



VETERINARY MEDICAL BOARD MEETING MINUTES JANUARY 19–20, 2022

In accordance with [Government Code section 11133](#), the Veterinary Medical Board (Board) met via teleconference/WebEx Events with no physical public locations on **Wednesday, January 19, and Thursday, January 20, 2022.**

9:00 a.m., Wednesday, January 19, 2022

Webcast Links:

- **Agenda Items 1–7** (<https://www.youtube.com/watch?v=MiuZjCjX6wI>)
- **Agenda Items 8–12** (<https://www.youtube.com/watch?v=Y8bztLRWttU>)

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

Webcast: [00:01:44](#)

Board President, Kathy Bowler, called the meeting to order at 9:01 a.m. Executive Officer, Jessica Sieferman, called roll; all seven members of the Board were present, and a quorum was established.

Members Present

Kathy Bowler, President
Christina Bradbury, DVM, Vice President
Jennifer Loreda, RVT
Jaymie Noland, DVM
Mark Nunez, DVM
Dianne Prado
Maria Preciosa S. Solacito, DVM

Staff Present

Jessica Sieferman, Executive Officer
Matt McKinney, Enforcement Manager
Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Kellie Fairless, Lead Examinations & Licensing Analyst
Amber Kruse, Lead Enforcement Analyst
Jeffrey Olguin, Lead Administrative & Policy Analyst
Dillon Christensen, Enforcement Analyst
Fredy Gaspar, Enforcement Analyst

Karen Halbo, Regulatory Counsel, Attorney III, Department of Consumer Affairs
(DCA), Legal Affairs Division
Tara Welch, Board Counsel, Attorney III, DCA, Legal Affairs Division

Guests Present

Christine Acosta, Board of Pharmacy
Kathleen Anderson
Rick M. Arthur, DVM
Karen Atlas
Amanda Ayers, University of California, Davis (UC Davis) Board Student Liaison
GV Ayers, Lobbyist, Gentle Rivers Consulting, LLC
Rita Baker, California Horse Racing Board
Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)
Brittany Benesi
Jeanne Bowers Lepore, DVM
Steve Boyer
Jacque Brown
Lisa J. Brown
Michelle Cave, DCA, Office of Public Affairs
Nora Chavarria
Ashton Cloninger
George Dyck, DVM
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association
(CaRVTA)
Dan Famini, DVM, VCA PetCare East Veterinary Hospital in Santa Rosa, Instructor
and Coordinator, Veterinary Technician Program, Santa Rosa Junior College
C. Langdon Fielding
Charis Fifield
Carrie Finno
Elizabeth Frankenberg
Stella Gerson, CPIL
Michael August Gibbons
Annie Glenn-Blea
Barrie Grant
Trina Hazzah, DVM
Robert Holland
Carrie Holmes, DCA, Board & Bureau Relations
Lynn Hovda
James Howard, DVM
Anita Levy Hudson, RVT, President Elect of CaRVTA
Aubrey Jacobsen, DCA, Division of Legislative Affairs
McKenna Jenkins
Kristina Junghans, Western University of Health Sciences, Board Student Liaison
Ross Lallian
Margaret Levine
Christie Long, DVM, Head of Veterinary Medicine, Modern Animal
Pamela Lopez, Lobbyist, Pet Cannabis Coalition

Bonnie Lutz, Esq., Klinedinst
Michael Manno, DVM
Emily McKay
Brianna Miller, DCA, Board & Bureau Relations
Grant Miller, DVM, CVMA
Alison Moore
Carol Ormond
Rich Pankowski, DVM
Kathryn Papp, DVM
Jerry Parker
John Pascoe, DVM, UC Davis
Ken Pawlowski, DVM, Insight Veterinary Wellness Center
Kristi Pawlowski, RVT
Jeff Pollard, DVM
Gary Richter, DVM
Mark C. Rick, DVM
Trisha St. Clair, Moderator, SOLID, DCA
Russ Sakai
Mike Sanchez, DCA, Office of Public Affairs
Stephanie Schmidt
Adam Seishas
Jenine Sahadi
David Siegel, Director, United States Trotting Association
Richard Sullivan, DVM, Chair, Multidisciplinary Advisory Committee
Kelly Torrisi, DVM
Marie Ussery, RVT, Member, Multidisciplinary Advisory Committee
Monica Vargas, DCA, Office of Public Affairs
Kristy Veltri
Helmuth von Bluecher, DVM
Natalie Voss
J.K. Waldsmith, DVM
Sarah Wallace
Herbert H. Warren
Julia Wilson
Anita Yacoub
Alana Yanez

2. Public Comment on Items Not on the Agenda

Webcast: [00:05:16](#)

The Committee received public comment on this item.

[Christie Long](#), DVM, head of veterinary medicine for Modern Animal in [Los Angeles] LA, thanked the Board for publishing the [Frequently Asked Questions] FAQ regarding the [Veterinarian-Client-Patient Relationship] VCPR. She submitted additional questions hoping for clarification, and she provided the Board with some more context on her questions. She stated practices are open seven days a week

for the convenience of her clients that has proved especially meaningful to them during the pandemic, as veterinary emergency hospitals consistently have eight to ten hour waits or turn away patients that are not critically ill. The doctors work a schedule of four days on and three days off. She stated that when her staff are off, she needs them to truly be off, so that they are rested and recharged when they come back to work. She stated they run an enormous amount of reference lab tests at their practice that they send out to reference labs. Sending these tests out for patients that are stable ensures accurate results and better prices for their clients. She encourages her clients to perform testing even when they perceive their animals to be well, because, as veterinarians, they know that animal owners are often unable to perceive subtle signs of illness in their pets, and even on physical examination, there are many conditions they cannot pick up on. Often, the veterinarians discover conditions that were not apparent and the client who lives with the animal did not suspect. At their practices, they always have a veterinarian follow up on results as soon as they are available, so that they can communicate effectively with their clients, readily address issues, and either plan for additional diagnostics or start treatment. The staff find urinary issues, intestinal parasite infestations, and make multiple diagnoses for patients that appear to be normal. Her veterinarians need to be able to help these patients, regardless of whether they are the doctor who initially saw the patient or not. In addition, she often has relief veterinarians working in her practices for a solitary day without returning for sometimes weeks when they have additional information regarding an animal's health status. She stated she needs to be able to move forward and that she cannot suggest that the client bring the animal back in, because, oftentimes, the location is booked out two to three weeks and people are worried about being exposed.

[Dr. Long](#) further discussed how very difficult it is for folks to even get an appointment, much less suggest that they come back in to see another veterinarian when a new diagnosis has been revealed. She concluded that she want to respectfully suggest that veterinary practice has evolved and diversified far past the narrow scenarios that the Board had in mind when they authored the Practice Act with respect to small animal medicine and surgery. She stated the Practice Act is clearly written with one practice type in mind – a fixed premises with four walls that contain shelves of paper medical records where you open the door and the veterinarian is standing inside and is always there. She stated the profession needs more guidance because the laws as written do not clearly translate into the multitude of practice types there are now.

