



# MEMORANDUM

## SECOND REVISION

<b>DATE</b>	May 14, 2020
<b>TO</b>	Veterinary Medical Board (Board)
<b>FROM</b>	Jessica Sieferman, Executive Officer
<b>SUBJECT</b>	<b>Agenda Item 4. Update, Discussion, and Possible Action on Section 2032.1, Article 4, Division 20, Title 16 of the California Code of Regulations Regarding Veterinarian-Client-Patient Relationship and Telemedicine</b>

### Background

On March 4, 2020, Governor Gavin Newsom proclaimed a [State of Emergency](#) to exist in California as a result of the impacts of COVID-19 and to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare to respond to an increasing number of individuals requiring medical care and hospitalization as a result of a broader spread of COVID-19.

On March 19, 2020, the Governor issued [Executive Order N-33-20](#). This Executive Order provided a stay at home order for the citizens of California, except as needed to maintain continuity of operations of the federal critical infrastructure sectors. Subsequently, a [list](#) of essential critical infrastructure workers was posted on the California Coronavirus (COVID-19) Response website. Workers supporting veterinary hospitals and clinics are on that list and can continue to provide veterinary health care services during the pandemic.

In early March, the Board began receiving a significant number of inquiries from license applicants, licensees, and stakeholders regarding the potential impacts of COVID-19. In an effort to provide information to the public in an expeditious manner, the Board began sharing third-party resources on the Board’s website and disseminating the information to the Board’s email subscribers.<sup>1</sup>

The American Veterinary Medical Association (AVMA) published COVID-19 information specifically for veterinarians ([COVID-19: What Veterinarians Need to Know](#)). AVMA recommended, in part, the following:

*If you are in an area with active COVID-19 cases, considering limiting patient care to acutely ill animals and/or emergencies. Work to reschedule elective procedures, such*

<sup>1</sup> Since the Board has no control over the content or subsequent revisions of the information in those resources, the Board uses a standard disclaimer to make clear the Board is not endorsing the information contained therein. Accordingly, the disclaimers are not intended to advise the public that the Board disagrees with any interpretations of the law by those third-parties.

*as annual examinations, vaccinations, spays/neuters, and routine dentals. Animals that are sick or injured should receive veterinary attention.*

...

*If an animal owner is ill with COVID-19, and a veterinarian-client-patient relationship exists, consider the use of telemedicine to help assess the animal's condition and needs.*

The Board posted a link on its website to AVMA's guidance and shared the link with the Board's email subscribers. It should be noted that, although AVMA's definition of the [veterinarian-client-patient relationship](#) (VCPR) is similar to California's, AVMA does not require communication of a course of treatment appropriate to the circumstance.

The Board also posted on its website a link to the California Department of Public Health's (CDPH) [COVID-19 Guidance for Veterinary Practices](#) (revised April 10, 2020). This guidance includes modifying veterinary appointment protocols for all animal patients and animal patients from households experiencing COVID-19. In addition, the guidance covers recommended in-clinic infection control and personal protective measures. Of note, the guidance included considering "telemedicine for established clients and pets whenever possible."

In addition, the Board posted on its website a link to the California Veterinary Medical Association's (CVMA) COVID-19 information specific to California veterinarians ([COVID-19 Updates](#)). This information now includes [CVMA Practice Recommendations](#) and [Use of Telemedicine](#).

Shortly after these links to third-party information were posted on the Board's website and shared with the Board's email subscribers, the Board received an increased number of inquiries pertaining to veterinarians' ability to perform telemedicine services. In response, on April 9, 2020, the Board posted the following statement citing existing law:

#### **Telemedicine Requires an Established VCPR**

The Board has received a number of inquiries pertaining to the ability of veterinarians to perform telemedicine services during the COVID-19 related stay-at-home orders. Telemedicine may be conducted by a veterinarian only within an existing Veterinarian-Client-Patient Relationship (VCPR) and can be used only for specific medical conditions for which the animal patient has been previously examined and diagnosed by the veterinarian.\*

Pursuant to California Code of Regulations (CCR), title 16, section [2032.1](#), in order to administer, prescribe, dispense, or furnish a drug, medicine, appliance, or treatment of whatever nature, the veterinarian must first establish a VCPR. The VCPR must be established for each medical condition for which the animal is being treated by the veterinarian, because the regulation requires: (1) the veterinarian to perform an in-person examination of the animal patient to initiate a diagnosis of the medical condition; and (2) the veterinarian to communicate with the client a course of treatment appropriate to the circumstance, or specific condition. (16 CCR § [2032.1](#)(b)(2), (3).)

\*If the animal patient is experiencing a medical emergency for which the animal patient has not previously been examined and diagnosed by the veterinarian, the veterinarian may utilize telemedicine only to provide advice until the animal patient can be transported to or seen by a veterinarian. (16 CCR §

Following the posting of that information, the Board began receiving stakeholder requests to relax or waive the VCPR requirement to provide telemedicine.

### **Board's Position on Telemedicine**

The Board began reviewing telemedicine in 2011, and the Board's position is well-documented in its telemedicine rulemaking file (see [Initial Statement of Reasons](#) and [Final Statement of Reasons](#)). The telemedicine regulation went into effect on January 1, 2020. The telemedicine rulemaking specifically prohibited establishing a VCPR solely by telephone or electronic means but did not modify the provisions that the VCPR is condition specific. (See [Order of Adoption](#); 16 CCR § [2032.1](#)(b)(2), (3), (e).)

Historically, the Board has been clear that diagnosis of a patient cannot be properly performed via telemedicine and must only be performed via an in-person examination of the animal patient (see [February 21-22, 2018 Meeting Minutes](#)).

At its February 21-22, 2018 meeting, the Board deliberated on the American Association of Veterinary State Boards (AAVSB) Draft Model Policy for the Appropriate Use of Telehealth Technologies in the Practice of Veterinary Medicine (see [February 21-22, 2018 Meeting Materials](#), Agenda Item 8).

At that meeting, the Board's Subcommittee Report on Telehealth Post AAVSB Webinar was presented to the Board. (*Id.*) Following discussion of the numerous concerns with the AAVSB's telehealth proposal raised in the Subcommittee Report, the Board submitted its concerns to the AAVSB in a March 2, 2018 letter, attached.

### **VCPR Exemption**

There are two exemptions to the VCPR requirements. A VCPR is not required before treating an animal patient whose owner is unknown (16 CCR § [2032.1](#)(a)). In addition, existing statute provides the following VCPR exemption during declared emergencies:

#### **Business and Professions Code (BPC) section 4826.4.**

(a) A California-licensed veterinarian at premises registered in accordance with Section [4853](#) that is located within a 25-mile radius of any condition of emergency specified in Section [8558](#) of the Government Code may, in good faith, do both of the following in addition to any other acts authorized by law:

- (1) Render necessary and prompt care and treatment to an animal patient without establishing a veterinarian-client-patient relationship if conditions are such that one cannot be established in a timely manner.
- (2) Dispense or prescribe a dangerous drug or device, as defined in Section [4022](#), in reasonable quantities where failure to provide services or medications, including controlled substances, may result in loss of life or intense suffering of the animal patient. Prior to refilling a prescription pursuant to this paragraph, the veterinarian shall make a reasonable effort to contact the originally prescribing veterinarian.

(b) A veterinarian acting under this section shall make an appropriate record that includes the basis for proceeding under this section.

(c) A veterinarian who performs services pursuant to this section shall have immunity from liability pursuant to subdivision (b) of Section [8659](#) of the Government Code.

This emergency exemption was proposed by CVMA in 2018 to respond to the Northern California wildfires where there was an emergent need for veterinarians to be deployed to assist pet owners. (See February 21-22, 2018 Board [Meeting Minutes](#), Agenda Item 11.D.) Due to the wildfires, pet owners were forced to leave their communities and seek treatment for their animals at locations where the animals had not been examined previously. Many pet owners fled their homes without sufficient medications for their animals and urgently needed to refill those prescriptions from veterinarians who were unable to perform the typical examinations and lab work for use of those emergency prescriptions. CVMA noted there was a lack of existing statute that would allow for veterinarians to bypass the VCPR and provide such emergency services and medications. (*Id.*) The Board supported that legislation.

Although there is a current state of emergency, the VCPR exemption in BPC section 4826.4 requires conditions under which the VCPR cannot be established in a timely manner to render care and treatment to the animal patient. To dispense or prescribe a dangerous drug or device, conditions must be such that failure to provide services or medications, including controlled substances, may result in loss of life or intense suffering of the animal patient. Unlike during the wildfire emergencies where animal patients did not have access to their originating veterinarian because the veterinary clinic was destroyed or the animal was moved to a safe location, the current declared emergency specifically authorizes continued access to veterinary care. The Board has not received information of a widespread shuttering of veterinary premises making veterinary care inaccessible to animal patients.

#### **April 23, 2020 Board Meeting**

During its April 23, 2020 meeting, the Board heard from numerous shelter representatives, veterinarians, and pet owners encouraging the Board to waive existing VCPR requirements and/or relax the condition specific VCPR requirement during the COVID-19 pandemic to allow increased access to telemedicine services. Concerns were raised that the condition specific VCPR requirement and the VCPR itself poses significant public health and safety concerns due to the potential spread of COVID-19 either to the animal patient owner from the veterinary health care providers or to the veterinary health care providers from the animal patient owner. As noted above, CDPH has provided guidance to veterinary health care providers on protocols to avoid potential spread of COVID-19.

At the conclusion of the public comment, the Board President expressed the need to hold a teleconference in the near future to address the concerns. Many Board Members echoed the desire to hold a teleconference as soon as possible.

After the meeting, the Board received written public comment from Bonnie Lutz, Esq., strongly urging the Board to “resist the pressure to relax the requirement that the VCPR be condition specific or worse, to determine that the VCPR can be established through telemedicine” (attached). At the time of initially posting this memorandum, only one written public comment was received. **The Board received additional written public comments for the Board’s consideration. The written public comments received through 1:45 pm on May 12, 2020, are attached to this memorandum. In accordance with the Information Practices Act (Civ. Code, § 1798 et seq.), personal email addresses, residential addresses, and residential telephone numbers have been redacted from the written public comments. Any additional public comments will be forwarded to the Board prior to the meeting, and they will be included in the posted meeting materials after the Board meeting.**

### **Board Options**

The Board does not have authority to waive existing statutes or regulations. To change the VCPR requirement, the Board could initiate a regulatory amendment to revise the VCPR regulation. Alternatively, the Board could request that Governor issue an executive order waiving the VCPR requirement.

