  
3 recommendation of the appointing power of the employee or  
4 former employee, based upon the finding by the Legislature and  
5 the appointing authority of the existence of the three conditions  
6 for payment of a punitive or exemplary damages claim. The  
7 provisions of subdivision (a) of Section 965.6 shall apply to the  
8 payment of any claim pursuant to this subdivision.

9 The discovery of the assets of a public entity and the introduction  
10 of evidence of the assets of a public entity shall not be permitted  
11 in an action in which it is alleged that a public employee is liable  
12 for punitive or exemplary damages.

13 The possibility that a public entity may pay that part of a  
14 judgment that is for punitive damages shall not be disclosed in any  
15 trial in which it is alleged that a public employee is liable for  
16 punitive or exemplary damages, and that disclosure shall be  
17 grounds for a mistrial.

18 (c) Except as provided in subdivision (d), if the provisions of  
19 this section are in conflict with the provisions of a memorandum  
20 of understanding reached pursuant to Chapter 10 (commencing  
21 with Section 3500) of ~~Division 4 of Title 1, 4~~, the memorandum  
22 of understanding shall be controlling without further legislative  
23 action, except that if those provisions of a memorandum of  
24 understanding require the expenditure of funds, the provisions  
25 shall not become effective unless approved by the Legislature in  
26 the annual Budget Act.

27 (d) The subject of payment of punitive damages pursuant to this  
28 section or any other provision of law shall not be a subject of meet  
29 and confer under the provisions of Chapter 10 (commencing with  
30 Section 3500) of ~~Division 4 of Title 1, 4~~, or pursuant to any other  
31 law or authority.

32 (e) Nothing in this section shall affect the provisions of Section  
33 818 prohibiting the award of punitive damages against a public  
34 entity. This section shall not be construed as a waiver of a public  
35 entity's immunity from liability for punitive damages under Section  
36 1981, 1983, or 1985 of Title 42 of the United States Code.

37 (f) (1) Except as provided in paragraph (2), a public entity shall  
38 not pay a judgment, compromise, or settlement arising from a  
39 claim or action against an elected official, if the claim or action is  
40 based on conduct by the elected official by way of tortiously

1 intervening or attempting to intervene in, or by way of tortiously  
2 influencing or attempting to influence the outcome of, any judicial  
3 action or proceeding for the benefit of a particular party by  
4 contacting the trial judge or any commissioner, court-appointed  
5 arbitrator, court-appointed mediator, or court-appointed special  
6 referee assigned to the matter, or the court clerk, bailiff, or marshal  
7 after an action has been filed, unless he or she was counsel of  
8 record acting lawfully within the scope of his or her employment  
9 on behalf of that party. Notwithstanding Section 825.6, if a public  
10 entity conducted the defense of an elected official against such a  
11 claim or action and the elected official is found liable by the trier  
12 of fact, the court shall order the elected official to pay to the public  
13 entity the cost of that defense.

14 (2) If an elected official is held liable for monetary damages in  
15 the action, the plaintiff shall first seek recovery of the judgment  
16 against the assets of the elected official. If the elected official's  
17 assets are insufficient to satisfy the total judgment, as determined  
18 by the court, the public entity may pay the deficiency if the public  
19 entity is authorized by law to pay that judgment.

20 (3) To the extent the public entity pays any portion of the  
21 judgment or is entitled to reimbursement of defense costs pursuant  
22 to paragraph (1), the public entity shall pursue all available  
23 creditor's remedies against the elected official, including  
24 garnishment, until that party has fully reimbursed the public entity.

25 (4) This subdivision shall not apply to any criminal or civil  
26 enforcement action brought in the name of the people of the State  
27 of California by an elected district attorney, city attorney, or  
28 attorney general.

29 (g) *Notwithstanding subdivision (a), a public entity shall pay*  
30 *for a judgment or settlement for treble damage antitrust awards*  
31 *against a member of a regulatory board within the Department of*  
32 *Consumer Affairs for an act or omission occurring within the scope*  
33 *of the member's official capacity as a member of that regulatory*  
34 *board.*

35 (h) *For purposes of this section, treble damages awarded*  
36 *pursuant to the federal Clayton Act (Sections 12 to 27, inclusive,*  
37 *of Title 15 of, and Sections 52 and 53 of Title 29 of, the United*  
38 *States Code) for a violation of the federal Sherman Act (Sections*  
39 *1 to 7, inclusive, of Title 15 of the United States Code) are not*  
40 *punitive or exemplary damages under this division.*

1     ~~SECTION 1. Chapter 10 (commencing with Section 473) is~~  
2     ~~added to Division 1 of the Business and Professions Code, to read:~~

3  
4             ~~CHAPTER 10. OFFICE OF SUPERVISION OF OCCUPATIONAL~~  
5                     ~~BOARDS~~

6  
7     ~~473. The following are policies of the state:~~

8     ~~(a) Occupational licensing laws should be construed and applied~~  
9     ~~to increase economic opportunity, promote competition, and~~  
10    ~~encourage innovation.~~

11    ~~(b) Regulators should displace competition through occupational~~  
12    ~~licensing only where less restrictive regulation will not suffice to~~  
13    ~~protect consumers from present, significant, and substantiated~~  
14    ~~harms that threaten public health, safety, or welfare.~~

15    ~~(c) An occupational licensing restriction should be enforced~~  
16    ~~against an individual only to the extent the individual sells goods~~  
17    ~~and services that are included explicitly in the statute or regulation~~  
18    ~~that defines the occupation's scope of practice.~~

19    ~~473.1. As used in this chapter:~~

20    ~~(a) "Covered board" means any entity listed in Section 101.~~

21    ~~(b) "Office" means the Office of Supervision of Occupational~~  
22    ~~Boards established in Section 473.2.~~

23    ~~473.2. (a) There is hereby established an Office of Supervision~~  
24    ~~of Occupational Boards within the department.~~

25    ~~(b) (1) Notwithstanding Section 109, the office shall be~~  
26    ~~responsible for exercising active supervision over each covered~~  
27    ~~board to ensure compliance with the policies in Section 473.~~

28    ~~(2) In exercising active supervision over covered boards under~~  
29    ~~paragraph (1), the office shall independently do the following:~~

30    ~~(A) Play a substantial role in the development of a covered~~  
31    ~~board's rules and policies to ensure they benefit consumers and~~  
32    ~~do not serve the private interests of providers of goods and services~~  
33    ~~regulated by the covered board.~~

34    ~~(B) Disapprove the use of any rule or policy of a covered board~~  
35    ~~and terminate any enforcement action, including any action pending~~  
36    ~~on January 1, 2019, that is not consistent with Section 473.~~

37    ~~(C) Exercise control over each covered board by reviewing and~~  
38    ~~affirmatively approving only rules, policies, and enforcement~~  
39    ~~actions that are consistent with Section 473.~~

1 ~~(D) Analyze existing and proposed rules and policies and~~  
2 ~~conduct investigations to gain additional information to promote~~  
3 ~~compliance with Section 473, including, but not limited to, less~~  
4 ~~restrictive regulatory approaches.~~

5 ~~(3) In exercising active supervision over covered boards under~~  
6 ~~paragraph (1), the office shall be staffed by not fewer than one~~  
7 ~~attorney who does not provide general counsel to any covered~~  
8 ~~board.~~

9 ~~(e) (1) Notwithstanding Section 109, the office shall review~~  
10 ~~and approve or reject any rule, policy, enforcement action, or other~~  
11 ~~occupational licensure action proposed by each covered board~~  
12 ~~before the covered board may adopt or implement the rule, policy,~~  
13 ~~enforcement action, or other occupational licensure action.~~

14 ~~(2) For purposes of paragraph (1), approval by the office shall~~  
15 ~~be express and silence or failure to act shall not constitute approval.~~

16 ~~473.3. (a) Any person may file a complaint to the office about~~  
17 ~~a rule, policy, enforcement action, or other occupational licensure~~  
18 ~~action of a covered board that the person believes is not consistent~~  
19 ~~with Section 473.~~

20 ~~(b) Not later than 90 days after the date on which the office~~  
21 ~~receives a complaint filed under paragraph (1), notwithstanding~~  
22 ~~Section 109, the office shall investigate the complaint, identify~~  
23 ~~remedies, and instruct the covered board to take action as the office~~  
24 ~~determines to be appropriate, and respond in writing to the~~  
25 ~~complainant.~~

26 ~~(c) (1) There shall be no right to appeal a decision of the office~~  
27 ~~under subdivision (b) unless the challenged rule, policy,~~  
28 ~~enforcement action, or other occupational licensure action would~~  
29 ~~prevent the complainant from engaging in a lawful occupation or~~  
30 ~~employing or contracting others for the performance of a lawful~~  
31 ~~occupation and the complainant has taken material steps in an~~  
32 ~~attempt to engage in a lawful occupation or employ or contract~~  
33 ~~others for the performance of a lawful occupation.~~

34 ~~(2) Any appeal authorized under paragraph (1) shall be to the~~  
35 ~~superior court.~~

AMENDED IN ASSEMBLY APRIL 10, 2018

AMENDED IN ASSEMBLY MARCH 22, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

## ASSEMBLY BILL

**No. 2589**

---

**Introduced by Assembly Member Bigelow**

February 15, 2018

---

An act to amend Section 11056 of the Health and Safety Code, relating to controlled substances.

### LEGISLATIVE COUNSEL'S DIGEST

AB 2589, as amended, Bigelow. Controlled substances: human chorionic gonadotropin.

Under the existing California Uniform Controlled Substances Act, controlled substances are listed on 5 different schedules. Existing law lists human chorionic gonadotropin (hCG) as a Schedule III controlled substance. Substances listed as controlled substances are subject to various forms of regulation, including reporting requirements, prescribing requirements, and criminal prohibitions on possession.

This bill would exempt hCG from being subject to the reagent regulations of the Controlled Substances Act ~~when it is expressly purchased, sold, possessed, transferred, or administered for specified veterinary purposes.~~ *possessed by, sold to, purchased by, transferred to, or administered by a licensed veterinarian, or a licensed veterinarian's designated agent, exclusively for veterinary use.*

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.



*The people of the State of California do enact as follows:*

SECTION 1. Section 11056 of the Health and Safety Code is amended to read:

11056. (a) The controlled substances listed in this section are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of those isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under Section 1308.32 of Title 21 of the Code of Federal Regulations, and any other drug of the quantitative composition shown in that list for those drugs or that is the same except that it contains a lesser quantity of controlled substances.

(2) Benzphetamine.

(3) Chlorphentermine.

(4) Clortermine.

(5) Mazindol.

(6) Phendimetrazine.

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing any of the following:

(A) Amobarbital

(B) Secobarbital

(C) Pentobarbital

or any salt thereof and one or more other active medicinal ingredients that are not listed in any schedule.

(2) Any suppository dosage form containing any of the following:

(A) Amobarbital

1 (B) Secobarbital

2 (C) Pentobarbital

3 or any salt of any of these drugs and approved by the federal Food  
4 and Drug Administration for marketing only as a suppository.

5 (3) Any substance that contains any quantity of a derivative of  
6 barbituric acid or any salt thereof.

7 (4) Chlorhexadol.

8 (5) Lysergic acid.

9 (6) Lysergic acid amide.

10 (7) Methypylon.

11 (8) Sulfondiethylmethane.

12 (9) Sulfonethylmethane.

13 (10) Sulfonmethane.

14 (11) Gamma hydroxybutyric acid, and its salts, isomers and  
15 salts of isomers, contained in a drug product for which an  
16 application has been approved under Section 505 of the Federal  
17 Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 355).

18 (d) Nalorphine.

19 (e) Narcotic drugs. Unless specifically excepted or unless listed  
20 in another schedule, any material, compound, mixture, or  
21 preparation containing any of the following narcotic drugs, or their  
22 salts calculated as the free anhydrous base or alkaloid, in limited  
23 quantities as set forth below:

24 (1) Not more than 1.8 grams of codeine per 100 milliliters or  
25 not more than 90 milligrams per dosage unit, with an equal or  
26 greater quantity of an isoquinoline alkaloid of opium.

27 (2) Not more than 1.8 grams of codeine per 100 milliliters or  
28 not more than 90 milligrams per dosage unit, with one or more  
29 active, nonnarcotic ingredients in recognized therapeutic amounts.

30 (3) Not more than 300 milligrams of dihydrocodeinone per 100  
31 milliliters or not more than 15 milligrams per dosage unit, with a  
32 fourfold or greater quantity of an isoquinoline alkaloid of opium.

33 (4) Not more than 300 milligrams of dihydrocodeinone per 100  
34 milliliters or not more than 15 milligrams per dosage unit, with  
35 one or more active nonnarcotic ingredients in recognized  
36 therapeutic amounts. Additionally, oral liquid preparations of  
37 dihydrocodeinone containing the above specified amounts may  
38 not contain as its nonnarcotic ingredients two or more  
39 antihistamines in combination with each other.

(5) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.

(6) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(f) Anabolic steroids and chorionic gonadotropin. Any material, compound, mixture, or preparation containing chorionic gonadotropin or an anabolic steroid (excluding anabolic steroid products listed in the “Table of Exempt Anabolic Steroid Products” (Section 1308.34 of Title 21 of the Code of Federal Regulations), as exempt from the federal Controlled Substances Act (Section 801 and following of Title 21 of the United States Code)), including, but not limited to, the following:

- (1) Androisoxazole.
- (2) Androstenediol.
- (3) Bolandiol.
- (4) Bolasterone.
- (5) Boldenone.
- (6) Chlormethandienone.
- (7) Clostebol.
- (8) Dihydromesterone.
- (9) Ethylestrenol.
- (10) Fluoxymesterone.
- (11) Formyldienolone.
- (12) 4-Hydroxy-19-nortestosterone.
- (13) Mesterolone.
- (14) Methandriol.
- (15) Methandrostenolone.
- (16) Methenolone.
- (17) 17-Methyltestosterone.

- 1 (18) Methyltrienolone.
- 2 (19) Nandrolone.
- 3 (20) Norbolethone.
- 4 (21) Norethandrolone.
- 5 (22) Normethandrolone.
- 6 (23) Oxandrolone.
- 7 (24) Oxymestrone.
- 8 (25) Oxymetholone.
- 9 (26) Quinbolone.
- 10 (27) Stanolone.
- 11 (28) Stanozolol.
- 12 (29) Stenbolone.
- 13 (30) Testosterone.
- 14 (31) Trenbolone.
- 15 (32) Human chorionic gonadotropin ~~(hCG)~~. ~~Except when~~  
16 ~~possessed, sold, purchased, transferred, or administered with the~~  
17 ~~express intention and purpose of injection or implantation into~~  
18 ~~cattle or any other nonhuman species, if that use is approved by~~  
19 ~~the federal Food and Drug Administration.~~ *(hCG), except when*  
20 *possessed by, sold to, purchased by, transferred to, or administered*  
21 *by a licensed veterinarian, or a licensed veterinarian's designated*  
22 *agent, exclusively for veterinary use.*
- 23 (g) Ketamine. Any material, compound, mixture, or preparation  
24 containing ketamine.
- 25 (h) Hallucinogenic substances. Any of the following  
26 hallucinogenic substances: dronabinol (synthetic) in sesame oil  
27 and encapsulated in a soft gelatin capsule in a drug product  
28 approved by the federal Food and Drug Administration.

O

AMENDED IN ASSEMBLY APRIL 17, 2018

AMENDED IN ASSEMBLY APRIL 2, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

## ASSEMBLY BILL

**No. 3013**

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**Introduced by Assembly Member Chu  
(Coauthor: Assembly Member Limón)**

February 16, 2018

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An act to amend Section 4905 of, and to add Section 4828.5 to, the Business and Professions Code, relating to healing arts.

### LEGISLATIVE COUNSEL'S DIGEST

AB 3013, as amended, Chu. Veterinary medicine: animal physical rehabilitation.

Existing law, the Physical Therapy Practice Act, provides for the licensure and regulation of physical therapists by the Physical Therapy Board of California, which is within the Department of Consumer Affairs, and defines physical therapy as the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise.

Existing law, the Veterinary Medicine Practice Act, provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs. That act makes it unlawful for any person to practice veterinary medicine in this state without a license and provides that the practice of veterinary medicine includes, among

other things, the treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of an animal.

This bill would authorize a licensed physical therapist with a certificate in animal physical rehabilitation to provide animal physical rehabilitation to an animal if certain requirements are met, including that the animal physical rehabilitation is performed ~~on a veterinary premise registered with the Veterinary Medical Board, in an animal physical rehabilitation facility registered with the Veterinary Medical Board, or in a mobile or range setting~~; *in certain settings and under the supervision of a supervising veterinarian*. The bill would authorize ~~unlicensed assistants to perform an animal physical rehabilitation assistant to assist with delegated~~ animal physical rehabilitation tasks under the direct supervision of a licensed physical therapist with a certificate in animal physical rehabilitation. The bill would define an “animal physical rehabilitation facility” and would require an animal physical rehabilitation facility to register with the Veterinary Medical Board and pay specified registration fees; *if certain conditions are met*. The bill would require the Veterinary Medical Board to create an application form and determine the application process for the certificate. The bill would require the Veterinary Medical Board and the Physical Therapy Board of California, in cooperation, to determine the qualifications necessary for a physical therapist to receive a certificate issued by the Veterinary Medical Board, as provided, and would authorize the Veterinary Medical Board to charge a fee for issuance and renewal of a certificate. The bill would provide that a physical therapist with a certificate in animal physical rehabilitation *or an animal physical rehabilitation assistant* is solely liable for any *delegated* animal physical rehabilitation tasks provided under ~~the certificate~~; *a direct order*. The bill would authorize the Veterinary Medical Board to discipline a physical therapist with a certificate in animal physical rehabilitation. *The bill would also define various terms for these purposes*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 4828.5 is added to the Business and
- 2 Professions Code, to read:

1     4828.5. (a) ~~Notwithstanding~~ For purposes of this section, the  
2 following definitions shall apply:

3     (1) “Animal physical rehabilitation“ means the treatment of  
4 injury or illness to address pain and improve function by means  
5 of physical or corrective treatment, as defined under Section 2620.  
6 Animal physical rehabilitation does not include relaxation,  
7 recreational, or wellness modalities, including, but not limited to,  
8 massage, athletic training, or exercise.

9     (2) “Animal physical rehabilitation assistant” means an  
10 unlicensed person who is not a licensed veterinarian, registered  
11 veterinarian, or supervised physical therapist and who assists a  
12 supervised physical therapist with delegated animal physical  
13 rehabilitation tasks pursuant to this section.

14     (3) “Animal physical rehabilitation facility” means a facility  
15 where a supervised physical therapist performs delegated animal  
16 physical rehabilitation tasks on an animal patient.

17     (4) “Delegated animal rehabilitation task” means animal  
18 physical rehabilitation treatments, functions, or services delegated  
19 to a supervised physical therapist or animal physical rehabilitation  
20 assistant by a supervising veterinarian under direct orders.

21     (5) “Direct order“ means oral or written instruction from a  
22 supervising veterinarian authorizing physical rehabilitation of an  
23 animal patient, including, but not limited to, communication and  
24 safety protocols or procedures specific to the animal patient,  
25 consistent with standards of good veterinary medical practice, and  
26 the particular delegated animal physical rehabilitation task.

27     (6) “Direct supervision” means all of the following:

28     (A) The supervising veterinarian is physically present at the  
29 location where delegated animal rehabilitation tasks are to be  
30 performed and is quickly and easily available.

31     (B) For purposes of supervision of animal physical rehabilitation  
32 assistants, the supervised physical therapist is physically present  
33 at the location where delegated animal rehabilitation tasks are to  
34 be performed and is available as specified by the supervising  
35 veterinarian.

36     (C) The animal has been examined by the supervising  
37 veterinarian within the period of time consistent with standards  
38 of good veterinary medical practice and the particular delegated  
39 animal physical rehabilitation task.

40     (7) “Indirect supervision” means both of the following:

1 (A) *Determining the competency of a supervised physical*  
2 *therapist to perform delegated animal physical rehabilitation tasks*  
3 *and supervise an animal physical rehabilitation assistant.*

4 (B) *The animal has been examined by the supervising*  
5 *veterinarian within the period of time consistent with standards*  
6 *of good veterinary medical practice and the particular delegated*  
7 *animal physical rehabilitation task.*

8 (8) *“Supervised physical therapist“ means a physical therapist*  
9 *licensed under Chapter 5.7 (commencing with Section 2600) with*  
10 *a certificate in animal physical rehabilitation issued by the board*  
11 *who works under a supervising veterinarian pursuant to this*  
12 *section.*

13 (9) *“Supervising veterinarian“ means a veterinarian licensed*  
14 *pursuant to this chapter who is responsible for all of the following:*

15 (A) *Determining the competency of a supervised physical*  
16 *therapist to perform delegated animal physical rehabilitation tasks*  
17 *and supervise an animal physical rehabilitation assistant.*

18 (B) *Determining the competency of an animal physical*  
19 *rehabilitation assistant to perform delegated animal physical*  
20 *rehabilitation tasks under direct supervision of the supervised*  
21 *physical therapist.*

22 (C) *Determining the appropriate degree of supervision of a*  
23 *supervised physical therapist or an animal physical rehabilitation*  
24 *assistant necessary for the performance of the particular delegated*  
25 *animal physical rehabilitation task consistent with standards of*  
26 *good veterinary medical practice and the particular delegated*  
27 *animal physical rehabilitation task.*

28 (D) *Making all decisions relating to the diagnosis, treatment,*  
29 *management, and future disposition of the animal patient.*

30 (E) *Examining the animal patient prior to authorizing a*  
31 *supervised physical therapist or animal physical rehabilitation*  
32 *assistant to perform a delegated animal physical rehabilitation*  
33 *task. The examination of the animal patient shall be conducted*  
34 *within the period of time consistent with standards of good*  
35 *veterinary medical practice and the particular delegated animal*  
36 *physical rehabilitation task.*

37 (10) *“Supervision“ or “degree of supervision“ means either*  
38 *direct supervision or indirect supervision.*

39 (b) *Notwithstanding any other law, a supervised physical*  
40 *therapist licensed under Chapter 5.7 (commencing with Section*



2600) with a certificate in animal physical rehabilitation issued by the board may provide animal physical rehabilitation to an animal if all of the following requirements are met:

(1) The *supervised* physical therapist is working under the indirect supervision of a licensed *supervising* veterinarian who has an established veterinarian-client-patient relationship with the animal, the veterinarian makes a referral to the physical therapist with a certificate in animal physical rehabilitation, and the veterinarian is available for immediate consultation by telephone or other electronic means if immediate veterinary medical care is necessary. *animal.*

~~(2) Unlicensed assistants may perform animal physical rehabilitation tasks under the direct supervision of a licensed physical therapist with a certificate in animal physical rehabilitation pursuant to this chapter.~~

*(2) The degree of supervision is consistent with standards of good veterinary medical practice and the particular delegated animal physical rehabilitation task, as determined by the supervising veterinarian.*

(3) The *delegated* animal physical rehabilitation task is performed on a veterinary premise registered with the board, in an animal physical rehabilitation facility registered with the board, or in a mobile or range setting.

(4) The *supervised* physical therapist ~~applies applied~~ to the board, on an application form approved by the board, *for a certificate in animal physical rehabilitation, received that certificate from the board, and pays paid* the fee for a certificate in animal physical rehabilitation that certificate described in Section 4905.

*(c) An animal physical rehabilitation assistant may assist with delegated animal physical rehabilitation tasks if both of the following requirements are met:*

*(1) The animal physical rehabilitation assistant is working under the direct supervision of a supervised physical therapist in compliance with subdivision (b) of this section.*

*(2) The unlicensed assistant is working under the degree of supervision consistent with standards of good veterinary medical practice and the particular delegated animal physical rehabilitation task, as determined by the supervised physical therapist's supervising veterinarian.*

(d) Unless specifically authorized by this section, a supervised physical therapist or animal physical rehabilitation assistant shall not perform any activity that represents the practice of veterinary medicine or requires the knowledge, skill, and training of a licensed veterinarian or registered veterinary technician, including the following:

- (1) Surgery.
- (2) Diagnosis and prognosis of animal diseases.
- (3) Prescription of drugs, medicines, or appliances.
- (4) Anesthesia.
- (5) Application of casts or splints, except temporary cast molding for purposes of fitting custom or prefabricated orthotics or prosthetics if authorized by a supervising veterinarian.
- (6) Dental extraction.
- (7) Suture.
- (8) Administration of controlled substances.
- (9) Any other veterinary medicine function, tasks, or activities not specifically authorized by a supervising veterinarian as a delegated animal rehabilitation task.

~~(b)~~

(e) (1) An animal physical rehabilitation facility shall register with the board, on a form approved by the board, and pay the registration fee described in Section 4905.

(2) A ~~licensed supervised physical therapist with a certificate in animal physical rehabilitation~~ may register an animal rehabilitation facility with the board.

(3) The board may inspect an animal rehabilitation facility for safety and compliance with this chapter.

~~(e)~~

(f) (1) The board and the Physical Therapy Board of California, in cooperation, shall determine what qualifications are necessary for a physical therapist licensed under Chapter 5.7 (commencing with Section 2600) to receive a certificate in animal physical rehabilitation issued by the board. When making this determination, the board and the Physical Therapy Board of California shall ensure that the qualifications provide for safe and efficacious treatment of an animal and are consistent with the Veterinary Medical Board's Animal Rehabilitation Task Force findings and approved motions.

(2) The board shall create the application form and determine the application process for the certificate.

~~(d)~~

(g) A certificate shall expire two years after the date of issuance and may be ~~renewed~~; *renewed in a manner approved by the board and consistent with Article 5 (commencing with Section 4900).*

~~(e)~~

~~(h) A supervised physical therapist with a certificate in animal physical rehabilitation or an animal physical rehabilitation assistant shall be solely liable for any delegated animal physical rehabilitation provided under the certificate tasks and the veterinarian that referred the animal for animal physical rehabilitation shall not be liable for any animal physical rehabilitation provided by the physical therapist. supervised physical therapist or animal physical rehabilitation assistant.~~

~~(f)~~

(i) Consistent with this chapter, the board shall have the authority to discipline a ~~supervised physical therapist with a certificate in animal physical rehabilitation~~; *therapist, including, but not limited to, revocation of the supervised physical therapist's certificate in animal physical rehabilitation.*

~~(g) For purposes of this chapter, "animal physical rehabilitation facility" means a facility where a licensed physical therapist with a certificate in animal physical rehabilitation performs animal physical rehabilitation on an animal.~~

(j) *Failure to comply with the supervision requirements in this section shall be deemed unprofessional conduct.*

(k) *The board shall report final disciplinary actions against a supervised physical therapist pursuant to subdivision (i) to the Physical Therapy Board of California.*

SEC. 2. Section 4905 of the Business and Professions Code is amended to read:

4905. The following fees shall be collected by the board and shall be credited to the Veterinary Medical Board Contingent Fund:

(a) The fee for filing an application for examination shall be set by the board in an amount it determines is reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed three hundred fifty dollars (\$350).

(b) The fee for the California state board examination shall be set by the board in an amount it determines is reasonably necessary

1 to provide sufficient funds to carry out the purpose of this chapter,  
2 not to exceed three hundred fifty dollars (\$350).

3 (c) The fee for the Veterinary Medicine Practice Act  
4 examination shall be set by the board in an amount it determines  
5 reasonably necessary to provide sufficient funds to carry out the  
6 purpose of this chapter, not to exceed one hundred dollars (\$100).

7 (d) The initial license fee shall be set by the board not to exceed  
8 five hundred dollars (\$500) except that, if the license is issued less  
9 than one year before the date on which it will expire, then the fee  
10 shall be set by the board not to exceed two hundred fifty dollars  
11 (\$250). The board may, by appropriate regulation, provide for the  
12 waiver or refund of the initial license fee where the license is issued  
13 less than 45 days before the date on which it will expire.

14 (e) The renewal fee shall be set by the board for each biennial  
15 renewal period in an amount it determines is reasonably necessary  
16 to provide sufficient funds to carry out the purpose of this chapter,  
17 not to exceed five hundred dollars (\$500).

18 (f) The temporary license fee shall be set by the board in an  
19 amount it determines is reasonably necessary to provide sufficient  
20 funds to carry out the purpose of this chapter, not to exceed two  
21 hundred fifty dollars (\$250).

22 (g) The fee for filing an application for a university license shall  
23 be one hundred twenty-five dollars (\$125), which may be revised  
24 by the board in regulation but shall not exceed three hundred fifty  
25 dollars (\$350).

26 (h) The initial license fee for a university license shall be two  
27 hundred ninety dollars (\$290), which may be revised by the board  
28 in regulation but shall not exceed five hundred dollars (\$500).

29 (i) The biennial renewal fee for a university license shall be two  
30 hundred ninety dollars (\$290), which may be revised by the board  
31 in regulation but shall not exceed five hundred dollars (\$500).

32 (j) The delinquency fee shall be set by the board, not to exceed  
33 fifty dollars (\$50).