[Dan Famini](#), DVM, is the Instructor and Coordinator for the Veterinary Technician Program at Santa Rosa Junior College and a practicing veterinarian at [VCA] PetCare East Veterinary Hospital in Santa Rosa. Dr. Famini expressed concerns about the changes coming to the alternate route for the veterinary technician program. He stated his appreciation for the alternate route, as it is a way for most of his students, who simply could not afford to stop working for two years to go to a full-time AVMA program, to actually enter the profession and upgrade their status from veterinary assistant to veterinary technician. He stated he is very concerned about having students be caught in the middle between these changes and, in particular, the caveat that students have to complete 2,000 hours of experience before they

can enroll in their first course. He claimed students cannot enroll in classes, such as biology or introduction to veterinary medicine. He stated that having a year of work experience is hindering potential employees out of his workplace. He also stated that since the college is the only veterinary technician education provider in Sonoma or any surrounding counties, the college is the primary source for RVTs. He expressed a need for support staff, and cutting off this pipeline is going to have an even greater exacerbating effect on those pressures. He requested if there was a liaison who he could communicate with about the timeline of implementation of these rules and that he had a number of hospitals that are happy to jump in and help.

[Michael Manno](#), DVM, stated he has been a licensed equine veterinarian in the State of California for nearly 40 years. He said he practiced in all areas of equine medicine and surgery, and he always maintained a role as a racetrack practice veterinarian in both Northern and Southern California. He stated he was deeply concerned with the ongoing complaints and accusations that are leveled at nearly 20 of his racetrack colleagues. He claimed the scope and tone of the charges that are listed on the Board's website are extreme, and they do not appear to be based on any knowledge of the standards of equine practice in this state. He stated that if the Board can suspend the license based on these complaints, most of the veterinarians who practice equine medicine in this state might as well hand in their licenses right now. Dr. Manno noted that racetrack veterinarians are highly regulated; in addition to being licensed by the Board, these individuals also have to be licensed by the California Horse Racing Board (CHRB), and under this licensure, they are regulated both in their conduct and in the medications that they are allowed to use. He said he does not see how another veterinary regulatory board can overstep that of one that they are also licensed under. He stated that it is clear the Board needs to engage in an immediate discussion with equine veterinarians over the practice standards in this state. He requested that the Board prioritize this as an agenda item in the next meeting.

C. [Langdon Fielding](#), DVM, equine veterinarian licensed in California, stated he works with about 30 non-racetrack equine veterinarians, and they are concerned about what is currently taking place and how some of those rules and regulations are being applied to equine veterinarians.

[Dan Baxter](#), Executive Director of CVMA, stated that on the heels of recent enforcement actions taken by the Board, CVMA has received emails and phone calls from numerous members practicing within the California equine veterinary community concerning the Board's legal interpretations of minimum practice standards and enforcement of those standards. Based on those communications as well as their own independent research and review, CVMA feared that there may be a significant disconnect between the reasonable sound practice standards observed by equine practitioners in the field and the standards to which those same practitioners are being held by the Board. CVMA requested two items to be undertaken by the Board. First, CVMA asked for the issue of the standards being applied to and enforced upon equine practitioners in the State of California to be agendaized at a future Board meeting. Second and as an antecedent to that discussion, CVMA asked for the Board's Executive Officer and enforcement staff to

meet with members of CVMA and the California equine veterinary community in order to mutually educate one another on the standards followed by both groups. Mr. Baxter stated the ultimate goal of these two requests is to syncope and harmonize the in-the-field practices utilized by California equine practitioners with the standards and expectations imposed by the Board. Without a meeting of the minds between the Board, the body interpreting and enforcing the legal standards of practice, and the equine practitioners subject to that enforcement, CVMA is deeply concerned that equine veterinary practice within the State of California, already a profession in which the supply of qualified clinicians is limited, will be further gutted due to the departure of practitioners unwilling to subject their licenses and their livelihood to the vagaries of an enforcement framework that does not reflect the standard of practice observed by the equine veterinary community in this state.

[Mark C. Rick](#), DVM, believed that a good meeting between equine veterinarians in the state, CVMA, and the Board would be a very valuable meeting. He also concurred with the comments that had been made so far.

[Carrie Finno](#), DVM, Director for the UC Davis Center for Equine Health, is a practicing equine veterinarian within the university and echoed the comments that had been made regarding equine practice across disciplines – race horses, sport horse, and recreational use. Dr. Finno agreed that there needs to be a meeting to have further discussion.

[Rick M. Arthur](#), DVM, stated he practiced exclusively on thoroughbred racehorses for over 30 years, and then served as Equine Medical Director at UC Davis, School of Veterinary Medicine for 15 years, until he retired in the summer of 2021. He stated the Equine Medical Director is appointed by the dean and is assigned fulltime to the CHRB. Dr. Arthur stated that per [Business and Professions Code \[section\] 19578](#), the CHRB Equine Medical Director is "the primary advisor to the board on all matters relating to medication and drug testing, the practice of veterinary medicine within the areas regulated by the board [CHRB], and the health and safety of horses within the inclosure." He stated that prior to becoming Equine Medical Director, he was president of the American Association of Equine Practitioners and chairman of the racing committee, as well as numerous leadership positions in the horse racing industry and veterinary profession, both nationally and internationally. His knowledge of racetrack practice is extensive. He stated that based on his interactions with the Board as Equine Medical Director, especially after Annemarie Del Mugnaio left, Board staff has no comprehension of large animal ambulatory practice, equine practice, performance horse practice, and certainly not racetrack practice. Dr. Arthur stated that not every veterinary practice in this state is conducted on small animals in four-walled hospitals. He stated the Board regulations do not reflect the high standard of ambulatory practice in California, which makes it easy for the Board to play "gotcha" – that has to change. He stated he recently wrote [Business, Consumer Services, and Housing Agency] Secretary Castro Ramirez and DCA Director Kirchmeyer requesting an investigation into the travesty being perpetrated by this Board, and the Executive Officer was copied. He requested that if the Executive Officer has not shared that letter with the Board, she should.