Another option is to request a narrowly crafted waiver of the VCPR from the Director of the Department of Consumer Affairs. Pursuant to the Governor's March 30, 2020 Executive Order [N-39-20](#) and to the extent necessary and only for the duration of the declared emergency, the Director is authorized to waive BPC, Division 2 professional licensing requirements, including requirements governing the practice and permissible activities for licensees. To issue such waivers, the Director must balance consumer protection with the need to facilitate the continued provision of care to individuals affected by the COVID-19 outbreak.

### **Action Requested**

After reviewing the information provided and considering all public comment, please discuss and decide the necessary action (if any) for the Board to take to adequately protect the health and safety of California consumers and their animals.

### **Attachments**

1. Board's March 2, 2018 Letter to AAVSB
2. Written Public Comments

April 24, 2020

**VIA E-MAIL**

Jessica Sieferman  
Executive Officer  
Veterinary Medical Board  
1747 North Market Boulevard, Suite 230  
Sacramento, CA 95834

Members of the California  
Veterinary Medical Board  
1747 North Market Boulevard, Suite 230  
Sacramento, CA 95834

**Re: Public Comment Regarding Telemedicine**

Dear Ms. Sieferman and Members of the California Veterinary Medical Board:

Please consider this correspondence as my "public comment" regarding the issue of the use of telemedicine in veterinary medicine. I was in attendance at the Veterinary Medical Board ("VMB") meeting on April 23, 2020 and heard the numerous public comments on this subject. I chose not to comment myself at that time because I have made my opinions clear on this issue previously. However, I am writing this to confirm that I have not changed my opinion on whether the VMB should relax the "condition specific" requirement for the VCPR or worse, allow the establishment of a VCPR through telemedicine.

As an attorney whose practice consists of defending veterinarians in administrative matters against the VMB, I have a different perspective than other attorneys who have addressed this issue. Specifically, two of the people providing public comments on April 23 were attorneys, one is a friend and the other an acquaintance. However, neither of them has a practice defending veterinarians in actions where the veterinarian has been accused of negligence, incompetence or violation of regulations. Ledy VanKavage, Best Friend's legislative attorney and Brandy Kuentzel, general counsel for the San Francisco SPCA are very smart attorneys, but they do not defend veterinarians and may not entirely understand how the current push to use telemedicine can lead to substandard care. I applaud the veterinarian, Shannon Sullivan, who stated unequivocally in her public comment that there were measurements taken and tests performed in a physical examination that simply could not be done through telemedicine despite the fact that her intended public comment was not related to this subject.

With all the hype about telemedicine and the aggressive push by the telemedicine companies, if the VMB relaxes the requirement that the VCPR be established through a physical examination or that the VCPR is condition specific, I am very concerned that veterinarians will either be pressured into using telehealth in circumstances where a physical examination is actually necessary or at the very least will believe that because the VMB has relaxed the

Jessica Sieferman  
Members of the California Veterinary Medical Board  
**Re: Public Comment Regarding Telemedicine**  
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requirements, there will be "forgiveness" after this pandemic is over. We all know that is not true.

The animal owner whose dog dies of bloat in the middle of the night because the physical symptoms were not classic is not going to be forgiving because the veterinarian used telemedicine and prescribed Pepto-Bismol.<sup>1</sup> I would not want to be defending that case against the VMB and do not suspect that the VMB would be lenient because the veterinarian used telemedicine.

We heard a lot yesterday about how we need to protect the humans from exposure to the Coronavirus. But, we did not hear much about the protection of the animals who are likely to be provided with sub-standard care if veterinarians are given the red light to diagnose and provide veterinary treatments without a physical examination for the condition presented.

I strongly urge the California VMB to resist the pressure to relax the requirement that the VCPR be condition specific or worse, to determine that the VCPR can be established through telemedicine. While I understand that the VMB's priority is "protection of the public" and not protection of veterinarians, I am very concerned that any relaxation of your position on this issue will give the wrong message to veterinarians and ultimately lead to injury to animals followed by unwanted legal actions against veterinarians for negligence or incompetence.

Thank you in advance for consideration of my "public comment" on this issue.

Very truly yours,

KLINEDINST PC



BONNIE L. LUTZ

BLL:jmy

cc: Peter Weinstein, DVM, SCVMA  
Grant Miller, DVM, CVMA

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<sup>1</sup> This scenario is from a query I received via email about the use of telemedicine. I personally have owned Akitas for 50 years and have unfortunately lost several to bloat. Not all of those dogs exhibited classic symptoms.



May 6, 2020

State of California  
California Veterinary Medical Board  
1747 N. Market Boulevard, Suite 230  
Sacramento, California 95834-2987

Re: Comments regarding Agenda Item 4. Update, Discussion, and Possible Action on Section 2032.1, Article 4, Division 20, Title 16 of the California Code of Regulations Regarding Veterinarian-Client-Patient Relationship and Telemedicine.

Dear Chairperson Noland and Members of the Board:

On behalf of the American Society for the Prevention of Cruelty to Animals (ASPCA), I am writing to urge the California Veterinary Medical Board (Board) to take action at its May 14<sup>th</sup> special meeting to expand the availability of telemedicine on an emergency basis due to the current public health crisis. Founded in 1866, the ASPCA was the first humane society to be established in North America and is today one of the largest in the world. At this unprecedented time of crisis, the ASPCA supports the broadest responsible use of telemedicine by both private practitioners and shelter veterinarians and urges the Board to remove barriers for the use of this essential tool in California.

On March 4, 2020, Governor Newsom declared a State of Emergency as a result of the impacts of COVID-19. As part of this declaration, the Governor directed that “all agencies of state government ... perform any and all activities consistent with the direction of ... the California Department of Public Health.” On that date, the Governor also directed that “(t)he healthcare delivery system ... prioritize services to serving those who are the sickest and shall prioritize resources, including personal protective equipment, for the providers providing direct care to them.” On March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents immediately to heed current State public health directives to stay home, except as needed to maintain continuity of operations of essential critical infrastructure sectors and additional sectors as the State Public Health Officer may designate as critical to protect health and well-being of all Californians.”

As a body within the Governor’s Administration, it is incumbent upon the Board to clear the path for the veterinary professionals under its jurisdiction to assist veterinary staff and clients seeking veterinary care in meeting these directives. The COVID-19 pandemic is far from over and the dangers posed to the public at large and the animals in need of veterinary care cannot be understated.

Telemedicine supports social distancing not only by restricting interactions between veterinarians and veterinary staff with clients but also by reducing interactions of staff members due to a decreased need for in-person veterinary services. These are extraordinary times. Individuals with compromised immunity may reasonably be reluctant or unwilling to leave home for a veterinary appointment. As a result, care for animals in dire need of care may be delayed, resulting in unnecessary suffering. Further, thousands of Californians have stepped up to foster or adopt animals from their local shelters, rescues



and breeders. These new caregivers will necessarily have veterinary questions and concerns given their unfamiliarity with a new pet in the household.

The dire shortage of personal protective equipment, including facemasks and shields, gowns, and gloves, has left doctors with limited options. Yet the need for veterinary care for both animal health and human wellbeing is critical. Limiting in-person veterinary visits is essential to preserve valuable personal protective equipment so that it can be utilized by the medical professionals who are combatting this deadly pandemic.

One way that your colleagues in human medicine have responded to this challenging time is by increasing their use of telemedicine tools to continue helping patients while following recommended social distancing guidelines and preserving precious PPE resources. Many human physicians are “seeing” new and existing patients, having initial visits, and prescribing treatments utilizing audio-visual, real-time, and two-way interactive communication systems.

As trained professionals, veterinarians are capable of determining when the use of telemedicine is medically appropriate. In this time of national crisis where social distancing is required to protect public health, personal protective equipment is scarce, and animals are in need, the ASPCA supports the reduction of legal limitations to telemedicine, something that has already happened in the human medical world. We urge the Board to remove the legal barriers that are putting the public and animals in harm’s way.

Sincerely,

A handwritten signature in black ink, appearing to read 'Susan Riggs', is positioned below the word 'Sincerely,'.

Susan Lea Riggs  
Sr. Director of State Legislation, Western Region  
[susan.riggs@aspca.org](mailto:susan.riggs@aspca.org)

cc. Lourdes M. Castro Ramirez, Secretary, BCSH  
Lila Mirrashidi, Deputy Secretary, BCSH  
Jessica Sieferman, Executive Officer, VMB



COMPANY NAME

Jessica Vogelsang DVM



California Veterinary Medical Board  
Veterinary Medical Board  
1747 North Market Boulevard, Suite 230  
Sacramento, CA 95834

May 5, 2020

RE: Public Comment on Veterinary Telemedicine ahead of May 14th 2020 Meeting

Dear Members of the California Veterinary Medical Board,

Thank you for listening to the concerns of the 50+ people who took time from their day to attend the last board meeting and voice their support for telemedicine, and for planning this May meeting to address those concerns. It is our understanding that as of now the only public comment you have received is that of Ms. Lutz, an attorney with extensive experience in veterinary malpractice, so we would like to add our letter to the body of public comment.

It is vital for us to emphasize that both telemedicine opponents and proponents want the same thing: the best possible outcome for the animals in California we are bound to protect. While we may differ on our opinions on how best to achieve that, our goal here is to assure you that our intention as telemedicine advocates comes from the same place as yours. We believe that we can provide reassurance to the fears behind the board's current position, but it takes a willingness to engage in a conversation with the people who have successfully changed how they practice in light of today's realities.

When listening to the verbiage used by virtual care opponents in describing telemedicine, we hear words like "hype", "panic", and "rush." These words do not describe the current state of virtual care. On the human side, telemedicine has been successfully practiced for 40 years. On

the veterinary side, while the formal adoption of veterinary telemedicine has seen an accelerated rate since COVID-19, those of us advocating for change have been carefully and methodically studying its responsible implementation for close to ten years through task forces and groups such as the Veterinary Innovation Council. Our positions and arguments are neither rushed nor ill-considered.

We commend Ms. Lutz for her concern for animal wellbeing, and given her background we are sure both she and the members of the board have seen the worst of the worst when it comes to veterinary malfeasance. However, this does not represent the worst that can happen to an animal. As practitioners active in telehealth in the online space as medical educators with decades of collective experience, we can assure you there is an enemy far worse than a poorly educated veterinarian: the general public.

As licensed California practitioners we have always been extremely careful about what we say online and have always made it clear we provide general advice only. The general public has no such qualms and will happily provide incorrect diagnoses, dangerous prescriptions, and horrific advice with zero repercussions. We are sure you have examples of veterinary malpractice that would make our hearts hurt. We are also confident that for every veterinarian who misdiagnosed bloat, we can tell you of ten plus members of the public who provide detailed handbooks for DIY bloat treatment kits that can be assembled at Home Depot. These are the things that keep us awake at night.