34 (k) The fee for issuance of a duplicate license is twenty-five  
35 dollars (\$25).

36 (l) Any charge made for duplication or other services shall be  
37 set at the cost of rendering the service, except as specified in  
38 subdivision (k).

39 (m) The fee for failure to report a change in the mailing address  
40 is twenty-five dollars (\$25).

1 (n) The initial and annual renewal fees for registration of  
2 veterinary premises shall be set by the board in an amount not to  
3 exceed four hundred dollars (\$400) annually.

4 (o) If the money transferred from the Veterinary Medical Board  
5 Contingent Fund to the General Fund pursuant to the Budget Act  
6 of 1991 is redeposited into the Veterinary Medical Board  
7 Contingent Fund, the fees assessed by the board shall be reduced  
8 correspondingly. However, the reduction shall not be so great as  
9 to cause the Veterinary Medical Board Contingent Fund to have  
10 a reserve of less than three months of annual authorized board  
11 expenditures. The fees set by the board shall not result in a  
12 Veterinary Medical Board Contingent Fund reserve of more than  
13 10 months of annual authorized board expenditures.

14 (p) The fee for the issuance and renewal of a certificate in animal  
15 physical rehabilitation pursuant to Section 4828.5 shall be set by  
16 the board in an amount not to exceed the reasonable regulatory  
17 costs to the board.

18 (q) The initial and annual renewal fees for registration of an  
19 animal physical rehabilitation facility pursuant to Section 4828.5  
20 shall be set by the board in an amount not to exceed the reasonable  
21 regulatory costs to the board.

AMENDED IN SENATE APRIL 26, 2018

AMENDED IN SENATE APRIL 9, 2018

**SENATE BILL**

**No. 1305**

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**Introduced by Senator Glazer**

(Principal coauthors: Assembly Members Baker and Steinorth)

(Coauthors: Assembly Members Cervantes and Mullin)

February 16, 2018

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An act to add Section 1799.109 to the Health and Safety Code, relating to emergency medical services providers.

LEGISLATIVE COUNSEL'S DIGEST

SB 1305, as amended, Glazer. Emergency medical services providers: dogs and cats: immunity.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act (the act), establishes the Emergency Medical Services Authority to coordinate and integrate all state activities concerning emergency medical services, including, among other duties, establishing training standards for specified emergency services personnel. The act provides a qualified immunity for public entities and emergency rescue personnel providing emergency services. The act provides other exemptions from liability for specified professionals rendering emergency medical services.

Existing law, the Veterinary Medicine Practice Act, governs the practice of veterinary medicine in this state and makes it unlawful for any person to practice veterinary medicine in this state without a valid license issued pursuant to the act. For purposes of the act, the practice of veterinary medicine includes, among other things, administering a drug, appliance, or treatment for the cure or relief of a wound, fracture, or bodily injury of an animal.

This bill would authorize an emergency medical services provider, as defined, to provide basic first aid to dogs and cats, as defined, to the extent the provider is authorized by the employer to provide that care. The bill would exempt that provider and his or her employer from liability for civil damages, and would exempt the provider from other disciplinary action, for providing that care, except as specified. The definition of “basic first aid for dogs and cats” for purposes of these provisions would specifically include, among other acts, administering oxygen, immobilizing fractures, and bandaging. ~~oxygen and bandaging for the purpose of stopping bleeding.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 1799.109 is added to the Health and  
2     Safety Code, to read:  
3     1799.109. (a) The Legislature finds and declares all of the  
4     following:  
5     (1) California residents receive comfort and unconditional love  
6     on a daily basis from their household pets, particularly dogs and  
7     cats.  
8     (2) California residents benefit from the special support, comfort,  
9     guidance, companionship, and therapy provided by dogs and cats.  
10    (3) Pets provide critical support to many California residents  
11    with disabilities.  
12    (4) Pets provide assistance and aid in the official duties of  
13    military personnel, peace officers, law enforcement agencies, fire  
14    departments, and search-and-rescue agencies.  
15    (5) Personnel of some fire districts and other first responder  
16    agencies currently provide stabilizing, life-saving emergency care  
17    to dogs and cats, which violates the Veterinary Medicine Practice  
18    Act.  
19    (6) In enacting this section, it is the intent of the Legislature to  
20    authorize emergency medical service providers to provide, on a  
21    voluntary basis, basic first aid for dogs and cats in accordance with  
22    policies and procedures designed and implemented by the  
23    employers of those emergency medical services providers.  
24    (b) Notwithstanding the Veterinary Medicine Practice Act, as  
25    set forth in Chapter 11 (commencing with Section 4800) of

Division 2 of the Business and Professions Code, an emergency medical services provider may provide basic first aid to dogs and cats to the extent the provider is authorized by the employer to provide the care. Requirements governing the circumstances under which emergency medical services providers may provide basic first aid to dogs and cats may be specified in the employer's policies governing the provision of care.

(c) An emergency medical services provider and his or her employer are not liable for civil damages, and an emergency medical services provider is not subject to criminal prosecution or professional disciplinary action, for an act or omission resulting from the provision of basic first aid to dogs and cats pursuant to this section, unless the act or omission constitutes willful or wanton misconduct.

(d) Notwithstanding any other law, this section does not impose a duty or obligation upon an emergency medical services provider to provide care to a dog or cat.

(e) For purposes of this section, the following definitions apply:

(1) "Cat" means a small domesticated feline animal that is kept as a pet. "Cat" does not include nondomesticated wild animals.

(2) "Dog" means a domesticated canine animal owned for companionship, service, therapeutic, or assistance purposes.

(3) "Emergency medical services provider" means a person who is certified or licensed to provide emergency medical services.

(4) "Employer" means an entity or organization that employs or enlists the services of an emergency medical services provider.

(5) (A) "Basic first aid to dogs and cats" means providing immediate medical care to a dog or cat by an emergency medical services provider, in an emergency situation to which the emergency medical services provider is responding, through means that include all of the following: *the following means:*

- (i) Administering oxygen.
- ~~(ii) Opening and manually maintaining an airway.~~
- (ii) Managing ventilation by mask.*
- (iii) Manually clearing the upper airway, not including tracheal intubation or surgical procedures.*
- ~~(iii)~~
- (iv) Giving mouth-to-snout or mouth-to-barrier ventilation.*
- ~~(iv) Managing ventilation by mask.~~
- (v) Controlling hemorrhage with direct pressure.



- 1   ~~(vi) Immobilizing fractures.~~  
2   ~~(vii) Bandaging.~~  
3   (vi) *Bandaging for the purpose of stopping bleeding.*  
4   (B) “Basic first aid to dogs and cats” is intended to enable the  
5   dog or cat to be transported as soon as practical to a veterinarian  
6   for treatment. “Basic first aid to dogs and cats” does not include  
7   care provided in response to an emergency call made solely for  
8   the purpose of tending to an injured dog or cat, unless a person’s  
9   life could be placed in danger attempting to save the life of the  
10  dog or cat.

AMENDED IN SENATE APRIL 2, 2018

**SENATE BILL**

**No. 1441**

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**Introduced by Senator Stern**  
**(Coauthor: Senator Wilk)**

February 16, 2018

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~~An act to amend Section 4803 of the Business and Professions Code, relating to healing arts. An act to amend Section 597.6 of the Penal Code, relating to animal cruelty.~~

LEGISLATIVE COUNSEL'S DIGEST

SB 1441, as amended, Stern. ~~Veterinary Medicine Practice Act.~~  
*Animal cruelty: declawing.*

*Existing law prohibits a person from performing, or otherwise procuring or arranging for the performance of, surgical claw removal, declawing, onychectomy, or tendonectomy on any cat that is a member of an exotic or native wild cat species. Existing law also prohibits a person from otherwise altering such a cat's toes, claws, or paws to prevent the normal function of the cat's toes, claws, or paws. Except as specified, a person who violates these prohibitions is guilty of a misdemeanor.*

*This bill would make the protections of that prohibition applicable to domestic cats, as defined. The bill would make a violation of these prohibitions with a domestic cat an infraction punishable by a fine not to exceed \$250 for a first offense, and as a misdemeanor for a 2nd or subsequent offense. By creating a new crime, the bill would impose a state-mandated local program.*

*The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state.*

*Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that no reimbursement is required by this act for a specified reason.*

~~The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs, and authorizes the Governor to remove any member of the board for neglect of duty or other sufficient cause, after due notice and hearing.~~

~~This bill would make a nonsubstantive change to that provision.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.  
State-mandated local program: ~~no~~-yes.

*The people of the State of California do enact as follows:*

1     *SECTION 1. Section 597.6 of the Penal Code is amended to*  
2     *read:*

3     597.6. (a) (1) ~~No~~A person ~~may~~ *shall not* perform, or otherwise  
4     procure or arrange for the performance of, surgical claw removal,  
5     declawing, onychectomy, or tendonectomy on any cat that is a  
6     member of an exotic or native wild cat species, and shall not  
7     otherwise alter such cat's toes, claws, or paws to prevent the normal  
8     function of the cat's toes, claws, or paws.

9     ~~(2) This subdivision does not apply to a procedure performed~~  
10    ~~solely for a therapeutic purpose.~~

11    ~~(b) Any~~

12    (2) A person who violates this ~~section~~ *subdivision* is guilty of a  
13    misdemeanor punishable by imprisonment in a county jail for a  
14    period not to exceed one year, by a fine of ten thousand dollars  
15    (\$10,000), or by both that imprisonment and fine.

16    (b) (1) *A person shall not perform, or otherwise procure or*  
17    *arrange for the performance of, surgical claw removal, declawing,*  
18    *onychectomy, or tendonectomy on any cat that is a member of a*  
19    *domestic cat species, and shall not otherwise alter that cat's toes,*  
20    *claws, or paws to prevent the normal function of the cat's toes,*  
21    *claws, or paws.*

22    (2) *A person who violates this subdivision is guilty of an*  
23    *infraction punishable by a fine not to exceed two hundred fifty*

1 *dollars (\$250) for a first offense, and is guilty of a misdemeanor*  
2 *for a second or subsequent violation.*

3 *(c) This section does not apply to a procedure performed solely*  
4 *for a therapeutic purpose.*

5 *(d) This section does not prohibit the enforcement of a local*  
6 *ordinance that provides a more severe punishment for acts*  
7 *prohibited under this section.*

8 ~~(e)~~

9 *(e) For purposes of this section, the following terms have the*  
10 *following meanings:*

11 (1) “Declawing” and “onychectomy” mean any surgical  
12 procedure in which a portion of the animal’s paw is amputated in  
13 order to remove the animal’s claws.

14 (2) “Tendonectomy” means a procedure in which the tendons  
15 to an animal’s limbs, paws, or toes are cut or modified so that the  
16 claws cannot be extended.

17 (3) “*Domestic cat species*” means *Felis Silvestris Catus, Felis*  
18 *Catus, or Felis Domesticus, or hybrids of those species and wild*  
19 *cats that are greater than three generations removed from an*  
20 *exotic or native cat.*

21 ~~(3)~~

22 (4) “Exotic or native wild cat species” include all members of  
23 the taxonomic family Felidae, except domestic cats (~~Felis catus~~  
24 ~~or Felis domesticus~~) ~~or hybrids of wild and domestic cats that are~~  
25 ~~greater than three generations removed from an exotic or native~~  
26 ~~cat.~~ *cats.* “Exotic or native wild cat species” include, but are not  
27 limited to, lions, tigers, cougars, leopards, lynxes, bobcats, caracals,  
28 ocelots, margays, servals, cheetahs, snow leopards, clouded  
29 leopards, jungle cats, leopard cats, and jaguars, or any hybrid  
30 thereof.

31 ~~(4)~~

32 (5) “Therapeutic purpose” means for the purpose of addressing  
33 an existing or recurring infection, disease, injury, or abnormal  
34 condition in the claw that jeopardizes the cat’s health, where  
35 addressing the infection, disease, injury, or abnormal condition is  
36 a medical necessity.

37 *SEC. 2. No reimbursement is required by this act pursuant to*  
38 *Section 6 of Article XIII B of the California Constitution because*  
39 *the only costs that may be incurred by a local agency or school*  
40 *district will be incurred because this act creates a new crime or*

1 *infraction, eliminates a crime or infraction, or changes the penalty*  
2 *for a crime or infraction, within the meaning of Section 17556 of*  
3 *the Government Code, or changes the definition of a crime within*  
4 *the meaning of Section 6 of Article XIII B of the California*  
5 *Constitution.*

6 ~~SECTION 1. Section 4803 of the Business and Professions~~  
7 ~~Code is amended to read:~~

8 ~~4803. The Governor may, in his or her judgment, remove any~~  
9 ~~member of the board for neglect of duty or other sufficient cause,~~  
10 ~~after due notice and hearing.~~

AMENDED IN SENATE APRIL 17, 2018

**SENATE BILL**

**No. 1480**

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**Introduced by Senator Hill**

February 16, 2018

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An act to amend ~~Section 5011~~ of Sections 101, 328, 3147, 4830, and 4836.2 of, and to add Sections 4826.4, 4829.5, and 4841.2 to, the Business and Professions Code, and to amend Sections 7000, 7103, 8731, 8778.5, 8785, 103775, and 103780 of the Health and Safety Code, relating to ~~the California Board of Accountancy~~; professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1480, as amended, Hill. ~~The California Board of Accountancy; office locations. Professions and vocations.~~

Existing law establishes the Department of Consumer Affairs, and specifies the various boards and bureaus that comprise the department.

This bill would make technical changes to that provision.

Existing law requires the Director of Consumer Affairs to implement complaint prioritization guidelines for boards to use in prioritizing their respective complaint and investigative workloads.

This bill would require the director to amend those guidelines to include the category of "allegations of serious harm to a minor, as specified."

Existing law, the Optometry Practice Act, provides for the licensure and regulation of the practice of optometry by the State Board of Optometry. Existing law authorizes a person to renew an expired optometrist license by paying specified fees and filing a form prescribed by the board.

*This bill would also authorize the renewal of expired statements of licensure, branch office licenses, and fictitious name permits by filing an application for renewal and paying renewal and delinquency fees prescribed by the board.*

*The Veterinary Medicine Practice Act regulates the practice of veterinary medicine by the Veterinary Medical Board and makes a violation of its provisions a crime. Existing law separately provides immunity from liability to a veterinarian or registered veterinary technician who renders services during certain states of emergency.*

*This bill would authorize a California-licensed veterinarian at a registered premises located within a 25-mile radius of any declared condition of emergency to, in good faith, provide veterinary services without establishing a veterinarian-client-patient relationship and dispense or prescribe a dangerous drug or device where failure to provide services or medications may result in loss of life or intense suffering. The bill would provide immunity from liability for a veterinarian providing those services.*

*Existing law excludes specified persons from the provisions regulating the practice of veterinary medicine, including veterinary medicine students in 2 specified schools of veterinary medicine who participate in diagnosis and treatment, as specified.*

*This bill would instead exclude students from any veterinary medical program accredited by the American Veterinary Medical Association Council on Education who participate in diagnosis or treatment with direct supervision, or surgery with immediate supervision, subject to specified conditions.*

*Existing law provides for a veterinary assistant controlled substance permit issued by the Veterinary Medical Board to qualified applicants and authorizes the board to deny, revoke, or suspend a veterinary assistant controlled substance permit for specified reasons.*

*This bill would add to those list of reasons the conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, veterinary surgery, or veterinary dentistry. The bill would also authorize the board, in addition to denial, revocation, or suspension, to issue a probationary veterinary assistant controlled substance permit.*

*The bill would prohibit a graduate of a veterinary college from performing animal health care tasks otherwise performed by a registered veterinary technician, except as specified, and would require a veterinarian to offer a consultation to the client each time he or she*

*initially prescribes, dispenses, or furnishes a dangerous drug, as defined, to an animal patient in an outpatient setting. Because a violation of that provision would be a crime, the bill would impose a state-mandated local program.*

*The bill would also make technical changes to various provisions of the Health and Safety Code by eliminating cross-references to obsolete provisions governing cemeteries.*

*The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that no reimbursement is required by this act for a specified reason.*

~~Existing law provides for the licensure and regulation of accountants by the California Board of Accountancy, which is within the Department of Consumer Affairs. Existing law requires the board to designate the location of its principal office and authorizes it to establish branch offices in other locations.~~

~~This bill would require the board to post on its Internet Web site the location and telephone number of its principal office and any branch offices.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: ~~no~~ yes.

*The people of the State of California do enact as follows:*

- 1     *SECTION 1. Section 101 of the Business and Professions Code,*
- 2     *as added by Section 4 of Chapter 828 of the Statutes of 2017, is*
- 3     *amended to read:*
- 4     101. The department is comprised of the following:
- 5     (a) The Dental Board of California.
- 6     (b) The Medical Board of California.
- 7     (c) The State Board of Optometry.
- 8     (d) The California State Board of Pharmacy.
- 9     (e) The Veterinary Medical Board.
- 10    (f) The California Board of Accountancy.
- 11    (g) The California Architects Board.
- 12    (h) The Bureau of Barbering and Cosmetology.
- 13    (i) The Board for Professional Engineers, Land Surveyors, and
- 14    Geologists.



- 1 (j) The Contractors' State License Board.
- 2 (k) The Bureau for Private Postsecondary Education.
- 3 (l) The Bureau of Electronic and Appliance Repair, Home
- 4 Furnishings, and Thermal Insulation.
- 5 (m) The Board of Registered Nursing.
- 6 (n) The Board of Behavioral Sciences.
- 7 (o) The State Athletic Commission.
- 8 (p) The Cemetery and Funeral Bureau.
- 9 ~~(q) The State Board of Guide Dogs for the Blind.~~
- 10 ~~(r)~~
- 11 (q) The Bureau of Security and Investigative Services.
- 12 ~~(s)~~
- 13 (r) The Court Reporters Board of California.
- 14 ~~(t)~~
- 15 (s) The Board of Vocational Nursing and Psychiatric
- 16 Technicians.
- 17 ~~(u)~~
- 18 (t) The Landscape Architects Technical Committee.
- 19 ~~(v)~~
- 20 (u) The Division of Investigation.
- 21 ~~(w)~~
- 22 (v) The Bureau of Automotive Repair.
- 23 ~~(x)~~
- 24 (w) The Respiratory Care Board of California.
- 25 ~~(y)~~
- 26 (x) The Acupuncture Board.
- 27 ~~(z)~~
- 28 (y) The Board of Psychology.
- 29 ~~(aa)~~
- 30 (z) The California Board of Podiatric Medicine.
- 31 ~~(ab)~~
- 32 (aa) The Physical Therapy Board of California.
- 33 ~~(ae)~~
- 34 (ab) The Arbitration Review Program.
- 35 ~~(ad)~~
- 36 (ac) The Physician Assistant Committee.
- 37 ~~(ae)~~
- 38 (ad) The Speech-Language Pathology and Audiology and
- 39 Hearing Aid Dispensers Board.
- 40 ~~(af)~~

1 (ae) The California Board of Occupational Therapy.

2 ~~(ag)~~

3 (af) The Osteopathic Medical Board of California.

4 ~~(ah)~~

5 (ag) The Naturopathic Medicine Committee.

6 ~~(ai)~~

7 (ah) The Dental Hygiene Committee of California.

8 ~~(aj)~~

9 (ai) The Professional Fiduciaries Bureau.

10 ~~(ak)~~

11 (aj) The State Board of Chiropractic Examiners.

12 ~~(al)~~

13 (ak) The Bureau of Real Estate Appraisers.

14 ~~(am)~~

15 (al) The Structural Pest Control Board.

16 ~~(an)~~

17 (am) The Bureau of ~~Medical Cannabis Regulation~~ Control.

18 ~~(ao)~~

19 (an) Any other boards, offices, or officers subject to its  
20 jurisdiction by law.

21 ~~(ap)~~

22 (ao) This section shall become operative on July 1, 2018.

23 SEC. 2. Section 328 of the Business and Professions Code is  
24 amended to read:

25 328. (a) In order to implement the Consumer Protection  
26 Enforcement Initiative of 2010, the director, through the Division  
27 of Investigation, shall implement “Complaint Prioritization  
28 Guidelines” for boards to utilize in prioritizing their respective  
29 complaint and investigative workloads. The guidelines shall be  
30 used to determine the referral of complaints to the division and  
31 those that are retained by the health care boards for investigation.

32 (b) Neither the Medical Board of California nor the California  
33 Board of Podiatric Medicine shall be required to utilize the  
34 guidelines implemented pursuant to subdivision (a).

35 (c) On or before July 1, 2019, the director shall amend the  
36 guidelines implemented pursuant to subdivision (a) to include the  
37 category of “allegations of serious harm to a minor” under the  
38 “urgent” or “highest priority” level.

39 SEC. 3. Section 3147 of the Business and Professions Code is  
40 amended to read:

1     3147. (a) Except as otherwise provided by Section 114, an  
2 expired *optometrist* license may be renewed at any time within  
3 three years after its expiration, and a retired license issued for less  
4 than three years may be reactivated to active status, by filing an  
5 application for renewal or reactivation on a form prescribed by the  
6 board, paying all accrued and unpaid renewal fees or reactivation  
7 fees determined by the board, paying any delinquency fees  
8 prescribed by the board, and submitting proof of completion of  
9 the required number of hours of continuing education for the last  
10 two years, as prescribed by the board pursuant to Section 3059.  
11 Renewal or reactivation to active status under this section shall be  
12 effective on the date on which all of those requirements are  
13 satisfied. If so renewed or reactivated to active status, the license  
14 shall continue as provided in Sections 3146 and 3147.5.

15     (b) *Expired statements of licensure, branch office licenses, and*  
16 *fictitious name permits issued pursuant to Sections 3070, 3077,*  
17 *and 3078, respectively, may be renewed at any time by filing an*  
18 *application for renewal, paying all accrued and unpaid renewal*  
19 *fees, and paying any delinquency fees prescribed by the board.*

20     SEC. 4. Section 4826.4 is added to the Business and Professions  
21 Code, to read:

22     4826.4. (a) *A California-licensed veterinarian at premises*  
23 *registered in accordance with Section 4853 that is located within*  
24 *a 25-mile radius of any condition of emergency specified in Section*  
25 *8558 of the Government Code may, in good faith, do both of the*  
26 *following in addition to any other acts authorized by law:*

27     (1) *Render necessary and prompt care and treatment to an*  
28 *animal patient without establishing a veterinarian-client-patient*  
29 *relationship if conditions are such that one cannot be established*  
30 *in a timely manner.*

31     (2) *Dispense or prescribe a dangerous drug or device, as defined*  
32 *in Section 4022, in reasonable quantities where failure to provide*  
33 *services or medications, including controlled substances, may*  
34 *result in loss of life or intense suffering of the animal patient. Prior*  
35 *to refilling a prescription pursuant to this paragraph, the*  
36 *veterinarian shall make a reasonable effort to contact the originally*  
37 *prescribing veterinarian.*

38     (b) *A veterinarian acting under this section shall make an*  
39 *appropriate record that includes the basis for proceeding under*  
40 *this section.*

1     (c) A veterinarian who performs services pursuant to this section  
2     shall have immunity from liability pursuant to subdivision (b) of  
3     Section 8659 of the Government Code.

4     SEC. 5. Section 4829.5 is added to the Business and Professions  
5     Code, to read:

6     4829.5. (a) Each time a veterinarian initially prescribes,  
7     dispenses, or furnishes a dangerous drug, as defined in Section  
8     4022, to an animal patient in an outpatient setting, the veterinarian  
9     shall offer to provide, in person or through electronic means, to  
10    the client responsible for the animal, or his or her agent, a  
11    consultation that includes the following information:

12    (1) The name and description of the dangerous drug.

13    (2) Route of administration, dosage form, dosage, duration of  
14    drug therapy, the duration of the effect of the drug, and the common  
15    severe adverse effects associated with the use of a short-acting or  
16    long-acting drug.

17    (3) Any special directions for proper use and storage.

18    (4) Actions to be taken in the event of a missed dose.

19    (5) If available, precautions and relevant warnings provided  
20    by the drug's manufacturer, including common severe adverse  
21    effects of the drug.

22    (b) If requested, a veterinarian shall provide drug  
23    documentation, if available.

24    (c) A veterinarian may delegate to a registered veterinary  
25    technician or veterinary assistant the task of providing the  
26    consultation and drug documentation required by this section.

27    (d) It shall be noted in the medical record of the animal patient  
28    if the consultation described in this section is provided or declined  
29    by the client or his or her agent.

30    SEC. 6. Section 4830 of the Business and Professions Code is  
31    amended to read:

32    4830. (a) This chapter does not apply to:

33    (1) Veterinarians while serving in any armed branch of the  
34    military service of the United States or the United States  
35    Department of Agriculture while actually engaged and employed  
36    in their official capacity.

37    (2) Veterinarians holding a current, valid license in good  
38    standing in another state or country who provide assistance to a  
39    California licensed veterinarian and attend on a specific case. The  
40    California licensed veterinarian shall maintain a valid

1 veterinarian-client-patient relationship. The veterinarian providing  
2 the assistance shall not establish a veterinarian-client-patient  
3 relationship with the client by attending the case or at a future time  
4 and shall not practice veterinary medicine, open an office, appoint  
5 a place to meet patients, communicate with clients who reside  
6 within the limits of this state, give orders, or have ultimate authority  
7 over the care or primary diagnosis of a patient that is located within  
8 this state.

9 (3) Veterinarians called into the state by a law enforcement  
10 agency or animal control agency pursuant to subdivision (b).

11 ~~(4) Students in the School of Veterinary Medicine of the~~  
12 ~~University of California or the College of Veterinary Medicine of~~  
13 ~~the Western University of Health Sciences who participate in~~  
14 ~~diagnosis and treatment as part of their educational experience,~~  
15 ~~including those in off-campus educational programs under the~~  
16 ~~direct supervision of a licensed veterinarian in good standing, as~~  
17 ~~defined in paragraph (1) of subdivision (b) of Section 4848,~~  
18 ~~appointed by the University of California, Davis, or the Western~~  
19 ~~University of Health Sciences.~~

20 *(4) A student of a veterinary medical program accredited by*  
21 *the American Veterinary Medical Association Council on*  
22 *Education who participates as part of his or her formal curriculum*  
23 *in the diagnosis and treatment with direct supervision, or in*  
24 *surgery with immediate supervision, provided all of the following*  
25 *requirements are met:*

26 *(A) The clinical training site has been approved by the university*  
27 *where the student is enrolled.*

28 *(B) The student has prior training in diagnosis, treatment, and*  
29 *surgery as part of the formal curriculum.*

30 *(C) The student is being supervised by a California-licensed*  
31 *veterinarian in good standing, as that term is defined in paragraph*  
32 *(1) of subdivision (b) of Section 4848.*

33 (5) A veterinarian who is employed by the Meat and Poultry  
34 Inspection Branch of the California Department of Food and  
35 Agriculture while actually engaged and employed in his or her  
36 official capacity. A person exempt under this paragraph shall not  
37 otherwise engage in the practice of veterinary medicine unless he  
38 or she is issued a license by the board.

39 (6) Unlicensed personnel employed by the Department of Food  
40 and Agriculture or the United States Department of Agriculture

1 when in the course of their duties they are directed by a veterinarian  
2 supervisor to conduct an examination, obtain biological specimens,  
3 apply biological tests, or administer medications or biological  
4 products as part of government disease or condition monitoring,  
5 investigation, control, or eradication activities.

6 (b) (1) For purposes of paragraph (3) of subdivision (a), a  
7 regularly licensed veterinarian in good standing who is called from  
8 another state by a law enforcement agency or animal control  
9 agency, as defined in Section 31606 of the Food and Agricultural  
10 Code, to attend to cases that are a part of an investigation of an  
11 alleged violation of federal or state animal fighting or animal  
12 cruelty laws within a single geographic location shall be exempt  
13 from the licensing requirements of this chapter if the law  
14 enforcement agency or animal control agency determines that it  
15 is necessary to call the veterinarian in order for the agency or  
16 officer to conduct the investigation in a timely, efficient, and  
17 effective manner. In determining whether it is necessary to call a  
18 veterinarian from another state, consideration shall be given to the  
19 availability of veterinarians in this state to attend to these cases.  
20 An agency, department, or officer that calls a veterinarian pursuant  
21 to this subdivision shall notify the board of the investigation.

22 (2) Notwithstanding any other provision of this chapter, a  
23 regularly licensed veterinarian in good standing who is called from  
24 another state to attend to cases that are a part of an investigation  
25 described in paragraph (1) may provide veterinary medical care  
26 for animals that are affected by the investigation with a temporary  
27 shelter facility, and the temporary shelter facility shall be exempt  
28 from the registration requirement of Section 4853 if all of the  
29 following conditions are met:

30 (A) The temporary shelter facility is established only for the  
31 purpose of the investigation.

32 (B) The temporary shelter facility provides veterinary medical  
33 care, shelter, food, and water only to animals that are affected by  
34 the investigation.

35 (C) The temporary shelter facility complies with Section 4854.

36 (D) The temporary shelter facility exists for not more than 60  
37 days, unless the law enforcement agency or animal control agency  
38 determines that a longer period of time is necessary to complete  
39 the investigation.