[David Siegel](#) provided his background as a 64-year old graduate of the Stanford Business School who has been a harness horse owner for the last 20 years and owned about 100 horses over that span. He has two retired horses that raced in California who are now 18 and 22 years old, and they are stabled on Stanford-owned land. He stated he served on the California Harness Horses Horsemen's Association for nine years, most recently as its vice president. He stated he is a director of the United States Trotting Association, an organization similar to the Jockey Club, for harness horses. In addition, he was a harness driver retiring from driving a local ownership three years ago after driving in about 3,700 races and winning just over 500 races. He stated that over his years at the track, he witnessed many CHRB rule violations involving the health and safety of the horse, and that there was tremendous pressure to look the other way and not make waves at the track. He stated enforcement was severely lacking, and he had qualms about participating, given some of what he saw firsthand or was reliably reported to him. He stated he stepped away from racing in California due to other items, in addition to the health and safety violations and lack of enforcement. However, he stated the straw that broke the camel's back was when one of the horses he owned had a procedure done to it that was a 100% violation of CHRB rule, which ultimately resulted in a horse's death. He stated that beyond the violation, which he reported to the CHRB, the CHRB acted in a completely unprofessional way, effectively sweeping the violation under the rug. He asserted the CHRB investigation fell way short of thorough and complete, despite his ongoing attempts to internally appeal to senior officers to take a closer look at the proof he provided and attempt to get other records that he knew existed to illustrate what he believed to be an epidemic of similar violations which put horses in peril. He filed a formal complaint with the Board once all of his avenues with CHRB were exhausted. He stated he is committed to raising the issues until they are properly addressed, and he has made himself a candidate for the next potential CHRB vacancy to get more involved given his credentials, though he worried this commentary might put whatever chance he had into jeopardy. He stated the Board must continue its role to oversee all California licensed veterinarians to be sure there is complete compliance with their policy and rules and to put the health and welfare of the horse clearly in its crosshairs, which include the practices of veterinarians who work on horses that race in California. He stated he would be happy to answer any questions that this Board and any members of the press might have.

[Kelly Torrisi](#), DVM, is a practicing veterinarian in Northern California for the past 15 years, and echoed Dr. Rick, Dr. Langdon, and the other equine doctors in the field for the statements that they had said. Later, [Dr. Torrisi](#) agreed with Dan Baxter.

[Jerry Parker](#), DVM, has been an equine practitioner since 1976, and he has practiced in California since 1985 in both racetrack, show horse, and sport horse practice. It appeared to him that based on the public comments or public documents that he has seen, that the Board has overreached in some of their actions of late. He completely concurred with Dr. Arthur and with the other veterinarians who called in that the Board appears to him to be out of touch with equine practice and, in particular, racetrack practice. He stated that agendaizing discussion on this at a future

meeting would be very important, so the Board could be brought more in touch with what the equine practitioners go through and how their practice is outside of a clinic.

[Rich Pankowski](#), DVM, was equine practitioner on the racetrack for the first 15 years of practice. Later on, he was a hospital manager for a small animal surgery practice. He stated he knows the ins and outs, and believes both sides of equine practice and small animal practice. He supported Dr. Arthur and CVMA's expression relative to the standards as they are written. He stated there is a vast difference between what goes on in a small animal four-wall situation and what goes on in the racetrack. He strongly supported putting this on the agenda for the Board to take a look at, and he stated the Board should also include the CHRB.

[Jeanne Bowers Lepore](#), DVM, has been an equine practitioner for over 30 years in the Central Valley of California. She does work with a lot of racetrack, ex-racetrack horses, or horses in training. She agreed that there is a disconnect between equine practice and the standards imposed by the Board and those in small animal practice. She agreed with the comments made by Dan Baxter and Dr. Arthur in that the regulating associations need to get together and actually speak with the practitioners and determine what are the best standards of practice that they can all move forward and stay in this industry, which desperately needs veterinarians.

[Robert Holland](#) agreed with the CVMA comments.

[Russ Sakai](#) reiterated his support for the speakers who had gone before him – Dr. Fielding, Dr. Finno, as well as some of the racetrack practitioners. He stated he is a Board-certified surgeon in Northern California who primarily works on sport horses and pleasure horses. Along with the concerns that have been expressed regarding a disconnect between the Board and practicing veterinarians, he stated another concern that has not yet been raised is the lack of veterinarians graduating and coming into equine practice. He stated it is difficult to recruit veterinarians at the student level, especially when they see equine veterinarians being subjected to what appears to be unfair treatment or being treated with a double standard by a group of members that seem to not have a thorough understanding of equine practice. In addition, he said he agreed with all of the previous comments, and he thinks the difficulty in recruiting young veterinarians needs to be addressed as well.

[Ms. Bowler](#) thanked everyone for their input, comments, and participation. She tasked the Board with agendaizing the topic of equine practice issues. She requested that CVMA and other stakeholder groups submit a presentation to the Board regarding their specific concerns with the Veterinary Medicine Practice Act statutes and regulations as it applies to equine veterinary practices and any legislative or regulatory proposals that may address those concerns.

3. Review and Approval of Board Meeting Minutes

(A) October 21–22, 2022

[Meeting Materials](#)

Webcast: [00:37:25](#)

Ms. Bowler thanked staff on the new format of the meeting minutes.

- [Motion](#): Dr. Mark Nunez moved and Dr. Jaymie Noland seconded the motion to approve the October 21–22, 2021 meeting minutes.
- [Vote](#): The motion carried 7-0.

There were no public comments made on the motion.

4. Report and Update from Department of Consumer Affairs (DCA)

Webcast: [00:41:45](#)

Carrie Holmes, Deputy Director of Board & Bureau Relations of DCA, provided an update about current COVID-19 restrictions to staff and Board members. She informed the Board that on January 5, 2022, Governor Newsom signed [Executive Order N-1-22](#) that extended the sunset date of [Assembly Bill \(AB\) 361](#). Under the new order, Boards can continue to hold public meetings via WebEx without listing board member locations through March 31, 2022. She also stated that it is expected that meetings will resume in person in accordance with the [Bagley-Keene] Open Meeting Act. She reminded the Board that members should provide vaccination records by January 31 to allow sufficient time to plan COVID-19 testing for those who may need it. In addition, she reminded Board members that there are training and paperwork requirements, including completing the [Conflict of Interest] Form 700 before April.

There were no public comments made on this item.

5. Review, Discussion, and Possible Action on Multidisciplinary Advisory Committee (MDC) Report—*Richard Sullivan, DVM, Chair, MDC*

(A) Overview of January 18, 2022 MDC Meeting

[Meeting Materials](#)

Webcast: [00:47:35](#)

Dr. Sullivan provided an update of the MDC meeting held the prior day. During the Chair's remarks, he thanked Ms. Kristi Pawlowski for her service on the MDC as Chair and in her many years of attending the MDC, both as an RVT and as a public member. He also welcomed new RVT member Ms. Marie Ussery and congratulated Ms. Shufelt on her being elected as Vice Chair.

He noted the minutes of the October 20, 2021 MDC meeting were approved, and that Ms. Sieferman introduced the agenda item related to the Board's approval of RVT colleges and post-secondary institutions. He noted that he appointed a subcommittee to research the issues and find out what other governmental and non-governmental organizations are doing and compare that to the Board's

statutes and regulations. To start the research, Ms. Sieferman scheduled presentations from the California Bureau for Private Postsecondary Education (BPPE), which has oversight over the RVT alternate route program, and from AVMA's Committee on Veterinary Technicians Education and Activities, which has oversight of the AVMA-accredited schools.