By allowing veterinarians more leeway in the practice of virtual care, it is possible that we will see some veterinarians handle this poorly. At least in those cases you have the ability as a board to correct it, which is not the case with the public. A more likely outcome, and one we have seen in thousands of cases in states who have opened up telemedicine since March, is the thoughtful provision of care from competent veterinarians who are creating great clinical outcomes to patients who cannot otherwise access care.

There is a misguided belief that relaxing the VCPR will lead to a tidal wave of veterinarians who stream into the space, steal clients from their regular veterinarians, and diagnose with standards of their own design. Other states have not seen this happen. Additionally, in Ontario where telemedicine has been in place for an extended period of time, allowing a remote VCPR under stringent guidelines has been a success with ZERO board complaints. In reality, most veterinarians are by nature cautious and dedicated and have sought out guidelines and best practices from the start. Official best practices are being designed as we speak from venerable organizations such as AAHA and AVMA, as well as new organizations such as the Veterinary Virtual Care Association, who counts among its board members two

veterinary school deans, a past president of NAVC, a teleadvice provider with hundreds of thousands of client success stories, and two attorneys.

Today's telehealth providers have spent years building clinical algorithms based on models developed on the human side by [URAC](#). We do know how to implement telemedicine appropriately. We do know that case selection should be limited to non-urgent conditions such as dermatology, wellness, prescription refills, triage, and chronic disease management. We do know that standard clinical algorithms are effective in routing patients to the appropriate level of care. According to whiskerDocs, a company serving over 1,000,000 pets, 80% of people whose pets need emergency care were not planning on seeking that out prior to consulting with a trained teleadvice specialist. Trained veterinarians can and do save lives by helping clients understand why a pet needs to be seen immediately, and why their at-home plan will cause harm. Telemedicine is but a part of a large umbrella of virtual care, but without that piece in place, we cannot fully move forward.

We urge you to give us the opportunity to demonstrate to you that telemedicine is a tool that will help pets and without it, we are providing a barrier to care that helps no one. Telehealth and virtual care is the inevitable future, and the sooner we can agree to responsibly work hand-in-hand on implementing it with the best practices already in play, the more animals and people we will help.

Sincerely,

Jessica Vogelsang, DVM San Diego, CA

Moiria Fitzgerald, BS, RVT, California

Hannah Lau, DVM Los Altos, CA

Lynn Hendrix -Cupa, DVM Davis, CA

Eve Harrison, VMD Los Angeles, CA

Sarah Vineyard, DVM San Diego CA

Magda Szyrmer, DVM Pasadena, CA

Jason Sweitzer, DVM Moorpark, CA

Annmarie Hill, DVM San Diego, CA

Kemba Marshall, DVM California

Jennifer Zeisse, DVM Oceanside, CA



**Bruce A. Wagman**  
T: 415.275.8540  
F: 415.275.8551  
bwagman@rshc-law.com

May 7, 2020

***Via Electronic Mail and Federal Express***

California Veterinary Medical Board  
1747 No. Market Blvd., Ste. 230  
Sacramento, CA 95834

**Re: Agenda Item 4, May 14<sup>th</sup> meeting: Update, Discussion, and Possible Action on Section 2032.1, Article 4, Division 20, Title 16 of the California Code of Regulations Regarding Veterinarian-Client-Patient Relationship and Telemedicine**

Dear Members of the California Veterinary Medical Board:

We write on behalf of the San Francisco SPCA, America's fourth oldest humane society and one of San Francisco's most well-respected institutions. As a national leader in animal sheltering and veterinary medicine, it has always been at the forefront of animal welfare. In addition to its extensive sheltering operations, the SF SPCA runs two full-service veterinary hospitals with a wide range of services, including 24/7 emergency, preventative, surgical, and specialty care, for privately-owned dogs and cats. These veterinary hospitals are among the largest in the Bay Area and employ over 200 professionals, nearly 40 of whom are veterinarians who perform approximately 75,000 visits each year. During the pandemic, the SF SPCA hospitals have remained open for sick, urgent, and emergency care.

Thank you for considering this letter addressing issues regarding the delivery of veterinary telemedicine, *i.e.*, the delivery of limited veterinary services through the use of video, telephonic, or other electronic means, and for convening your May 14<sup>th</sup> meeting. Especially during this time of the response to the novel coronavirus, restrictions on the use of veterinary telemedicine are negatively impacting the public at large, including veterinarians, veterinary clients, and the pets that veterinarians serve. The Board's current interpretation and regulation of veterinary telemedicine exposes the public to increased risk, burdens those already affected by the response to the virus, and denies animal health care to needy populations without sufficient justification. We write today in the hopes of a meaningful shift that will maintain protection of the public and ensure appropriate veterinary practice while honoring the statewide orders regarding the coronavirus.<sup>1</sup> This approach, which would emphasize the Board's attention to consumer

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<sup>1</sup> The Memorandum dated May 14, 2020 (but sent out on May 1) from Jessica Siefertman to the Board ("Siefertman Memo") on this issue sets out a few relevant points with respect to this issue. In order to give

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protection, would be in line with the decisions of several other states that have altered their telemedicine requirements to control the spread of the virus, including Arizona, Alaska, Colorado, Florida, Iowa, Maine, Pennsylvania, South Carolina, Vermont and West Virginia.

As stated on its website, the mission of the VMB is “the protection of California consumers and their animals through the regulation of veterinary medicine.” And the VMB regularly emphasizes that “[w]henver the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.” California’s current COVID-19 response is also solely based on “protection of the public” with its shelter-in-place orders, and the encouragement of all members of society to support that effort. And that public protection motivates the SF SPCA in requesting a relaxation of the Veterinarian-Client-Patient Relationship (VCPR) requirement and the restrictions on telemedicine. In order to satisfy its mission, we hope the VMB will agree with the principles and conclusions in this letter, and others in support, and quickly move to make changes in the public interest.

### **Telemedicine Is Vital During the COVID-19 Response**

There are many situations in which veterinarians can provide assistance and care to their animal patients and human clients through telemedicine, if the VMB simply relaxes, or reinterprets for the period of the novel coronavirus response, its guidance and positions with respect to the delivery of telemedicine. It is a generally accepted fact that veterinary clients will go to great lengths to seek treatment of their animals. It is also the case that while the current recommendation is that veterinarians only see “urgent” cases or emergencies, there is no generally accepted definition of “urgent” cases and this will lead to undue pressure on veterinarians to see clients/patients who are insistent on obtaining care. And it is also the case with a wide range of minor health issues, that a condition that is not urgent, if it is not treated, will progress and threaten greater harm if untreated. In other words, an easily treatable minor condition can escalate to an urgent, even emergent one, if not addressed early on. Allowing for an interpretation of the telemedicine rules that increases public protection during this time would provide a benefit to all involved: it would reduce the number of people traveling to veterinarians for easily treatable conditions, and it would support the veterinarians placed under that pressure to be seen by anxious clients.

Because of the VMB’s current position that a VCPR must be established “for each medical condition” treated through telemedicine, even if a veterinarian is familiar with an animal patient in general, s/he is constrained from discussing easily assessed and treated conditions, or providing initial consultations that may obviate the need for a trip to the clinic. A few examples of prohibitions on veterinary telemedicine in California include:

1. Initial consults for diarrhea, a very common issue which is most often treated with (a) a cautious approach and diet modification at first, followed by (b) antibiotics if the

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context to this letter, we will include here some of the facts included in her Memorandum, with reference to her Memorandum when appropriate.

condition does not resolve, followed by (c) further work-up if the condition persists.<sup>2</sup> A telephone or videoconference appointment would be barred by the VMB's current position because the animal had not previously been treated for this specific medical event. In a telemedicine appointment, the veterinarian could get the basic information needed to know if more urgent care was needed and the patient needed to be seen, but could address -- in a majority of cases -- the immediate problem in a way that usually solves the problem, and that falls well within the standard of care for such conditions, and that would be the most efficient and expedient delivery of what is probably the best treatment for the problem.

2. Initial consults for behavioral changes (caused by changes in routine as may be occurring in many California households now) that exhibit themselves in some systemic issue (decreased appetite, agitation, stereotypical behaviors) that very likely will be temporary and can at least first be addressed through suggestions for preventive strategies and, if the condition lasts, a visit and possible medication and testing.
3. Providing vital hospice support for animals in their last stages of life, at home with their caregivers and owners, who may have a series of sequelae from their underlying condition. Each of those sequelae may very well constitute a new "medical condition" that would both prevent and at the very least could exacerbate and delay compassionate and palliative-directed treatment under the VMB's current reading of the VCPR. Easily described and prescribed treatments including the administration of pain medications, fluid therapy, and general nursing duties would currently be barred, whereas a relaxation of the rules at issue would allow these pets, and their human parents, to avoid the suffering and dangers of venturing to the veterinarian during this time.
4. Offering advice regarding minor injuries that may not require urgent or emergent treatment, but can be treated at home with traditional first aid. Through technology (videoconference, electronically transmitted pictures, combined with descriptions from the owners), we can certainly trust our veterinarians to make the judgment call as to whether it is safe for human and animal to stay at home, shelter in place, and take at least the first attempts at treatment of these conditions.
5. Prescribing basic treatments for classic and commonly seen problems such as ringworm, fleas, ear mites, and others that are obvious from a simple description or a photograph.

A complete list of examples where telemedicine could provide great value but is currently off limits, could go on for pages. Thousands of these examples probably occur every

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<sup>2</sup> It is a matter of common veterinary knowledge that diarrhea occurs in animals switching diets or with mild gastrointestinal issues, in animals who eat something that upsets their stomach, and even with animals whose health may be triggered by changes in routine, such as those caused by the facts of the shelter-in-place lifestyle.

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day in California and, if not treated (because they are not “urgent”) could lead to dangerous complications. Every one of those examples might constitute a new “medical condition” and the VMB’s current interpretation of the VCPR requirement will either prevent the easy treatment of those conditions (by those who think they cannot give treatment or get treated), or unnecessarily require human clients to leave their homes to visit veterinarians, increasing the opportunities for transmission of the novel coronavirus.

### **Applicable Law**

A brief recitation of the law surrounding veterinary telemedicine in California, some of which is mentioned in the Siefman Memorandum, provides a good background for the Board’s consideration here. To begin with, veterinarians are recognized “health care providers” under Division 2 of the Business and Professions Code and pursuant to Section 2290.5 of that Code. Section 2290.5, the governing statute on telemedicine (referred to in the Code as “telehealth”) for veterinarians, does not require the in-person, specific condition, evaluation that the VMB has placed on veterinarians through its regulatory process. Section 2290.5 simply states, in pertinent part:

(a)(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. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.<sup>3</sup>

(b) Before 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.