(E) Within 30 calendar days upon completion of the provision of veterinary health care services at a temporary shelter facility established pursuant to this section, the veterinarian called from another state by a law enforcement agency or animal control agency to attend to a case shall file a report with the board. The report shall contain the date, place, type, and general description of the care provided, along with a listing of the veterinary health care practitioners who participated in providing that care.

(c) For purposes of paragraph (3) of subdivision (a), the board may inspect temporary facilities established pursuant to this section.

*SEC. 7. Section 4836.2 of the Business and Professions Code is amended to read:*

4836.2. (a) Applications for a veterinary assistant controlled substance permit shall be upon a form furnished by the board.

(b) The fee for filing an application for a veterinary assistant controlled substance permit shall be set by the board in an amount the board determines is reasonably necessary to provide sufficient funds to carry out the purposes of this section, not to exceed one hundred dollars (\$100).

(c) The board may suspend or revoke the controlled substance permit of a veterinary assistant after notice and hearing for any cause provided in this subdivision. The proceedings under this section shall be conducted in accordance with the provisions for administrative adjudication in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein. The board may deny, revoke, or suspend a veterinary assistant controlled substance ~~permit~~ *permit, or, subject to terms and conditions deemed appropriate by the board, issue a probationary veterinary assistant controlled substance permit*, for any of the following reasons:

(1) The employment of fraud, misrepresentation, or deception in obtaining a veterinary assistant controlled substance permit.

(2) Chronic inebriety or habitual use of controlled substances.

(3) ~~The veterinary assistant to whom the permit is issued~~ *applicant or permit holder* has been convicted of a state or federal felony controlled substance violation.

(4) Violating or attempts to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate,

1 any provision of this chapter, or of the regulations adopted under  
2 this chapter.

3 (5) *Conviction of a crime substantially related to the*  
4 *qualifications, functions, or duties of veterinary medicine,*  
5 *veterinary surgery, or veterinary dentistry, in which case the record*  
6 *of the conviction shall be conclusive evidence.*

7 (d) The board shall not issue a veterinary assistant controlled  
8 substance permit to any applicant with a state or federal felony  
9 controlled substance conviction.

10 (e) (1) As part of the application for a veterinary assistant  
11 controlled substance permit, the applicant shall submit to the  
12 Department of Justice fingerprint images and related information,  
13 as required by the Department of Justice for all veterinary assistant  
14 applicants, for the purposes of obtaining information as to the  
15 existence and content of a record of state or federal convictions  
16 and state or federal arrests and information as to the existence and  
17 content of a record of state or federal arrests for which the  
18 Department of Justice establishes that the person is free on bail or  
19 on his or her own recognizance pending trial or appeal.

20 (2) When received, the Department of Justice shall forward to  
21 the Federal Bureau of Investigation requests for federal summary  
22 criminal history information that it receives pursuant to this section.  
23 The Department of Justice shall review any information returned  
24 to it from the Federal Bureau of Investigation and compile and  
25 disseminate a response to the board summarizing that information.

26 (3) The Department of Justice shall provide a state or federal  
27 level response to the board pursuant to paragraph (1) of subdivision  
28 (p) of Section 11105 of the Penal Code.

29 (4) The Department of Justice shall charge a reasonable fee  
30 sufficient to cover the cost of processing the request described in  
31 this subdivision.

32 (f) The board shall request from the Department of Justice  
33 subsequent notification service, as provided pursuant to Section  
34 11105.2 of the Penal Code, for persons described in paragraph (1)  
35 of subdivision (e).

36 (g) This section shall become operative on July 1, 2015.

37 SEC. 8. *Section 4841.2 is added to the Business and Professions*  
38 *Code, to read:*

39 4841.2. (a) *Except as provided in subdivision (b), a graduate*  
40 *of a recognized veterinary college shall not perform animal health*



1 *care tasks otherwise performed by a registered veterinary*  
2 *technician unless the graduate has obtained licensure or*  
3 *registration as otherwise required under this chapter.*

4 *(b) If, on or before January 1, 2020, a graduate of a recognized*  
5 *veterinary college has performed animal health care tasks*  
6 *otherwise performed by a registered veterinary technician, the*  
7 *graduate shall discontinue performing such duties on or after*  
8 *January 1, 2020, unless the graduate is issued a license or*  
9 *registration as otherwise required under this chapter.*

10 *SEC. 9. Section 7000 of the Health and Safety Code is amended*  
11 *to read:*

12 7000. The definitions in this chapter apply to this division,  
13 Division 8 (commencing with Section 8100) and Division 102  
14 (commencing with Section 102100) of this code, ~~code and~~ Chapter  
15 12 (commencing with Section 7600) of Division 3 of the Business  
16 and Professions Code, ~~and Chapter 19 (commencing with Section~~  
17 ~~9600) of Division 3 of the Business and Professions Code.~~

18 *SEC. 10. Section 7103 of the Health and Safety Code is*  
19 *amended to read:*

20 7103. (a) Every person, upon whom the duty of interment is  
21 imposed by law, who omits to perform that duty within a  
22 reasonable time is guilty of a misdemeanor.

23 (b) Every licensee or registrant pursuant to Chapter 12  
24 (commencing with Section 7600) ~~or Chapter 19 (commencing with~~  
25 ~~Section 9600)~~ of Division 3 of the Business and Professions Code,  
26 and the agents and employees of the licensee or registrant, or any  
27 unlicensed person acting in a capacity in which a license from the  
28 Cemetery and Funeral Bureau is required, upon whom the duty of  
29 interment is imposed by law, who omits to perform that duty within  
30 a reasonable time is guilty of a misdemeanor that shall be  
31 punishable by imprisonment in a county jail not exceeding one  
32 year, by a fine not exceeding ten thousand dollars (\$10,000), or  
33 both that imprisonment and fine.

34 (c) In addition, any person, registrant, or licensee described in  
35 subdivision (a) or (b) is liable to pay the person performing the  
36 duty in his or her stead treble the expenses incurred by the latter  
37 in making the interment, to be recovered in a civil action.

38 *SEC. 11. Section 8731 of the Health and Safety Code is*  
39 *amended to read:*

1     8731. (a) The cemetery authority may appoint a board of  
2 trustees of not less than three in number as trustees of its  
3 endowment care fund. The members of the board of trustees shall  
4 hold office subject to the direction of the cemetery authority.

5     (b) If within 30 days after notice of nonreceipt by the Cemetery  
6 and Funeral Bureau or other agency with regulatory authority over  
7 cemetery authorities, the cemetery authority fails to file the report  
8 required by ~~Section-9650~~ 7612.6 of the Business and Professions  
9 Code, or if the report is materially not in compliance with law or  
10 the endowment care fund is materially not in compliance with law,  
11 the cemetery authority may be required to appoint as sole trustee  
12 of its endowment care fund under Section 8733.5, any bank or  
13 trust company qualified under the provisions of the Banking Law  
14 (Division 1 (commencing with Section 99) of the Financial Code)  
15 to engage in the trust business. That requirement may be imposed  
16 by the Cemetery and Funeral Bureau or other agency with  
17 regulatory authority over cemetery authorities, provided that the  
18 cemetery authority has received written notice of the alleged  
19 violation and has been given the opportunity to correct the alleged  
20 violation, and there has been a finding of a material violation in  
21 an administrative hearing.

22     (c) (1) Each member of the board of trustees shall provide  
23 signatory acknowledgment of understanding of the role of a trustee  
24 in managing trust funds in the following areas:

25     (A) Trustee duties, powers, and liabilities as contained in Part  
26 4 (commencing with Section 16000) of Division 9 of the Probate  
27 Code.

28     (B) Reporting and regulatory requirements contained in Article  
29 3 1.5 (commencing with ~~Section-9650~~) 7611) of Chapter-19 12 of  
30 Division 3 of the Business and Professions Code.

31     (C) Provisions related to the care of active cemeteries contained  
32 in Chapter 5 (commencing with Section 8700) of Part 3 of Division  
33 8.

34     (2) The signatory acknowledgment shall be retained by the  
35 cemetery authority during the duration of the trustee's term of  
36 office.

37     SEC. 12. Section 8778.5 of the Health and Safety Code is  
38 amended to read:

1 8778.5. Each special care trust fund established pursuant to  
2 this article shall be administered in compliance with the following  
3 requirements:

4 (a) (1) The board of trustees shall honor a written request of  
5 revocation by the trustor within 30 days upon receipt of the written  
6 request.

7 (2) Except as provided in paragraph (3), the board of trustees  
8 upon revocation of a special care trust may assess a revocation fee  
9 on the earned income of the trust only, the amount of which shall  
10 not exceed 10 percent of the trust corpus, as set forth in subdivision  
11 (c) of Section 2370 of Title 16 of the California Code of  
12 Regulations.

13 (3) If, prior to or upon the death of the beneficiary of a revocable  
14 special care trust, the cemetery authority is unable to perform the  
15 services of the special care trust fund agreement, the board of  
16 trustees shall pay the entire trust corpus and all earned income to  
17 the beneficiary or trustor, or the legal representative of either the  
18 beneficiary or trustor, without the imposition of a revocation fee.

19 (b) Notwithstanding subdivision (d) of Section 2370 of Title 16  
20 of the California Code of Regulations, the board of trustees may  
21 charge an annual fee for administering a revocable special care  
22 trust fund, which may be recovered by administrative withdrawals  
23 from current trust income, but the total administrative withdrawals  
24 in any year shall not exceed 4 percent of the trust balance.

25 (c) Notwithstanding Section 8785, any person, partnership, or  
26 corporation who violates this section shall be subject to disciplinary  
27 action as provided in Article 6 (commencing with Section ~~9725~~)  
28 7686) of Chapter ~~49~~ 12 of Division 3 of the Business and  
29 Professions Code, or by a civil fine not exceeding five hundred  
30 dollars (\$500), or by both, as determined by the Cemetery and  
31 Funeral Bureau and shall not be guilty of a crime.

32 *SEC. 13. Section 8785 of the Health and Safety Code is*  
33 *amended to read:*

34 8785. Any person, partnership, or corporation administering,  
35 managing, or having responsibility for endowment care or special  
36 care funds who violates the provisions of this chapter relating to  
37 the collection, investment, or use of those funds shall be punished  
38 either by imprisonment in a county jail for a period not exceeding  
39 six months or by fine not exceeding five hundred dollars (\$500),  
40 or by both such imprisonment and fine, or by imprisonment

1 pursuant to subdivision (h) of Section 1170 of the Penal Code for  
2 16 months, or two or three years. If the violator is a cemetery  
3 licensee or the holder of a certificate of authority, he, she, or it  
4 shall be subject to disciplinary action as provided in Article 6  
5 (commencing with Section ~~9725~~ 7686) of Chapter ~~19~~ 12 of  
6 Division 3 of the Business and Professions Code.

7 *SEC. 14. Section 103775 of the Health and Safety Code is*  
8 *amended to read:*

9 103775. (a) Every person, except a parent informant for a  
10 certificate of live birth and as provided in subdivision (b), who is  
11 responsible for supplying information who refuses or fails to  
12 furnish correctly any information in his or her possession that is  
13 required by this part, or furnishes false information affecting any  
14 certificate or record required by this part, is guilty of a  
15 misdemeanor.

16 (b) Every licensee or registrant pursuant to Chapter 12  
17 (commencing with Section 7600) ~~or Chapter 19 (commencing with~~  
18 ~~Section 9600)~~ of Division 3 of the Business and Professions Code,  
19 and the agents and employees of the licensee, or any unlicensed  
20 person acting in a capacity in which a license from the Cemetery  
21 and Funeral Bureau is required, who is responsible for supplying  
22 information and who refuses or fails to furnish correctly any  
23 information in his or her possession that is required by this part,  
24 or furnishes false information with intent to defraud affecting a  
25 death certificate or record required by this part, is guilty of a  
26 misdemeanor that shall be punishable by imprisonment in a county  
27 jail not exceeding one year, by a fine not exceeding ten thousand  
28 dollars (\$10,000), or by both that imprisonment and fine.

29 *SEC. 15. Section 103780 of the Health and Safety Code is*  
30 *amended to read:*

31 103780. (a) Every person, except as provided in subdivision  
32 (b), who willfully alters or knowingly possesses more than one  
33 altered document, other than as permitted by this part, or falsifies  
34 any certificate of birth, fetal death, or death, or marriage license,  
35 or any record established by this part is guilty of a misdemeanor.

36 (b) Every licensee or registrant pursuant to Chapter 12  
37 (commencing with Section 7600) ~~or Chapter 19 (commencing with~~  
38 ~~Section 9600)~~ of Division 3 of the Business and Professions Code,  
39 and the agents and employees of the licensee, or any unlicensed  
40 person acting in a capacity in which a license from the Cemetery

1 and Funeral Bureau is required, who willfully alters or knowingly  
2 possesses more than one altered document, other than as permitted  
3 by this part, or falsifies any certificate of death, is guilty of a  
4 misdemeanor that shall be punishable by imprisonment in a county  
5 jail not exceeding one year, by a fine not exceeding ten thousand  
6 dollars (\$10,000), or by both that imprisonment and fine.

7 *SEC. 16. No reimbursement is required by this act pursuant*  
8 *to Section 6 of Article XIII B of the California Constitution because*  
9 *the only costs that may be incurred by a local agency or school*  
10 *district will be incurred because this act creates a new crime or*  
11 *infraction, eliminates a crime or infraction, or changes the penalty*  
12 *for a crime or infraction, within the meaning of Section 17556 of*  
13 *the Government Code, or changes the definition of a crime within*  
14 *the meaning of Section 6 of Article XIII B of the California*  
15 *Constitution.*

16 ~~SECTION 1. Section 5011 of the Business and Professions~~  
17 ~~Code is amended to read:~~

18 ~~5011. The board shall designate the location of its principal~~  
19 ~~office and may establish branch offices in other locations. The~~  
20 ~~board shall post on its Internet Web site the location and telephone~~  
21 ~~number of its principal office and any branch offices.~~

AMENDED IN SENATE APRIL 2, 2018

**SENATE BILL**

**No. 1491**

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**Introduced by Committee on Business, Professions and Economic Development (Senators Hill (Chair), Dodd, Fuller, Galgiani, Glazer, Hernandez, Newman, Pan, and Wilk)**

February 21, 2018

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An act to amend Sections 27, 865, 1607, 1611, 1611.3, 1611.5, 1612, 1614, 1615, 1621, 1645, 1750, 1750.2, 1750.4, 1751, 1753.7, 2290.5, 3004, 3146, 3735, 3751, 4848, 4980.37, 4980.39, 4980.41, 4980.72, 4980.78, 4980.79, 4990.30, 4992, 4996.17, 4999.14, 4999.22, 4999.32, 4999.48, 4999.60, 4999.62, 4999.63, and 4999.100 of, and to repeal ~~Section~~ *Sections 650.4 and 1601.5* of, the Business and Professions Code, and to amend Section 6924 of the Family Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1491, as amended, Committee on Business, Professions and Economic Development. Healing arts.

(1) The Dental Practice Act provides for the licensure and regulation of dentists and registered dental assistants by the Dental Board of California, which is within the Department of Consumer Affairs, and requires the board to meet regularly once in San Francisco and once in Los Angeles each year after the commencement of dental schools for the purpose of examining applicants and at such other times as the board may designate. The act entitles the secretary of the board to traveling and other expenses and prohibits the secretary from receiving a salary. The act requires the board to examine all applicants for licensure to practice dentistry in the state and to issue licenses to those applicants that pass the examination of the board. That act requires the board to

adopt reasonably necessary rules concerning, among other things, the establishment of standards for the approval of dental colleges. That act requires the board to only use examiners who have been appointed by the board and meet specified criteria, including that the examiner holds no position as an officer or faculty member at any college, school, or institution that provides dental instruction in the same licensure category as that held by the examiner.

This bill would delete the requirement that the board meet after the commencement of dental schools for the purpose of examining applicants, would delete the authorization for the secretary to receive expenses, and would delete the prohibition on the secretary receiving a salary. The bill would specify that the board is required to also examine applicants for a license to practice dental assisting and is required to issue a license to practice dentistry or a permit to practice dental assisting to an applicant who has successfully passed all licensing and permitting examinations administered by the board or any regional or national testing entity designated to administer an exam. The bill would require the board to adopt regulations instead of reasonably necessary rules concerning, among other things, the establishment of standards for the approval of dental assisting programs and educational courses. The bill would exempt a portfolio examiner from the above-described prohibition that he or she hold no position as an officer or faculty member.

The Dental Practice Act authorizes the board to inspect the books, records, and premises of any licensed dentist and makes failure to allow an inspection grounds for suspension or revocation of a license. That act requires the board to, among other things, keep a record of the names of all persons issued licenses to practice dentistry and issue a specified notice that it is the entity that regulates dentists.

This bill would specify that the above provisions also apply to the practice of dental assisting and to permitted dentists.

The Dental Practice Act also authorizes the board to require licensees to continue their education as a condition of licensure renewal and to submit assurances to the board that the licensees will inform themselves of new developments in the practice of dentistry since the licensees were originally licensed. The act authorizes a dental assistant to perform basic supportive dental procedures without a license under the supervision of a dentist if he or she meets certain requirements, including a board-approved course regarding the Dental Practice Act and a board-approved course in infection control, and requires the employer of the dental assistant to ensure that he or she has successfully completed

or does successfully complete those required courses. The act authorizes the board to issue an orthodontic assistant permit or a dental sedation assistant permit to a person who files an application and meets specified requirements, including completion of at least 12 months of work experience as a dental assistant and completion of a board-approved course regarding the Dental Practice Act and a board-approved course in infection control.

This bill would instead require a licensee under the chapter to continue his or her education as a condition of licensure renewal and would require a licensee to obtain evidence satisfactory to the board that he or she has, in the preceding 2 years, obtained continuing education relevant to the developments in the practice of dentistry or dental assisting consistent with regulations established by the board. The bill would require a dental assistant and an applicant for an orthodontic assistant permit or a dental sedation assistant permit to complete a 2-hour board-approved course in the Dental Practice Act and an 8-hour board-approved course in infection control. The bill would also require an applicant for an orthodontic assistant permit or a dental sedation assistant permit to have a current, active and valid licensure as a registered dental assistant and at least 12 months of verifiable work experience as a dental assistant.

(2) The Optometry Practice Act provides for the licensure and regulation of the practice of optometry by the State Board of Optometry, which is within the Department of Consumer Affairs, and requires a license issued under the act to expire at midnight in the last day of the licensee's birth month following its original issuance and thereafter at midnight on the last day of the licensee's birth month every 2 years if not renewed.

This bill would change the name of the State Board of Optometry to the California State Board of Optometry, and would require an optometric license to expire at midnight in the last day of the month in which the license was issued during the second year of a 2-year term if not renewed.

(3) The Respiratory Care Practice Act establishes the Respiratory Care Board of California, which is within the Department of Consumer Affairs, for the licensure and regulation of respiratory care practitioners. That act prohibits an applicant for licensure from receiving a license without first successfully passing all parts of the national registered respiratory therapist examination, but exempts a person from taking that exam who provides evidence that he or she passed the National



Certified Respiratory Therapist Examination prior to January 1, 2015, if there is no evidence of prior license or job related discipline as determined by the board. *That act authorizes a person whose license has been revoked, surrendered, or suspended to petition the board for reinstatement and requires a person petitioning for reinstatement of his or her license that has been revoked or surrendered for 3 or more years to meet current education requirements required for licensure.*

This bill would—~~instead~~ require an applicant for licensure to successfully pass the National Board for Respiratory Care’s Therapist Multiple-Choice Examination, at the cut-off level required to qualify for the Clinical Stimulation Examination, and the Clinical Stimulation Examination, or any succeeding examinations, and would deem a person who took the National Certified Respiratory Therapist Examination prior to January 1, 2015, if there is no evidence of prior license or job related discipline as determined by the board, to meet that requirement. *The bill would require a person petitioning the board for reinstatement of his or her license that has been revoked or surrendered for 3 or more years to also meet current examination requirements for initial licensure.*

*(4) The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs, and requires an applicant for licensure to demonstrate his or her competency by examination. That act requires the examination to consist of certain components, including an examination concerning the act that is required to be administered by the board by mail.*

*This bill would require that component of the examination to be administered by the board by regular mail, email, or by both regular mail and email.*

~~(4)~~

*(5) The Board of Behavioral Sciences, which is within the Department of Consumer Affairs, licenses and regulates marriage and family therapists under the Licensed Marriage and Family Therapist Act, clinical social workers under the Clinical Social Worker Practice Act, and professional clinical counselors under the Licensed Professional Clinical Counselor Act.*

*(A) Those acts require applicants for licensure to, among other things, take a clinical examination, and authorize an applicant for licensure who obtained a license or registration under another jurisdiction to apply*

for licensure with the board without taking that examination if specified conditions are met.

This bill would instead provide that such an applicant can qualify for licensure with the board if they obtained a license or registration under another jurisdiction and meet the specified conditions.

(B) The Licensed Marriage and Family Therapist Act and the Licensed Professional Clinical Counselor Act provide that any reference in the act to the term “intern” means an “associate.” Those acts require an applicant for licensure to meet specified education requirements, including 6 semester units or 9 quarter units of practicum. *Those acts also require applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018, to comply with specified educational and experience requirements and repeal those provisions on January 1, 2019.*

This bill would make conforming changes by changing references to the term “intern” to “associate.” This bill would also require the above practicum requirement to be supervised. The bill would allow an applicant for a professional clinical counselor license to have field study experience instead of the required supervised practicum. *The bill would also delete the repeal date for the provisions relating to applicants for licensure or registration who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018.*

(C) *Under existing law, the offer, delivery, receipt, or acceptance by any person licensed as a healing arts professional of any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration as compensation or inducement for referring patients is unlawful and punishable as a crime. Existing law, however, authorizes the participation in or operation of a group advertising and referral service for licensed marriage and family therapists if certain conditions are met.*

*This bill would repeal that authorization for licensed marriage and family therapists to participate in or operate a group advertising and referral service. By deleting that authorization, this bill would expand an existing crime and thereby impose a state-mandated local program.*

(5)

(6) The bill would also make nonsubstantive changes.

(7) *The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.*

*This bill would provide that no reimbursement is required by this act for a specified reason.*

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: ~~no~~-yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 27 of the Business and Professions Code  
2 is amended to read:

3 27. (a) Each entity specified in subdivisions (c), (d), and (e)  
4 shall provide on the Internet information regarding the status of  
5 every license issued by that entity in accordance with the California  
6 Public Records Act (Chapter 3.5 (commencing with Section 6250)  
7 of Division 7 of Title 1 of the Government Code) and the  
8 Information Practices Act of 1977 (Chapter 1 (commencing with  
9 Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code).  
10 The public information to be provided on the Internet shall include  
11 information on suspensions and revocations of licenses issued by  
12 the entity and other related enforcement action, including  
13 accusations filed pursuant to the Administrative Procedure Act  
14 (Chapter 3.5 (commencing with Section 11340) of Part 1 of  
15 Division 3 of Title 2 of the Government Code) taken by the entity  
16 relative to persons, businesses, or facilities subject to licensure or  
17 regulation by the entity. The information may not include personal  
18 information, including home telephone number, date of birth, or  
19 social security number. Each entity shall disclose a licensee's  
20 address of record. However, each entity shall allow a licensee to  
21 provide a post office box number or other alternate address, instead  
22 of his or her home address, as the address of record. This section  
23 shall not preclude an entity from also requiring a licensee, who  
24 has provided a post office box number or other alternative mailing  
25 address as his or her address of record, to provide a physical  
26 business address or residence address only for the entity's internal  
27 administrative use and not for disclosure as the licensee's address  
28 of record or disclosure on the Internet.

29 (b) In providing information on the Internet, each entity specified  
30 in subdivisions (c) and (d) shall comply with the Department of  
31 Consumer Affairs' guidelines for access to public records.

1 (c) Each of the following entities within the Department of  
2 Consumer Affairs shall comply with the requirements of this  
3 section:

4 (1) The Board for Professional Engineers, Land Surveyors, and  
5 Geologists shall disclose information on its registrants and  
6 licensees.

7 (2) The Bureau of Automotive Repair shall disclose information  
8 on its licensees, including auto repair dealers, smog stations, lamp  
9 and brake stations, smog check technicians, and smog inspection  
10 certification stations.

11 (3) The Bureau of Electronic and Appliance Repair, Home  
12 Furnishings, and Thermal Insulation shall disclose information on  
13 its licensees and registrants, including major appliance repair  
14 dealers, combination dealers (electronic and appliance), electronic  
15 repair dealers, service contract sellers, and service contract  
16 administrators.

17 (4) The Cemetery and Funeral Bureau shall disclose information  
18 on its licensees, including cemetery brokers, cemetery salespersons,  
19 cemetery managers, crematory managers, cemetery authorities,  
20 crematories, cremated remains disposers, embalmers, funeral  
21 establishments, and funeral directors.

22 (5) The Professional Fiduciaries Bureau shall disclose  
23 information on its licensees.

24 (6) The Contractors' State License Board shall disclose  
25 information on its licensees and registrants in accordance with  
26 Chapter 9 (commencing with Section 7000) of Division 3. In  
27 addition to information related to licenses as specified in  
28 subdivision (a), the board shall also disclose information provided  
29 to the board by the Labor Commissioner pursuant to Section 98.9  
30 of the Labor Code.

31 (7) The Bureau for Private Postsecondary Education shall  
32 disclose information on private postsecondary institutions under  
33 its jurisdiction, including disclosure of notices to comply issued  
34 pursuant to Section 94935 of the Education Code.

35 (8) The California Board of Accountancy shall disclose  
36 information on its licensees and registrants.

37 (9) The California Architects Board shall disclose information  
38 on its licensees, including architects and landscape architects.

39 (10) The State Athletic Commission shall disclose information  
40 on its licensees and registrants.

1 (11) The State Board of Barbering and Cosmetology shall  
2 disclose information on its licensees.

3 (12) The State Board of Guide Dogs for the Blind shall disclose  
4 information on its licensees and registrants.

5 (13) The Acupuncture Board shall disclose information on its  
6 licensees.

7 (14) The Board of Behavioral Sciences shall disclose  
8 information on its licensees and registrants.

9 (15) The Dental Board of California shall disclose information  
10 on its licensees.

11 (16) The State Board of Optometry shall disclose information  
12 on its licensees and registrants.

13 (17) The Board of Psychology shall disclose information on its  
14 licensees, including psychologists, psychological assistants, and  
15 registered psychologists.

16 (18) The Veterinary Medical Board shall disclose information  
17 on its licensees, registrants, and permitholders.

18 (d) The State Board of Chiropractic Examiners shall disclose  
19 information on its licensees.

20 (e) The Structural Pest Control Board shall disclose information  
21 on its licensees, including applicators, field representatives, and  
22 operators in the areas of fumigation, general pest and wood  
23 destroying pests and organisms, and wood roof cleaning and  
24 treatment.

25 (f) The Bureau of Medical Cannabis Regulation shall disclose  
26 information on its licensees.

27 (g) “Internet” for the purposes of this section has the meaning  
28 set forth in paragraph (6) of subdivision (f) of Section 17538.