Dr. Sullivan noted that the one organization they did not hear from was the Accrediting Commission for Community and Junior Colleges, which accredits RVT programs. He discussed the BPPE presentation by Ms. Joanna Murray, Mr. Jason Alley, and Ms. Karen Borja, who gave the MDC some background material on the alternate route pathway program. They have an accrediting process to start RVT programs, which are reviewed every five years once they are accredited. Their oversight includes evaluations of minimum requirements for the faculty, the curriculum, financial stability of the program, transparency of the program to the students, and many other criteria. BPPE has facility inspections – two every five years, one announced and one unannounced. The facility inspections and student surveys are part of their compliance oversight. They also have a complaint division that handles complaints from students, faculty, and the public. BPPE also works with outside agencies to accomplish their mission.

The AVMA report was presented by Ms. Rachel Valentine and Ms. Laura Lien. They accredit all AVMA CVTEA programs in California and have been doing this for 50 years as of this year. They do both institutional and programmatic accreditation. There are three types of accreditation: the initial accreditation, which takes about five years; full accreditation; and probational accreditation, which allows the program to continue until deficiencies can be corrected within a specific time. Every five years, the programs are re-evaluated with both self-assessment and facility inspections, and they also are required to do interim reports. Dr. Sullivan appointed Ms. Jennifer Loreda and Ms. Leah Shufelt to this Subcommittee due to their experience as educators in RVT programs.

Dr. Sullivan reported that Drs. Bradbury and Lazarcheff provided an update from the Complaint Process Audit Subcommittee. That subcommittee is developing a PowerPoint presentation for expert witness training with an emphasis on documenting references to support their cases. The complaint review process is being put on hold for a while until the backlog of old cases can be caught up. The subcommittee will also develop a program like the Medical Board of California's training of expert witnesses but will be using veterinary medical cases. The subcommittee is also reviewing subject matter expert criteria to see if there is a need of any updates. Dr. Lazarcheff asked to step down from the subcommittee because of increased workload at his office. Dr. Sullivan thanked Dr. Lazarcheff for all of his great work on that subcommittee. Dr. Sequoia will be replacing Dr. Lazarcheff on the subcommittee.

[Dr. Nunez](#) inquired if the issue of expert witness training or the issue of the equine veterinarian oversight and qualifications for our expert witnesses came up.

[Dr. Sullivan](#) responded that did not come up because it was not agendized.

[Dr. Nunez](#) inquired if there are interim witnesses who review the complaint the cases.

[Dr. Sullivan](#) responded that the specifics of what Dr. Nunez is asking was not on the agenda, so it did not come up. He stated it was general discussion on what is going to be used in this training, and it was not delineated what is going to be on there, other than they are going to be taking specific uses in veterinary medicine. The training that they attended was put on by the Medical Board of California, and while the training techniques were very helpful, they only included human cases, so the subcommittee will be looking at developing veterinary cases for veterinary expert training.

[Dr. Nunez](#) inquired if the Complaint Audit Subcommittee talked about practice types and minimum standards.

[Dr. Sullivan](#) responded that the Complaint Audit Subcommittee reviews previously closed cases to evaluate how efficient the process is, where the deficiencies are, and attempt to correct them. The reason that they put it on hold for now is because the cases that they were reviewing are old cases and adjustments and corrections to the deficiencies have already been made, and the expert witnesses are using updated materials. He also stated that once the Board gets through that backlog, the subcommittee will resume reviewing closed cases. The subcommittee does not review any open cases.

[Dr. Bradbury](#) clarified that the MDC did not receive any public comment on the subcommittee case review relative to practice types or equine practice. She also stated that the subcommittee has not specifically talked about or looked at the breakdown of expert witnesses and where they fall in terms of the subtypes of practices, but she thought that it might be interesting to at least get a handle on and understand who the Board has as expert witnesses. She stated that the subcommittee is looking at the expert witness criteria, which may be part of that discussion, and looking at clarifying the expert witness training. The MDC is piggybacking on the expert witness training presented by the Medical Board of California to provide some supplemental information in the form of veterinary case examples. The Medical Board of California had a lot of human case examples, but the veterinarians who attended the training were hoping to get some real-world veterinary examples of what is a deviation of minimum standards or not. She stated that the subcommittee is not going to be developing a full training program in that regard. The subcommittee is presenting some information with the PowerPoint presentation, but the specifics regarding the case examples are just for expert training.

[Ms. Bowler](#) inquired about the issue of cannabis and the status of the topic.

[Dr. Sullivan](#) responded that it would be included in the next report.

[Ms. Bowler](#) commented that the educational presentations on the programs were very interesting.

There were no public comments made on this item.

(B) MDC 2022 Assignments

Meeting Materials

Webcast: [01:00:12](#)

Dr. Sullivan discussed the Board's intent to allow full transparency by providing a list of MDC assignments, the estimated time of being addressed, and the appointed subcommittee members. The MDC assignments list will be updated at each meeting. Dr. Jeff Pollard provided written material on the cannabis issues, which is included in this agenda item. In addition, Dr. Sullivan requested that the Board direct the MDC to develop educational material for licensees on how to comply with the new veterinary drug compounding regulations (California Code of Regulations (CCR), title 16, [sections 2090–2095](#)), which go into effect on April 1, 2022.

[Dan Famini](#), DVM, asked if he was able to communicate with the committees regarding the changes for the alternate route and if he could get an update on the timeline for when the proposed changes are going to come into effect last.

[Dr. Sullivan](#) responded that there is not a given timeline at this time. He also reminded that the research is currently in its infancy stages of research, and he encouraged Dr. Famini to listen to the MDC meetings and address his questions and concerns to staff.

[Ms. Siefertman](#) responded that the implementation date included in the pending rulemaking package related to RVT programs may change based on the recommendations of the MDC.

[Dr. Nunez](#) asked Dr. Sullivan if there was an MDC assignment related to hemp products (not THC [Tetrahydrocannabinol] products).

[Dr. Sullivan](#) responded that the Cannabis Discussion Guidelines Update is on the fourth line down on the MDC assignments list.

[Ms. Welch](#) noted that the hemp statutes are under the Food and Agricultural Code, and hemp is regulated differently than cannabis. She reminded the Board that the MDC is responsible for reviewing the cannabis guidelines. The MDC could include hemp in its discussion of the cannabis guidelines, since those current guidelines mention hemp. However, she wanted to temper everyone's expectations about the Board's ability to provide guidance on the use of hemp for animal patients. She also mentioned that the particulars of hemp outside of a cannabis discussion would need to be agendized.

[Dr. Nunez](#) mentioned that the assignments to the cannabis guidelines are not specific towards the use of hemp products in veterinary medicine. He also mentioned that he would like hemp guidelines to be specifically separated from cannabis.

[Dr. Bradbury](#) requested that for the purposes of researching, the review of hemp and cannabis go together so that it is in one subcommittee.

[Dr. Sullivan](#) agreed with Dr. Nunez that the separation of hemp to cannabis or [Cannabidiol] CBD products is necessary due to the serious legal issues with the [United States Food and Drug Administration] FDA on hemp products used in veterinary medicine.

- [Motion](#): Dr. Nunez moved and Dr. Noland seconded a motion that in addition to the [cannabis] guidelines that the Board is mandated to create, the MDC include a specific discussion on the use of hemp products in veterinary medicine.