The Board has since modified and clarified the telemedicine requirements for veterinarians, principally with 16 CCR § 2032.1, “Veterinarian-Client-Patient Relationship”, which states that, absent exceptions not relevant to the current crisis, “[t]elemedicine shall be conducted within an existing veterinarian-client-patient relationship.” The VCPR is required (except for wild animals or animals without known owners, such as those in shelters).

Section 2032.1(b)(2) states that, in order to have a valid VCPR, the veterinarian must have “sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis

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<sup>3</sup> The VMB uses the term “telemedicine” instead of “telehealth” and its regulation, adopted according to its authority, has a similar definition of telemedicine as “the mode of delivering animal health care services via communication technologies to facilitate consultation, treatment, and care management of the patient.” 16 CCR § 2032.1.

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of the medical condition of the animal(s).” The regulation states that this means “that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept.”

Notably, there is no definition of “examination” in the regulation, so that there is nothing stopping VMB – now for purposes of the virus response, or at any other time – from agreeing that at least in some circumstances (such as those listed above), a VCPR can be established through telemedicine. And on its face, the VMB’s own regulation does not require an in-person visit with the animal. And even if the VMB’s interpretation of a hands-on exam is required, *nowhere* does the regulation limit the scope of subsequent telemedicine to what the Board has stated must be the “specific medical conditions for which the animal patient has been previously examined and diagnosed by the veterinarian.” Such a reading puts a chokehold on a holistic veterinary approach and on a veterinarian’s ability to treat the entire animal patient. In other words, if a veterinarian is familiar with an animal through a validly-established VCPR, but has never treated the animal for ringworm, or diarrhea, or a cough or sneezing, that veterinarian cannot provide any support to an animal s/he knows very well, for those previously undiagnosed conditions. By way of one example, if a veterinarian has performed a full wellness check on a kitten upon adoption, and then one week later that kitten develops a skin condition, or a gastrointestinal issue, or is sneezing, the Board’s reading of its regulation (though not found in the regulation itself) is that the owner must again bring the kitten in, even now during stay home orders. This restriction of the scope of telemedicine practice by VMB, as indicated in its April 8 statement, directly jeopardizes the “protection of the public” that the VMB holds paramount, by forcing people out of their homes for situations that are not even covered by the language of the existing regulation.<sup>4</sup>

### **Adaptations to VCPR/Telemedicine Requirements Around the Country**

In response to the issues raised in this letter and by others requesting a relaxation of the VCPR/telemedicine requirements, both the federal government and an increasing number of state governments have relaxed their restrictions on telemedicine. First, on March 24, 2020, the Federal Food and Drug Administration (FDA) relaxed certain VCPR requirements to facilitate telemedicine where it might otherwise not be allowed. The FDA stated that it was “providing flexibility that will help veterinarians maintain the health of animals during the

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<sup>4</sup> The California Veterinary Medical Association has issued a statement (linked by the VMB) that the “specific medical condition” requirement must related to a condition that was diagnosed *within one year*, or the veterinarian cannot advise the client via telemedicine. Thus, according to CVMA, a veterinarian cannot use telemedicine to help a patient who has a seasonally recurring problem with fleas, or an intermittent condition such as gastric reflux or irritable bowel syndrome, even though a veterinarian is well aware of the condition in a patient, if that condition was last treated more than twelve months ago. This one-year requirement is not stated in the VMB publications, or in the regulation.

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pandemic, while allowing for the social distancing that is so important in limiting the further spread of coronavirus disease across the country and the world.”<sup>5</sup>

At the same time, many states have followed suit. Arizona, Alaska, Colorado, Florida, Iowa, Maine, Pennsylvania, South Carolina, Vermont and West Virginia are some of the states that have focused on protection of the public with respect to their VCPR requirements, still allowing for adequate care, while keeping patients and clients at home, during this period.<sup>6</sup>

### **The Benefits of Relaxing the VCPR Requirement Outweigh the Risks**

Ms. Sieferman’s Memorandum to the Board attaches and quotes from a letter from Bonnie Lutz, an attorney. Ms. Lutz’s letter does not offer a cogent argument in favor of the Board maintaining the VCPR/telemedicine status quo in the face of the current situation, and is a lone voice amidst the sea of veterinarians who are submitting their statements to the Board before the upcoming meeting.

Ms. Lutz insists without valid justification that the only path forward is one that threatens public health and safety, and veterinarians, and the animals who they care for as patients. But Ms. Lutz does not have the credentials to convincingly speak on this issue of consumer protection. Her *ad hominem* attacks on Ms. Kuentzel and Ms. VanKavage are especially misplaced, given their much more direct involvement with the issues, individuals and animals directly related to telemedicine. For example, Ms. Kuentzel has daily involvement with pets, their owners, and with the veterinarians on the front line of taking care of animals in San Francisco. Ms. Kuentzel is also a lawyer, except that she works side by side with the roughly forty veterinarians at the two hospitals run by the SF SPCA -- every day of the year. They are her ongoing clients and she defends them in every aspect of their practice, and so she deals directly with them, as well as all the vagaries of dealing with their patients and their clients. And Ms. Kuentzel’s involvement with the management of and response to the current crisis has been constant since even before California’s first shelter-in-place orders were announced. In contrast, Ms. Lutz’s anecdotal hypothetical of one potential occurrence among the thousands of situations that can be dealt with successfully by telemedicine is the best evidence that her opinion is flawed and uninformed.

It is unclear what clients Ms. Lutz is speaking for in her letter because a large number of California veterinarians have corresponded with the Board in favor of telemedicine and in opposition to Ms. Lutz’s statements. The many veterinarians who have spoken in favor of relaxing those standards obviously do not agree with her low opinion of their professionalism and ability to use telemedicine carefully and appropriately – nor does the SF SPCA.

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<sup>5</sup> See <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-helps-facilitate-veterinary-telemedicine-during-pandemic>.

<sup>6</sup> See [https://www.aavsb.org/news/article/83?fbclid=IwAR2FerFGfG\\_yL\\_MO-7xeT0r6O9TXoewGCZoial-0j2BLI4oD3tqakK4W9cM](https://www.aavsb.org/news/article/83?fbclid=IwAR2FerFGfG_yL_MO-7xeT0r6O9TXoewGCZoial-0j2BLI4oD3tqakK4W9cM).

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Ms. Lutz's letter fails to account for the VMB's own declaration that "protection of the public" is paramount. She even admits that this public protection is not her focus or priority. But it *is* a priority, and telemedicine is the safest course, for veterinarians who do not want to be exposed to the coronavirus indirectly through contact with their clients – whether those are clients with known illness or those who might be carrying it. Consumers will be protected by allowing the use of telemedicine for routine situations such as those described earlier in this letter, as well as extreme situations like hospice care. And this is roundly confirmed by the veterinarians who spoke at the Board's most recent meeting and in the other letters submitted for the May 14 meeting, as well as the reasons stated in this letter. And telemedicine will provide extensive benefits and address the needs and concerns of pet owners who could obtain sound advice over the phone without venturing out in public, and to the pets who might otherwise not get the care they need if the Board does not take a public-protective approach and adjust its interpretation of the VCPR requirements. And telemedicine can provide important value to the pet owners who are the parents of children now home from school and in need of monitoring, which limits their parents' ability to get to veterinarians. And without telemedicine, there will be a definite disparate and negative impact leveled on those without the financial means – during this time of crisis or in our society as a general matter – to spend the additional funds it takes to get to their veterinarians' offices. Telemedicine represents an invaluable cost savings for families hit by the economic consequences of the virus, when it is compared to the added burden of having to transport animals to veterinarians for conditions which can easily be treated through telemedicine. Ms. Lutz addresses none of those public protection concerns.

Ms. Lutz, speaking on her own behalf, appears willing to deny all of these stakeholder groups protection, and to ignore the need for these groups of pet owners to have easy access to veterinary care. Her one hypothetical ignores that medical professionals understand that not every situation qualifies for a telemedicine visit, except perhaps to provide advice on transport of an animal to a clinic or hospital. And of course in dealing with living beings, there will always be the unexpected, unanticipated, and unpredictable potential for unfortunate results. Trained veterinarians understand this, and they also know that unforeseen consequences of life may arise in patients who have a full physical exam and lab tests, or one evaluated through telemedicine. But the fact that even in the best of scenarios, unforeseen events occur, is not a reason to eliminate this potentially lifesaving, community protection initiative. There is clearly only a small percentage of cases that might not benefit at least from an initial telemedicine call. And based on their education and licensure to practice, we can rely on our veterinarians to be able to judge whether hands-on examination is needed. Perhaps most importantly, Ms. Lutz misses the entire point of the current request for a relaxation of the VCPR and telemedicine rules – to protect veterinarians, clients, and pet patients when forcing all those individuals into cars or other means of transportation to go to veterinarians is a direct flouting of the universally accepted state policy of staying at home to prevent the spread of the virus.

### **Request to the Board**

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Given the SF SPCA's regular involvement with the public through its two active veterinary hospitals, it is in a unique position to help evaluate the best way to protect the public in its broadest definition – including our veterinary staff, our veterinary clients, and our veterinary patients. A relaxation of the VCPR requirements for telemedicine during this period will provide an immeasurable benefit to all involved. If the VMB takes such action, it will be demonstrating its commitment to its mission, and contribute to California's effort to get through the COVID-19 crisis as soon as possible. If things stay as they currently are, the Board will be part of the problem, and not the solution. We were happy to see that Ms. Sieferman acknowledges in her memorandum that the Board has multiple avenues open to it in order to immediately address this pressing problem, which exposes Californians to unnecessary dangers on a daily basis at the same time as the Governor is urging us to flatten the curve.

The first, and surely the easiest solution to the current problem is simply for the Board to change its interpretation of the regulatory language. That is, there is nothing in the actual law that requires an in-person examination of the animal, or that mandates that telemedicine can only be performed for a previously-diagnosed "specific medical condition." Because these are not statutory or regulatory requirements, but are only interpretations stated by the Board, the Board can also change its interpretation of the language for this period.