29 *SEC. 2. Section 650.4 of the Business and Professions Code*  
30 *is repealed.*

31 ~~650.4. (a) Notwithstanding Section 650, subdivision (o) of~~  
32 ~~Section 4982, or any other provision of law, it shall not be unlawful~~  
33 ~~for a person licensed pursuant to Chapter 13 (commencing with~~  
34 ~~Section 4980) or any other person, to participate in or operate a~~  
35 ~~group advertising and referral service for marriage and family~~  
36 ~~therapists if all of the following conditions are met:~~

37 ~~(1) The patient referrals by the service are the result of~~  
38 ~~patient-initiated responses to service advertising.~~

39 ~~(2) The service advertises, if at all, in conformity with Section~~  
40 ~~651 and subdivision (p) of Section 4982.~~

1     ~~(3) The service does not employ a solicitor to solicit prospective~~  
2     ~~patients or clients.~~

3     ~~(4) The service does not impose a fee on the member marriage~~  
4     ~~and family therapists that is dependent upon the number of referrals~~  
5     ~~or amount of professional fees paid by the patient to the marriage~~  
6     ~~and family therapist.~~

7     ~~(5) Participating marriage and family therapists charge no more~~  
8     ~~than their usual and customary fees to any patient referred.~~

9     ~~(6) The service registers with the Board of Behavioral Sciences,~~  
10    ~~providing its name, street address, and telephone number.~~

11    ~~(7) The service files with the Board of Behavioral Sciences a~~  
12    ~~copy of the standard form contract that regulates its relationship~~  
13    ~~with member marriage and family therapists, which contract shall~~  
14    ~~be confidential and not open to public inspection.~~

15    ~~(8) If more than 50 percent of its referrals are made to one~~  
16    ~~individual, association, partnership, corporation, or group of three~~  
17    ~~or more marriage and family therapists, the service discloses that~~  
18    ~~fact in all public communications, including, but not limited to,~~  
19    ~~communications by means of television, radio, motion picture,~~  
20    ~~newspaper, book, list, or directory of healing arts practitioners.~~

21    ~~(9) (A) When member marriage and family therapists pay any~~  
22    ~~fee to the service, any advertisement by the service shall clearly~~  
23    ~~and conspicuously disclose that fact by including a statement as~~  
24    ~~follows: "Paid for by participating marriage and family therapists."~~  
25    ~~In print advertisements, the required statement shall be in at least~~  
26    ~~9-point type. In radio advertisements, the required statement shall~~  
27    ~~be articulated so as to be clearly audible and understandable by~~  
28    ~~the radio audience. In television advertisements, the required~~  
29    ~~statement shall be either clearly audible and understandable to the~~  
30    ~~television audience, or displayed in a written form that remains~~  
31    ~~clearly visible to the television audience for at least five seconds.~~

32    ~~(B) The Board of Behavioral Sciences may suspend or revoke~~  
33    ~~the registration of any service that fails to comply with~~  
34    ~~subparagraph (A). No service may reregister with the board if its~~  
35    ~~registration currently is under suspension for a violation of~~  
36    ~~subparagraph (A), nor may a service reregister with the board for~~  
37    ~~a period of one year after it has had a registration revoked by the~~  
38    ~~board for a violation of subparagraph (A).~~

39    ~~(b) The Board of Behavioral Sciences may adopt regulations~~  
40    ~~necessary to enforce and administer this section.~~

~~(e) The Board of Behavioral Sciences or 10 individual licensed marriage and family therapists may petition the superior court of any county for the issuance of an injunction restraining any conduct that constitutes a violation of this section.~~

~~(d) It is unlawful and shall constitute a misdemeanor for a person to operate a group advertising and referral service for marriage and family therapists without providing its name, address, and telephone number to the Board of Behavioral Sciences.~~

~~(e) It is the intent of the Legislature in enacting this section not to otherwise affect the prohibitions of Section 650. The Legislature intends to allow the pooling of resources by marriage and family therapists for the purpose of advertising.~~

~~(f) This section shall not be construed in any manner that would authorize a referral service to engage in the practice of marriage and family therapy.~~

~~SEC. 2.~~

*SEC. 3.* Section 865 of the Business and Professions Code is amended to read:

865. For the purposes of this article, the following terms shall have the following meanings:

(a) “Mental health provider” means a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, intern, or trainee, a licensed marriage and family therapist, a registered associate marriage and family therapist, a marriage and family therapist trainee, a licensed educational psychologist, a credentialed school psychologist, a licensed clinical social worker, an associate clinical social worker, a licensed professional clinical counselor, a registered associate clinical counselor, a professional clinical counselor trainee, or any other person designated as a mental health professional under California law or regulation.

(b) (1) “Sexual orientation change efforts” means any practices by mental health providers that seek to change an individual’s sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.

(2) “Sexual orientation change efforts” does not include psychotherapies that: (A) provide acceptance, support, and understanding of clients or the facilitation of clients’ coping, social support, and identity exploration and development, including sexual

1 orientation-neutral interventions to prevent or address unlawful  
2 conduct or unsafe sexual practices; and (B) do not seek to change  
3 sexual orientation.

4 ~~SEC. 3.~~

5 *SEC. 4.* Section 1601.5 of the Business and Professions Code  
6 is repealed.

7 ~~SEC. 4.~~

8 *SEC. 5.* Section 1607 of the Business and Professions Code is  
9 amended to read:

10 1607. The board shall meet regularly once each year in San  
11 Francisco and once each year in Los Angeles, and at such other  
12 times and places as the board may designate, for the purpose of  
13 transacting its business.

14 ~~SEC. 5.~~

15 *SEC. 6.* Section 1611 of the Business and Professions Code is  
16 amended to read:

17 1611. The board shall carry out the purposes and enforce the  
18 provisions of this chapter. It shall examine all applicants for a  
19 license or permit to practice dentistry and dental assisting,  
20 according to the provisions of this chapter, and shall issue licenses  
21 and permits to practice dentistry and dental assisting in this state  
22 to such applicants as successfully pass all applicable licensing and  
23 permitting examinations administered by the board, or any regional  
24 or national testing entity designated to administer licensing or  
25 permitting examinations, and otherwise comply with the provisions  
26 of this chapter. The board shall collect and apply all fees as directed  
27 by this chapter.

28 ~~SEC. 6.~~

29 *SEC. 7.* Section 1611.3 of the Business and Professions Code  
30 is amended to read:

31 1611.3. The board shall comply with the requirements of  
32 Section 138 by January 1, 2013. The board shall require that the  
33 notice under that section include a provision that the board is the  
34 entity that regulates dentists and dental assistants and provide the  
35 telephone number and Internet address of the board. The board  
36 shall require the notice to be posted in a conspicuous location  
37 accessible to public view.

38 ~~SEC. 7.~~

39 *SEC. 8.* Section 1611.5 of the Business and Professions Code  
40 is amended to read:



1 1611.5. (a) The board may inspect the books, records, and  
2 premises of any dentist licensed under this chapter and the licensing  
3 documents, records, and premises of any dental assistant permitted  
4 under this chapter in response to a complaint that a dentist or dental  
5 assistant has violated any law or regulation that constitutes grounds  
6 for disciplinary action by the board, and may employ inspectors  
7 for this purpose.

8 (b) Failure to allow an inspection or any part thereof shall be  
9 grounds for suspension or revocation of the license or permit in  
10 accordance with Section 1670.

11 ~~SEC. 8.~~

12 *SEC. 9.* Section 1612 of the Business and Professions Code is  
13 amended to read:

14 1612. The board shall keep a record of the names of all persons  
15 to whom licenses or permits have been granted by it to practice  
16 dentistry, dental assisting, or any other function requiring a permit,  
17 and such other records as may be necessary to show plainly all of  
18 its acts and proceedings.

19 ~~SEC. 9.~~

20 *SEC. 10.* Section 1614 of the Business and Professions Code  
21 is amended to read:

22 1614. The board may adopt regulations pursuant to this chapter  
23 concerning:

- 24 (a) The holding of meetings.
- 25 (b) The holding of examinations.
- 26 (c) The manner of issuance and reissuance of licenses.
- 27 (d) The establishment of standards for the approval of dental  
28 colleges and dental assisting programs and educational courses.
- 29 (e) Prescribing subjects in which applicants are to be examined.
- 30 (f) The administration and enforcement of this chapter.

31 Such rules shall be adopted, amended, or repealed in accordance  
32 with the provisions of the Administrative Procedure Act.

33 ~~SEC. 10.~~

34 *SEC. 11.* Section 1615 of the Business and Professions Code  
35 is amended to read:

36 1615. Each member of the board shall receive a per diem and  
37 expenses as provided in Section 103.

38 ~~SEC. 11.~~

39 *SEC. 12.* Section 1621 of the Business and Professions Code  
40 is amended to read:

1 1621. The board shall utilize in the administration of its  
2 licensure examinations only examiners whom it has appointed and  
3 who meet the following criteria:

4 (a) Possession of a valid license to practice dentistry in this state  
5 or possession of a valid license in one of the registered dental  
6 assistant categories licensed under this chapter.

7 (b) Practice as a licensed dentist or in a licensure category  
8 described in subdivision (a) for at least five years preceding his or  
9 her appointment.

10 (c) Hold no position as an officer or faculty member at any  
11 college, school, or institution that provides instruction in the same  
12 licensure category as that held by the examiner. This subdivision  
13 shall not apply to a portfolio examiner.

14 ~~SEC. 12.~~

15 *SEC. 13.* Section 1645 of the Business and Professions Code  
16 is amended to read:

17 1645. (a) (1) All holders of licenses under this chapter shall  
18 continue their education after receiving a license as a condition to  
19 the renewal thereof, and shall obtain evidence satisfactory to the  
20 board that they have, during the preceding two-year period,  
21 obtained continuing education relevant to developments in the  
22 practice of dentistry and dental assisting consistent with regulations  
23 established by the board.

24 (2) The board shall adopt regulations providing for the  
25 suspension of the licenses at the end of the two-year period until  
26 compliance with this section is accomplished.

27 (b) The board may also, as a condition of license renewal,  
28 require licentiates to successfully complete a portion of the required  
29 continuing education hours in specific areas adopted in regulations  
30 by the board. The board may prescribe this mandatory coursework  
31 within the general areas of patient care, health and safety, and law  
32 and ethics. The mandatory coursework prescribed by the board  
33 shall not exceed fifteen hours per renewal period for dentists, and  
34 seven and one-half hours per renewal period for dental auxiliaries.  
35 Any mandatory coursework required by the board shall be credited  
36 toward the continuing education requirements established by the  
37 board pursuant to subdivision (a).

38 (c) For a retired dentist who provides only uncompensated care,  
39 the board shall not require more than 60 percent of the hours of  
40 continuing education that are required of other licensed dentists.

1 Notwithstanding subdivision (b), all of the hours of continuing  
2 education as described in this subdivision shall be gained through  
3 courses related to the actual delivery of dental services to the  
4 patient or the community, as determined by the board. Nothing in  
5 this subdivision shall be construed to reduce any requirements  
6 imposed by the board pursuant to subdivision (b).

7 (d) The board shall report on the outcome of subdivision (c)  
8 pursuant to, and at the time of, its regular sunset review process,  
9 as provided in Section 1601.1.

10 ~~SEC. 13.~~

11 *SEC. 14.* Section 1750 of the Business and Professions Code  
12 is amended to read:

13 1750. (a) A dental assistant is an individual who, without a  
14 license, may perform basic supportive dental procedures, as  
15 authorized by Section 1750.1 and by regulations adopted by the  
16 board, under the supervision of a licensed dentist. “Basic supportive  
17 dental procedures” are those procedures that have technically  
18 elementary characteristics, are completely reversible, and are  
19 unlikely to precipitate potentially hazardous conditions for the  
20 patient being treated.

21 (b) The supervising licensed dentist shall be responsible for  
22 determining the competency of the dental assistant to perform the  
23 basic supportive dental procedures, as authorized by Section  
24 1750.1.

25 (c) The employer of a dental assistant shall be responsible for  
26 ensuring that the dental assistant who has been in continuous  
27 employment for 120 days or more, has already successfully  
28 completed, or successfully completes, all of the following within  
29 a year of the date of employment:

30 (1) A board-approved two-hour course in the Dental Practice  
31 Act.

32 (2) A board-approved eight-hour course in infection control.

33 (3) A course in basic life support offered by an instructor  
34 approved by the American Red Cross or the American Heart  
35 Association, or any other course approved by the board as  
36 equivalent and that provides the student the opportunity to engage  
37 in hands-on simulated clinical scenarios.

38 (d) The employer of a dental assistant shall be responsible for  
39 ensuring that the dental assistant maintains certification in basic  
40 life support.

1 (e) This section shall become operative on January 1, 2010.

2 ~~SEC. 14.~~

3 *SEC. 15.* Section 1750.2 of the Business and Professions Code  
4 is amended to read:

5 1750.2. (a) The board may issue an orthodontic assistant permit  
6 to a person who files a completed application including a fee and  
7 provides evidence, satisfactory to the board, of all of the following  
8 eligibility requirements:

9 (1) Current, active, and valid licensure as a registered dental  
10 assistant or completion of at least 12 months of verifiable work  
11 experience as a dental assistant.

12 (2) Successful completion of a two-hour board-approved course  
13 in the Dental Practice Act and an eight-hour board-approved course  
14 in infection control.

15 (3) Successful completion of a course in basic life support  
16 offered by an instructor approved by the American Red Cross or  
17 the American Heart Association, or any other course approved by  
18 the board as equivalent.

19 (4) Successful completion of a board-approved orthodontic  
20 assistant course, which may commence after the completion of six  
21 months of work experience as a dental assistant.

22 (5) Passage of a written examination administered by the board  
23 after completion of all of the other requirements of this subdivision.  
24 The written examination shall encompass the knowledge, skills,  
25 and abilities necessary to competently perform the duties specified  
26 in Section 1750.3.

27 (b) A person who holds an orthodontic assistant permit pursuant  
28 to this section shall be subject to the same continuing education  
29 requirements for registered dental assistants as established by the  
30 board pursuant to Section 1645 and the renewal requirements of  
31 Article 6 (commencing with Section 1715).

32 ~~SEC. 15.~~

33 *SEC. 16.* Section 1750.4 of the Business and Professions Code  
34 is amended to read:

35 1750.4. (a) The board may issue a dental sedation assistant  
36 permit to a person who files a completed application including a  
37 fee and provides evidence, satisfactory to the board, of all of the  
38 following eligibility requirements:

1 (1) Current, active, and valid licensure as a registered dental  
2 assistant or completion of at least 12 months of verifiable work  
3 experience as a dental assistant.

4 (2) Successful completion of a two-hour board-approved course  
5 in the Dental Practice Act and an eight-hour board-approved course  
6 in infection control.

7 (3) Successful completion of a course in basic life support  
8 offered by an instructor approved by the American Red Cross or  
9 the American Heart Association, or any other course approved by  
10 the board as equivalent.

11 (4) Successful completion of a board-approved dental sedation  
12 assistant course, which may commence after the completion of six  
13 months of work experience as a dental assistant.

14 (5) Passage of a written examination administered by the board  
15 after completion of all of the other requirements of this subdivision.  
16 The written examination shall encompass the knowledge, skills,  
17 and abilities necessary to competently perform the duties specified  
18 in Section 1750.5.

19 (b) A person who holds a permit pursuant to this section shall  
20 be subject to the continuing education requirements established  
21 by the board pursuant to Section 1645 and the renewal requirements  
22 of Article 6 (commencing with Section 1715).

23 ~~SEC. 16.~~

24 *SEC. 17.* Section 1751 of the Business and Professions Code  
25 is amended to read:

26 1751. At least once every seven years, the board shall review  
27 the allowable duties for dental assistants, registered dental  
28 assistants, registered dental assistants in extended functions, dental  
29 sedation assistant permitholders, and orthodontic assistant  
30 permitholders, the supervision level for these categories, and the  
31 settings under which these duties may be performed, and shall  
32 update the regulations as necessary to keep them current with the  
33 state of the dental practice.

34 ~~SEC. 17.~~

35 *SEC. 18.* Section 1753.7 of the Business and Professions Code  
36 is amended to read:

37 1753.7. A licensed dentist may simultaneously utilize in his  
38 or her practice no more than three registered dental assistants in  
39 extended functions or registered dental hygienists in extended  
40 functions licensed pursuant to Section 1753 or 1918.

~~SEC. 18.~~

*SEC. 19.* Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) “Health care provider” means either of the following:

(A) A person who is licensed under this division.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.

(4) “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course

1 of health care and treatment after agreeing to receive services via  
2 telehealth.

3 (d) The failure of a health care provider to comply with this  
4 section shall constitute unprofessional conduct. Section 2314 shall  
5 not apply to this section.

6 (e) This section shall not be construed to alter the scope of  
7 practice of any health care provider or authorize the delivery of  
8 health care services in a setting, or in a manner, not otherwise  
9 authorized by law.

10 (f) All laws regarding the confidentiality of health care  
11 information and a patient's rights to his or her medical information  
12 shall apply to telehealth interactions.

13 (g) This section shall not apply to a patient under the jurisdiction  
14 of the Department of Corrections and Rehabilitation or any other  
15 correctional facility.

16 (h) (1) Notwithstanding any other provision of law and for  
17 purposes of this section, the governing body of the hospital whose  
18 patients are receiving the telehealth services may grant privileges  
19 to, and verify and approve credentials for, providers of telehealth  
20 services based on its medical staff recommendations that rely on  
21 information provided by the distant-site hospital or telehealth  
22 entity, as described in Sections 482.12, 482.22, and 485.616 of  
23 Title 42 of the Code of Federal Regulations.

24 (2) By enacting this subdivision, it is the intent of the Legislature  
25 to authorize a hospital to grant privileges to, and verify and approve  
26 credentials for, providers of telehealth services as described in  
27 paragraph (1).

28 (3) For the purposes of this subdivision, "telehealth" shall  
29 include "telemedicine" as the term is referenced in Sections 482.12,  
30 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

31 ~~SEC. 19.~~

32 *SEC. 20.* Section 3004 of the Business and Professions Code  
33 is amended to read:

34 3004. (a) As used in this chapter, "board" means the State  
35 Board of Optometry.

36 (b) Any reference in this code or any other code to the "State  
37 Board of Optometry" shall be deemed to refer to the "California  
38 State Board of Optometry."

1     ~~SEC. 20.~~

2     ~~SEC. 21.~~ Section 3146 of the Business and Professions Code  
3 is amended to read:

4     3146. An optometric license issued under this chapter expires  
5 at midnight on the last day of the month in which the license was  
6 issued during the second year of a two-year term if not renewed.  
7 To renew an unexpired license, the optometrist shall apply for  
8 renewal on a form prescribed by the board and pay the renewal  
9 fee prescribed by this chapter.

10    ~~SEC. 21.~~

11    ~~SEC. 22.~~ Section 3735 of the Business and Professions Code  
12 is amended to read:

13    3735. (a) Except as otherwise provided in this chapter, an  
14 applicant shall not receive a license under this chapter without first  
15 successfully passing the National Board for Respiratory Care's  
16 Therapist Multiple-Choice Examination, at the cut-off level  
17 required to qualify for the Clinical Simulation Examination, and  
18 the Clinical Simulation Examination, or any succeeding  
19 examinations.

20    (b) Notwithstanding subdivision (a), any person applying for  
21 licensure who provides evidence that he or she passed the national  
22 Certified Respiratory Therapist Examination or Written Registry  
23 Examination prior to January 1, 2015, shall be deemed to have  
24 met the examination requirement of subdivision (a), provided there  
25 is no evidence of prior license or job-related discipline, as  
26 determined by the board in its discretion.

27    ~~SEC. 23.~~ *Section 3751 of the Business and Professions Code*  
28 *is amended to read:*

29    3751. (a) A person whose license has been revoked,  
30 surrendered, or suspended, or placed on probation, may petition  
31 the board for reinstatement, modification, or termination of  
32 probation, provided the person has paid all outstanding fees, fines,  
33 and cost recovery in full, and monthly probation monitoring  
34 payments are current.

35    (b) A person petitioning for reinstatement of his or her license  
36 that has been revoked or surrendered for three or more years shall  
37 also meet the current education *and examination* requirements  
38 required for initial licensure.



1 (c) A petition may be filed only after a period of time has  
2 elapsed, but not less than the following minimum periods from  
3 the effective date of the decision ordering that disciplinary action:

4 (1) At least three years for reinstatement of a license that has  
5 been revoked or surrendered.

6 (2) At least two years for early termination of probation of three  
7 years or more.

8 (3) At least one year for modification of a condition, or  
9 reinstatement of a license revoked or surrendered for mental or  
10 physical illness, or termination of probation of less than three years.

11 (d) The petition shall state any facts as may be required by the  
12 board. The petition shall be accompanied by at least two verified  
13 recommendations from licensed health care practitioners who have  
14 personal knowledge of the professional activities of the petitioner  
15 since the disciplinary penalty was imposed. The board may accept  
16 or reject the petition.

17 (e) Written or oral argument may be provided by the petitioner  
18 or, at the request of the board, by the Attorney General. Unless  
19 the board or the petitioner requests the presentation of oral  
20 argument, the petition shall be considered and voted upon by mail.  
21 If the petitioner or the board requests the opportunity for oral  
22 argument, the petition shall be heard by the board or the board  
23 may assign the petition to an administrative law judge.

24 (f) Consideration shall be given to all activities of the petitioner  
25 since the disciplinary action was taken, the offense for which the  
26 petitioner was disciplined, the petitioner's activities during the  
27 time the license was in good standing, and the petitioner's  
28 rehabilitative efforts, general reputation for truth, and professional  
29 ability.

30 (g) The board may deny the petition for reinstatement, reinstate  
31 the license without terms and conditions, require an examination  
32 for the reinstatement, restoration, or modification of probation, or  
33 reinstate the license with terms and conditions as it deems  
34 necessary. Where a petition is heard by an administrative law  
35 judge, the administrative law judge shall render a proposed decision  
36 to the board denying the petition for reinstatement, reinstating the  
37 license without terms and conditions, requiring an examination  
38 for the reinstatement, or reinstating the license with terms and  
39 conditions as he or she deems necessary. The board may take any

1 action with respect to the proposed decision and petition as it deems  
2 appropriate.

3 (h) No petition shall be considered under either of the following  
4 circumstances:

5 (1) If the petitioner is under sentence for any criminal offense  
6 including any period during which the petitioner is on  
7 court-imposed probation or parole.

8 (2) If an accusation or a petition to revoke probation is pending  
9 against the person.

10 (i) The board may deny without a hearing or argument any  
11 petition filed pursuant to this section within a period of three years  
12 from the effective date of the prior decision.

13 (j) Petitions for reinstatement shall include a processing fee  
14 equal to fees charged pursuant to subdivisions (a) and (h) of Section  
15 3775. In addition, petitions for reinstatement that are granted shall  
16 include a fee equal to the fee charged pursuant to subdivision (d)  
17 of Section 3775, before the license may be reinstated.

18 (k) Nothing in this section shall be deemed to alter Sections 822  
19 and 823.

20 *SEC. 24. Section 4848 of the Business and Professions Code*  
21 *is amended to read:*

22 4848. (a) (1) The board shall, by means of examination,  
23 ascertain the professional qualifications of all applicants for  
24 licenses to practice veterinary medicine in this state and shall issue  
25 a license to every person whom it finds to be qualified. No license  
26 shall be issued to anyone who has not demonstrated his or her  
27 competency by examination.

28 (2) The examination shall consist of each of the following:

29 (A) A licensing examination that is administered on a national  
30 basis.

31 (B) A California state board examination.

32 (C) An examination concerning those statutes and regulations  
33 of the Veterinary Medicine Practice Act administered by the board.  
34 The examination shall be administered by ~~mail~~ *regular mail, email,*  
35 *or by both regular mail and email,* and provided to applicants  
36 within 10 to 20 days of eligibility determination. The board shall  
37 have 10 to 20 days from the date of receipt to process the  
38 examination and provide candidates with the results of the  
39 examination. The applicant shall certify that he or she personally  
40 completed the examination. Any false statement is a violation

1 subject to Section 4831. University of California and Western  
2 University of Health Sciences veterinary medical students who  
3 have successfully completed a board-approved course on veterinary  
4 law and ethics covering the Veterinary Medicine Practice Act shall  
5 be exempt from this provision.

6 (3) The examinations may be given at the same time or at  
7 different times as determined by the board. For examination  
8 purposes, the board may make contractual arrangements on a sole  
9 source basis with organizations furnishing examination material  
10 as it may deem desirable and shall be exempt from Section 10115  
11 of the Public Contract Code.

12 (4) The licensing examination may be waived by the board in  
13 any case in which it determines that the applicant has taken and  
14 passed an examination for licensure in another state substantially  
15 equivalent in scope and subject matter to the licensing examination  
16 last given in California before the determination is made, and has  
17 achieved a score on the out-of-state examination at least equal to  
18 the score required to pass the licensing examination administered  
19 in California.

20 (5) Nothing in this chapter shall preclude the board from  
21 permitting a person who has completed a portion of his or her  
22 educational program, as determined by the board, in a veterinary  
23 college recognized by the board under Section 4846 to take any  
24 examination or any part thereof prior to satisfying the requirements  
25 for application for a license established by Section 4846.

26 (b) For purposes of reciprocity, the board shall waive the  
27 examination requirements of subdivision (a), and issue a license  
28 to an applicant to practice veterinary medicine if the applicant  
29 meets all of the following requirements and would not be denied  
30 issuance of a license by any other provision of this code:

31 (1) The applicant holds a current valid license in good standing  
32 in another state, Canadian province, or United States territory and,  
33 within three years immediately preceding filing an application for  
34 licensure in this state, has practiced clinical veterinary medicine  
35 for a minimum of two years and completed a minimum of 2,944  
36 hours of clinical practice. Experience obtained while participating  
37 in an American Veterinary Medical Association (AVMA)  
38 accredited institution's internship, residency, or specialty board  
39 training program shall be valid for meeting the minimum  
40 experience requirement.

1 The term “in good standing” means that an applicant under this  
2 section:

3 (A) Is not currently under investigation nor has been charged  
4 with an offense for any act substantially related to the practice of  
5 veterinary medicine by any public agency, nor entered into any  
6 consent agreement or been subject to an administrative decision  
7 that contains conditions placed by an agency upon an applicant’s  
8 professional conduct or practice, including any voluntary surrender  
9 of license, nor been the subject of an adverse judgment resulting  
10 from the practice of veterinary medicine that the board determines  
11 constitutes evidence of a pattern of incompetence or negligence.

12 (B) Has no physical or mental impairment related to drugs or  
13 alcohol, and has not been found mentally incompetent by a  
14 physician so that the applicant is unable to undertake the practice  
15 of veterinary medicine in a manner consistent with the safety of a  
16 patient or the public.

17 (2) At the time of original licensure, the applicant passed the  
18 national licensing requirement in veterinary science with a passing  
19 score or scores on the examination or examinations equal to or  
20 greater than the passing score required to pass the national licensing  
21 examination or examinations administered in this state.

22 (3) The applicant has either graduated from a veterinary college  
23 recognized by the board under Section 4846 or possesses a  
24 certificate issued by the Educational Commission for Foreign  
25 Veterinary Graduates (ECFVG) or the Program for the Assessment  
26 of Veterinary Education Equivalence (PAVE).

27 (4) The applicant passes an examination concerning the statutes  
28 and regulations of the Veterinary Medicine Practice Act,  
29 administered by the board, pursuant to subparagraph (C) of  
30 paragraph (2) of subdivision (a).

31 (5) The applicant completes an approved educational curriculum  
32 on regionally specific and important diseases and conditions. The  
33 board, in consultation with the California Veterinary Medical  
34 Association (CVMA), shall approve educational curricula that  
35 cover appropriate regionally specific and important diseases and  
36 conditions that are common in California. The curricula shall focus  
37 on small and large animal diseases consistent with the current  
38 proportion of small and large animal veterinarians practicing in  
39 the state. The approved curriculum shall not exceed 30 hours of  
40 educational time. The approved curriculum may be offered by

1 multiple providers so that it is widely accessible to candidates  
2 licensed under this subdivision.

3 (c) The board shall issue a temporary license valid for one year  
4 to an applicant to practice veterinary medicine under the  
5 supervision of another California-licensed veterinarian in good  
6 standing if the applicant satisfies all of the following requirements:

7 (1) The applicant meets the requirements of paragraphs (1) to  
8 (4), inclusive, of subdivision (b).

9 (2) The applicant would not be denied issuance of a license  
10 under any other provision of this chapter.

11 (3) The applicant agrees to complete the approved educational  
12 curriculum described in paragraph (5) of subdivision (b) on  
13 regionally specific and important diseases and conditions during  
14 the period of temporary licensure.

15 (d) Upon completion of the curriculum described in paragraph  
16 (5) of subdivision (b), a temporary licensee shall submit an  
17 application for full licensure accompanied by verification of  
18 completion of that curriculum and all applicable fees.

19 (e) The board, in its discretion, may extend the expiration date  
20 of a temporary license issued pursuant to subdivision (c) for not  
21 more than one year for reasons of health, military service, or undue  
22 hardship. An application for an extension shall be submitted on a  
23 form provided by the board.

24 *SEC. 25. Section 4980.37 of the Business and Professions Code*  
25 *is amended to read:*

26 4980.37. (a) This section shall apply to applicants for licensure  
27 or registration who ~~begin~~ *began* graduate study before August 1,  
28 2012, and ~~complete~~ *completed* that study on or before December  
29 31, 2018. Those applicants may alternatively qualify under  
30 paragraph (2) of subdivision (a) of Section 4980.36.

31 (b) To qualify for a license or registration, applicants shall  
32 possess a doctor's or master's degree in marriage, family, and child  
33 counseling, marriage and family therapy, couple and family  
34 therapy, psychology, clinical psychology, counseling psychology,  
35 or counseling with an emphasis in either marriage, family, and  
36 child counseling or marriage and family therapy, obtained from a  
37 school, college, or university accredited by a regional or national  
38 institutional accrediting agency that is recognized by the United  
39 States Department of Education or approved by the Bureau for  
40 Private Postsecondary Education. The board has the authority to

1 make the final determination as to whether a degree meets all  
2 requirements, including, but not limited to, course requirements,  
3 regardless of accreditation or approval. In order to qualify for  
4 licensure pursuant to this section, a doctor's or master's degree  
5 program shall be a single, integrated program primarily designed  
6 to train marriage and family therapists and shall contain no less  
7 than 48 semester or 72 quarter units of instruction. This instruction  
8 shall include no less than 12 semester units or 18 quarter units of  
9 coursework in the areas of marriage, family, and child counseling,  
10 and marital and family systems approaches to treatment. The  
11 coursework shall include all of the following areas:

12 (1) The salient theories of a variety of psychotherapeutic  
13 orientations directly related to marriage and family therapy, and  
14 marital and family systems approaches to treatment.