There were public comments made on the motion, and the motion was amended after public comment.

[Anita Levy Hudson](#), RVT, President Elect of CaRVTA, discussed the [Hemp Farming Act of 2018](#), which removed hemp as a controlled substance and made it an ordinary commodity. She mentioned that it is not currently regulated in the same manner as cannabis, and that many times products are sold as Omega-3s and Omega-6s.

[Dr. Pollard](#) added that the definitions of the terms hemp and marijuana are differentiated solely by the 0.3% THC, and it is easy to conflate terminology. He agreed with Ms. Hudson that hemp is clearly regulated very differently following the recently passed bill [AB 45](#), which he included in the reference material.

[Pamela Lopez](#), lobbyist for Pet Cannabis Coalition, supports hemp derived therapies for pets. She stated the profiles of hemp and the derivatives of hemp in an animal's body are similar to the profiles of cannabis derived products in an animal's body. She urged the Board to give hemp and cannabis due consideration. She stated that hemp is neither more or less dangerous than cannabis and that THC and CBD can be derived from both hemp products and cannabis products. She stated the Coalition believes that both should be treated seriously, and veterinarians and animal patients should have access to both.

[Robert Holland](#) stated that most of the hemp he uses for horses is bedding types, which might be different than oral. He suggested that might have to be differentiated during the review of hemp.

[Gary Richter](#), DVM, spoke about the importance of veterinarians being able to utilize both medical marijuana and hemp. He focused on the discussion of hemp products in California and the products that are made for animals. He urged the Board to look at these as related but separate topics.

Board member [Dr. Solacito](#) stated she is conflicted in the urgency of separating the discussion of hemp and cannabis. She inquired if it would be more of a plan to discuss it cohesively and then have further discussions separately, or if that is something that would go against the process.

[Dr. Bradbury](#) requested direction from the Board on what task it would assign to the MDC since hemp is legal federally to be used.

[Dr. Nunez](#) responded that he believed that most veterinarians do not know the difference between hemp and THC, so they may have confusion as to what they can or cannot administer. He requested for the MDC to provide clarification on the usage of hemp.

[Dr. Noland](#) read a letter from Dr. Pollard requesting that the Board revisit and update the cannabis guidelines to specifically allow veterinarians to recommend and administer hemp derived products considering the many advances in research in current legislative landscapes.

- [Motion](#): Dr. Mark Nunez moved and Dr. Jaymie Noland seconded a motion to delegate to the MDC to update the cannabis guidelines to specifically allow veterinarians to recommend and administer hemp derived products.
- [Vote](#): The motion carried 6-0-1 with Ms. Loreda abstaining.

There were no public comments made on the motion.

6. Access to Veterinary Care Committee Report—Jaymie Noland, DVM, and Dianne Prado

Webcast: [01:39:03](#)

Dr. Noland provided the report to the Board. Dr. Noland reviewed the history of the first Access to Care Task Force meeting, which was held on October 12, 2021. A report on that meeting was provided to the Board at the October 20-21, 2021 Board meeting. On October 27, 2021, the CVMA held its first Task Force on Access to Veterinary Care via Zoom. The CVMA Task Force is composed of about six to eight veterinarians, one RVT, and several of the CVMA staff. The CVMA Task Force charge is twofold: (1) produce a recommended CVMA position statement on access to veterinary care for consideration of the CVMA Board; and (2) determine what CVMA and the veterinary profession can do to help with the access to care issue and report findings and recommendations to the CVMA Board.

The first CVMA Task Force meeting was spent mainly with a broader discussion of what access to veterinary care encompasses. The CVMA Task Force looked closely at the Access to Veterinary Care Coalition (AVCC) Project and the executive summary and several other resources, including the AlignCare guidelines, the AVCC stakeholder recommendations in that document. The AVCC documents were discussed, as well as other topics as they related to veterinary care access to care, including telemedicine, drug compounding, human access to care strategies, etc.

The second CVMA Task Force meeting was held on January 12, 2022. Based on the first meeting's discussions, the CVMA Task Force presented a list of 15 possible contributions that the CVMA could make to this issue. The issues discussed that seemed most related to the Board included discussion and concern regarding incremental care and the difference between the gold standard and the minimum standard of care that is enforced by the Board. It appeared widely agreed that the Board, as a consumer board, have brought these two standards too close together based on the Board's enforcement efforts to date. Included in that discussion was educating veterinarians as to how to document incremental care decisions in the medical record, including declined services. The discussion also included the Board's subject matter experts and their review of cases, and how the experts go about assessing minimum standards versus reasonable standards.

Dr. Noland asked to have the MDC examine the Board's expert witness selection and training as related to minimum standard of care and incremental care, and report that back to the Board. She also stated that there was discussion on [CCR, title 16, section 2030.3](#) (Small Animal Vaccination Clinic regulation). Dr. Noland quoted subsection (I), which provides "If any diagnostic tests are performed or dangerous drugs are provided, administered, prescribed or dispensed, then a valid veterinary-client-patient relationship must be established, including a complete physical exam and Medical Records as set forth in section 2032.3." Dr. Noland stated the CVMA Task Force discussion revolved around how unclear that provision is, because any drug injected into an animal's body could be dangerous, such as vaccine reactions that could be life-threatening. Dr. Noland requested that the terms "dangerous drug" and "complete physical exam" be clarified in this context. Dr. Noland noted these regulations are in the process of being amended, but subsection (I) would remain in the regulation.

The CVMA Task Force discussed how the Board could reexamine these regulations and try to clarify them to help veterinarians understand what is and is not allowable. Dr. Noland noted that small animal clinics have technician exams and technician administered vaccines, outside of vaccination events, as a day-to-day occurrence. Dr. Noland queried where those tasks fit in the law and how the Board defines those situations so that veterinarians do not feel they are breaking the law. She made a recommendation to assign the MDC to review the regulation, keeping in mind the expanded role of the RVT and incremental care. She also recommended reviewing the Veterinarian-Client-Patient-Relationship in [CCR, title 16, section 2032.1](#) to keep up with the standard of practice and consumer expectations. She stated the Board needs to review and clarify standard of care and incremental care. She noted the next Access to Care Task Force date has not been set yet.

[Dianne Prado](#) requested that the Access to Care Task Force gather a list of clinics, veterinarians, and provide a map of where consumers can access veterinary care.

[Dr. Noland](#) responded that the CVMA discussed the topic, but the access to care issue might still remain due to a lack of finances, socioeconomic factors, transportation, or knowing their animals need care. She discussed that the CVMA

Task Force also discussed developing educational materials in different languages, and access to veterinarians who speak different languages.

[Ms. Welch](#) responded to Dr. Noland's comment regarding CCR, title 16, section 2030.3, subsection (l), which has been proposed to be deleted as part of the Board's alternate premises regulatory package that was reviewed and approved in November 2018, which is a pending package pursuant to the rulemaking chart. [Note: subsection (l) is proposed to be removed, relocated, and relettered in that section.]