Second, as Ms. Sieferman states, another available mechanism would be to more formally change the VCPR regulations so that under any interpretation, they would allow telemedicine during this period. California Business and Professions Code § 4808 authorizes the Board to adopt, amend, or repeal such rules and regulations as may be reasonably necessary to enable it to carry into effect the provisions of the Veterinary Medicine Practice Act. *See* Cal. Bus. & Prof. Code § 4808 ("The board may in accordance with the provisions of the Administrative Procedure Act, adopt, amend, or repeal rules and regulations that are reasonably necessary to carry into effect the provisions of this chapter."). And as previously mentioned, Cal. Bus. & Prof. Code § 4800.1 states: "Protection of the public shall be the highest priority for the Veterinary Medical Board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount." *See also* Cal. Veterinary Med. Assn. v. City of W. Hollywood, 152 Cal. App. 4th 536, 546–47 (2007) ("The VMPA creates a Veterinary Medical Board within the DCA to exercise licensing, regulatory and disciplinary functions and to protect the public with respect to the practice of veterinary medicine in California. (§§ 4800, 4800.1.) The Board is authorized to adopt rules and regulations as necessary to implement the Act.").

In short, not only does the Board have the authority to amend or repeal its own rules and regulations, it also has a duty to do so to protect the public. The Board's authority to amend or temporarily repeal Cal. Code Regs. tit. 16, § 2032.1(f) in a public emergency like COVID-19 is straightforward, under California's Administrative Procedure Act, which provides for an emergency rulemaking process for each agency. *See* Cal. Gov't. Code §11346.1. Here, the Department of Consumer Affairs has delegated its power in the area of veterinary medicine to the VMB, and so the Board may engage in emergency rulemaking. *See, e.g.*, Cal. Bus. & Prof. Code

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§ 4800.1. We are sure the Board is familiar with the process, and if it begins immediately, the Board could issue a temporary amendment or suspension very soon.

Third, as Ms. Sieferman suggests, the Board could honor its mission and formally ask the Department of Consumer Affairs (DCA) to invoke a waiver, or a clarification, of the VCPR/telemedicine requirements. While we do not believe this is required (because the law itself does not require the hands-on visit or the specific medical condition restriction), if the Board chose this route, we expect that if it requested such waivers, they would be forthcoming, given the reliance of DCA on the VMB in matters related to veterinarians. As Ms. Sieferman reports, “Pursuant to the Governor’s March 30, 2020 Executive Order N-39-20, the Director is authorized to waive BPC, Division 2 professional licensing requirements, including requirements governing the practice and permissible activities for licensees.” This would simply entail the Board making a request to the Director and stating that it believes an “examination” that establishes the VCPR pursuant to 16 CCR § 2032.1 can be done through telemedicine, and that the “specific medical condition” requirement is waived, or not part of the interpretation, for the period of the virus response. As Ms. Sieferman correctly states, the Director would then be required to “balance consumer protection with the need to facilitate the continued provision of care to individuals affected by the COVID-19 outbreak.” As established in this letter, consumer protection would surely be served by these actions.

Finally, as Ms. Sieferman notes, and in response to the overwhelming public comment heard in the Board’s last meeting and that we expect to be submitted for this one, and the points made in this letter, the Board could join with the SF SPCA and a large group of veterinarians, and request the Governor to issue an executive order waiving the identified interpretations of the VCPR/telemedicine requirements under the regulation. However, based on the other options above, we do not think there is any need to further burden the Governor’s office on this issue.

The SF SPCA believes that the quickest route to addressing this problem is the first option above. Because there is no real requirement for an actual waiver of the regulatory language, but only a shift in the Board’s interpretation of that language at this point, the Board could avoid both emergency rulemaking and the need to request a waiver from the DCA. We are willing to support and assist the Board with respect to any of these options, in order to expedite a change that will protect veterinarians, the public, and pets across California.

We appreciate the opportunity to address the Board and work with you through this challenging time, and on this challenging issue. If you have any questions or comments during the course of our representation, feel free to contact me.

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Sincerely,



Bruce Wagman  
Riley Safer Holmes & Cancila LLP

cc: Business, Consumer Services and Housing Agency  
915 Capitol Mall, Suite 350-A  
Sacramento, CA 95814  
Attn: Lourdes M. Castro Ramirez, Secretary

Department of Consumer Affairs  
1625 N Market Blvd  
Sacramento, CA 95834  
Attn: Kimberly Kirchmeyer, Director

May 8, 2020

*Via email to: Jessica.Sieferman@dca.ca.gov*

Jessica Sieferman  
Executive Officer  
Veterinary Medical Board  
1747 N. Market St., Suite 230  
Sacramento, CA 95834

RE: Public Comments Regarding Telemedicine

Dear Ms. Sieferman and Members of the California Veterinary Medical Board:

The Veterinary Virtual Care Association submits this letter in support of its position that veterinary telemedicine should be allowed to establish service of care to animals beyond the traditional in-person VCPR physical examination, and further challenges the view that veterinarians should only provide care via telehealth for existing conditions.

We strongly support the AAVSB model guidelines attached with this letter. Such guidelines include language allowing the veterinarian to use her best judgement to establish care:

The Veterinarian must employ sound professional judgment to determine whether using Telehealth is suitable each time veterinary services are provided and only furnish medical advice or treatment via Telemedicine when it is medically appropriate. A Veterinarian using Telemedicine must take appropriate steps to establish the VCPR, obtain Informed Consent from the Client, and conduct all necessary Patient evaluations consistent with currently acceptable standards of care. Some Patient presentations are appropriate for the utilization of Telemedicine as a component of, or in lieu of, hands-on medical care, while others are not.

The public and regulatory boards should trust the judgement of the licensed veterinarian as they do with all other forms of diagnostic tools used by veterinarians. VVCA views telemedicine as another tool in the veterinarian's toolbox. Veterinarians are always expected to practice the standard of care and should have the prerogative to determine on a case-by-case basis what is in the best interest of the patient given each set of circumstances. With the advancement of technology comes the advancement of medicine and improved

patient care. Telemedicine enhances the delivery of care when coupled with the veterinarian's professional judgement.

Thank you for your consideration in this matter.

Sincerely,  
VVCA Founding Members

[Mark Cushing, JD](#)

[Dr. Cheryl Good](#)

[Dr. Eleanor Green](#)

[Dr. Jason Johnson](#)

[Dr. Charlotte Lacroix](#)

[Deb Leon](#)

[Dr. Kerri Marshall](#)

[Dr. Aaron Smiley](#)

[Bruce Truman](#)

[Dr. Jessica Vogelsang](#)

[Dr. Audrey Wystrach](#)



## AAVSB RECOMMENDED GUIDELINES FOR THE APPROPRIATE USE OF TELEHEALTH TECHNOLOGIES IN THE PRACTICE OF VETERINARY MEDICINE September, 2018

### Introduction

When telehealth is used within the confines of state and provincial regulations, it provides valuable tools to augment the delivery and availability of high quality veterinary care. According to the Center for Connected Health Policy, “Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.”<sup>1</sup> Advancements in communication and information technology provide opportunities for new approaches to the delivery of veterinary medicine.

The American Association of Veterinary State Boards (AAVSB) charged the AAVSB Regulatory Policy Task Force to draft proactive guidelines that provide an appropriate balance between enabling access to veterinary care while ensuring patient safety. This document provides guidance to AAVSB Member Boards for regulating the use of telehealth technologies in the practice of veterinary medicine. Key components of the document include: definitions, veterinarian-client-patient relationship (VCPR), licensure, evaluation and treatment of the patient, continuity of care, medical records, emergency services, prescribing medication, and telemedicine service requirements.

Veterinary medical boards face complex regulatory challenges and patient and public safety concerns in adapting regulations and standards historically intended for the hands-on provision of veterinary medical care to new delivery models involving telehealth technologies. Challenges include determining when a VCPR is established, assuring confidentiality and privacy of client and patient data, guaranteeing creation and maintenance of appropriate medical records, proper diagnosis and treatment of the patient, and limiting the prescribing and dispensing of certain medications.

These guidelines should be used in conjunction with the AAVSB Practice Act Model and in no way be construed to alter the scope of practice of any veterinarian or veterinary technician or authorize the delivery of veterinary medical services in a setting or in a manner that is not otherwise authorized by law. In fact, these guidelines support a consistent standard of care and

<sup>1</sup> The Center for Connected Health Policy ([www.cchpca.org](http://www.cchpca.org))

scope of practice. Veterinarians and veterinary technicians must review and understand the laws, regulations, and policies of each jurisdiction where they practice.

The veterinarian must employ sound professional judgment to determine whether using telehealth is suitable each time veterinary services are provided and only furnish medical advice or treatment via telemedicine when it is medically appropriate. A veterinarian using telemedicine must take appropriate steps to establish the VCPR, obtain informed consent from the client, and conduct all necessary patient evaluations consistent with currently acceptable standards of care. Some patient presentations are appropriate for the utilization of telemedicine as a component of, or in lieu of, hands-on medical care, while others are not.

## Definitions

When used in these guidelines, these words and phrases shall be capitalized and are defined as follows:

- **Animal** means any member of the animal kingdom other than humans, whether living or dead.
- **Client** means a Person who has entered into an agreement with a Veterinarian for the purposes of obtaining veterinary medical services in-person or by any means of communication.
- **Consultation** means when a Veterinarian receives advice or assistance in-person, or by any method of communication, from another veterinarian or other Person whose expertise, in the opinion of the Veterinarian, would benefit a Patient. Under any circumstance, the responsibility for the welfare of the Patient remains with the Veterinarian receiving Consultation.
- **Informed Consent** means the Veterinarian has informed the Client or the Client's authorized representative, in a manner understood by the Client or representative, of the diagnostic and treatment options, risk assessment, and prognosis, and the Client has consented to the recommended treatment.
- **General Advice** means any advice provided by a Veterinarian or Veterinary Technician via any method of communication within or outside of an established VCPR that is given in general terms and is not specific to an individual Animal, group of Animals, diagnosis, or treatment.
- **Jurisdiction** means any commonwealth, state, or territory, including the District of Columbia, of the United States of America, or any province of Canada.
- **Patient** means any Animal or group of Animals receiving veterinary care from a Veterinarian or Veterinary Technician.
- **Person** means any individual, firm, partnership, association, joint venture, cooperative, corporation, governmental body, or any other group, legal entity or combination acting in concert; and whether or not acting as a principal, trustee, fiduciary, receiver, or as any kind of legal or personal representative, or as the successor in interest, assignee, agent, factor, servant, employee, director, officer, or any other representative of such Person.