15 (2) Theories of marriage and family therapy and how they can  
16 be utilized in order to intervene therapeutically with couples,  
17 families, adults, children, and groups.

18 (3) Developmental issues and life events from infancy to old  
19 age and their effect on individuals, couples, and family  
20 relationships. This may include coursework that focuses on specific  
21 family life events and the psychological, psychotherapeutic, and  
22 health implications that arise within couples and families,  
23 including, but not limited to, childbirth, child rearing, childhood,  
24 adolescence, adulthood, marriage, divorce, blended families,  
25 stepparenting, abuse and neglect of older and dependent adults,  
26 and geropsychology.

27 (4) A variety of approaches to the treatment of children.

28 The board shall, by regulation, set forth the subjects of instruction  
29 required in this subdivision.

30 (c) (1) In addition to the 12 semester or 18 quarter units of  
31 coursework specified in subdivision (b), the doctor's or master's  
32 degree program shall contain not less than six semester or nine  
33 quarter units of supervised practicum in applied psychotherapeutic  
34 technique, assessments, diagnosis, prognosis, and treatment of  
35 premarital, couple, family, and child relationships, including  
36 dysfunctions, healthy functioning, health promotion, and illness  
37 prevention, in a supervised clinical placement that provides  
38 supervised fieldwork experience within the scope of practice of a  
39 marriage and family therapist.

1 (2) For applicants who enrolled in a degree program on or after  
2 January 1, 1995, the practicum shall include a minimum of 150  
3 hours of face-to-face experience counseling individuals, couples,  
4 families, or groups.

5 (3) The practicum hours shall be considered as part of the 48  
6 semester or 72 quarter unit requirement.

7 (d) As an alternative to meeting the qualifications specified in  
8 subdivision (b), the board shall accept as equivalent degrees those  
9 master's or doctor's degrees granted by educational institutions  
10 whose degree program is approved by the Commission on  
11 Accreditation for Marriage and Family Therapy Education.

12 (e) In order to provide an integrated course of study and  
13 appropriate professional training, while allowing for innovation  
14 and individuality in the education of marriage and family therapists,  
15 a degree program that meets the educational qualifications for  
16 licensure or registration under this section shall do all of the  
17 following:

18 (1) Provide an integrated course of study that trains students  
19 generally in the diagnosis, assessment, prognosis, and treatment  
20 of mental disorders.

21 (2) Prepare students to be familiar with the broad range of  
22 matters that may arise within marriage and family relationships.

23 (3) Train students specifically in the application of marriage  
24 and family relationship counseling principles and methods.

25 (4) Encourage students to develop those personal qualities that  
26 are intimately related to the counseling situation such as integrity,  
27 sensitivity, flexibility, insight, compassion, and personal presence.

28 (5) Teach students a variety of effective psychotherapeutic  
29 techniques and modalities that may be utilized to improve, restore,  
30 or maintain healthy individual, couple, and family relationships.

31 (6) Permit an emphasis or specialization that may address any  
32 one or more of the unique and complex array of human problems,  
33 symptoms, and needs of Californians served by marriage and  
34 family therapists.

35 (7) Prepare students to be familiar with cross-cultural mores  
36 and values, including a familiarity with the wide range of racial  
37 and ethnic backgrounds common among California's population,  
38 including, but not limited to, Blacks, Hispanics, Asians, and Native  
39 Americans.

1 (f) Educational institutions are encouraged to design the  
2 practicum required by this section to include marriage and family  
3 therapy experience in low income and multicultural mental health  
4 settings.

5 ~~(g) This section shall remain in effect only until January 1, 2019,~~  
6 ~~and as of that date is repealed, unless a later enacted statute, that~~  
7 ~~is enacted before January 1, 2019, deletes or extends that date.~~

8 *SEC. 26. Section 4980.39 of the Business and Professions Code*  
9 *is amended to read:*

10 4980.39. (a) An applicant for licensure whose education  
11 qualifies him or her under Section 4980.37 shall complete, as a  
12 condition of licensure, a minimum of 10 contact hours of  
13 coursework in aging and long-term care, which may include, but  
14 is not limited to, the biological, social, and psychological aspects  
15 of aging. On and after January 1, 2012, this coursework shall  
16 include instruction on the assessment and reporting of, as well as  
17 treatment related to, elder and dependent adult abuse and neglect.

18 (b) Coursework taken in fulfillment of other educational  
19 requirements for licensure pursuant to this chapter, or in a separate  
20 course of study, may, at the discretion of the board, fulfill the  
21 requirements of this section.

22 (c) In order to satisfy the coursework requirement of this section,  
23 the applicant shall submit to the board a certification from the chief  
24 academic officer of the educational institution from which the  
25 applicant graduated stating that the coursework required by this  
26 section is included within the institution's required curriculum for  
27 graduation, or within the coursework, that was completed by the  
28 applicant.

29 (d) The board shall not issue a license to the applicant until the  
30 applicant has met the requirements of this section.

31 ~~(e) This section shall remain in effect only until January 1, 2019,~~  
32 ~~and as of that date is repealed, unless a later enacted statute, that~~  
33 ~~is enacted before January 1, 2019, deletes or extends that date.~~

34 *SEC. 27. Section 4980.41 of the Business and Professions Code*  
35 *is amended to read:*

36 4980.41. (a) An applicant for licensure whose education  
37 qualifies him or her under Section 4980.37 shall complete the  
38 following coursework or training in order to be eligible to sit for  
39 the licensing examinations as specified in subdivision (d) of Section  
40 4980.40:



1 (1) A two semester or three quarter unit course in California  
2 law and professional ethics for marriage and family therapists,  
3 which shall include, but not be limited to, the following areas of  
4 study:

5 (A) Contemporary professional ethics and statutory, regulatory,  
6 and decisional laws that delineate the profession's scope of  
7 practice.

8 (B) The therapeutic, clinical, and practical considerations  
9 involved in the legal and ethical practice of marriage and family  
10 therapy, including family law.

11 (C) The current legal patterns and trends in the mental health  
12 profession.

13 (D) The psychotherapist-patient privilege, confidentiality, the  
14 patient dangerous to self or others, and the treatment of minors  
15 with and without parental consent.

16 (E) A recognition and exploration of the relationship between  
17 a practitioner's sense of self and human values and his or her  
18 professional behavior and ethics.

19 This course may be considered as part of the 48 semester or 72  
20 quarter unit requirements contained in Section 4980.37.

21 (2) A minimum of seven contact hours of training or coursework  
22 in child abuse assessment and reporting as specified in Section 28  
23 and any regulations promulgated thereunder.

24 (3) A minimum of 10 contact hours of training or coursework  
25 in human sexuality as specified in Section 25, and any regulations  
26 promulgated thereunder. When coursework in a master's or  
27 doctor's degree program is acquired to satisfy this requirement, it  
28 shall be considered as part of the 48 semester or 72 quarter unit  
29 requirement contained in Section 4980.37.

30 (4) For persons who began graduate study on or after January  
31 1, 1986, a master's or doctor's degree qualifying for licensure shall  
32 include specific instruction in alcoholism and other chemical  
33 substance dependency as specified by regulation. When coursework  
34 in a master's or doctor's degree program is acquired to satisfy this  
35 requirement, it shall be considered as part of the 48 semester or  
36 72 quarter unit requirement contained in Section 4980.37.  
37 Coursework required under this paragraph may be satisfactory if  
38 taken either in fulfillment of other educational requirements for  
39 licensure or in a separate course. The applicant may satisfy this  
40 requirement by successfully completing this coursework from a

1 master's or doctoral degree program at an accredited or approved  
2 institution, as described in subdivision (b) of Section 4980.37, or  
3 from a board-accepted provider of continuing education, as  
4 described in Section 4980.54.

5 (5) For persons who began graduate study during the period  
6 commencing on January 1, 1995, and ending on December 31,  
7 2003, a master's or doctor's degree qualifying for licensure shall  
8 include coursework in spousal or partner abuse assessment,  
9 detection, and intervention. For persons who began graduate study  
10 on or after January 1, 2004, a master's or doctor's degree qualifying  
11 for licensure shall include a minimum of 15 contact hours of  
12 coursework in spousal or partner abuse assessment, detection, and  
13 intervention strategies, including knowledge of community  
14 resources, cultural factors, and same gender abuse dynamics.  
15 Coursework required under this paragraph may be satisfactory if  
16 taken either in fulfillment of other educational requirements for  
17 licensure or in a separate course. The applicant may satisfy this  
18 requirement by successfully completing this coursework from a  
19 master's or doctoral degree program at an accredited or approved  
20 institution, as described in subdivision (b) of Section 4980.37, or  
21 from a board-accepted provider of continuing education, as  
22 described in Section 4980.54.

23 (6) For persons who began graduate study on or after January  
24 1, 2001, an applicant shall complete a minimum of a two semester  
25 or three quarter unit survey course in psychological testing. When  
26 coursework in a master's or doctor's degree program is acquired  
27 to satisfy this requirement, it may be considered as part of the 48  
28 semester or 72 quarter unit requirement of Section 4980.37.

29 (7) For persons who began graduate study on or after January  
30 1, 2001, an applicant shall complete a minimum of a two semester  
31 or three quarter unit survey course in psychopharmacology. When  
32 coursework in a master's or doctor's degree program is acquired  
33 to satisfy this requirement, it may be considered as part of the 48  
34 semester or 72 quarter unit requirement of Section 4980.37.

35 ~~(8)~~

36 *(b)* The requirements added by paragraphs (6) and (7) of  
37 *subdivision (a)* are intended to improve the educational  
38 qualifications for licensure in order to better prepare future  
39 licentiates for practice and are not intended in any way to expand

1 or restrict the scope of practice for licensed marriage and family  
2 therapists.

3 ~~(b) This section shall remain in effect only until January 1, 2019,~~  
4 ~~and as of that date is repealed, unless a later enacted statute, that~~  
5 ~~is enacted before January 1, 2019, deletes or extends that date.~~

6 ~~SEC. 22.~~

7 *SEC. 28.* Section 4980.72 of the Business and Professions Code  
8 is amended to read:

9 4980.72. (a) This section applies to a person who is licensed  
10 outside of California and applies for licensure on or after January  
11 1, 2016.

12 (b) The board may issue a license to a person who, at the time  
13 of submitting an application for a license pursuant to this chapter,  
14 holds a valid license in good standing issued by a board of marriage  
15 counselor examiners, board of marriage and family therapists, or  
16 corresponding authority, of any state or country, if all of the  
17 following conditions are satisfied:

18 (1) The applicant's education is substantially equivalent, as  
19 defined in Section 4980.79. The applicant's degree title need not  
20 be identical to that required by Section 4980.36 or 4980.37.

21 (2) The applicant complies with Section 4980.76, if applicable.

22 (3) The applicant's supervised experience is substantially  
23 equivalent to that required for a license under this chapter. The  
24 board shall consider hours of experience obtained outside of  
25 California during the six-year period immediately preceding the  
26 date the applicant initially obtained the license described above.  
27 If the applicant has less than 3,000 hours of qualifying supervised  
28 experience, time actively licensed as a marriage and family  
29 therapist shall be accepted at a rate of 100 hours per month, up to  
30 a maximum of 1,200 hours, if the applicant's degree meets the  
31 practicum requirement described in subparagraph (C) of paragraph  
32 (1) of subdivision (b) of Section 4980.79 without exemptions or  
33 remediation.

34 (4) The applicant passes the California law and ethics  
35 examination.

36 (5) The applicant passes a clinical examination designated by  
37 the board. An applicant who obtained his or her license or  
38 registration under another jurisdiction may qualify for licensure  
39 with the board without taking the clinical examination if both of  
40 the following conditions are met:

1 (A) The applicant obtained a passing score on the clinical  
2 licensing examination set forth in regulation as accepted by the  
3 board.

4 (B) The applicant's license or registration in that jurisdiction is  
5 active, in good standing at the time of his or her application, and  
6 is not revoked, suspended, surrendered, denied, or otherwise  
7 restricted or encumbered.

8 ~~SEC. 23.~~

9 *SEC. 29.* Section 4980.78 of the Business and Professions Code  
10 is amended to read:

11 4980.78. (a) This section applies to persons who apply for  
12 licensure or registration on or after January 1, 2016, and who do  
13 not hold a license as described in Section 4980.72.

14 (b) For purposes of Section 4980.74, education is substantially  
15 equivalent if all of the following requirements are met:

16 (1) The degree is obtained from a school, college, or university  
17 accredited by a regional or national institutional accrediting agency  
18 that is recognized by the United States Department of Education  
19 and consists of, at a minimum, the following:

20 (A) (i) For an applicant who obtained his or her degree within  
21 the timeline prescribed by subdivision (a) of Section 4980.36, the  
22 degree shall contain no less than 60 semester units or 90 quarter  
23 units of instruction.

24 (ii) Up to 12 semester units or 18 quarter units of instruction  
25 may be remediated, if missing from the degree. The remediation  
26 may occur while the applicant is registered as an intern.

27 (B) For an applicant who obtained his or her degree within the  
28 timeline prescribed by subdivision (a) of Section 4980.37, the  
29 degree shall contain no less than 48 semester units or 72 quarter  
30 units of instruction.

31 (C) Six semester units or nine quarter units of supervised  
32 practicum, including, but not limited to, a minimum of 150 hours  
33 of face-to-face experience counseling individuals, couples, families,  
34 or groups, and an additional 75 hours of either face-to-face  
35 experience counseling individuals, couples, families, or groups or  
36 client centered advocacy, or a combination of face-to-face  
37 experience counseling individuals, couples, families, or groups  
38 and client centered advocacy.

39 (D) Twelve semester units or 18 quarter units in the areas of  
40 marriage, family, and child counseling and marital and family

1 systems approaches to treatment, as specified in subparagraph (A)  
2 of paragraph (1) of subdivision (d) of Section 4980.36.

3 (2) The applicant shall complete coursework in California law  
4 and ethics as follows:

5 (A) An applicant who completed a course in law and  
6 professional ethics for marriage and family therapists as specified  
7 in paragraph (8) of subdivision (a) of Section 4980.81, that did not  
8 contain instruction in California law and ethics, shall complete an  
9 18-hour course in California law and professional ethics. The  
10 content of the course shall include, but not be limited to,  
11 advertising, scope of practice, scope of competence, treatment of  
12 minors, confidentiality, dangerous patients, psychotherapist-patient  
13 privilege, recordkeeping, patient access to records, state and federal  
14 laws relating to confidentiality of patient health information, dual  
15 relationships, child abuse, elder and dependent adult abuse, online  
16 therapy, insurance reimbursement, civil liability, disciplinary  
17 actions and unprofessional conduct, ethics complaints and ethical  
18 standards, termination of therapy, standards of care, relevant family  
19 law, therapist disclosures to patients, differences in legal and ethical  
20 standards in different types of work settings, and licensing law  
21 and licensing process. This coursework shall be completed prior  
22 to registration as an intern.

23 (B) An applicant who has not completed a course in law and  
24 professional ethics for marriage and family therapists as specified  
25 in paragraph (8) of subdivision (a) of Section 4980.81 shall  
26 complete this required coursework. The coursework shall contain  
27 content specific to California law and ethics. This coursework shall  
28 be completed prior to registration as an intern.

29 (3) The applicant completes the educational requirements  
30 specified in Section 4980.81 not already completed in his or her  
31 education. The coursework may be from an accredited school,  
32 college, or university as specified in paragraph (1), from an  
33 educational institution approved by the Bureau for Private  
34 Postsecondary Education, or from a continuing education provider  
35 that is acceptable to the board as defined in Section 4980.54.  
36 Undergraduate courses shall not satisfy this requirement.

37 (4) The applicant completes the following coursework not  
38 already completed in his or her education from an accredited  
39 school, college, or university as specified in paragraph (1) from  
40 an educational institution approved by the Bureau for Private

1 Postsecondary Education, or from a continuing education provider  
2 that is acceptable to the board as defined in Section 4980.54.  
3 Undergraduate courses shall not satisfy this requirement.

4 (A) At least three semester units, or 45 hours, of instruction  
5 regarding the principles of mental health recovery-oriented care  
6 and methods of service delivery in recovery-oriented practice  
7 environments, including structured meetings with various  
8 consumers and family members of consumers of mental health  
9 services to enhance understanding of their experience of mental  
10 illness, treatment, and recovery.

11 (B) At least one semester unit, or 15 hours, of instruction that  
12 includes an understanding of various California cultures and the  
13 social and psychological implications of socioeconomic position.

14 (5) An applicant may complete any units and course content  
15 requirements required under paragraphs (3) and (4) not already  
16 completed in his or her education while registered as an intern,  
17 unless otherwise specified.

18 (6) The applicant's degree title need not be identical to that  
19 required by subdivision (b) of Section 4980.36.

20 ~~SEC. 24.~~

21 *SEC. 30.* Section 4980.79 of the Business and Professions Code  
22 is amended to read:

23 4980.79. (a) This section applies to persons who apply for  
24 licensure or registration on or after January 1, 2016, and who hold  
25 a license as described in Section 4980.72.

26 (b) For purposes of Section 4980.72, education is substantially  
27 equivalent if all of the following requirements are met:

28 (1) The degree is obtained from a school, college, or university  
29 accredited by a regional or national institutional accrediting agency  
30 recognized by the United States Department of Education and  
31 consists of, at a minimum, the following:

32 (A) (i) For an applicant who obtained his or her degree within  
33 the timeline prescribed by subdivision (a) of Section 4980.36, the  
34 degree shall contain no less than 60 semester units or 90 quarter  
35 units of instruction.

36 (ii) Up to 12 semester units or 18 quarter units of instruction  
37 may be remediated, if missing from the degree. The remediation  
38 may occur while the applicant is registered as an intern.

39 (B) For an applicant who obtained his or her degree within the  
40 timeline prescribed by subdivision (a) of Section 4980.37, the

1 degree shall contain no less than 48 semester units or 72 quarter  
2 units of instruction.

3 (C) Six semester units or nine quarter units of supervised  
4 practicum, including, but not limited to, a minimum of 150 hours  
5 of face-to-face experience counseling individuals, couples, families,  
6 or groups, and an additional 75 hours of either face-to-face  
7 experience counseling individuals, couples, families, or groups or  
8 client centered advocacy, or a combination of face-to-face  
9 experience counseling individuals, couples, families, or groups  
10 and client centered advocacy.

11 (i) An out-of-state applicant who has been licensed for at least  
12 two years in clinical practice, as verified by the board, is exempt  
13 from this requirement.

14 (ii) An out-of-state applicant who has been licensed for less  
15 than two years in clinical practice, as verified by the board, who  
16 does not meet the supervised practicum requirement, shall  
17 remediate it by obtaining 150 hours of face-to-face experience  
18 counseling individuals, couples, families, or groups, and an  
19 additional 75 hours of either face-to-face experience counseling  
20 individuals, couples, families, or groups or client centered  
21 advocacy, or a combination of face-to-face experience counseling  
22 individuals, couples, families, or groups and client centered  
23 advocacy. These hours are in addition to the 3,000 hours of  
24 experience required by this chapter, and shall be gained while  
25 registered as an intern.

26 (D) Twelve semester units or 18 quarter units in the areas of  
27 marriage, family, and child counseling and marital and family  
28 systems approaches to treatment, as specified in subparagraph (A)  
29 of paragraph (1) of subdivision (d) of Section 4980.36.

30 (2) An applicant shall complete coursework in California law  
31 and ethics as follows:

32 (A) An applicant who completed a course in law and  
33 professional ethics for marriage and family therapists as specified  
34 in paragraph (8) of subdivision (a) of Section 4980.81 that did not  
35 include instruction in California law and ethics, shall complete an  
36 18-hour course in California law and professional ethics. The  
37 content of the course shall include, but not be limited to,  
38 advertising, scope of practice, scope of competence, treatment of  
39 minors, confidentiality, dangerous patients, psychotherapist-patient  
40 privilege, recordkeeping, patient access to records, state and federal

1 laws relating to confidentiality of patient health information, dual  
2 relationships, child abuse, elder and dependent adult abuse, online  
3 therapy, insurance reimbursement, civil liability, disciplinary  
4 actions and unprofessional conduct, ethics complaints and ethical  
5 standards, termination of therapy, standards of care, relevant family  
6 law, therapist disclosures to patients, differences in legal and ethical  
7 standards in different types of work settings, and licensing law  
8 and licensing process. This coursework shall be completed prior  
9 to registration as an intern.

10 (B) An applicant who has not completed a course in law and  
11 professional ethics for marriage and family therapists as specified  
12 in paragraph (8) of subdivision (a) of Section 4980.81 shall  
13 complete this required coursework. The coursework shall include  
14 content specific to California law and ethics. An applicant shall  
15 complete this coursework prior to registration as an intern.

16 (3) The applicant completes the educational requirements  
17 specified in Section 4980.81 not already completed in his or her  
18 education. The coursework may be from an accredited school,  
19 college, or university as specified in paragraph (1), from an  
20 educational institution approved by the Bureau for Private  
21 Postsecondary Education, or from a continuing education provider  
22 that is acceptable to the board as defined in Section 4980.54.  
23 Undergraduate coursework shall not satisfy this requirement.

24 (4) The applicant completes the following coursework not  
25 already completed in his or her education from an accredited  
26 school, college, or university as specified in paragraph (1) above,  
27 from an educational institution approved by the Bureau for Private  
28 Postsecondary Education, or from a continuing education provider  
29 that is acceptable to the board as defined in Section 4980.54.  
30 Undergraduate coursework shall not satisfy this requirement.

31 (A) At least three semester units, or 45 hours, of instruction  
32 pertaining to the principles of mental health recovery-oriented care  
33 and methods of service delivery in recovery-oriented practice  
34 environments, including structured meetings with various  
35 consumers and family members of consumers of mental health  
36 services to enhance understanding of their experience of mental  
37 illness, treatment, and recovery.

38 (B) At least one semester unit, or 15 hours, of instruction that  
39 includes an understanding of various California cultures and the  
40 social and psychological implications of socioeconomic position.



1 (5) An applicant's degree title need not be identical to that  
2 required by subdivision (b) of Section 4980.36.

3 (6) An applicant may complete any units and course content  
4 requirements required under paragraphs (3) and (4) not already  
5 completed in his or her education while registered as an intern,  
6 unless otherwise specified.

7 ~~SEC. 25.~~

8 *SEC. 31.* Section 4990.30 of the Business and Professions Code  
9 is amended to read:

10 4990.30. (a) A licensed marriage and family therapist, associate  
11 marriage and family therapist, licensed clinical social worker,  
12 associate clinical social worker, licensed professional clinical  
13 counselor, associate professional clinical counselor, or licensed  
14 educational psychologist whose license or registration has been  
15 revoked, suspended, or placed on probation, may petition the board  
16 for reinstatement or modification of the penalty, including  
17 modification or termination of probation. The petition shall be on  
18 a form provided by the board and shall state any facts and  
19 information as may be required by the board including, but not  
20 limited to, proof of compliance with the terms and conditions of  
21 the underlying disciplinary order. The petition shall be verified by  
22 the petitioner who shall file an original and sufficient copies of  
23 the petition, together with any supporting documents, for the  
24 members of the board, the administrative law judge, and the  
25 Attorney General.

26 (b) The licensee or registrant may file the petition on or after  
27 the expiration of the following timeframes, each of which  
28 commences on the effective date of the decision ordering the  
29 disciplinary action or, if the order of the board, or any portion of  
30 it, is stayed by the board itself or by the superior court, from the  
31 date the disciplinary action is actually implemented in its entirety:

32 (1) Three years for reinstatement of a license or registration that  
33 was revoked for unprofessional conduct, except that the board  
34 may, in its sole discretion, specify in its revocation order that a  
35 petition for reinstatement may be filed after two years.

36 (2) Two years for early termination of any probation period of  
37 three years or more.

38 (3) One year for modification of a condition, reinstatement of  
39 a license or registration revoked for mental or physical illness, or  
40 termination of probation of less than three years.

1 (c) The petition may be heard by the board itself or the board  
2 may assign the petition to an administrative law judge pursuant to  
3 Section 11512 of the Government Code.

4 (d) The petitioner may request that the board schedule the  
5 hearing on the petition for a board meeting at a specific city where  
6 the board regularly meets.

7 (e) The petitioner and the Attorney General shall be given timely  
8 notice by letter of the time and place of the hearing on the petition  
9 and an opportunity to present both oral and documentary evidence  
10 and argument to the board or the administrative law judge.

11 (f) The petitioner shall at all times have the burden of production  
12 and proof to establish by clear and convincing evidence that he or  
13 she is entitled to the relief sought in the petition.

14 (g) The board, when it is hearing the petition itself, or an  
15 administrative law judge sitting for the board, may consider all  
16 activities of the petitioner since the disciplinary action was taken,  
17 the offense for which the petitioner was disciplined, the petitioner's  
18 activities during the time his or her license or registration was in  
19 good standing, and the petitioner's rehabilitative efforts, general  
20 reputation for truth, and professional ability.

21 (h) The hearing may be continued from time to time as the board  
22 or the administrative law judge deems appropriate but in no case  
23 may the hearing on the petition be delayed more than 180 days  
24 from its filing without the consent of the petitioner.

25 (i) The board itself, or the administrative law judge if one is  
26 designated by the board, shall hear the petition and shall prepare  
27 a written decision setting forth the reasons supporting the decision.  
28 In a decision granting a petition reinstating a license or modifying  
29 a penalty, the board itself, or the administrative law judge, may  
30 impose any terms and conditions that the agency deems reasonably  
31 appropriate, including those set forth in Sections 823 and 4990.40.  
32 If a petition is heard by an administrative law judge sitting alone,  
33 the administrative law judge shall prepare a proposed decision and  
34 submit it to the board. The board may take action with respect to  
35 the proposed decision and petition as it deems appropriate.

36 (j) The petitioner shall pay a fingerprinting fee and provide a  
37 current set of his or her fingerprints to the board. The petitioner  
38 shall execute a form authorizing release to the board or its designee,  
39 of all information concerning the petitioner's current physical and  
40 mental condition. Information provided to the board pursuant to

1 the release shall be confidential and shall not be subject to  
2 discovery or subpoena in any other proceeding, and shall not be  
3 admissible in any action, other than before the board, to determine  
4 the petitioner's fitness to practice as required by Section 822.

5 (k) The board may delegate to its executive officer authority to  
6 order investigation of the contents of the petition.

7 (l) No petition shall be considered while the petitioner is under  
8 sentence for any criminal offense, including any period during  
9 which the petitioner is on court-imposed probation or parole or  
10 the petitioner is required to register pursuant to Section 290 of the  
11 Penal Code. No petition shall be considered while there is an  
12 accusation or petition to revoke probation pending against the  
13 petitioner.

14 (m) Except in those cases where the petitioner has been  
15 disciplined for violation of Section 822, the board may in its  
16 discretion deny without hearing or argument any petition that is  
17 filed pursuant to this section within a period of two years from the  
18 effective date of a prior decision following a hearing under this  
19 section.

20 ~~SEC. 26.~~

21 *SEC. 32.* Section 4992 of the Business and Professions Code  
22 is amended to read:

23 4992. (a) Every applicant for a license under this chapter shall  
24 file an application with the board accompanied by the application  
25 fee prescribed by this chapter. Every application shall also be  
26 accompanied by the applicable examination fee prescribed by this  
27 chapter.

28 (b) The application shall contain information showing that the  
29 applicant has all the qualifications required by the board for  
30 admission to an examination.

31 ~~SEC. 27.~~

32 *SEC. 33.* Section 4996.17 of the Business and Professions Code  
33 is amended to read:

34 4996.17. (a) (1) Experience gained outside of California shall  
35 be accepted toward the licensure requirements if it is substantially  
36 the equivalent of the requirements of this chapter.

37 (2) Commencing January 1, 2014, an applicant with education  
38 gained outside of California shall complete an 18-hour course in  
39 California law and professional ethics. The content of the course  
40 shall include, but not be limited to, the following: advertising,

1 scope of practice, scope of competence, treatment of minors,  
2 confidentiality, dangerous patients, psychotherapist-patient  
3 privilege, recordkeeping, patient access to records, state and federal  
4 laws related to confidentiality of patient health information, dual  
5 relationships, child abuse, elder and dependent adult abuse, online  
6 therapy, insurance reimbursement, civil liability, disciplinary  
7 actions and unprofessional conduct, ethics complaints and ethical  
8 standards, termination of therapy, standards of care, relevant family  
9 law, therapist disclosures to patients, differences in legal and ethical  
10 standards in different types of work settings, and licensing law  
11 and process.

12 (b) The board may issue a license to any person who, at the time  
13 of application, holds a valid clinical social work license issued by  
14 a board of clinical social work examiners or corresponding  
15 authority of any state, if the person passes, or has passed, the  
16 licensing examinations as specified in Section 4996.1 and pays  
17 the required fees. Issuance of the license is conditioned upon all  
18 of the following:

19 (1) The applicant has supervised experience that is substantially  
20 the equivalent of that required by this chapter. If the applicant has  
21 less than 3,200 hours of qualifying supervised experience, time  
22 actively licensed as a clinical social worker shall be accepted at a  
23 rate of 100 hours per month up to a maximum of 1,200 hours.