[Dr. Bradbury](#) advised the Board that it is reviewing subject matter experts criteria to seek a diverse group of experts based on various types of practices in California.

[Dr. Noland](#) suggested that the Board should be involved in selecting in-house experts or experts for cases.

[Dr. Bradbury](#) asked for clarification of the term "incremental care".

[Dr. Noland](#) responded that it means to provide care options for consumers and ensuring that veterinarians properly document the recommendation, including if the owner declines treatment.

[Dr. Solacito](#) asked what the next steps for the Board are in finding solutions for the problems that have been stated, and what is the charge for the MDC with regards to the discussion of access to care, including individual care verses population care (evaluating a large portion of animals over several hours), and what existing practice standards are becoming barriers to the implementation of incremental care.

[Dr. Noland](#) agreed that deciphering between population medicine and individual care is tough because in some instances, for example, horses are treated as livestock and population medicine is the appropriate way to take care of them, and in other instances, horses are companion animals and individual care would be appropriate.

[Ms. Loredo](#) asked who the stakeholders at the CVMA Task Force meeting were and if there was any shelter representation, especially from rural areas.

[Dr. Noland](#) responded that there was representation from sparse areas but not specifically rural areas.

[Dr. Nunez](#) reminded the Board that due to the size of the state with such a diverse group of veterinary practitioners, the Board does not have the luxury of having separate boards for the different specialties and to balance consumer protection with how it provides oversight to the different types of specialties. He thanked the Board and its staff for doing their best.

- [Motion](#): Dr. Christina Bradbury moved and Dr. Jaymie Noland seconded a motion to task the MDC to identify statutes and regulations with particular emphasis on minimum standards for veterinary premises, clinics, and other alternative premises that act as barriers to access to care.

- [Vote](#): The motion carried 7-0.

There were public comments made on this motion.

[Dr. Grant Miller](#) thanked Dr. Noland for being part of the CVMA Task Force. He expressed concern about the current motion on the table being more reactive than it is proactive. He believed that while [CCR, title 16, section] 2030.3 is a section that could be look at, he did not believe there would be more to find while looking through existing premises regulations. He sought a more proactive approach, such as expanding the role of the RVT, so that RVTs could administer vaccines or do some preventative flea medication without a veterinarian having to establish a VCPR. He mentioned that the next CVMA Task Force meeting is slated for around March 16, 2022, and they would be having Dr. Michael Blackwell go through their list of what they are working on and provide that information to the Board.

[Alana Yanez](#) asked the Board to request from the Governor or work with the Legislature to offer loan forgiveness to new veterinarians who are graduating and open practices in designated animal care deserts. In addition, she requested some type of financial assistance to get folks into these communities and also expanding on the folks who are the non-profit veterinarians, who already are working in these communities so that they can continue doing the good work.

[GV Ayers](#), on behalf of the Animal Physical Therapy Coalition and Karen Atlas, President of the Coalition, stated the Board's recently enacted regulatory language further reduces access to rehab care by qualified physical therapists for animals in California. He stated his belief that is a tragedy, but the issue of increasing access to rehabilitative services can be more reasonably, adequately, and safely addressed in legislation, and that is what they are seeking. This legislation will allow a California licensed physical therapist with advanced certification in animal physical rehabilitation to provide animal physical rehabilitation under the degree of supervision to be determined by the veterinarian who has established a VCPR on a veterinary premises, at an animal physical rehabilitation premises, or a range setting. The veterinarian will retain oversight over the animals treatment plan. He stated the Coalition has raised the issue with the Access to Veterinary Care Committee to address access to animal rehabilitation care crises in California.

[Robert Holland](#) typed in the comment section: "How does telemedicine help the area being discussed? If you can see animal via video, it could really help."

[Nancy Ehrlich](#) typed in the comment section: "Be sure to include a review of RVT job tasks."

[Dr. Ken Pawlowski](#) typed in the comment section: "The board's charge is to set minimum standards yes ideally every animal should get gold standard care but as guidelines are developed please do not let perfect be the enemy of good."

7. Department of Health Care Access and Information (HCAI) Presentation on [Assembly Bill \(AB\) 133](#) (Committee on Budget, Chapter 143, Statutes of 2021) and the Collection of Workforce Data—*Ross Lallian, HCAI*

Webcast: [02:49:52](#)

Ross Lallian, Research and Evaluation Section Chief in the Healthcare Workforce Development Division at the California Department of Healthcare Access and Information (HCAI) provided background information on the health workforce research data center to develop programs to address health workforce shortages and the issues of health equity in the health workforce. He stated HCAI is currently working with DCA to implement a voluntary workforce survey, which will be launched July 1, 2022. The survey will include demographic data, race, ethnicity, languages spoken, license specialties, clinic types, etc. He informed the Board that it is a multiple year survey with 40 different categories.

[Ms. Siefertman](#) informed the Board that licensees renewing their license will be provided a link to the optional survey at the time of renewal, the survey will include items as specified in [Business and Professions Code section 502](#), subdivision (b), and all data collected will be housed completely with the HCAI and not the Board or DCA.

There were public comments made on this item.

[Alana Yanez](#) thanked Mr. Lallian for his presentation.

[Anita Levy Hudson](#) thanked Mr. Lallian for his presentation, stated that there were not enough people especially in these rural areas, and that she advocates for RVT representation in these surveys.

8. Discussion and Possible Action on [Business and Professions Code \(BPC\) Section 4800](#) Regarding Board Composition

Webcast: [00:00:33](#)

[Meeting Materials](#)

Ms. Siefertman presented this item and provided meeting materials on the various DCA healing arts boards, including: the board name, number of licensees, license types, and board composition.

[Jennifer Loreda](#) requested an additional RVT member be added to the Board, as she is the only representative for the RVT population, and it would add to a diverse background, while helping her to even the workload of RVT matters.

Dr. Nunez noted Dr. Noland's comment that it may be wiser to wait for the workforce survey to be completed to get a better sense of the composition of Board licensees, which can help the Board in determining the best composition of the Board. Ms. Bowler noted that getting the survey data may take a year.

There was public comment made on this item.

[Nancy Ehrlich](#) stated her belief it is pretty obvious that right now the proportion of veterinarians to RVTs on the Board is out of whack. She did some numbers and there is about 75% of RVTs to veterinarians, so one RVT on the Board is just not representative of the population. She stated that the Board does not need to wait for the survey to know that most RVTs are in small animal practice (80%), some in large animal practice (not many), and there are quite a few working in shelters. Ms. Ehrlich stated this is something that the Board should have been doing years ago, and it should not wait for a survey; she is not sure what the survey would tell the Board as far as RVTs are concerned. She encouraged the Board to take this opportunity and add an RVT member to the Board.

- [Motion](#): Dr. Christina Bradbury moved and Jennifer Loreda seconded a motion to ask the Legislature to add an RVT to the Board composition.
- [Vote](#): The motion carried 6-1 with Dr. Mark Nunez voting no.