- **Telehealth** is the overarching term that encompasses all uses of technology geared to remotely deliver health information or education. Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of tools which allow Veterinarians to enhance care and education delivery. Telehealth encompasses both Telemedicine and General Advice.
- **Telemedicine** is the remote delivery of healthcare services, such as health assessments or consultations, over the telecommunications infrastructure. It allows Veterinarians to evaluate, diagnose and treat patients without the need for an in-person visit.
- **Teletriage** means emergency Animal care, including Animal poison control services, for immediate, potentially life-threatening Animal health situations (e.g., poison exposure mitigation, Animal CPR instructions, other critical lifesaving treatment or advice).
- **Veterinarian** means an individual who is duly licensed to practice Veterinary Medicine under the Jurisdiction's practice act. When not capitalized, means an individual who is duly licensed to practice Veterinary Medicine in another Jurisdiction.
- **Veterinarian-Client-Patient Relationship (VCPR)** exists when:
  - 1) Both the Veterinarian<sup>2</sup> and Client agree for the Veterinarian to assume responsibility for making medical judgments regarding the health of the Animal(s); and
  - 2) The Veterinarian has sufficient knowledge<sup>3</sup> of the Animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the Animal(s); and
  - 3) The practicing Veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy.
- **Veterinary Technician** means an individual who is duly licensed to practice Veterinary Technology under the Jurisdiction's practice act.

<sup>2</sup> AAVSB recommends that each jurisdiction promulgate appropriate regulations clarifying who may be included within the scope of a single VCPR such as a Veterinarian or another Veterinarian within the same practice group with access to medical records, or a veterinarian with whom he/she is consulting.

<sup>3</sup> AAVSB recommends that each jurisdiction promulgate appropriate regulations defining how to establish sufficient knowledge, including the following:

- A. A recent examination of the Animal or group of Animals, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; or
- B. Through medically appropriate and timely visits to the premises at which the Animal or group of Animals are kept.

## Guidelines for the Appropriate Use of Telehealth Technologies in Veterinary Medical Practice

### Licensure

A Veterinarian or Veterinary Technician must be licensed by, or under the authority of, the Board of Veterinary Medicine in the Jurisdiction where the VCPR is established (location of Patient at time of VCPR establishment)<sup>4</sup>.

Any veterinarian who is licensed in another Jurisdiction, or any Person whose expertise, in the opinion of the Veterinarian with an established VCPR, would benefit an Animal, and who is consulting with the Veterinarian, is exempt from licensure in this Jurisdiction, provided such service is limited to such Consultation.

### Evaluation and Treatment of the Patient(s)

The Veterinarian must employ sound professional judgment to determine whether using Telehealth is suitable each time veterinary services are provided and only furnish medical advice or treatment via Telemedicine when it is medically appropriate. A Veterinarian using Telemedicine must take appropriate steps to establish the VCPR, obtain Informed Consent from the Client, and conduct all necessary Patient evaluations consistent with currently acceptable standards of care. Some Patient presentations are appropriate for the utilization of Telemedicine as a component of, or in lieu of, hands-on medical care, while others are not.

The Veterinarian must take appropriate precautions to safe guard the confidentiality of a Client's or Patient's records. Such includes ensuring that technology and physical settings used as part of Telemedicine services are compliant with Jurisdictional or federal requirements.

The Veterinarian must ensure that the Client is aware of the Veterinarian's identity, location and Jurisdiction's license number and licensure status. Evidence documenting Informed Consent for the use of Telemedicine must be obtained and maintained in the medical record.

### Continuity of Care/Medical Records

Veterinarians must maintain appropriate medical records<sup>5</sup> that contain sufficient information for continued care and are compliant with Jurisdictional requirements. Documentation of the Telemedicine encounter should be readily available upon request by the Client.

### Emergency Services

Teletriage may be performed by a Veterinarian or Veterinary Technician without establishing a VCPR or obtaining Informed Consent to provide emergency, potentially life-saving Telemedicine services.

<sup>4</sup> Arguments can also be made that identify the location of practice under these circumstances as occurring in both Jurisdictions; that is where the Patient is located and where the Veterinarian is located.

<sup>5</sup> See the AAVSB Practice Act Model Article V for suggested language.

### Prescribing Medications

Prescribing medications in-person or via Telemedicine requires a VCPR and is at the professional discretion of the Veterinarian. The indication, appropriateness, and safety considerations for each prescription issued in association with Telemedicine services must be evaluated by the Veterinarian in accordance with all Jurisdictional and federal laws<sup>6</sup> and standards of care.

### Telemedicine Service Requirements

A provider of Telemedicine services must ensure that the Client is aware of the Veterinarian's identity, location and Jurisdiction's license number and licensure status, and should provide to Clients a clear mechanism to:

1. Access, supplement and amend Client-provided contact information and health information about the Patient; and
2. Register complaints with the appropriate Board of Veterinary Medicine or other regulatory body.

<sup>6</sup> The Federal definition of the VCPR must be followed when issuing prescriptions in accordance with the Veterinary Feed Directive (VFD) and Animal Medicinal Drug Use Clarification Act (AMDUCA) of 1994.



Atlanta • Kanab • Los Angeles • New York City • Salt Lake City

May 8, 2020

Jessica Sieferman, Executive Officer &  
Members of the California Veterinary Medical Board  
1747 North Market Boulevard, Suite 230  
Sacramento, CA 95834

**Re: Public Comment Regarding Telemedicine**

Dear Ms. Sieferman and Members of the California Veterinary Medical Board:

Please consider this correspondence as my “public comment” regarding the issue of the use of telemedicine in veterinary medicine for the May 14 Veterinary Medical Board meeting. Best Friends Animal Society has not changed its opinion regarding the critical need for an expansion of veterinary telemedicine to protect consumers, veterinarians, and staff during the Covid-19 crisis and until a human vaccine is found.

Best Friends Animal Society believes the expansion is consistent with Governor Newsom’s Executive Orders including Order N-43-20, regarding expanding human telehealth to reduce the spread of COVID-19. The Governor’s executive order focused on the need to protect healthcare workers and to maximize the number of capable health care workers. That same principle applies to veterinary medicine.

Specifically, Best Friends Animal Society respectfully requests that The Board should suspend the requirement that a VCPR be established by a physical visit to the veterinarian. The board should also relax the interpretation that telemedicine only be used for a condition for which the animal was already seen. We would expect veterinarians to adhere to the standards of care and for the board to enforce the standards.

Another commenter, Ms. Lutz, a friend and a very smart attorney, mentioned in her April 24 letter that I have never defended veterinarians before the Board. Her statement is true, as Best Friends’ focus is on the health and safety of dogs and cats and to protect consumers (pet owners). Best Friends Animal Society employs and works with numerous California veterinarians, veterinary technicians, and governmental officials. We have adopted out thousands of dogs and cats in our life-saving center located in Los Angeles and we want to make sure that these pets have access to care after they are adopted.



Atlanta • Kanab • Los Angeles • New York City • Salt Lake City

Nationwide we are seeing more and more states allowing an expansion of veterinary telemedicine to encourage people to stay at home. Unfortunately, people are forgoing elective human surgeries and even doctor's appointments because of fear of the virus. Veterinary clinics are not immune from this trend with clients reluctant to travel to and enter veterinary facilities.

Veterinarians are professionals and can resist "pressure" into using telemedicine where it is not appropriate. Veterinarians should have the freedom to make the decision whether or not an individual case is appropriate for telemedicine based on their own individual professional judgement.

While Ms. Lutz mentions a specific incident that she received via email regarding bloat and telemedicine, which was indeed tragic, however one case should not preclude all California veterinarians from using their professional judgement and telemedicine for any condition they deem appropriate. Again, the standard of care applicable to veterinarians should still apply.

Therefore, Best Friends strongly urges the California Veterinary Medical Board to take the Governor's Executive Orders and the safety of veterinarians, staff, and clients into consideration and expand telemedicine during this crisis. Unusual times call for unusual measures and the California Veterinary Medical Board should rise to this unprecedented occasion.

Thank you for your time and consideration.

Sincerely,



Ledy VanKavage  
Senior Legislative Attorney  
Best Friends Animal Society

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Expand Vet Telemedicine for New Clients  
**Date:** Monday, May 11, 2020 8:28:36 AM

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CVMB,

Please remove legal barriers to the use of telemedicine for the duration of the COVID-19 crisis.

I reside in Orange, California and some animals in our state do not have access to adequate vet care and treatment. We need to expand the use of veterinary telemedicine during this crisis so clients who need access to care for their pets can remain safely at home. Vets should be able to provide care to existing clients AND new clients.

Thank you for your time and attention.

Sincerely,

Stacy Gholson

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Veterinary Telemedicine in CA during COVID-19  
**Date:** Monday, May 11, 2020 9:18:56 AM

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Good morning,

My name is Kate Jarvis, and I live in San Diego and work for San Diego Humane Society as part of our Community Engagement department as well as volunteer for the ASPCA's Legislative Engagement team. I am writing to you today in regards to the CVMB's policies on veterinary telemedicine and am asking you to please allow new clients to sign up for and utilize these services during this viral outbreak. Working at a shelter, I see firsthand the effects of people being unable to care for their pets because of the pandemic and feeling as if they have no option but to surrender their pet. It is heartbreaking to see pets abandoned at shelters or left suffering in homes due to their owner's inability to visit their vet and access necessary medical care, so relaxing regulations on who can and can't access veterinary telemedicine will allow so many pets to continue to live safe, healthy, and happy lives in their homes with the families they love. Please consider temporarily removing any legal barriers for vets to provide telemedical care to both new and existing patients during this global crisis.

Thank you, and stay safe!

Kate Jarvis

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Veterinary telemedicine during Covid-19  
**Date:** Monday, May 11, 2020 9:19:42 AM

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To the CVMB,

It is my understanding that veterinarians cannot engage in telemedicine except to treat existing clients whose pets have pre-existing conditions.

As a result some animals in California do not have access to adequate veterinary care and treatment.

I urge you to relax those regulations for the duration the Covid-19 pandemic so that vets can provide telemedicine care to existing clients and also new ones.

Thank you for your attention.

Judith Lessow-Hurley

[REDACTED]

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** in support of telemedicine  
**Date:** Monday, May 11, 2020 10:34:09 AM

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As a long-time animal rescuer and pet owner, I'm finding it challenging to keep the animals in my care healthy during this pandemic. Telemedicine would be a godsend in helping to me to get the medications I need while still maintaining social distancing.

I would like to request that the California Veterinary Medical Board please consider joining all the other states that have already implemented veterinary telemedicine for both new and existing patients.

Thank You,  
Karen Rodecki

[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 1:02:48 PM

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Dear Board Member,

I am writing to respectfully but urgently request that the Board consider removing legal impediments to the use of telemedicine for the duration of the COVID-19 crisis. Veterinarians are facing significant barriers that prevent them from safely serving patients and clients due to the pandemic, including staffing, social distancing and protective equipment shortages, as well as transportation and safety issues for clients and staff.

As a result, fewer patients are being seen and there is much concern surrounding the well-being of animals that cannot be reached during this unprecedented time. Removing legal restrictions on telemedicine would allow veterinarians in our state to be able to provide care to animals whose owners are unable or fearful of being in a public setting to access care.

