



## MEMORANDUM

<b>DATE</b>	April 5, 2022
<b>TO</b>	Multidisciplinary Advisory Committee (MDC)
<b>FROM</b>	<u>RVT Job Tasks Subcommittee</u> Richard Sullivan, DVM Leah Shufelt, RVT
<b>SUBJECT</b>	<b>Agenda Item 5. Discussion and Potential Recommendation to the Board to Consider Potential Amendments to California Code of Regulations (CCR), Title 16, Section 2036 Regarding Animal Health Care Tasks for Registered Veterinary Technicians</b>

In recent meetings with the Board’s Executive Officer and during public comment portions of recent Board meetings, the California Registered Veterinary Technicians Association (CaRVTA) requested the Board consider expanding the scope of practice to allow registered veterinary technicians (RVTs) to perform animal health care tasks that an unlicensed pet owner would be able to perform without veterinarian supervision.

CCR, title 16, section [2036](#) provides the following limitations on the animal health care tasks that may be performed by RVTs:

(a) Unless specifically so provided by regulation, an R.V.T. shall not perform the following functions or any other activity which represents the practice of veterinary medicine or requires the knowledge, skill, and training of a licensed veterinarian:

- (1) Surgery;
- (2) Diagnosis and prognosis of animal diseases;
- (3) Prescription of drugs, medicines, or appliances.

(b) An R.V.T. may perform the following procedures only under the direct supervision of a licensed veterinarian:

- (1) Induce anesthesia;
- (2) Perform dental extractions;
- (3) Suture cutaneous and subcutaneous tissues, gingiva, and oral mucous membranes;
- (4) Create a relief hole in the skin to facilitate placement of an intravascular catheter;
- (5) Drug compounding from bulk substances.

(c) An R.V.T. may perform the following procedures under indirect supervision of a licensed veterinarian:

- (1) Administer controlled substances;
- (2) Apply casts and splints;

(3) Drug compounding from non-bulk substances.

(d) Subject to the provisions of subsections (a), (b), and (c) of this section, an R.V.T. may perform animal health care tasks under the direct or indirect supervision of a licensed veterinarian. The degree of supervision by a licensed veterinarian over an R.V.T. shall be consistent with standards of good veterinary medical practices.

Specifically, CaRVTA would like RVTs to be able to independently administer to animals outside of a veterinary premises environment prescribed medications, such as subcutaneous (SQ) fluids, insulin injections, and oral medications, without veterinarian supervision. It should be noted that RVTs currently can provide these services to animal owners without veterinarian supervision if the services are performed gratuitously (Business and Professions Code (BPC), § [4827](#), subd. (a)(1)(B)).

In addition, some Board members have expressed interest in expanding the RVT scope of practice to address the shortage of veterinary services throughout California, which is impacting access to veterinary care.

During the January 2022 Board meeting, the Board directed the MDC to research, discuss with stakeholders, and bring recommendations back to the Board at a future meeting. To assist the MDC with this assignment, the RVT Job Tasks Subcommittee was formed and is comprised of Dr. Sullivan and Ms. Shufelt.

### **Subcommittee Research and Recommendations**

The Subcommittee realizes access to veterinary care is two-fold. First, there is the issue of physical distance that may limit a person and the animal patient from to access to veterinary care. Secondly, there is the issue of access to care because of cost of veterinary services. The Subcommittee has researched and recommends the MDC consider the following actions with respect to increasing access to veterinary care.

#### 1. Midlevel Practitioners

There is considerable discussion and information in veterinary publications about the need for midlevel practitioners. The Subcommittee believes that discussion is premature because, at the present time, RVTs are not being used to their fullest potential.

#### 2. “Tech Appointments”

The Subcommittee is also exploring the use of RVTs within a clinic setting with “tech appointments.” This again would allow limited services to be provided to animal patients at a lower cost while still providing consumer protection. The Subcommittee is working with stakeholders to explore these tasks.

#### 3. RVT Tasks Outside Animal Hospital Setting

To address CaRVTA’s request for RVTs to be able to independently administer treatment to animals outside of a veterinary premises, the Subcommittee reviewed the statutory and regulatory requirements for RVTs performing animal health care tasks. First, the Subcommittee noted that the Veterinary Medicine Practice Act (Act) is organized to authorize a licensed veterinarian to practice veterinary medicine. (BPC, §

4825.) Under the supervision of licensed veterinarians, RVTs and veterinary assistants (VAs) may perform animal health care tasks. (BPC, §§ 4826, subd. (c), 4836, 4836.1.) The Act also provides various exemptions from the veterinarian licensure requirement to practice veterinary medicine. (BPC, §§ 4827, 4830.)

As required by BPC section 4836, the Board adopted regulations establishing animal health care tasks and the appropriate degree of supervision required for those tasks that may be performed only by a licensed veterinarian, RVT or VA. Animal health care tasks and the corresponding veterinarian supervision are established under CCR, title 16, sections 2036 and 2036.5. Further, the Board established definitions for direct and indirect supervision and duties of the supervision veterinarian, which includes responsibility for determining the competency of the RVT, permit holder, or VA to perform allowable animal health care tasks and making decisions relating to treatment of the animal patient. (CCR, tit. 16, §§ 2034, subs. (e), (f), 2035.)

Following this review of statutory and regulatory requirements for veterinarian supervision of RVTs, the Subcommittee determined that a statutory exemption would be required to authorize an RVT, with no veterinarian supervision, to perform animal health care tasks outside of an animal hospital setting. Since such an exemption would alter the scope of practice of an RVT, the Subcommittee recommends the MDC and Board propose no regulatory changes and, instead, advise CaRVTA to seek legislative amendments to authorize RVTs to independently administer animal health care treatment to animal patients.

**Action Requested**

No action is requested.