24 (2) Completion of the following coursework or training in or  
25 out of this state:

26 (A) A minimum of seven contact hours of training or coursework  
27 in child abuse assessment and reporting as specified in Section 28,  
28 and any regulations promulgated thereunder.

29 (B) A minimum of 10 contact hours of training or coursework  
30 in human sexuality as specified in Section 25, and any regulations  
31 promulgated thereunder.

32 (C) A minimum of 15 contact hours of training or coursework  
33 in alcoholism and other chemical substance dependency, as  
34 specified by regulation.

35 (D) A minimum of 15 contact hours of coursework or training  
36 in spousal or partner abuse assessment, detection, and intervention  
37 strategies.

38 (3) Commencing January 1, 2014, completion of an 18-hour  
39 course in California law and professional ethics. The content of  
40 the course shall include, but not be limited to, the following:

# President's Update

Dr. Mark Olson, DVM

May 2018



On behalf of the AAVSB Board of Directors, I am happy to provide you with an update on the activities of the Board of Directors and your Association. I strongly encourage you to share this with your board members and include it with your next Board packet.

## Times Like These Necessitate a Community

The need to come together as a community has not been stronger recently than it is right now. Community is our word for this year. With more Member Boards receiving requests from their governor's office to justify licensure for veterinarians and veterinary technicians, you can rely on us. We are your community and are strategically positioned to provide information and training such as:

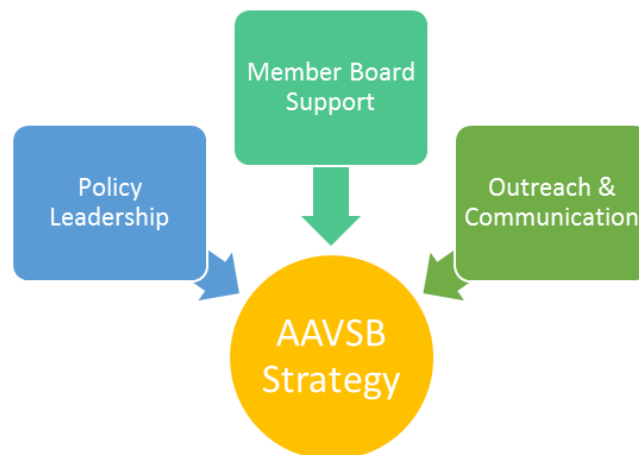
- ⇒ The Annual Member Board Profile Survey
- ⇒ Data Supporting Regulation of Veterinary Technicians
- ⇒ Document Supporting Regulation of Veterinarians
- ⇒ Model Policy on Telehealth
- ⇒ Board Basics & Beyond Training



According to the Federal Trade Commission's, Acting Chairman Maureen K. Ohlhausen, "I am particularly concerned that occupational licensing disproportionately affects those seeking to move up the lower and middle rungs of the economic ladder, as well as military families and veterans. Occupational licensing regulations can prevent individuals from using their vocational skills and entering new professions, as well as starting small businesses or creating new business models."

## Strategy for Strengthening the Veterinary Regulatory Community

Behind all these initiatives is the Board of Directors' strategic plan for the Association. During our winter meeting held in January 2018, the Board of Directors refreshed the Association's strategic plan. We continue to focus on the strategic goals of Policy Leadership, Member Board Support, and Outreach and refreshed the objectives for each.



## 2018 AAVSB Board of Directors

*Mark Olson, DVM (KS)*  
President

*Frank Walker, DVM (ND)*  
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*Timothy Kolb, DVM (OH)*  
Director

*Larry McTague, DVM (OK)*  
Director

*Roger Redman, DVM (OH)*  
Director

*James T. Penrod, CAE, FASLA*  
Executive Director & Secretary

## Policy Leadership

The Regulatory Policy Task Force is finalizing its recommended changes to the **Practice Act Model (PAM)**. The Task Force will be presenting the recommendations at this year's Annual Meeting. Included in the recommendations will be language on board oversight following the 2015 North Carolina Dental Board case, a new section on medical records, and suggestions for updating the definition of the VCPR to address technology changes in veterinary medicine.

In December, the Regulatory Policy Task Force developed a draft **Model Policy for The Appropriate Use of Telehealth Technologies in the Practice of Veterinary Medicine**. We held a **VetBoard Connect** webinar to receive your comments and distributed the draft to you and to affiliate organizations for comment. A revised draft will be shared with Member Boards at this year's Annual Meeting to obtain feedback prior to finalizing the Model Policy.

The Member Services Task Force was appointed following the **2017 Annual Meeting & Conference** to follow up on the resolution that was passed to explore a mechanism to provide Member Boards with direct input and access into the availability and provision of programs and services that address the needs of the membership. The Task Force will provide an update on their recommendations at this year's Annual Meeting.

A document is now available from the AAVSB for Member Boards' use in educating stakeholders on the regulation of veterinary technicians. The document uses information collected during the job analysis process for the VTNE that supports the need to regulate veterinary technicians.

## Member Board Support

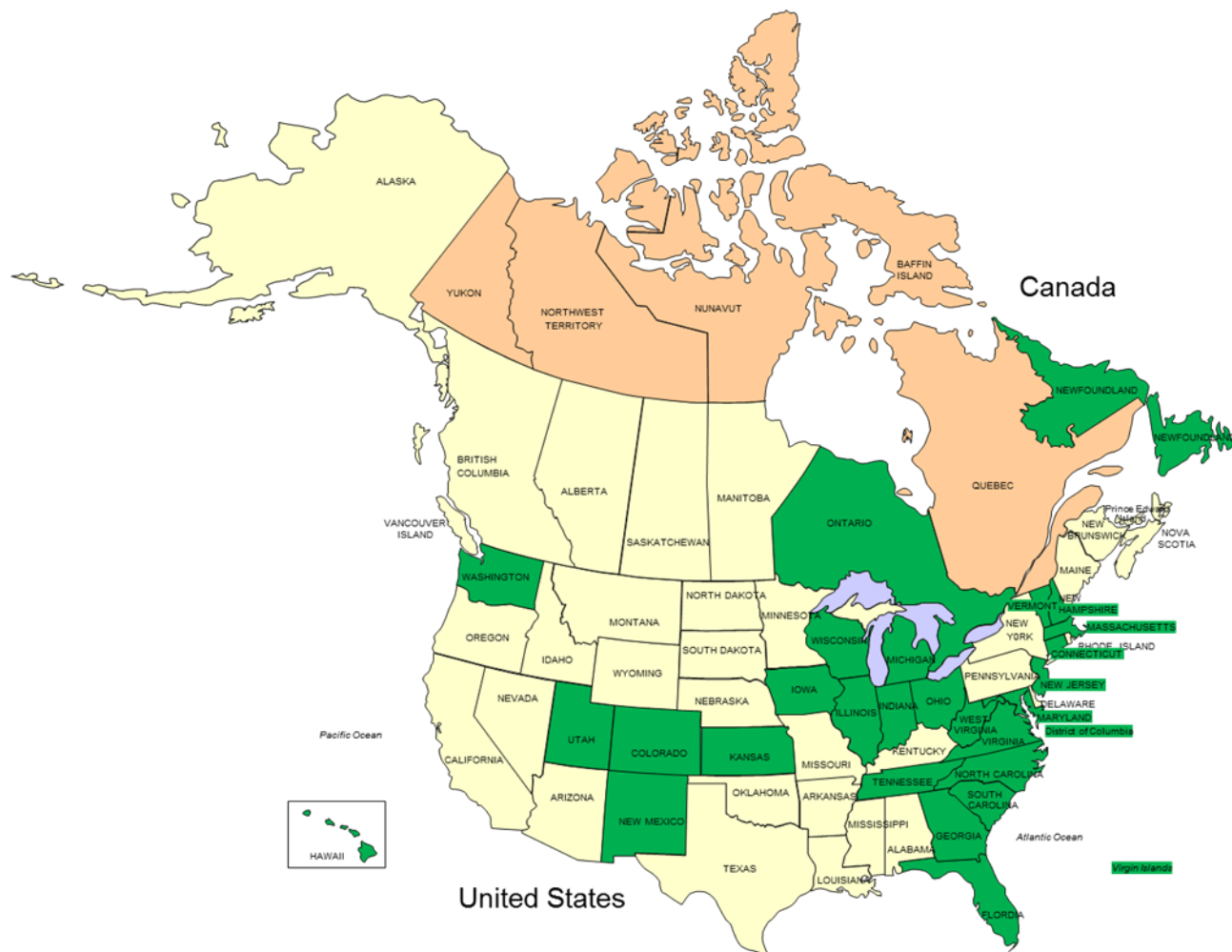
The Association is committed to providing you with reliable data about your current and future licensees. We continually think of ways to make the process for submitting licensee information easier. The AAVSB staff will be reaching out to you in the near future to determine how we can make it easy for you to keep the database of licensee information (the VIVA database) current and comprehensive. Data from the VIVA database ensure that you have all of the information necessary for making an informed licensure decision for your applicants.

The AAVSB created the VAULT (Veterinary Application for Uniform Licensure Transfer) service to provide a centralized, uniform process for veterinary regulatory boards to obtain a verified, primary-source record of a veterinarian or veterinary technician's core veterinary credentials. Twenty Member Boards have agreed to participate in the VAULT Early Adopters program while we continue to build the technology to support the service. More information about the VAULT program will be provided during this year's Annual Meeting.

## Outreach & Communication

The Board of Directors is committed to reaching out to our Member Boards, allied groups, veterinary and veterinary technician students, and global regulatory bodies for two important reasons - to promote veterinary medicine regulation and to clarify the AAVSB's capabilities in making the licensure process more efficient and effective.

The AAVSB Outreach Team continues to attend the board meetings of our Member Boards to explain the benefits of your membership and the programs available to you. Our primary goal at these board meetings is listening and learning about the challenges you face so that we can tailor our programs to meet your needs. Since late 2015, we have visited, or are scheduled to visit, 24 of our Member Boards which are indicated below in green.



If you are interested in having the AAVSB Outreach Team visit your board, please contact the AAVSB office at [aavsb@aavsb.org](mailto:aavsb@aavsb.org).



There is another convenient way to get information and ask questions about relevant topics in veterinary regulation. Our **VetBoard Connect** webinars have examined such topics as Opening Your Practice Act, Including Alternative Medicine in the Practice Act, How to Create a Wellness Program for your Licensees, and Veterinary Medicine: State of Telehealth. Look for an announcement in your email when a summer **VetBoard Connect** is scheduled.

Over the last 12 months, the AAVSB continues its dialogue with allied organizations. In addition to conversations with the AVMA and ICVA. We now have regular conversations with the Veterinary Medical Association Executives, Australasian Veterinary Boards Council, Veterinary Innovation Council, and the Association of American Veterinary Medical Colleges. These interactions promote the mission of the AAVSB and the importance of our Member Boards.

## 2018 AAVSB Annual Meeting & Conference

I'm excited to invite you to this year's Annual Meeting being held in Washington, DC from September 13-15. Being in the nation's capital this year is so timely and the topics will focus on legislation.

This year, the Alternate Delegate Funding Program is again available along with the Delegate Funding Program. These programs allow each Member Board to send two individuals at little to no cost. We strongly encourage each Member Board to send a Board Member and the Executive Director/Registrar. Under this program, the AAVSB waives the conference registration fee and pays reasonable travel expenses for two eligible Delegates. For additional information, please visit [AAVSB.org](http://AAVSB.org).



## Members as Volunteers

Our Committee and Board of Director volunteers make your Association successful. We have seven standing committees, several task forces and opportunities with our allied groups. When you feel the pull to become involved, there are numerous ways to serve the AAVSB from our exam development workshops to an elected position. I fully encourage you to consider serving in an elected position. Nominations are due May 17 and can be submitted at [AAVSB.org](http://AAVSB.org).

### AAVSB Vision

The AAVSB is the primary source for comprehensive information that strategically strengthens the veterinary regulatory community.

### AAVSB Mission

To support and advance the regulatory process for veterinary medicine.

### AAVSB Values

Protection of the public  
Reliability & accuracy  
Ethics & integrity  
Service excellence  
Active participation & collaboration  
Stewardship of resources



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@AAVSB



# Veterinary Medical Board

1747 N. MARKET BOULEVARD, SUITE 230, SACRAMENTO, CA 95834

TELEPHONE: 916-515-5220 FAX: 916-928-6849 | WWW.VMB.CA.GOV



March 2, 2018

Mr. James T. Penrod, CAE, FASLA  
Executive Director  
American Association of Veterinary State Boards  
380 West 22<sup>nd</sup> St., Suite 101  
Kansas City, MO 64108

RE: The AAVSB Draft Model Policy for the Appropriate Use of Telehealth Technologies in the Practice of Veterinary Medicine

Dear Mr. Penrod:

After careful review by the California Veterinary Medical Board, hereinafter "Board," and after participating in the Dec. 4<sup>th</sup> webinar on this topic, the Board has some comments and concerns about the draft policy and the interpretations of the policy as discussed in the webinar.

Although in the literature, telehealth and telemedicine are used interchangeably, we believe the use of the terms interchangeably creates unnecessary confusion. The draft policy definition of telehealth is good but we would add, "Telemedicine is a subset of telehealth." The terms should be consistently applied in the policy statement to reflect their definition. It should be clearly stated that the term "electronic communications" includes telephonic and texting communications.

It was mentioned in the webinar that the draft policy statement was intentionally non-descript to allow states the flexibility to adopt policies consistent with their respective practices. We believe that AAVSB should be very clear and provide a framework for states to make informed decisions and formulate appropriate laws and regulations governing the use of telemedicine in practice. AAVSB should be the leader in defining where and how a VCPR is established, under what conditions the practice of telemedicine takes place, where the practitioner must be licensed, etc.

The critical public policy consideration is whether a veterinarian can establish a VCPR with a "virtual exam." We strongly believe that a VCPR should be established only with an in-person, hands-on examination. We've heard a number of reasons that a veterinarian should be able to use a "virtual exam" to establish a VCPR, however, we do not believe that such arguments outweigh the risks of not having a thorough in person examination of the animal patient to make an informed diagnosis.

1. The statement that that we need to have "virtual exams" because **the public demands it**. One of the bullet points on the chalkboard of the webinar stated, "The veterinary profession must be proactive rather than reactive to demands by both the public and government for access to safe

telehealth options.” First and foremost, is there truly a public/consumer demand? The Board is not hearing such demands from consumers.

This may be an attempt by the AAVSB to somehow respond to a movement by industry and corporate America in terms of accessible health care for animals. The concern may be that if we as regulators do not address the “demands” by establishing safe and efficacious policies, someone will fill the void. The public demands a lot of things that are not in the best interest of the patient, human or animal. Clients demand indefinite refills on medication without a veterinarian reexamining the patient. The reexamination is required by law to be at least within a year (or less depending on the seriousness of the medical condition.). Clients do not want to run blood tests prior to having the patient put on certain medications, but if the medications have potential toxic effects on kidney or liver function, those tests must be run to mitigate risks to the animal. This may be a matter of educating the public about the risks of not having a proper in-person (hands-on) physical examination as opposed to simply reacting to a particular movement that expands business enterprise with policies that are not in the best interest of the animal patient.

**2. The notion that the government, perhaps the FTC, may demand greater access to veterinary services** is not well supported. Veterinary medicine is not human medicine. Animals cannot tell us where they hurt. You have to physically examine the patient to try to localize the problem. Instinctively, animals mask their pain; it is a genetic trait developed over eons. In the wild, an animal may show pain by just acting slightly unusual, by just standing differently, this can still attract predators. We have patients come to the clinic with bone fractures and the patient is not crying or howling, they may bite, but they won’t cry. We often have to interpret what the client describes with what we palpate, hear, smell, and see. For example, kidney disease can give off a very characteristic uremic odor; parvo virus has a very characteristic odor, etc. Animals can walk into the clinic where the owner complains of their pet being just a little off and if it is a larger breed, especially a Golden Retriever, it may have an emergency condition such as a bleeding splenic tumor that would need to be palpated to diagnose. These are just a few of many more examples.

**3. Also mentioned in the webinar discussion was access for the underserved population.** Again, once the VCPR is established, that patient may seek follow-up care through telemedicine as deemed appropriate for the condition being addressed. But for the reason in the number 2 above, that initial in-person exam is necessary to make a diagnosis so that the patient can be treated properly. Only then should telemedicine be used to further treat or monitor the patient for that condition whether the patient is in an underserved area or not. It is important to note, the VCPR is not a blanket examination/contract that covers any future health concerns, it must be re-established with the client for new/other health issues that may surface with that animal patient.

Typically, regulations are not written solely for “underserved areas.” Regulations are written for general application of law within a profession and serve as a basis for the standard of practice for the state. With limited exceptions where community standards may be applied in impoverished areas, licensed professionals are expected to meet a standard of practice that is enforced throughout the state.

4. There was considerable discussion during the webinar as to **where the veterinarian and the Registered Veterinary Technician (RVT) should be licensed**. In the draft policy document under “Licensure,” it states: “The practice of veterinary medicine occurs where the Patient(s) or Client is located at the time Telehealth is used.” In our example, we believe that the veterinarian needs to be licensed where the VCPR is established (in-person, hands-on exam) and where the patient is being treated. That means that if the client lives in another state, the veterinarian and/or RVT must be also licensed in that state to continue to provide care and treatment of the animal even if provided via telemedicine. This potential cross-state practice brings up another important issue where the AAVSB could have a critical role, and that is an interstate compact. Developing an interstate compact for the purposes of providing telemedicine across state lines would encourage continuity of care for the animal patient and provide appropriate enforcement oversight of the practice occurring in the state where the patient is being treated. Again, the AAVSB would be in the best position to create such guidelines with input from the state regulatory bodies.

5. There was also a great deal of discussion during the webinar regarding **utilizing paraprofessionals to examine the patient instead of a veterinarian doing the physical exam**. This is of great concern as it is not within the scope of practice for RVTs and veterinary assistants to perform a physical examination and diagnose disease. Also, using the term paraprofessional seems to imply this is an unlicensed person. It was stated that a paraprofessional could do as much through telemedicine as they can do in the current clinical setting. One must question, who is responsible for the patient if the paraprofessional misses an abdominal mass and incorrectly diagnoses the patient? The paraprofessional must be under the supervision of a veterinarian to provide care and treatment, therefore, the veterinarian would ultimately be responsible for the diagnosis, care, and treatment of the patient. Utilizing a paraprofessional to perform a physical examination removes the expertise of the veterinarian to make an informed diagnosis which places the animal patient at risk.

6. There is some confusion regarding the draft policy as to whether a **veterinarian should be able to prescribe medication when the VCPR was established by a virtual exam.** This statement appears to alter the existing definition of the VCPR. We cannot have two definitions. The VCPR is a contract between a client and a veterinarian for the veterinarian to diagnose and treat the animal(s). Treatment often means to prescribe and dispense medications. In our example of an in-person hands-on examination to establish a VCPR, we believe that the veterinarian could legally and safely prescribe or refill prescriptions as long as it is within the proper timeframe of the VCPR and the diagnosis has not changed.

In human medicine, a doctor-patient relationship may exist via a virtual exam, however, a physician may not prescribe a controlled substance without an in-person examination. This is codified by the Ryan-Haight bill; H.R. 6353 (110<sup>th</sup>) Online Pharmacy Consumer Protection Act of 2008.

7. **The draft policy addresses remuneration, benefits, or incentives to Veterinarians as prohibited.** This was one of the bullet points on the webinar’s chalkboard. This point is unclear. Does it mean that a veterinarian who is doing telemedicine after he/she has established

a VCPR cannot charge for it? Or are they referring to “kickbacks, commissions for referrals, etc.?”

As a side, the Board has heard comments that telemedicine in veterinary medicine is like human pediatric telemedicine. The following is a quote from the American Telemedicine Association (ATA) which develops the guidelines for Telemedicine in the different disciplines of human medicine. “Telehealth services should not be provided to children under two years of age in their home or other non-clinical setting except when the provider or their surrogate has a previously established in-person relationship with the patient or when the PCMH has referred them for subspecialty consultation.” (PCMH stands for Patient Center Medical Home.) Therefore, we believe that if children under two years of age are comparable to our patients, then we believe that the veterinary profession should follow ATA’s recommendation and there should be an in-person or a hands-on examination before telemedicine is practiced.

In closing, it is without question, a hands-on physical examination is best for the patient because of the reasons stated throughout this document. Although, a medical history is just as important in veterinary medicine as in human medicine, the physical examination is critical in veterinary medicine because the patient cannot speak for themselves and the client often misinterprets the symptoms an animal is displaying.

We appreciate the work of the AAVSB Task Force and the opportunity to comment on this important document. The Board would like to encourage the AAVSB to share all the comments received amongst the state regulatory bodies to continue to facilitate collaboration on this complex practice issue.

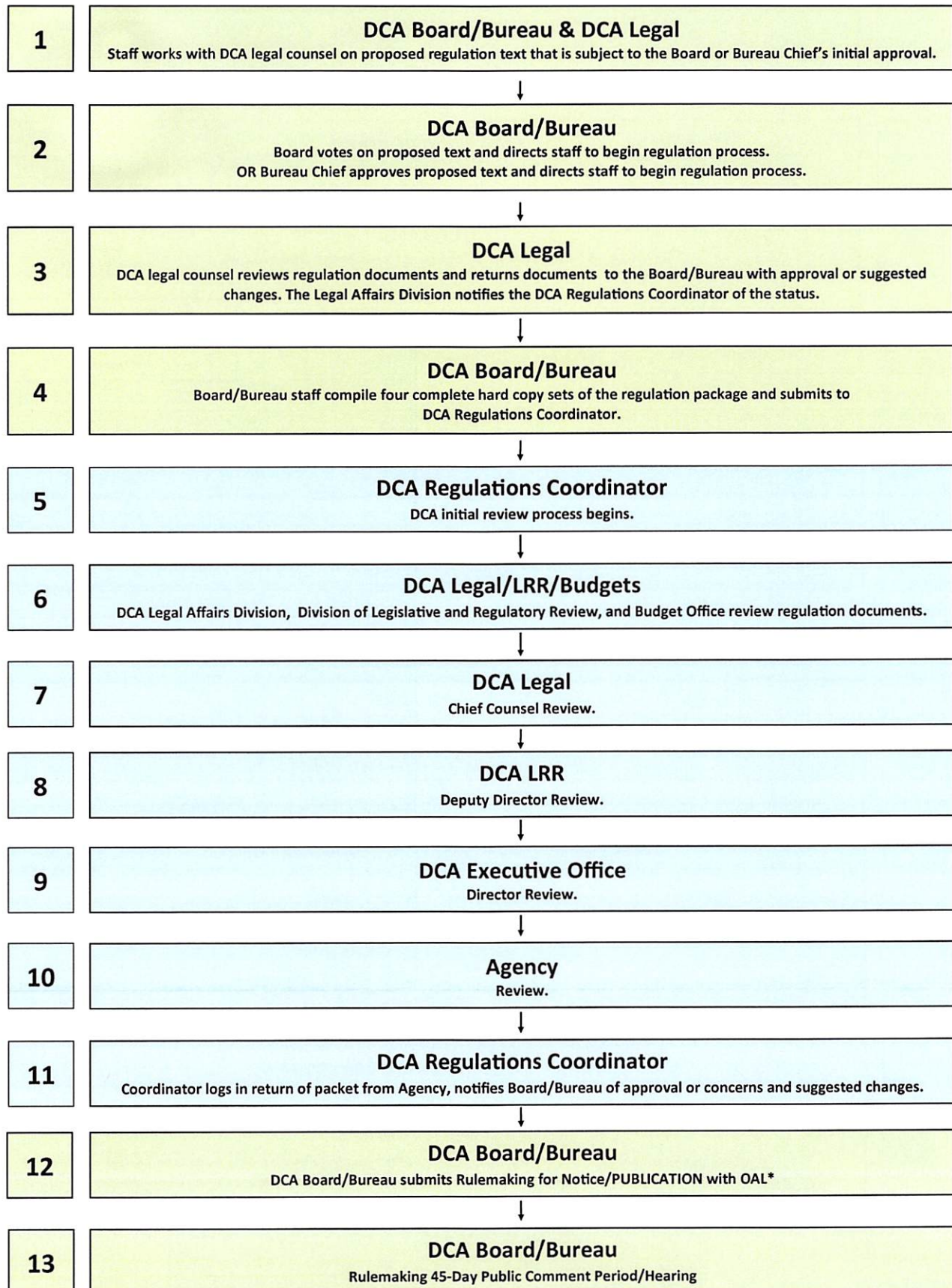
Respectfully,

Cheryl Waterhouse, DVM, President  
California Veterinary Medical Board

Richard Sullivan, DVM, Vice President  
California Veterinary Medical Board

# REGULAR RULEMAKING PROCESS—DCA BOARDS/BUREAUS

## INITIAL PHASE



### Legend

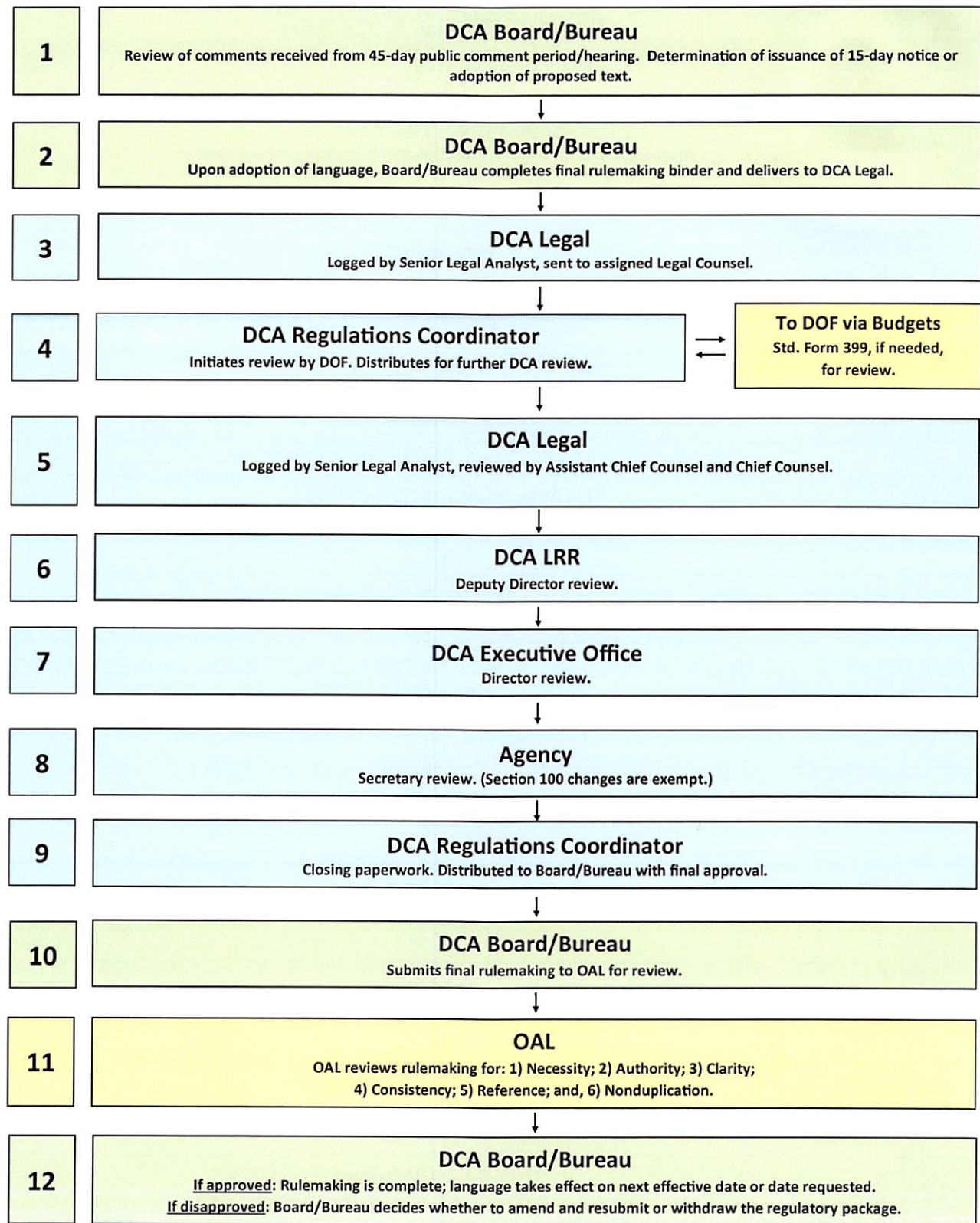
DCA – Department of Consumer Affairs  
LRR – Division of Legislative Regulatory Review  
OAL – Office of Administrative Law

\* If any changes to language last approved by the Board are needed, a vote by the Board may be necessary.