Greater access to telemedicine would also better protect veterinarians, their staff and the public from face-to-face human interactions and preserve PPE desperately needed by human medical professionals who are actively combating this deadly pandemic. For the better promotion of health and safety in California communities, I ask that the Board please consider removing legal impediments to the use of telemedicine for the duration of the COVID-19 crisis.

Thank you for your time and consideration.

Sincerely,

Heather McHugh  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 1:02:47 PM

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Thank you for your time and consideration.

Sincerely,

Amelia Jones  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 12:42:47 PM

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Thank you for your time and consideration.

Sincerely,

Debbie Rajcic  
[REDACTED]

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** CVMB, Please expand telemedicine during the COVID-19 pandemic  
**Date:** Monday, May 11, 2020 11:42:38 AM

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Hello,

I live in San Francisco, California. As a lifelong pet owner and animal lover, I know how important veterinary care is, and that animal's health needs often show up as unplanned emergencies. As you know, some animals in California do not have access to adequate vet care and treatment during the COVID-19 crisis as veterinarians in California are prevented from providing telemedicine services to new clients who need to access care for their pets while remaining safely at home.

I urge the CVMB to expand the use of veterinary telemedicine during this time. Vets should be able to provide care to existing clients AND to new clients. Please remove legal barriers to the use of telemedicine for the duration of the COVID-19 crisis.

Thank you,  
Cassie Shaine

--

**Cassie Shaine**

[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 11:13:56 AM

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Thank you for your time and consideration.

Sincerely,

Nigel Jay  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 11:06:49 AM

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Thank you for your time and consideration.

Sincerely,

Rose Garcia  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 11:06:44 AM

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Thank you for your time and consideration.

Sincerely,

John Costello  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 11:04:48 AM

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Thank you for your time and consideration.

Sincerely,

Tina Johnson  
[REDACTED]  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 11:03:51 AM

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Thank you for your time and consideration.

Sincerely,

Fred Licht  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 11:03:50 AM

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[EXTERNAL]: [REDACTED]

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Thank you for your time and consideration.

Sincerely,

Jeannie Felix  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 11:03:50 AM

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Thank you for your time and consideration.

Sincerely,

Breanna Ferraro  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 11:03:44 AM

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Thank you for your time and consideration.

Sincerely,

Joshua Wines  
[REDACTED]

**From:** [REDACTED] on behalf of [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Please Remove Barriers to Telemedicine  
**Date:** Monday, May 11, 2020 11:03:40 AM

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[EXTERNAL]: [REDACTED]

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Thank you for your time and consideration.

Sincerely,

Cam Schwartz  
[REDACTED]

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** CVMB: please expand telemedicine during pandemic  
**Date:** Monday, May 11, 2020 4:12:25 PM

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From Carmel, Ca.  
Please remove legal barriers to the use of telemedicine for duration of COVID 19  
Thank you!  
Kiera Hansen

Sent from my iPhone

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** Remove Legal Barriers to use Telemedicine  
**Date:** Monday, May 11, 2020 3:44:53 PM

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I live in Los Angeles California where some pets do not have access to adequate veterinary care because of the Covid-19 pandemic. I urge the CBMB to expand the use of telemedicine during the Covid-19 crisis. Veterinarians should be able to provide care to existing clients AND new ones. Please remove all barriers to the use of telemedicine.

Thank you  
Diane C Jones

[REDACTED]

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** telemedicine during psandemic  
**Date:** Monday, May 11, 2020 11:10:47 PM

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[EXTERNAL]: [REDACTED]

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Please consider removing legal barriers so that vets can treat new patients, as well as existing ones using telemedicine. I live in Tarzana, California and think this would be very helpful during the pandemic, which is difficult enough for all of us. Thank you.  
Elizabeth Hatzer

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** CVMB covid 19  
**Date:** Monday, May 11, 2020 10:32:52 PM

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[EXTERNAL]: [REDACTED]

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Hello,

I am a resident of Montebello, California in Los Angeles County. I volunteer to foster kittens for ASPCA.

Please CVMB, reduce barriers for vets to use telemedicine and to provide care to both existing clients and new ones during covid 19 stay at home orders.

Thank you,

Dr. Jan Okabe-Wong

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** CVMB, please expand telemedicine during the pandemic  
**Date:** Monday, May 11, 2020 9:37:40 PM

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Hi,

I live in Sherman Oaks, California; and some animals in the state do not have access to adequate vet care and treatment. There is a need to expand the use of veterinary telemedicine during this crisis. Vets should be able to provide care to existing clients AND new ones.

CVMB, please remove legal barriers to the use of telemedicine for the duration of the COVID-19 crisis

Thank you,

Goreti da Silva

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** CVMB, please expand telemedicine during the pandemic  
**Date:** Monday, May 11, 2020 9:15:13 PM

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---

Hello,

I live in Sherman Oaks, CA and believe that some animals in the state do not have access to adequate vet care and treatment. There is a need to expand the use of veterinary telemedicine during this crisis. Vets should be able to provide care to existing clients AND new ones.

Please - CVMB, remove legal barriers to the use of telemedicine for the duration of the COVID-19 crisis.

Thank you,  
Polly Wilson

--



**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** CVMB, Please Expand Telemedicine During This Pandemic  
**Date:** Monday, May 11, 2020 6:33:25 PM

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Good Day,

I live in Anaheim, CA and I e come to understand that some animals in the state do not have access to adequate vet care and treatment.

Please consider expanding the use of veterinary telemedicine during this crisis. Vets should be able to provide care to existing clients AND new ones.

Please remove legal barriers to the use of telemedicine for the duration of the COVID-19 crisis.

Thank you,  
Liz Elkins

Sent from my iPhone

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** For consideration at your CVMB meeting this Thursday: please expand telemedicine for veterinarians during the pandemic  
**Date:** Monday, May 11, 2020 6:20:35 PM  
**Importance:** High

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Hello CVMB Board,

I am a concerned constituent living in Moorpark, California, and I am asking that you **please expand telemedicine for our veterinarians during the COVID-19 pandemic.**

As some animals in our state do not have adequate vet care and treatment, our veterinarians should be able to care for both existing and new clients during this crisis.

Thank you so much for your time and consideration!

Chris Hare

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** CVBM, please expand telemedicine during the pandemic  
**Date:** Monday, May 11, 2020 5:51:59 PM

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To whom it may concern,

My name is Inge Morbeek-Nitschmann, we live in Moorpark, Ventura County, California.

I has come to my attention that some animals in the State do NOT have access to adequate vet care and treatment as veterinary tele-medicine is only allowed for existing patients.

There is the need to expand the use of veterinary tele-medicine during this crisis. Vets should be able to provide care to existing patients AND new ones.

**Please remove legal barriers to the use of tele-medicine for the duration of the COVID-19 crisis!**

Thank you,

Inge Morbeek-Nitschmann

[REDACTED]  
[REDACTED]

May 12, 2020

**Via Electronic Mail to [ymb@dca.ca.gov](mailto:ymb@dca.ca.gov)**

California Veterinary Medical Board  
1747 No. Market Blvd., Ste. 230  
Sacramento, CA 95834

**Re: Agenda Item 4, May 14th meeting: *Update, Discussion, and Possible Action on Section 2032.1, Article 4, Division 20, Title 16 of the California Code of Regulations Regarding Veterinarian-Client-Patient Relationship and Telemedicine***

Dear Members of the California Veterinary Medical Board:

As licensed California veterinarians, we urge the California Veterinary Medical Board to allow for the expanded use of veterinary telemedicine in California during the COVID-19 public health crisis. There are many situations in which veterinarians can safely provide assistance and care to their animal patients and human clients through telemedicine, if the Board simply relaxes or reinterprets its positions regarding the delivery of telemedicine during the coronavirus response period.

As you are likely aware, the federal government and an increasing number of states have already relaxed their restrictions on telemedicine, including Arizona, Alaska, Colorado, Florida, Iowa, Maine, Pennsylvania, South Carolina, Vermont and West Virginia. As a result, a wide variety of telemedicine scenarios are being seen with great success across the country, such as dermatologic concerns, behavioral issues, simple medications, and hospice and palliative care. California is long overdue for similar action.

Medical facilities are not always nearby, and people (including those busy working on the frontlines of human health, watching young children at home, without safe transportation, or homebound) cannot always travel to their veterinarian. Even pet owners able to travel currently should be encouraged to stay home when possible. Telemedicine safely expands access to veterinary care and benefits animal health and welfare by facilitating communication, diagnostics, treatments and other important tasks. Telemedicine today also protects human lives.

Unfortunately, however, telemedicine is highly impracticable in California because the Board has determined that a veterinary-client-patient-relationship must be established in person “for each

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Letter to CVMB re Support Telemedicine Expansion  
May 12, 2020

medical condition” treated through telemedicine. This narrow interpretation means that humans are putting themselves at risk to address issues that could be managed remotely, clients are finding it difficult to travel to and obtain needed appointments with clinics closed or operating at reduced capacity, and (perhaps most concerning) veterinary care is being deferred or abandoned entirely.

As veterinary professionals, we recognize that there are limitations with telemedicine that must be considered. However, we trust our fellow doctors to exercise sound clinical judgment when determining which assistance is appropriate for telemedicine, and with the numerous great advances that technology has brought to our field, we are also confident that our colleagues can maintain a high standard of care when remote care is delivered.

It is time, now more than ever, for the Board to allow telemedicine to emerge in California as a viable care option for veterinary patients.

Thank you in advance for your consideration.