There was public comment made on this item.

[Anita Levy Hudson](#) stated her support for Nancy Ehrlich's statement.

9. Update, Discussion, and Possible Action on 2021/2022 Legislation

(A) Legislative Proposal for Inclusion in an Omnibus Bill to Repeal BPC Section 4846.5(b)(5) Regarding Continuing Education Credits Earned Between January 1, 2000 and January 1, 2001, and Amend BPC Section 4883(s) to Add National Association of Veterinary Technician-Recognized RVT Specialty Organization

[Meeting Materials](#)

Webcast: [00:39:22](#)

Ms. Siefertman presented this item and asked the Board to review the item and consider the changes to clean up these sections as part of the Omnibus Bill.

- [Motion](#): Dr. Mark Nunez moved and Dr. Christina Bradbury seconded a motion to recommend to the California State Legislature a legislative proposal to repeal [BPC section 4846.5](#), subdivision (b)(5), and amend [BPC section 4883](#), subdivision (s), to add National Association of Veterinary Technicians (NAVT)-recognized veterinary specialty organizations for inclusion in an omnibus bill this legislative session.
- [Vote](#): The motion carried 7-0.

There was public comment made on this item.

[Nancy Ehrlich](#) thanked the Board for getting to this so quickly. She stated it was brought to her attention by the specialty organizations that NAVT is the one that awards specialties to RVTs, not the AVMA. Ms. Ehrlich stated this statute needs

to be fixed since the language of the statute does cover RVTs, but it does not cover the organization that actually creates RVT specialties. Ms. Ehrlich stated this change is really important.

(B) [AB 29](#) (Cooper, 2021) State bodies: meetings

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

There were no public comments made on the item.

(C) [AB 225](#) (Gray, 2021) Department of Consumer Affairs: boards: veterans: military spouses: licenses

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

There were no public comments made on the item.

(D) [AB 384](#) (Kalra, 2021) Cannabis and cannabis products: animals: veterinary medicine

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

Dr. Bradbury asked the Board to think about this bill and how the Board is protecting consumers if the Board is not supportive of this bill, even without the research part. Dr. Bradbury stated that there is no way to get research funding without it being legal for veterinarians to prescribe these products, and people are using them all the time. Dr. Bradbury stated veterinarians should be involved in the conversation and being able to utilize it. She said there is a lot of data now, and she asked the Board to consider how the Board is protecting the consumer if veterinarians are not allowed to be part of the conversation.

There was a public comment made on the item.

[Pamela Lopez](#) spoke on behalf of the Pet Cannabis Coalition about [AB 384](#) explaining that the bill that will be reintroduced with a new bill number by Assemblymember Kalra. She stated she will keep all of the members of the Board apprised of their progress and explained the new legislation will: (1) allow veterinarians to recommend cannabis as a therapy for pet parents and it will not

require them to have any other training; and (2) allow retail dispensaries to sell pet cannabis therapies with clear labels and instructions for pets. Ms. Lopez explained some history on retail dispensaries and SB 54, which was silent on the issue of pet cannabis. From January 1, 2018, through midyear 2020, families had access to cannabis as a therapy for pets. In 2020, the Department of Cannabis Control stated they were not sure whether it was legal or not, so they required any cannabis therapies to have all labels and references to pets taken off the labels. She said the products are still widely available on the retail market, but now there are no clear dosing or labeling instructions on those products, which is critical to the safety of pets. She added that the bill will be supported again by the Best Friends Animal Society, which is part of the Pet Cannabis Coalition. She stated there is a great deal of research showing the value for pain, anxiety, inflammation, nausea, and seizures for cannabis-derived CBD with a small amount of THC. Ms. Lopez asserted that the two chemicals interact in a way that provides the best medicine for pets.

(E) [AB 553](#) (Kamlager, 2021) Pet insurance

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

There were no public comments made on the item.

(F) [AB 646](#) (Low, 2021) Department of Consumer Affairs: boards: expunged convictions

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

There were no public comments made on the item.

(G) [AB 1236](#) (Ting, 2021) Healing arts: licensees: data collection

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

There were no public comments made on the item.

(H) [AB 1386](#) (Cunningham, 2021) License fees: military partners and spouses

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

There were no public comments made on the item.

(I) **[AB 1498](#) (Low, 2021) Members of boards within the Department of Consumer Affairs: per diem**

[Meeting Materials](#)

Webcast: [00:44:48](#)

Ms. Sieferman reported that [AB 1498](#) that was recently gutted and amended to apply to per diem. Ms. Sieferman noted that the meeting materials discuss the purpose of the bill changes. Ms. Sieferman also stated she spoke with the author's office to help combat the inconsistencies of how per diem has been applied across the boards. She informed the Board that there are some boards that have been providing per diem if there is a board member who is involved in a conversation for 15 minutes and they were requesting to get a hundred dollar per diem. She stated there were also board members who were involved in a pretty cumbersome accumulation of eight hours, and then there is some, such as this board, who primarily just request per diem for any board meetings or committee meetings. She stated that the bill was an attempt for the author's office to help with the clarification of what per diem means. Ms. Sieferman stated that if the purpose of the bill is to be consistent with the true meaning of per diem, then it would be best for the Legislature to define it rather than provide multiple options that require the Board to do regulations to define it.

There were no public comments made on the item.

(J) **[Senate Bill \(SB\) 344](#) (Hertzberg, 2021) Homeless shelters grants: pets and veterinary services**

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

There were no public comments made on the item.

(K) **[SB 585](#) (Stern, 2021) Cats: declawing procedures: prohibition**

[Meeting Materials](#)

Webcast: [00:46:46](#)

Ms. Sieferman reported that she had some conversations with Senate Business, Professions and Economic Development Committee staff, who wanted to know

updates of where the Board stood on the bill and if the Board was willing to support the bill. However, there have not been any changes to her knowledge to the bill where it stands.

There were no public comments made on the item.

(L) [SB 731](#) (Durazo, 2021) Criminal records: relief

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

There were no public comments made on the item.

(M) [SB 772](#) (Ochoa Bogh, 2021) Professions and vocations: citations: minor violations

[Meeting Materials](#)

Webcast: [00:44:43](#)

Ms. Sieferman reported that there has not been much movement of this bill.

There were no public comments made on the item.

Note: The following public comment was not related to the bills in Agenda Item 9.

[Grant Miller](#) inquired regarding the "telemedicine" and "telehealth" terms that were held over from the sunset review and whether or not the Board had any luck on figuring out where those are going to end up in this year's legislative process.

[Ms. Sieferman](#) responded that she, Dr. Sullivan, and Kristi Pawlowski would be meeting with Senate Business, Professions and Economic Development Committee staff and Senate Republican Caucus staff on Friday, January 21, 2022, at 3 30 p.m., to request that those provisions go in the Omnibus bill, but, again, it was not a guarantee.