# REGULAR RULEMAKING PROCESS—DCA BOARDS/BUREAUS

## FINAL PHASE



### Legend

DCA – Department of Consumer Affairs  
LRR – Division of Legislative Regulatory Review  
OAL – Office of Administrative Law  
DOF – Department of Finance  
Std. Form 399 – Economic and Fiscal Impact Statement

## Status of Pending VMB Regulations – May 2018

### Fee Schedule



CCR Section: 2070, 2071

Notes: The emergency rulemaking package was approved 05/05/2018 and a standard rulemaking package has been submitted to DCA for pre-review effective 04/27/2018. Per Government Code section 11346.1, the completion certificate must be submitted to OAL within 180 days.

### Consumer Protection Enforcement Initiative (CPEI)



CCR Section: 2003, 2017, 2042

Notes: The CPEI rulemaking package was originally submitted through DCA for pre-review in 07/2017, but due to recommendations received from Legal Affairs, the package was returned to the Board and amendments were made to the proposed language effective 02/2018. The rulemaking package has been re-submitted to DCA for pre-review effective 05/02/2018.

### Telemedicine

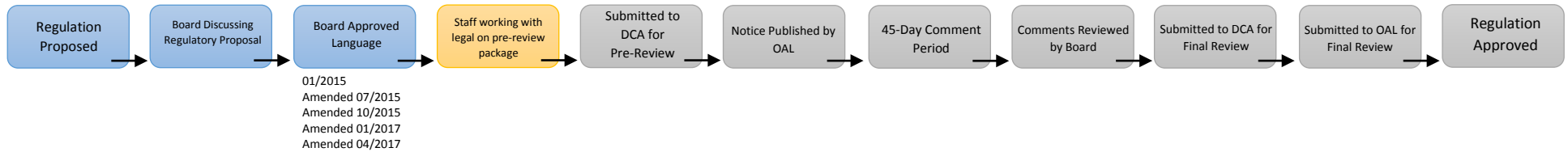


CCR Section: 2032.1

Notes: The Telemedicine proposed language was approved in 04/15 and then amended in 02/2018. Staff is working with legal to develop the initial rulemaking package prior to submitting to DCA for pre-review.

## Status of Pending VMB Regulations – May 2018

### Disciplinary Guidelines



CCR Section: 2006

Notes: The Disciplinary Guidelines rulemaking package proposed language was approved in 01/15 and then amended 07/2015, 10/2015, 01/2017 and 04/2017. Staff is working with legal to develop the initial rulemaking package prior to submitting to DCA for pre-review.

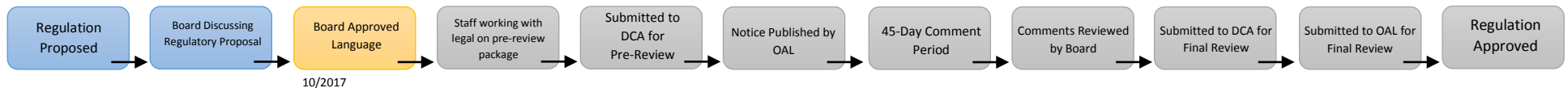
### RVT Education



CCR Section: 2036.6, 2064, 2065.1, 2065.2, 2065.6, 2065.7, 2065.8, 2066.1 and 2068.5

Notes: *RVT Alternate Route:* In 02/2015 the MDC approved proposed language. In 07/2015 the Board approved proposed language.  
*RVT Student Exemption:* In 07/2015 the MDC approved proposed language. In 10/2015 the Board approved proposed language.  
*RVT AVMA School Approval:* In 07/2016 the Board approved proposed language.  
 Staff is working with legal to develop the initial rulemaking package prior to submitting to DCA for pre-review.

### Drug Counseling



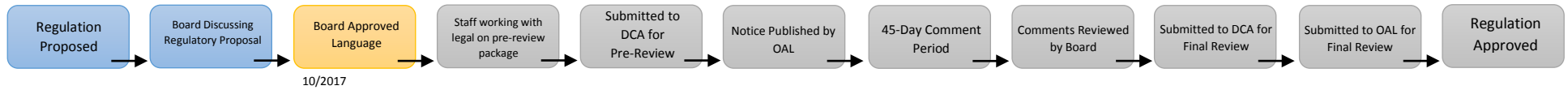
CCR Section: 2032.26

Notes: The Drug Counseling rulemaking package is being included in SB 1480 and a regulatory proposal is no longer required.



## Status of Pending VMB Regulations – May 2018

### Drug Compounding



CCR Section: 2090-2096

Notes: The Drug Compounding rulemaking package proposed language was approved in 10/2017.

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### Emergency Animal Care

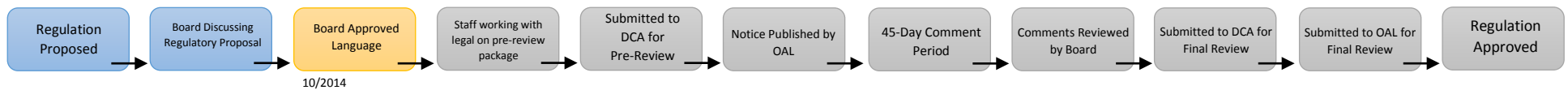


CCR Section: 2069

Notes: The Emergency Animal Care rulemaking package proposed language was approved by the Board in 10/2017 but brought back for further discussion at its 02/2018 meeting. The Board requested additional legal research and further discussion at the 05/2018 meeting.

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### RVT Tasks



CCR Section: 2036

Notes: The RVT Tasks rulemaking package proposed language was approved by the MDC at their 10/2017 meeting and discussed at the Board's 02/2018 meeting. The Board requested additional legal research and further discussion at the 05/2018 meeting.

## Status of Pending VMB Regulations – May 2018

### Uniform Standards for Abuse



CCR Section: 2006, 2006.5, 2076

Notes: The Uniform Standards for Abuse rulemaking proposed language was approved in 10/2014 and was on hold per legal from 04/2015-03/2016. Pending amendments to be re-submitted to the Board for review and approval.

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### Animal Rehabilitation

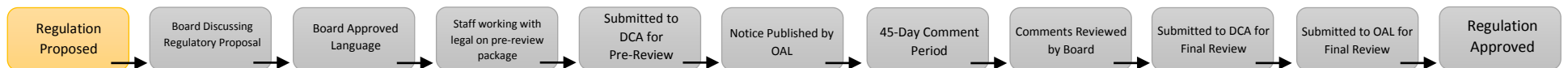


CCR Section: 2038.5

Notes: The Animal Rehabilitation rulemaking package was previously filed with OAL and withdrawn in 11/2015. Three taskforce meetings were held to discuss this issue (06/2016, 10/2016, 02/2017). In 10/2017 the Board approved proposed language.

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### Duties of a Supervising Veterinarian

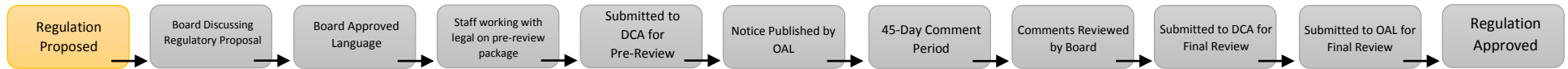


CCR Section: 2035

Notes: The Duties of a Supervising Veterinarian proposed regulations were approved by the MDC at their 02/2018 meeting and forwarded to the Board for discussion at its 05/2018 meeting. This regulation was previously called “Extended Duty” for Registered Veterinary Technicians.

## Status of Pending VMB Regulations – May 2018

### Minimum Standards for Alternate Veterinary Premises



CCR Section: 2030, 2030.05, 2030.1, 2030.15, 2030.2, 2030.3, 2030.4, 2030.45, 2030.5, 2034, 2032.4, 2036.5

Notes: The Minimum Standards for Alternate Veterinary Premises proposed regulations were approved by the MDC at their 02/2018 meeting and forwarded to the Board for discussion.

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### Veterinary Student Exemption/RVT Exam Eligibility

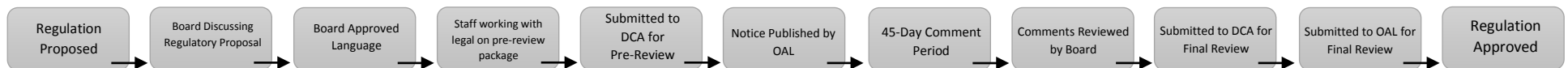


CCR Section: 2027, 2027.5

Notes: The Veterinary Student Exemption proposal was discussed and conceptionally approved 04/2017. This regulation is pending updates required to BPC 4841.2 in SB 1480 (Hill, 2018).

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### Shelter Medicine Protocols

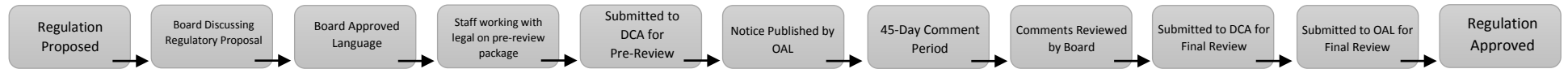


CCR Section: 4840

Notes: The Shelter Medicine Protocols concept is currently being discussed by the MDC and have not been submitted to the Board.

## Status of Pending VMB Regulations – May 2018

### RVT Dental Extractions



CCR Section: TBD

Notes: The RVT Dental Extractions concept is currently being discussed by the MDC and have not been submitted to the Board.



## MEMORANDUM

<b>DATE</b>	May 2018
<b>TO</b>	Veterinary Medical Board
<b>FROM</b>	Ethan Mathes, Interim Executive Officer Veterinary Medical Board
<b>SUBJECT</b>	Section 2069, Article 6, Division 20, Title 16 of the California Code of Regulations Regarding Emergency Animal Care Including a Provision Authorizing Registered Veterinary Technicians (RVTs) to Euthanize Animals in an Emergency

### **Background:**

The Multidisciplinary Advisory Committee (MDC) began its discussion on emergency animal care as an offshoot of previous discussion (at the MDC's July 2016 through April 2017 meetings) exploring the scope of authority of a registered veterinary technician (RVT) to administer sedation or anesthesia in emergency or shelter situations.

Due to statutory and regulatory factors allowing for certain RVT emergency animal care, the MDC focused on amendments to Title 16, California Code of Regulations (CCR), Section 2069 to provide additional specificity for allowable RVT emergency animal care. The MDC discussed and approved amendments to CCR Section 2069 at its July 2017 meeting and forwarded the proposed language to the Board for their consideration at its October 2017 meeting.

At the Board's October 2017 meeting, the Board discussed approved amendments to CCR Section 2069 regarding emergency animal care. This regulation sets out the animal care that may be rendered by a registered veterinary technician (RVT) under conditions of an emergency. The Board's discussion of amendments to this regulation focused on treatment provided by an RVT at a shelter, rodeo, or other event where a supervising veterinarian may not be on site when a situation arises and where the RVT must render emergency treatment to an animal. The amendments specify the tasks that may only be performed by the RVT after direct communication with a licensed veterinarian.

One of the amendments approved by the Board was that in the event direct communication cannot be established with a licensed veterinarian, the RVT may administer pharmacological agents to prevent or control shock and administer pain management or sedation drugs to prevent further injury in accordance with a supervising veterinarian's written instructions. For rodeos or other sport events, the RVT can rely on written instructions of the veterinarian charged with providing treatment to the animals.

With the authority in CCR Section 2036, coupled with proposed amendments to CCR Section 2069 relative to emergency animal care at a rodeo or other sporting event, an RVT would be able to administer controlled substances necessary to euthanize an animal injured at the rodeo or other sporting event pursuant to the responsible veterinarian's instructions.

At its February 2018 meeting, the Board further discussed the proposed language regarding establishment of direct communication between a veterinarian and an RVT, clarifying an RVT's authority to provide euthanasia in an emergency, and clarification of the terms "pharmacological agents" and "a drug or drugs". The Board directed legal counsel to research the use of "pharmacological agents" and/or "a drug or drugs" as referenced in the proposed regulation and bring the item back to the Board for additional discussion.

**Action(s) Requested**

Review and discuss legal counsel's comments and suggested amendments to CCR Section 2069 and consider approval of the proposed CCR Section 2069 and direct staff to initiate the rulemaking action.

**Attachment**

Amended Section 2069, Article 6, Division 20 of Title 16 of the CCR based on February 2017 Board discussion and legal counsel research and comment.

**California Code of Regulations  
Title 16. Professional and Vocational Regulations  
Division 20. Veterinary Medical Board**

**PROPOSED LANGUAGE**

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

**Amend Section 2069 of Article 6 of Division 20 of Title 16 of the California Code of Regulations as follows:**

**§ 2069. Emergency Animal Care.**

Emergency animal care rendered by registered veterinary technician.

(a) Under conditions of an emergency as defined in Section 4840.5 of the code, a registered veterinary technician may render the following ~~life saving~~-lifesaving aid ~~and or~~ emergency treatment to an animal:

(1) Application of tourniquets and/or pressure bandages to control hemorrhage.

~~(2) Administration of pharmacological agents to prevent or control shock, including parenteral fluids, shall be performed after direct communication with a licensed veterinarian or veterinarian authorized to practice in this state. In the event that direct communication cannot be established, the registered veterinary technician may perform in accordance with written instructions established by the employing veterinarian. Such veterinarian shall be authorized to practice in this state.~~

~~(3)~~ Resuscitative oxygen procedures.

~~(4)~~ Establishing open airways including intubation appliances but excluding surgery.

~~(5)~~ External cardiac resuscitation.

~~(6)~~ Application of temporary splints or bandages to prevent further injury to bones or soft tissues.

~~(7)~~ Application of appropriate wound dressings and external supportive treatment in severe burn cases.

~~(8)~~ External supportive treatment in heat prostration cases.

(b) The following tasks shall be performed only after direct communication with a veterinarian licensed or otherwise authorized to practice in this state:

(1) Administration of ~~pharmacological agents~~ a drug or controlled substance to prevent or control shock, including parenteral fluids.

(2) Administration of a drug or ~~drugs~~ controlled substance to manage pain or to sedate an animal for examination or to prevent further injury.

(3) Administration of a drug or controlled substance to prevent suffering of an animal, up to and including euthanasia.

(c) In the event that direct communication cannot be established as required under subdivision (b), the registered veterinary technician may perform the task in accordance with written instructions established by the supervising veterinarian, or, in the case of a sanctioned rodeo or other sporting event, the veterinarian charged with the responsibility to provide treatment to the animals at the rodeo or event.

Note: Authority cited: Sections 4808 and 4836, Business and Professions Code.  
Reference: Sections 4836.1 and 4840.5, Business and Professions Code.

**Commented [WT1]:** As BPC sec. 4836.1 authorizes administration of drugs and controlled substances, both of which are defined in that section, the appropriate term is "controlled substance" rather than "pharmacological agents" in current reg or "dangerous drugs" as proposed in Feb Board meeting.

**Commented [WT2]:** Recommend changing to "controlled substance."

**Commented [ME3]:** Added by the Board at its February 2017 meeting.

**Commented [WT4]:** This should be added to clarify the drug/controlled substance administration authority of RVTs in statute.



## MEMORANDUM

<b>DATE</b>	May 2018
<b>TO</b>	Veterinary Medical Board
<b>FROM</b>	Ethan Mathes, Interim Executive Officer Veterinary Medical Board
<b>SUBJECT</b>	Section 2036, Article 4, Division 20, Title 16 of the CCR Regarding Tasks RVTs may Perform Under Indirect Supervision

### **Background:**

The issue of allowable registered veterinary technician (RVT) tasks performed under veterinarian supervision goes back to the Veterinary Medical Board's (Board) 2012-2014 Strategic Plan – Action Item directing the Board to research “extended duties” for RVTs. The work of researching and recommending possible “extended duties” was delegated by the Board to the Multidisciplinary Advisory Committee (MDC), who took up the Action Item task at its April 2016 Meeting. Through numerous MDC meeting discussions and the participation of various stakeholders, including California Registered Veterinary Technician Association representatives, the MDC identified a list of five distinct RVT tasks for further discussion at the MDC's October 2017 meeting. One of the identified tasks discussed at that meeting was whether casting and splinting could be performed by an RVT under indirect supervision.<sup>1</sup> The MDC's recommendation from its October 2017 meeting was forwarded to the Board and included moving the application of casts and splints to indirect supervision (from direct supervision, however still leaving the level of supervision up to the supervising veterinarian) under Title 16, California Code of Regulations (CCR), Section 2036(c)(2).

At its February 2018 meeting, the Board reviewed and discussed the proposed amendments to CCR Section 2036 regarding supervision and the application of casts and splints by an RVT. Board and public comments centered around the effect of moving the RVT task from direct supervision, how particular RVT delegated tasks in CCR section 2036 evolved throughout regulatory history, and any affect the proposed amendment might have on allowable veterinary assistant tasks in CCR Section 2036.5. The Board directed legal counsel to research the regulatory history of delegated RVT tasks in CCR Section 2036 and other animal health care tasks allowed in CCR Section 2036.5 and bring that research back to the Board for further consideration. The following is an excerpt from legal counsel's research and findings and provides a brief history of these regulations:

<sup>1</sup> Incidentally, several of the other identified RVT tasks at that October 2017 MDC meeting have evolved into current suggested proposed amendments to CCR Section 2035 as presented in a separate Board item.



*Starting in 1979, Animal Health Technicians (AHT) were allowed to perform “application of splints” under direct supervision of a veterinarian (section 2030 Health Care Tasks and Degrees of Supervision); this task was not listed for unregistered assistants (section 2035). In 1980, the AHT healthcare tasks were moved to section 2036, and section 2035 was renumbered as 2036.5.*

*In 1982, sections 2036 and 2036.5 were repealed and reenacted to become what we know today, where the old comprehensive task lists for AHTs and unregistered assistants were removed. In these revisions, section 2036 only provided a list of specific tasks requiring certain levels of veterinarian supervision, and tasks not so listed were provided for in subdivision (c), which authorized an AHT to perform all other animal health care tasks under direct or indirect supervision. Under the new subdivision (b), the old AHT authority and supervision requirement regarding application of splints was broadened to also include application of casts. Section 2036.5 then prohibited unregistered assistants from performing the tasks specified under section 2036(a)-(b) and authorized tasks not prohibited in section 2036(a)-(b) to be performed by an unregistered assistant under direct or indirect veterinarian supervision.*

*In 1996, the term “A.H.T.” was replaced with “R.V.T.” In 2002, the term “Animal Hospital Health Care Tasks” in section 2036 was replaced with “Animal Health Care Tasks.” In 2007, a new section 2036(c) was added to provide an RVT with authority to administer controlled substances under indirect supervision, and section 2036.5 cross-referenced that new subdivision under prohibited tasks of an unregistered assistant. Section 2036.5 was amended in 2016 to replace the term “unregistered assistant” with “veterinary assistant.”*

In summary, the regulatory history of CCR sections 2036 and 2036.5 encompassed a very long and prescriptive list of allowable RVT tasks that over time were pared down to what is in regulation today. RVT tasks that may be performed by an RVT (under a specified level of supervision, but not by a veterinary assistant) are now listed under CCR section 2036(b) and (c), leaving it up to the supervising veterinarian to determine the necessary level of supervision required for all other RVT tasks pursuant to subdivision (d). Veterinary assistants, in accordance with CCR Section 2036.5(a), are prohibited from performing RVT tasks identified in CCR Section 2036(a)-(c), but otherwise are authorized to perform auxiliary animal health care tasks under the direct or indirect supervision of a veterinarian or the direct supervision of an RVT.

Additionally, adding “including, but not limited to” to either CCR Section 2036(b) or (c), as discussed at the February 2018 Board meeting, could possibly limit a veterinary assistant from performing any auxiliary animal health care task.

**Action(s) Requested**

Review and discuss proposed amendments to CCR Section 2036 and consider approval of proposed CCR Section 2036 and direct staff to initiate the rulemaking action.

**Attachment**

Amended Section 2036, Article 6, Division 20 of Title 16 of the CCR based on February 2017 Board discussion.

**California Code of Regulations  
Title 16. Professional and Vocational Regulations  
Division 20. Veterinary Medical Board**

**PROPOSED LANGUAGE**

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Amend Section 2036 of Article 4 of Division 20 of Title 16 of the California Code of Regulations to read as follows:

**2036. Animal Health Care Tasks for R.V.T.**

(a) Unless specifically so provided by regulation, a R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill and training of a licensed veterinarian:

- (1) Surgery;
- (2) Diagnosis and prognosis of animal diseases;
- (3) Prescription of drugs, medicines or appliances.

(b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- ~~(2) Apply casts and splints;~~
- (3) Perform dental extractions;
- (4) Suture cutaneous and subcutaneous tissues, gingiva and oral mucous membranes,
- (5) Create a relief hole in the skin to facilitate placement of an intravascular catheter

(c) An RVT may perform the following procedures under indirect supervision of a licensed veterinarian:

- (1) Administer controlled substances~~;~~
- (2) Apply casts and splints.

(d) Subject to the provisions of subsection(s) (a), (b) and (c) of this section, an R.V.T. may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over a R.V.T. shall be consistent with standards of good veterinary medical practices.

Authority cited: Sections 4808, 4826 and 4836, Business and Professions Code. Reference: Sections 4836, 4840 and 4840.2, Business and Professions Code.



## MEMORANDUM

<b>DATE</b>	May 2018
<b>TO</b>	Veterinary Medical Board
<b>FROM</b>	Ethan Mathes, Interim Executive Officer Veterinary Medical Board
<b>SUBJECT</b>	Section 2035, Article 6, Division 20, Title 16 of the CCR Regarding Supervision Requirements for Veterinarians Delegating Tasks to RVTs

### **Background:**

This issue regarding veterinarian supervision goes back to the Veterinary Medical Board's (Board) 2012-2014 Strategic Plan – Action Item directing the Board to research “extended duties” for registered veterinary technicians (RVTs). The work of researching and recommending possible “extended duties” was delegated by the Board to the Multidisciplinary Advisory Committee (MDC), who took up the Action Item task at its April 2016 Meeting. Through numerous MDC meeting discussions and the participation of various stakeholders, including California Registered Veterinary Technician Association representatives, the MDC identified a list of five distinct RVT tasks for further discussion at the MDC's October 2017 meeting<sup>1</sup>. The MDC considered, rather than adding to the list of allowable RVT duties and defining supervision based on task and degree of risk, they look at competency, training, and standard of care in terms of ensuring an RVT delegated task is only delegated when the RVT has the necessary skill and competency to perform that delegated task.

At its February 2018 meeting, the MDC reviewed and discussed proposed amendments to Title 16, California Code of Regulations (CCR), Section 2035 regarding delegation authority of a supervising veterinarian. The proposed amendments focused on utilizing the professional judgement and responsibility of the supervising veterinarian to assess an RVT's (or a veterinary assistant's) competency prior to delegating a specified animal health care task. Further, the proposed amendments were modeled after other healing arts boards where qualifying language is used to highlight more advanced health care tasks.

The MDC's recommendation from its February 2018 meeting was forwarded to the Board that included defining qualifications an RVT or veterinary assistant would possess for a veterinarian to delegate an animal health care task to the RVT or veterinary assistant.

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<sup>1</sup> Incidentally, the task regarding casting and splinting considered at that October 2017 MDC meeting evolved into current suggested proposed amendments to CCR Section 2036 as presented in a separate Board item.

**Action(s) Requested**

Review and discuss proposed amendments to CCR Section 2035 and consider approval of proposed CCR Section 2035 and direct staff to initiate the rulemaking action.

**Attachment**

Amended Section 2035, Article 6, Division 20 of Title 16 of the CCR based on February 2017 MDC discussion.

**California Code of Regulations**  
**Title 16. Professional and Vocational Regulations**  
**Division 20. Veterinary Medical Board**

PROPOSED LANGUAGE

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Amend Section 2035 of Article 4 of Division 20 of Title 16 of the California Code of Regulations to read as follows:

**2035. Duties of a Supervising Veterinarian**

(a) The supervising veterinarian shall be responsible for determining the competency of the R.V.T. or unregistered assistant to perform allowable animal health care tasks.

(b) The supervising veterinarian of a R.V.T. or unregistered assistant shall make all decisions relating to the diagnosis, treatment, management and future disposition of the animal patient.

(c) The supervising veterinarian shall have examined the animal patient prior to the delegation of any animal health care task to either an R.V.T. or unregistered assistant. The examination of the animal patient shall be conducted at such time as good veterinary medical practice requires consistent with the particular delegated animal health care task.

(d) A supervising veterinarian shall not delegate any allowable animal health care task to an RVT, permit holder, or VA who does not have the necessary:

(1) Extensive clinical skill

(2) Demonstrated competency

# Veterinary Medical Board

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## MEMORANDUM

DATE	May 2018
TO	Veterinary Medical Board
FROM	Ethan Mathes. Operations Manager
SUBJECT	Administrative/Budget Report

### **Expenditure Report and Fund Condition Status**

The most current Expenditure Report is attached, the Report goes through Fiscal Month 9 (March) of Fiscal Year (FY) 2017-18.

### **Budget Activities**

Throughout the current FY staff will continue to closely monitor the Veterinary Medical Board's (Board) expenditures and projections. We have seen Attorney General and Office of Administrative Hearings expenditures come in significantly higher this FY, trending between \$70K-\$80K per month, where previous years the average was approximately \$55k-\$60K per month.

**Budget Change Proposal(s):** The Department of Finance has approved the Board's mid-year augmentation request to increase the Board's Attorney General appropriation from \$560,000 to \$932,000 to reflect ongoing higher expenditures for this line item.

**Fee Schedule:** Emergency fee regulations took effect March 5, 2018 and are effective for 180 days pending the submittal of a full rulemaking file to the Office of Administrative Law (OAL) that would request a permanent increase to fees. Staff anticipates filing the full rulemaking file prior to the OAL deadline.

**FI\$Cal:** The State's new FI\$Cal system continues to be a challenge to quickly and effectively monitor the Board's expenditures and revenues. We have seen Expenditure Reports coming on line and up to date and will continue to work with the Department's Budget Office to provide the most timely and accurate information available.