Sincerely,

Amy Lightstone BVSc	San Francisco, CA
Andrea J. Moore, DVM	San Jose, CA
Andrew Yaroslav Kushnir, DVM	San Diego, CA
Anna DeVincenzi, DVM	San Francisco, CA
Anna Park, DVM	Martinez, CA
Anna Sarfaty DVM	Los Angeles, CA
Arash Sarlati, DVM	San Diego, CA
Audra Pompeani, DVM	Richmond, CA
Audrey Buatois, DVM	San Francisco, CA
Barbara VanGilder, DVM	San Lorenzo, CA
Barbie Laderman-Jones, DVM, DABVP (Shelter Medicine)	San Francisco, CA
Bela Kisamov, DVM	Oakland, CA
Belinda Evans, DVM	Novato, CA
Betsy Goldenberg, DVM	San Francisco, CA
Brian Veltri, DVM	Vallejo, CA
Briana Sarvis, DVM	San Diego, CA
Brina K Chandler, DVM	Auburn, CA

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 Letter to CVMB re Support Telemedicine Expansion  
 May 12, 2020

Bruce Willbrant, DVM	San Diego, CA
Calvin G. Lum DVM	San Francisco, CA
Carol Campbell, DVM	Pleasanton, CA
Catherine Rinaldo DVM	Sacramento, CA
Christi Payne Camblor, DVM	Santa Rosa, CA
Christina Shepherd, DVM	Mission Hills, CA
Claire Jacobson-Bowen, DVM	Folsom, CA
Cynthia D. Delany, DVM	Woodland, CA
Cynthia Karsten, DVM, DABVP (Shelter Medicine)	Davis, CA
Daniel Barbour, DVM	San Diego, CA
David Sierra DVM	San Francisco, CA
Elena Kaplan, DVM	San Diego, CA
Elizabeth Friedman, DVM	Sunland, CA
Elizabeth Stelow, DVM, DACVB	Davis, CA
Emilia Gordon, DVM	La Crescenta, CA
Emily Adamson, DVM	San Francisco, CA
Eric Eisenman, DVM, MPVM	San Francisco, CA
Erica Wight, DVM	San Diego, CA
Erin Katribe, DVM, MS	Los Angeles, CA
Erin Updegrove, DVM	Oakland, CA
Erin Wright, VMD	Vallejo, CA
Gary Weitzman, DVM, MPH, CAWA	San Diego, CA
Hannah Lau, DVM	Los Altos, CA
Hanni Horner, DVM	Julian, CA
Ilsi Medearis DVM,CVA	Winters, CA
Jamila Cherry, DVM, CVA	Oakland, CA
Jane Sykes BVSc (Hons), PhD, DACVIM	Davis, CA
Jeannine Berger DVM, DACVB, DACAW	San Francisco, CA
Jeffrey Werber, DVM	Los Angeles, CA
Jen Dalmasso, DVM	Fremont, CA
Jena Valdez, DVM	San Francisco, CA
Jennifer Eisley DVM	Santa Rosa CA
Jennifer Lally Pettit, DVM	Vallejo, CA
Jennifer Scarlett DVM	San Francisco, CA
Jennifer Zeisse, DVM	Oceanside, CA
Jessica Houser, BVSc	Escondido, CA

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 Letter to CVMB re Support Telemedicine Expansion  
 May 12, 2020

Jessica Trimble DVM	Montara, CA
Jon Enyart, DVM	San Diego, CA
Jonathan Chapman, DVM, MPH, CPH	San Diego, CA
Jonathan Salkind, DVM	Los Angeles, CA
K Krambs, DVM	Soledad, CA
Karen Sueda, DVM, DACVB	Los Angeles, CA
Kari Kato, DVM	Woodland, CA
Kate Hurley, DVM, MPVM, Dip. ABVP (Shelter Medicine)	West Sacramento, CA
Kate Kuzminski, DVM	San Rafael, CA
Kathleen Gervais MA, DVM	San Francisco, CA
Keely Commins DVM	San Francisco, CA
Ken Gorczyca, DVM	San Francisco, CA
Layton Reid, DVM	San Francisco, CA
Leslie Larson Cooper, DVM, DACVB	Davis, CA
Leslie Sklena, DVM	San Luis Obispo, CA
Lilliam Alfaro, DVM	San Mateo, CA
Lindsey Meyer, DVM	San Francisco, CA
Lisa Killian, DVM	Sausalito, CA
Magda Szyrmer VMD	Glendale, CA
Mari Breeden, DVM	Berkeley, CA
Marica Patchett, DVM	Milpitas, CA
Marissa Woodall-Johnson, DVM	San Francisco, CA
Melissa Bain, DVM	Davis, CA
Meredith Stepita, DVM	Dublin, CA
Nathan Cote, DVM	San Francisco, CA
Nicolette Zarday, DVM, MPH	San Francisco, CA
Orsolya Kuti, DVM	San Francisco, CA
Patrick Melese-d'Hospital, DVM, DACVB	San Diego, CA
Paul Breckenridge, DVM	Pleasant Hill, CA
Phoenix Watt, DVM	Escondido, CA
Polly James, DVM	San Francisco, CA
Rachel Malamed, DVM, DACVB	Los Angeles, CA
Rebecca Arnold, DVM	Sacramento, CA
Regina Kim Yoo DVM	Albany, CA
Richard Bachman DVM	Lakeport, CA
Robin Hansen, DVM	Sebastopol, CA

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May 12, 2020

Roger Helmers, DVM	San Francisco, CA
S. Meagan Hines, DVM, MS, cVMA	Berkeley, CA
Sarah Reidenbach, DVM	Sebastopol, CA
Sharon A Zweiter DVM	Petaluma, CA
Sharon Ostermann, DVM, MS	San Jose, CA
Shea Cox, DVM, CHPV, CVPP	Berkeley, CA
Sheryl Owyang, DVM	San Francisco, CA
Shirley Chen, DVM	San Francisco, CA
Stefanie Schwartz, DVM, MSC, DACVB	Aliso Viejo, CA
Stephanie Cataldo, DVM	Oakland, CA
Steven J Smith, DVM	Los Angeles, CA
Susan Garity, DVM	San Diego, CA
Susanna Marshall, DVM	Folsom, CA
Tamara Jacobson, DVM	Berkeley, CA
Tiffany Ma, DVM, CHPV	Castro Valley, CA
Valerie Shearer, DVM	Milpitas, CA
Wailani Sung, MS, PhD, DVM, DACVB	San Francisco, CA
Zachary Deegan, DVM	Los Angeles, CA
Zarah Hedge, DVM, MPH, DACVPM, DABVP (Shelter Medicine)	San Diego, CA

cc: Jessica Sieferman, Executive Officer, Veterinary Medical Board  
Kimberly Kirchmeyer, Director, Department of Consumer Affairs  
Lourdes M. Castro Ramirez, Secretary, Business, Consumer Services and Housing



May 12, 2020

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California Veterinary Medical Board  
Department of Consumer Affairs  
Sacramento, CA 95834

**RE: Support for Expansion of Veterinary Telemedicine During Public Health Crisis**

Dear California Veterinary Medical Board Members:

As licensed California veterinary medical professionals, we are writing with an urgent appeal to help protect the veterinary profession as well as companion animals and pet owners in our state. We ask that you allow for the expanded use of veterinary telemedicine in California during this public health crisis.

Veterinarians are already limiting in-clinic medical care to treat only essential acute problems and emergency cases. These restrictions help maximally protect veterinary professionals and our clients via physical distancing as well as conserve scarce personal protective equipment (PPE).

However, we acknowledge that a legitimate need for routine veterinary consultation and treatment of non-emergent issues for pets continues throughout this crisis, and pet owners should be able to assure the health and well-being of their pets while continuing to adhere to social distancing requirements. This need can best be met by expanding the availability of veterinary telemedicine services during this emergency period.

We urge California to join the increasing number of states, such as Colorado, Iowa, Maine, and South Carolina, that have already implemented interim expansions of veterinary telemedicine. More specifically, we request that the California Veterinary Medical Board allow for the following during this emergency timeframe.

- The use of veterinary telemedicine for both new and existing patients, meaning that an in-person VCPR is NOT required to practice telemedicine.



- The use of veterinary telemedicine to treat patients for both pre-existing and new medical conditions.

We request that these changes be made until the shelter-in-place orders are lifted for all California residents.

Thank you for your attention to these important changes which will help safeguard the health and well-being of the general public, animals, their families, and veterinary providers in California.

Sincerely,

Barry Kipperman, DVM, DACVIM, MSc, DACAW  
Paula Kislak, DVM  
HSVMA California State Representatives

And the following California veterinary professionals:

Ms. Angelise Alexander, Veterinary Technician  
Dr. Dina N. Allison, Veterinarian  
Dr. Melissa Bain, Veterinarian  
Mrs. Penny Ann Frances Baldyga, Veterinary Technician  
Dr. John Edward Branam, Veterinarian  
Dr. Mari Breeden, Veterinarian  
Dr. Bradley Brunskill, Veterinarian  
Mrs. Katherine J. Buff, Veterinary Technician  
Dr. Giselle S.C. Chan, Veterinarian  
Mrs. Suzanne Chapman, Veterinary Technician  
Dr. Julie Cho, Veterinarian  
Dr. Kathleen Joy Creighton, Veterinarian  
Dr. Emi M. Daniel, Veterinarian  
Dr. Justin W. Daughtry, Veterinarian  
Dr. Cynthia Dawn Delany, Veterinarian  
Ms. Kathleen Anne Diefenbach, Veterinary Technician  
Dr. Jane S. Dill, Veterinarian  
Ms. Mary K. Fedor, Veterinary Technician  
Mrs. Darlene Geekie, Veterinary Technician  
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Ms. Sandy Gregory, Veterinary Technician  
Dr. Sulani Grindle, Veterinarian



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- Dr. Kristina Marie Netherwood, Veterinarian
- Dr. Noelle Faubel Newton, Veterinarian
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- Ms. Elizabeth G. White, Veterinary Technician
- Dr. Beth Arianne Wildermann, Veterinary Technician
- Ms. Linda L. Wright, Veterinary Technician
- Dr. Jennifer Yip, Veterinarian
- Dr. Jennifer L. Zeisse, Veterinarian

**From:** [REDACTED]  
**To:** [VMB@DCA](mailto:VMB@DCA)  
**Subject:** For California Veterinary Board Telemedicine Meeting  
**Date:** Tuesday, May 12, 2020 9:42:37 AM

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Dear California Veterinary Board,

Thank you so much for taking the initiative to have this meeting! It's an important step, and I'm excited to have this opportunity to expand telemedicine in California. Thank you for reading and considering my comments below as well.

I'm a San Francisco resident who is so honored to share my home with two cats. In 2003, I found a mama cat and her babies outside my first college apartment. I found homes for two of the babies and kept the mom and one of the kittens. We've have been through a lot in the past seventeen years - my cats have been with me through two cross country moves, new jobs, various roommates and were even kind enough to let my husband move in with us. I'm sure you can agree that pets are our family. I couldn't imagine the past seventeen years without them.

Telemedicine would make it easier on me and less stressful on my pets, especially now that they are seniors. It would be extremely helpful if they have a new issue and my vet could determine whether I need to bring them in. I worry about bringing them in and using personal protective equipment and violating Shelter in Place and Physical Distancing guidelines during this unprecedented pandemic, but I want them to be able to get the care they need and deserve.

California veterinarians should be allowed to establish a veterinary-client-patient relationship via telemedicine with their clients, like me. It's the practical and humane solution for both people and their animals. I respectfully ask that California Veterinary Medical Board join the increasing number of states that have already implemented expansions of veterinary telemedicine to both new and existing patients.

Thank you again for reading my letter and for all that you do for the animals.

I wish you the best in health and safety for you and yours,

Amber Eby (and Mama and Oedipus the cats)

[REDACTED]