**VETERINARY MEDICAL BOARD - 0777**  
**BUDGET REPORT**  
**FY 2017-18 EXPENDITURE PROJECTION**  
**Mar-2018**

OBJECT DESCRIPTION	FY 2016-17		FY 2017-18				
	ACTUAL EXPENDITURES (MONTH 13)	PRIOR YEAR EXPENDITURES 3/31/2017	BUDGET ACT 2017/18	CURRENT YEAR EXPENDITURES 3/31/2018	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
<b>PERSONNEL SERVICES</b>							
Salary & Wages (Staff)	1,019,574	719,490	1,076,000	765,279	71%	1,026,372	49,628
Statutory Exempt (EO)	94,812	70,890	82,000	68,983	84%	68,983	13,017
Temp Help Reg (Seasonals)	25,472	13,326	0	30,335	N/A	40,447	(40,447)
BL 12-03 Blanket							
Temp Help (Exam Proctors)			33,000				
Board Member Per Diem	7,700	0	14,000	9,100	65%	12,133	1,867
Committee Members (DEC)	4,600	0	11,000			0	11,000
Overtime	426	129	0	14,060	N/A	18,747	
Staff Benefits	666,328	490,499	665,000	509,515	77%	679,353	(14,353)
<b>TOTALS, PERSONNEL SVC</b>	<b>1,818,912</b>	<b>1,294,334</b>	<b>1,881,000</b>	<b>1,397,272</b>	<b>74%</b>	<b>1,846,035</b>	<b>20,712</b>
<b>OPERATING EXPENSE AND EQUIPMENT</b>							
General Expense	34,243	23,082	26,000	17,203	66%	22,937	3,063
Fingerprint Reports	512	453	6,000			0	
Minor Equipment	124	124					
Printing	26,881	17,290	18,000	39,088	217%	52,117	(34,117)
Communication	1,336	865	18,000	1,374	8%	1,832	16,168
Postage	23,402	16,294	26,000	7,720	30%	10,293	15,707
Insurance	20		0	43	N/A	57	
Travel In State	72,636	47,808	148,000	31,632	21%	42,176	105,824
Travel, Out-of-State							
Training	68	0	17,000	695	N/A	927	16,073
Facilities Operations	117,554	115,893	102,000	89,544	88%	119,392	(17,392)
Utilities							
C & P Services - Interdept.				84			
C & P Services - External	257,713	233,129	138,000	190,386	138%	253,848	(115,848)
<b>DEPARTMENTAL SERVICES (PRO RATA):</b>							
Office of Information Services	488,657	377,253	506,000	379,500	75%	506,000	0
Admin/Exec	261,981	189,000	301,000	225,750	75%	301,000	0
IA w/ OPES	70,832	75,210					
DO I- Spec Ops (Internal)	6,439	5,247	7,000	5,250	75%	7,000	0
Communications Division	50,079	38,250	9,000	6,750	75%	9,000	0
Program Policy Review Division	1,308	1,503	47,000	35,250	75%	47,000	0
<b>INTERAGENCY SERVICES:</b>							
Consolidated Data Center	26	17	50,000	3	0%	4	49,996
DP Maintenance & Supply			8,000			0	8,000
Information Technology	3,369	2,657	5,000	4,045	81%	5,000	0
<b>EXAM EXPENSES:</b>							
Exam Supplies			1,000			0	1,000
Exam Site Rental			5,000			0	5,000
C/P Svcs-External Expert Examiners	40,686	40,686	31,000	127,502	411%	170,003	(139,003)
C/P Svcs-External Subject Matter	36,688	34,688					
<b>ENFORCEMENT:</b>							
Attorney General	657,122	408,259	932,000	669,714	72%	892,952	39,048
Office Admin. Hearings	151,691	102,101	154,000	82,710	54%	124,065	29,935
Court Reporters	9,363	7,465					
Evidence/Witness Fees	162,244	98,715	163,000	71,076	44%	94,768	68,232
DOI - Investigations	825,796	98,715	522,000	391,500	75%	522,000	0
Major Equipment			10,000	6,899	69%	6,899	3,101
Other (Vehicle Operations)			3,000			0	3,000
<b>TOTALS, OE&amp;E</b>	<b>3,300,770</b>	<b>2,595,457</b>	<b>3,253,000</b>	<b>2,383,718</b>	<b>73%</b>	<b>3,189,271</b>	<b>57,787</b>
<b>TOTAL EXPENSE</b>	<b>5,119,682</b>	<b>3,889,791</b>	<b>5,134,000</b>	<b>3,780,990</b>	<b>74%</b>	<b>5,035,306</b>	<b>78,498</b>
Sched. Reimb. - External/Private							
Sched. Reimb. - Fingerprints	(5,640)	(3,525)	(11,000)	(2,820)		(11,000)	
Sched. Reimb. - Other			(15,000)			(15,000)	
Unsched. Reimb. - Other	(197,407)	(129,888)		(149,988)			
<b>NET APPROPRIATION</b>	<b>4,916,635</b>	<b>3,756,378</b>	<b>5,108,000</b>	<b>3,628,182</b>	<b>71%</b>	<b>5,009,306</b>	<b>78,498</b>
<b>SURPLUS/(DEFICIT):</b>							<b>1.5%</b>



**Veterinary Medical Board  
Summary of Expenditures - 2017/2018**

Line Item	Appropriation	Summary of Expenses
<b>Personal Services:</b>		
Salary & Wages (Staff)	1,076,000	Board staff salaries
Statutory Exempt (EO)	82,000	Executive Officer salary
Temp Help Reg (Seasonals)	0	Wages for temporary help such as a permanent-intermittent employees, students, seasonal employees, etc.
Temp Help Reg (Exam Proctors)	33,000	Examination Proctors
Board Member Per Diem	14,000	Board members' per-diem
Committee Members (DEC)	11,000	Committee members' per-diem
Overtime		Staff Overtime
Staff Benefits	665,000	OASDI, Dental, health, retirement, life, vision, Medicare
<b>Total Personal Services</b>	<b>1,881,000</b>	
<b>Operating Expenses &amp; Equipment:</b>		
General Expense	26,000	Office supplies, freight
Fingerprint Reports	6,000	Fingerprint expenses – reimbursed by candidate
Minor Equipment		Equipment less than \$5K per unit
Printing	18,000	Printed forms, office copier, copying service
Communication	18,000	Phones, cellular phones
Postage	26,000	Stamps, DCA and EDD facility mailed postage
Insurance		Insurance coverage for department owned vehicles.
Travel In-State	148,000	Board, Committee, and Staff Air, car, bus, taxi, incidentals, service fees
Travel Out-of-State		Same as above - out-of-State
Training	17,000	Registration fees, subscriptions
Facilities Operations	102,000	Rent, storage, security
Utilities		Electricity, Natural Gas (P.G.& E.), water, sewer, and regular waste removal service.
C&P Services Interdept.		Services provided by other state agencies or Interagency Agreement within the Department of Consumer Affairs.
C&P Services External	138,000	Outside DCA contracts - incl. MAXIMUS and Credit Card processing
<b>Departmental Services</b>		
OIS Prorata	506,000	DCA Svcs: Info systems (incl. BreZEz)
Admin/Exec	301,000	Pro-rata assessments to support DCA Administrative Services (HR, Accounting, Budgets, etc.), Legal, Publications
Interagency Services		Services provided to one board by another board within the Department
IA w/OPES		Services provided by OPES to Board to develop examinations
DOI-Pro Rata Internal	7,000	Services provided by Division of Investigation Pro Rata
Communications	9,000	Services provided by DCA Public Affairs
Program Policy Review Division Pro Rata	47,000	Pro-rata Consumer and Community Empowerment Division
<b>Interagency Services</b>		
Consolidated Data Centers	50,000	CAS/Teale Data Center
DP Maintenance & Supply	8,000	Data processing supplies and maintenance
Information Technology	5,000	State services pro-rata (DGS, DOF, etc)
<b>Exam Expenses</b>		
Exam supplies	1,000	Examination materials, supplies not covered by contract
Exam site rental	5,000	Facility rental charge for vet exams administration
C/P Svcs-External Expert Examiners	31,000	Wages for services provided by expert examiners in the oral/ written examination process
C/P Svcs-External Subject Matter		Services provided by subject matter experts in the oral/written examination process, VET and RVT
<b>Enforcement</b>		
Attorney General	932,000	Office of the Attorney General/DAG legal services
Office of Admin Hearings	154,000	Office of Administrative Hearings, Admin. Law Judge and court reporter services
Court Reporters		
Evidence/Witness Fees	163,000	Expert Witness and In-house Consultants enforcement case review
DOI - Investigations	522,000	DCA Division of Investigation services
Major Equipment	10,000	Equipment more than \$5k per unit
Vehicle Operations	3,000	Leasing & maintenance of State vehicle (CPEI BCP)
<b>Total OE&amp;E</b>	<b>3,253,000</b>	
<b>Total Personal Services (above)</b>	<b>1,881,000</b>	
<b>Totals, Expenditures</b>	<b>5,134,000</b>	
Sched. Reimb. - External		Reimbursements for OIS Public Sales
Sched. Reimb. - Fingerprints	(11,000)	Reimbursements for assessment of fingerprint processing fees
Sched. Reimb. - Other	(15,000)	Reimbursements from private individuals, firms, institutions or corporations
Unscheduled Reimbursment		Investigative Cost Recovery
<b>Net Appropriation</b>	<b>5,108,000</b>	

# **ENFORCEMENT REPORT**

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Prepared by Candace Raney, Enforcement Program Manager

May 2018

## **Complaint Investigation**

The Board received a total of 287 complaints during the third quarter of the 17/18 fiscal year, 9 of which include allegations of unlicensed activity. This brings the fiscal year-to-date total to 848 complaints received between July 1, 2017 and March 31, 2018. If this trend continues, the Board can expect to receive well over 1100 complaints during the 17/18 fiscal year. This is, once again, an increase over previous years.

## **Probation Monitoring**

The Board is currently monitoring a total of 104 probationers on active probation.

The Board currently has a total of 12 Petitions to Revoke Probation pending against probationers for issues of non-compliance.

## **Statistical Report**

The enforcement statistical report for the 17/18 fiscal year-to-date is attached.

## **Enforcement Forecast (FY 17/18 Q4)**

Board members can anticipate two mail votes between the May and July 2018 Board meetings.

## **Staffing Update**

Sidney Villareal transferred to the position of Probation Monitor and is working to acquaint herself with each licensee currently subject to a probationary term. Ms. Villareal's transfer from the Complaint Investigation Unit to the Probation Monitoring Unit created a vacancy in the Complaint Investigation Unit. Recruiting efforts to fill this vacancy are currently underway.

Special thanks to Catherine Hayes, Retired Annuitant, for her endless dedication to ensuring continuation of the Probation Monitoring Program throughout the extended vacancy and for her support and mentorship during the transition of duties to Ms. Villareal.

Christy Bell, Associate Enforcement Analyst, accepted a position with the Department of Consumer Affairs. This is a much deserved promotion for Ms. Bell. We wish her well in all of her future endeavors.

# ENFORCEMENT STATISTICS FISCAL YEAR 2017 - 2018

Veterinary Medical Board

## COMPLAINTS AND CONVICTIONS

Complaints and Convictions	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
Complaints Received	281	238	265		
Convictions Received	20	22	22		
Average Days to Intake	3	3	7		
Closed at Intake	0	0	0		
Pending at intake	0	4	28		

*Average Days to Intake - Average cycle time from complaint receipt to the date the complaint was assigned to an investigator.*

## DESK INVESTIGATIONS

Desk Investigations	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
Assigned	304	257	263		
Closed	201	268	186		
Average Days to Complete	235	178	261		
Pending	807	779	851		

*Average Days to Complete Desk Investigations - Average cycle time from complaint receipt to closure of the investigation process.*

## UNLICENSED COMPLAINTS RECEIVED

Unlicensed Complaints	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
	34	27	9		

## SWORN INVESTIGATIONS

Sworn Investigations	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
Assigned	4	32	19		
Closed	15	13	16		
Average Days to Complete	490	279	482		
Pending	60	77	81		

*Average Days to Complete Sworn Investigations - Average cycle time from complaint receipt to closure of the investigation process.*

## ALL TYPES OF INVESTIGATIONS

All Types of Investigations	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
Closed Without Discipline	176	243	155		
Cycle Time - No Discipline	261	161	233		
All pending cases	867	860	960		

## CITATIONS

Citations	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
Issued	13	2	2		
Avg Days to Complete Cite	703	175	753		
Citations appealed	3	0	0		

*Average Days to Issue a Citation - Average cycle time from complaint receipt to the effective date of the citation.*

# ENFORCEMENT STATISTICS FISCAL YEAR 2017 - 2018

Veterinary Medical Board

## ATTORNEY GENERAL CASES

Attorney General Cases	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
Initiated / Referred to the AG	27	19	15		
Pending at the AG	95	100	95		
Statement of Issues Filed	11	8	16		
Accusations Filed	9	11	5		

AG Case Action	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
Closed Without Discipline	2	2	0		
Closed With Discipline	11	10	9		
Probation	7	5	7		
Public Letter of Reprimand	0	0			
Surrender of License	1	3			
License Revoked	3	1	2		
License Denied (SOI)	0	1			
W/D, Dismissed, Declined	2	2			
Average Days to Close	756	553	566		

*Average Days to Close a Discipline Case - Average cycle time from complaint receipt to the effective date of the disciplinary order.*

AG Case Violation Type	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
Substance Abuse (A)		1			
Unsafe/Unsanitary Cond (E)					
Applicant Investigation (I)	2	3	5		
Incompetence/Gross Negligence (N)	3	2	2		
Unprofessional Conduct (R)	3	1			
Criminal Conduct/Conv (V)	2	1	2		
Discipline by Another State (T)		1			
Unlicensed Activity (U)	1				
Drug Related Offenses (D)		1			
Fraud (F)					

## PROBATION

Probation	QTR 1 (Jul - Sep)	QTR 2 (Oct - Dec)	QTR 3 (Jan - Mar)	QTR 4 (Apr - Jun)	FY 2017 - 2018 TOTAL
New Probation Cases	11	4	8		
Probation Completed	4	7	2		
Active Cases	108	106	104		
Probationary Licenses	4	1	0		
All applicants pending licensure	17	22	18		
Tolled	6	7	6		
Petition to Revoke	4	9	12		

# Veterinary Medical Board

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## MEMORANDUM

<b>DATE</b>	May 2018
<b>TO</b>	Veterinary Medical Board
<b>FROM</b>	Ethan Mathes. Operations Manager
<b>SUBJECT</b>	Administration/Examination/Licensing Report

### Applications

<b>Applications Received</b>			
<i>as of April 2018</i>			
	<i>Jan. 2016 - Dec. 2016</i>	<i>Jan. 2017 - Dec. 2017</i>	<i>Jan. 2018 - Dec. 2018*</i>
Veterinarian	671	903	457
University Veterinarian	-	-	61
Veterinary Technician	927	876	304
Veterinary Premises	290	315	89
Veterinary Asst. Cont. Sub. Permit	1,507	3,052	601
<i>*partial year data</i>			

### Examinations

<b>CALIFORNIA STATE BOARD EXAMINATION</b>			
May 2017 – October 2017		November 2017 – April 2018*	
Candidates	Pass Pct.	Candidates	Pass Pct.
217	84%	72	77%
<i>*partial year data</i>			

<b>NORTH AMERICAN VETERINARY LICENSING EXAMINATION</b>			
Mar./Apr. 2017		Nov./Dec. 2017	
Candidates	Pass Pct.	Candidates	Pass Pct.
87	68%	412	85%

<b>CALIFORNIA VETERINARY TECHNICIAN EXAMINATION</b>					
Jan. – Jun. 2017		Jul. – Dec. 2017		Jan. – Jun. 2018*	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
251	88%	297	78%	46	94%
<i>*partial year data</i>					

<b>VETERINARY TECHNICIAN NATIONAL EXAMINATION</b>					
Mar./Apr. 2017		Jul./Aug. 2017		Nov./Dec. 2017	
Candidates	Pass Pct.	Candidates	Pass Pct.	Candidates	Pass Pct.
315	52%	460	57%	363	53%

Examination statistics by school for the Veterinary Technician National Examination (VTNE) are delayed due to the new American Association of Veterinary State Boards (AAVSB) score reporting portal. Staff is working with AAVSB to obtain examination scores by veterinary technician school/program.

## Licensing

<b>Licensees</b>	
<i>as of April 2018</i>	
Veterinarian Licenses*/**	14,351/12,335
Veterinarian Licenses – California**	11,495
University Veterinarian*/**	15/15
Veterinarian – Internship**	19
Veterinarian – Reciprocity**	47
Registered Veterinary Technician Licenses*/**	8,866/6,706
Registered Veterinary Technician Licenses – California**	6,675
Premise Permits*/**	4,050/3,772
Premise Permits – Exempt**	98
Veterinary Asst. Cont. Sub. Permit	3,972
<i>*includes delinquent, inactive, and clear licensees; **clear licensees</i>	

<b>Licenses Issued</b>			
<i>as of April 2018</i>			
	<i>Jan. 2016 - Dec. 2016</i>	<i>Jan. 2017 - Dec. 2017</i>	<i>Jan. 2018 - Dec. 2018*</i>
Veterinarian	630	737	110
University Veterinarian	-	-	14
Reciprocity	47	78	9
Intern	27	24	0
Registered Veterinary Technician	518	671	209
Premises	312	289	67
Veterinary Asst. Cont. Sub. Permit	314	3,281	370
<i>*partial year data</i>			

## Examination Development and Workshops

*Examination Development Workshops:* Workshops include Item Writing, Item Review, Examination Construction, and Pass Score Setting. Staff recruits and contracts with licensees to serve as Workshop Subject Matter Experts (SME); approximately 6-8 SMEs participate in each Workshop.

For each yearly series of Workshops, the Board acquires two new examination forms for the State veterinary and veterinary technician examinations.

The following are scheduled Workshops for 2018:

<b>Veterinarian Examination Workshops</b>	
May 30-31, 2018	Exam Item Writing
June 27-28, 2018	Exam Item Review
July 11-13, 2018	Exam Construction
August 8-9, 2018	Exam Passing Score
October 22-26, 2018	Occupational Analysis SME Interviews
November 29-30, 2018	Occupational Analysis
<b>Registered Veterinary Technician Examination Workshops</b>	
July 25-26, 2018	Exam Item Writing
August 22-23, 2018	Exam Item Review
September 26-28, 2018	Exam Construction/Passing Score

*Veterinary Technician Occupational Analysis:* The Department's Office of Professional Examination Services (OPES) has completed its Occupational Analysis (OA) of the California Registered Veterinary Technician Profession. The *Occupational Analysis of the California Registered Veterinary Technician Profession* is on the Board's website.

The AAVSB-VTNE Job Analysis was completed in September 2017. The OPES conducted its comparison study workshop in December 2017 and is finalizing its comparison study report with planned completion in May 2018 and will be presented before the Board at the August meeting.

The new California RVT Examination outline (based on the occupational analysis and comparison study report) will be finalized in July 2018 and published on the Board's website. The examination outline will be used starting with the January 2019 administration of the California RVT Examination.

*Veterinary Occupational Analysis:* OPES will initiate an OA of the veterinary profession in Fiscal Year 2018-2019 with workshops beginning in October 2018; the last OA of the profession was completed in December 2013. The veterinary OA is scheduled for completion in December 2019.

*Veterinary Law Examination:* Board staff is working in cooperation with OPES to develop a means to administer the Veterinary Law Examination electronically rather than by mail; however, to update to an electronic examination administration format the Board will be required to make a statutory amendment. Senate Bill 1491 (Hill, 2018) includes a proposed amendment to Business and Professions Code Section 4848 so that the Board may administer the Veterinary Law Examination by electronic means.

## **Diversion Program**

The next Diversion Evaluation Committee (DEC) meeting is scheduled for June 2018.

The DEC meets every February, June, and October. There are currently four participants in the Diversion Program.

## **BreEZe**

Update [May 2018] – Staff continues preliminary work to initiate retroactive fingerprinting in accordance with California Code of Regulations section 2010.05 for those licensees who do not have electronic fingerprint records on file. Staff is in the process of determining the number of affected licensees to notify those individuals of their requirement to obtain fingerprints at time of license renewal.

## **Outreach**

125 Years of Veterinary Medical Board: 2018 marks 125 years of regulated veterinary medicine in California. Staff is working with the Department's Office of Publications, Design, and Editing (OPDE) and Public Affairs (PA) to mark this historic milestone. OPDE designed a 125<sup>th</sup> logo, new letterhead and some graphical website enhancements to celebrate this milestone.

Staff, in cooperation with the PA office, will publish historical veterinary profession facts and details throughout the year starting in May, the official 125<sup>th</sup> anniversary of regulated veterinary practice. Happy birthday VMB!

Website: Staff has begun work to transition the Board's website to the newest State template which will significantly improve the web interface and make the end user experience more modern and streamlined. Staff is taking a full review of existing website content as well as adding additional sections to the site to include the Board's Inspection and Enforcement programs. Implementation of the newly designed website will launch sometime in Summer/Fall of 2018.

## **Personnel**

The Board welcomed new Program Technician Andrea Amaya-Torres on May 1, 2018 who will work in various licensing capacities.





# California Veterinary Medicine Timeline

## 1840s ~ 1880s

**1848** Gold discovered at Sutter's Mill.

**1850** California becomes a state.

**1871** First graduate of a veterinary medical school arrives in California to practice.

**1875** First research program conducted at University of California (U.C.), Berkeley, College of Agriculture. Eventually, numerous animal diseases studied.

**1886** First veterinarian arrives in Los Angeles.

**1888** California Veterinary Medical Association founded and begins setting standards for practice in California.

## 1890s

**1891** First graduated veterinarian opens practice, exclusively devoted to treating pets instead of livestock.

**1893** Lutringer Bill signed to regulate practice of veterinary medicine, establishing the State Board of Veterinary Examiners (board) and the Practice Act.

**1893** Board holds its first meeting. Twelve applicants who had not earned degrees, but had experience, were tested and only five passed.

**1893** Board issues first licenses in San Francisco, Los Angeles, Petaluma, Riverside, Sacramento, and San Jose.

**1894** First California veterinary school opens: U.C. Veterinary College in San Francisco. Tuition is \$100 per year.

**1898** San Francisco Veterinary College founded.

**1899** State Legislature appoints first state veterinarian to tackle Texas tick fever epidemic.

## 1900s

**1900** U.C. Veterinary College closes due to lack of funds.

**1903** California has 110 licensed veterinarians.

**1903** Language added to the Practice Act allowing livestock owners to treat their own animals as long as they do not call themselves veterinarians.

**1903** Sheep Scabies Act passed.

**1906** Fire after the Great San Francisco Earthquake destroys all records of licensed veterinarians. Licensees sign an affidavit stating the date they were licensed and pay a \$1 fee to re-register.

**1907** New Practice Act signed into law. It was then challenged as unconstitutional.

**1907** The Practice Act establishes that a veterinarian could only lose his license because of three things: fraud, chronic inebriety, or a conviction for moral turpitude.

**1908** First veterinary hospital opens: Berkeley Dog & Cat Hospital, a former horse stable that included a working blacksmith and is still open today ([www.berkeleydogandcat.com](http://www.berkeleydogandcat.com)).

**1909** Law passed requiring sheep to be dipped (a liquid formulation of insecticide and fungicide, which shepherds and farmers use to protect their sheep from infestation against external parasites) by state veterinarian if owner refuses.

## 1910s

**1917** Dr. Clara Lamplugh becomes first woman licensed to practice veterinary medicine in the state.

**1917** Law passed requiring tuberculin testing and examination for herds, and a system for grading milk.

**1917** California's first meat inspection program begins at slaughterhouses and for meat and meat by-products meant for human consumption.

**1918** San Francisco Veterinary College closes.

**1918** State's first veterinary pathologist appointed.

**1919** State veterinary pathologist develops first anthrax vaccine.

## 1920s

**1924** Foot-and-mouth disease epidemic infects more than 900 herds statewide.

**1926** New Practice Act signed into law. Requires applicants to submit a diploma from an authorized veterinary college. Evidence that a candidate had practiced for five years in lieu of degree is no longer accepted for licensure.

**1926** A fourth reason for losing a license added to the Practice Act: having a professional connection or lending your name to an illegal practitioner of veterinary medicine.

**1926** License renewal fee was \$2.

**1929** Second foot-and-mouth disease outbreak.

## 1930s ~ 1940s

**1932** New livestock disease called vesicular exanthema (similar to foot-and-mouth disease) discovered in garbage-fed California hogs.

**1936** New Practice Act signed into law. Ensures vacant, unexpired board positions filled within 60 days after an earlier governor failed to make appointments and the board could not make a quorum. This Practice Act has been updated over the years, but remains the definitive voice of veterinary medicine.

**1938** Office visit charge was \$2.50 and \$2.50 per day for hospitalization.

**1940** California finally wins fight against bovine tuberculosis.

**1942** Marine Corps veterinarian from California organizes first War Dog School for the Marines.

**1948** License testing did not include a practical exam. Written exam done in longhand followed by a personal interview.

**1948** U.C. Davis School of Veterinary Medicine opens.

**1949** Six women total are licensed veterinarians in state.

## 1950s ~ 1960s

**1950** Newcastle disease (an acute, infectious viral fever affecting birds, especially poultry) requires destruction of all infected and exposed birds.

**1952** First case of scrapie (a fatal, degenerative disease affecting the central nervous system of sheep and goats) diagnosed in California.

**1953** Burns Act authorizes California Department of Public Health to provide for appropriate care of animals used by state for diagnostic, demonstration, and research.

**1955** Los Angeles County reports 254 rabies cases in domestic and wild animals.

**1964** Statewide, 328 rabies cases reported; none in domestic animals.

**1965** Veterinary hospital inspection program initiated.

## 1970s ~ 1980s

**1971** Pet overpopulation causes thousands of unwanted pets to be abandoned; spaying and neutering promoted.

**1972** First two-year course of study for animal health technicians offered at Cosumnes River College in Sacramento.

**1972** Hog cholera (swine fever that is a contagious, often fatal, disease of pigs) eradicated.

**1975** State begins licensing animal health technicians.

**1988** Veterinary dental operations defined and determined.

## 1990s ~ 2000s

**1995** "Animal health technician" name changed to "registered veterinary technician."

**1996** State Board of Examiners in Veterinary Medicine changes name to California Veterinary Medical Board (VMB).

**1997** Registered Veterinary Technician Committee established in statute to address practice issues specific to registered veterinary technicians.

**1998** Western University of Health Sciences' College of Veterinary Medicine established.

**2002** VMB begins requiring continuing education for veterinary licensees.

**2009** VMB's Multidisciplinary Advisory Committee established in statute to assist, advise, and make recommendations for the implementation of rules and regulations necessary to ensure proper administration of veterinary medicine.

## 2010s

**2011** "Registered veterinary technician" established in statute as a protected title and begins requiring continuing education for registered veterinary technicians.

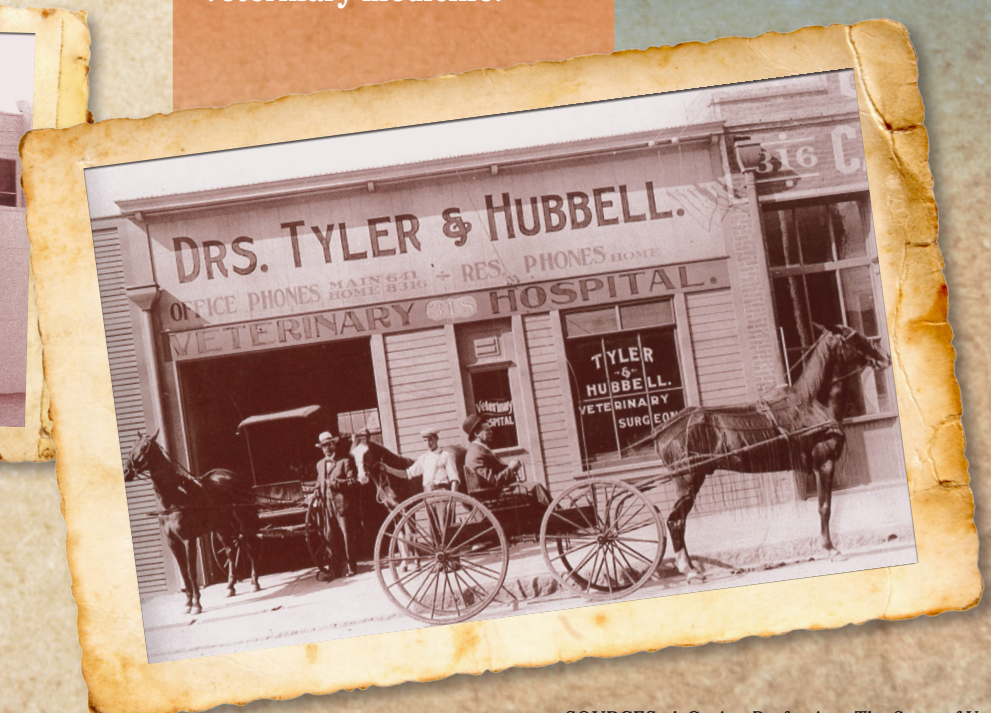
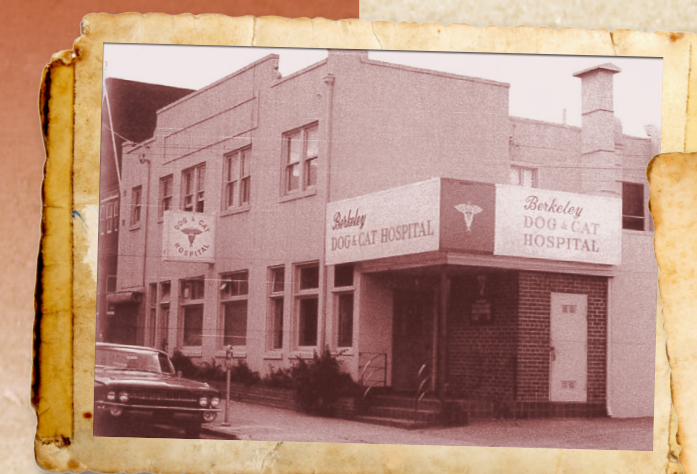
**2012** Registered Veterinary Technician Committee sunsets.

**2015** VMB adopts its 2015-2019 Strategic Plan ([www.vmb.ca.gov/about-us/strategic\\_plan.pdf](http://www.vmb.ca.gov/about-us/strategic_plan.pdf)).

**2016** Veterinary Assistant Controlled Substances Permit established to allow veterinary assistants to administer controlled substances.

**2018** University Veterinary License established to license U.C. Davis and Western University veterinarians (who were previously exempt from licensure).

**2018** VMB celebrates 125th anniversary.





## Hospital Inspection Report – May 2018

Due to inspections being suspended last fall, we will fall short of the 20% inspection goal for the 2017-2018 fiscal year, inspecting just over 12% of the premises population. The recent fee increase will help fund a request to appropriate additional funds into the Hospital Program which, if approved, will facilitate meeting the 20% inspection goal in future fiscal years.

Staff anticipates Inspector performance evaluations to take place next fiscal year.

### **Ride-alongs**

Ride-alongs for board members and staff will resume this summer.

### **Outreach**

Staff continues to work on Inspection FAQ's for the website as well as revamping the Inspection and Premises sections in preparation for the new Board website this fall.

### **Staffing**

Recruitment has begun for the upcoming fiscal year; we have 3 vacant inspector positions. Currently we also have a vacant Program Technician II position. The position has been posted and interviews will take place soon after the final filing date.

### **Statistics (as of 4/30/18)**

- Routine Inspections Assigned: 469
- Routine Inspection Performed: 413
- Routine Inspections Pending (not yet assigned): 270\*
- Complaint/Probation Related Inspections Performed: 23
- Complaint/Probation Related Inspections Pending: 30
- Document Review Status: reviewing compliance documents from June 2017 inspections
- Compliance Rate: approximately 36% after initial inspection
- Expenditures: \$124,000 to date

\*Will not be assigned in 17/18 fiscal year