10. Update, Discussion, and Possible Action on Proposed Regulations

(A) Status Update on Pending Regulations

[Meeting Materials](#)

Webcast: [00:57:46](#)

Mr. Jeffrey Olguin, Lead Administrative & Policy Analyst, presented a status update on pending regulations, including the approval of:

- Sodium Pentobarbital/Euthanasia Training (CCR, title 16, section 2039 – Effective October 28, 2021)
- Limited Term RVT Examination Eligibility (CCR, title 16, section 2068.7 – Repealed November 2, 2021)
- Animal Physical Rehabilitation (CCR, title 16, section 2038.5 – Effective January 1, 2022)
- Drug Compounding (CCR, title 16, sections 2090-2095 – Effective April 1, 2022)
- Disciplinary Guidelines (CCR, title. 16, section 2006 – Effective April 1, 2022)

There were no public comments made on the item.

(B) Sections 2006–2006.56, Article 1, Division 20, Title 16 of the California Code of Regulations (CCR) Regarding Uniform Standards for Substance-Abusing Licensees

[Meeting Materials](#)

Webcast: [01:03:02](#)

Ms. Sieferman explained recommended changes to the rulemaking. The first substantive change would add prohibited substance and biological fluid testing, which was already added in the Uniform Standards, to the regulatory language itself for clarity. The other substantive recommendation would make the Uniform Standards apply to diversion, which currently applies to those on probation; the Substance Abusing Coordination Committee (SACC) had recommended the Uniform Standards apply to both diversion participants and probationers. Ms. Sieferman also discussed the recommended nonsubstantive changes.

Karen Halbo, Regulatory Counsel, provided a brief background of the legal advice that the Board received back in 2019 and how the Office of Administrative Law (OAL) process had changed since then. She advised the Board that the [DCA] Regulations Unit had found some language that might be questioned as unclear by OAL. She stated her understanding that the Board wants to move forward and does not want to deviate from the suggested language from the Substance Abusing Coordination Committee (SACC) Uniform Standards that were provided back in 2019. Ms. Halbo discussed issues that may be raised with the text. However, she also stated, if required, that language could be corrected through modified language after the 45-day public comment period.

[Ms. Sieferman](#) clarified that one-time DUIs would not typically trigger pursuing disciplinary action unless there were additional flags indicating to the Board that the person was a danger to the public. She recommended not changing the language at this time.

[Ms. Bowler](#) agreed with Ms. Sieferman. She also expressed appreciation from the legal team and staff on their work.

[Dr. Nunez](#) clarified with Ms. Sieferman the differences between a substance abuser and substance use and the Board's authority to take action.

- [Motion](#): Dr. Christina Bradbury moved and Dr. Jaymie Noland seconded a motion to approve the attached proposed regulatory language to amend section 2006 and add the Uniform Standards for Substance Abusing Licensees therein incorporated by reference, and add sections 2006.5, 2006.51, 2006.52, 2006.53, 2006.54, 2006.55, and 2006.56 to article 1 of division 20 of title 16 of the CCR, and direct staff to take all steps necessary to complete the rulemaking process, including noticing the proposed text for a 45-day comment period, and if there are no adverse comments received during that 45-day public comment period, delegate to the Executive Officer the authority to make any technical or non-substantive changes to the proposed regulations that may be required in completing the rulemaking file and adopt the proposed regulations.
- [Vote](#): The motion carried 7-0.

There were no public comments made on the motion.

(C) Section 2036, Article 4, Division 20, Title 16 of the CCR Regarding Animal Health Care Tasks for Registered Veterinary Technicians

[Meeting Materials](#)

Webcast: [01:22:43](#)

Ms. Sieferman initiated the discussion to consider re-evaluating the animal health care tasks and what RVTs are able to do independently from veterinarian supervision. She asked the Board to consider allowing them to do essentially anything that an owner can do on their own or what they can do as long as they are not paid for their services. She asked the Board to consider the RVTs' ability to independently administer to animals outside of a veterinary premises, to be able to administer subcutaneous fluids, insulin injections, and oral medications without veterinarian supervision. She noted that RVTs can provide those services right now as long as they are being performed free of charge. She asked if this was an item the Board wished to consider or if they would like the MDC to look further into it.

[Dr. Noland](#) inquired who would be responsible when the pet is put at risk – if the veterinarian who prescribes the medication is still responsible or if the RVT would be solely responsible. It appeared to her to be a big difference than what is currently in law – the veterinarian remains responsible whether it is indirect or direct supervision.

[Ms. Welch](#) responded that it is going to be important to figure out the circumstances under which RVTs can administer or provide these services and when consumers order medications online and there is no California veterinarian supervising the treatment, or is it pet sitting, etc.

- [Motion](#): Dr. Jaymie Noland moved and Dr. Christina Bradbury seconded a motion that CCR, title 16, section 2036 be re-evaluated by the MDC to allow RVTs to perform additional animal health care tasks without veterinarian supervision and direct the MDC to research, discuss with stakeholders, and bring recommendations back to the board at a future meeting.
- [Vote](#): The motion carried 7-0.

There were public comments made on the motion.

[Nancy Ehrlich](#) stated that an RVT, who was doing this, wanted to know if it was legal. Ms. Ehrlich advised her that she thought that the RVT needed to be under the supervision of the veterinarian who prescribed the treatment in order for it to be legal. However, that item is not practical if an RVT has 10 different clients and asking 10 different veterinarians if they are willing to supervise the RVT when the veterinarian does not know the RVT. Ms. Ehrlich stated the current law allows anyone to assist for free, and it seemed illogical not to allow an RVT, who is certainly qualified to administer a treatment, to do it as a paid individual. She also stated that it would assist with access to care. She also noted that RVTs would need to obtain their own liability insurance, which the insurance companies are willing to offer.

[Anita Levy Hudson](#) agreed with Ms. Ehrlich's statements and expressed that the practice is already occurring. She expressed that some responsibility should be placed on the owner to understand the medication instructions as advised by their veterinarian.

11. Discussion and Possible Action Regarding the American Association of Veterinary State Boards (AAVSB) Bylaws

[Meeting Materials](#)

Webcast: [01:42:32](#)

Ms. Siefertman provide an overview of the proposed amendments to AAVSB bylaws, including the following changes:

- [Article II. Purpose. Item i](#) to include a veterinary technician since the Board approved the legislative proposal that was in the sunset bill to also accept the four trained veterinary technicians and the pace program was recently launched for the veterinary technicians. This will allow for the PAVE-RVT program.
- [Article VI. Delegate Assembly Meetings. Section 1. Annual Delegate Assembly](#) to allow virtual participation for states that are not able to travel but to still participate in the meetings. In addition, to ensure the annual delegate assembly meetings comply with the current AAVSB RACE Standards to address the concerns about the specific topics that were provided in some of the conferences. Some of the items seemed to have clear conflicts and seemed to be primarily for pushing sales of a product.

- [Article VI. Delegate Assembly Meetings. Section 6. Participation](#) to clarify that the participants for the delegates that could be both in-person or virtual.
- [Article X. Committees. Section 6. Conference Committee](#) to support the balance of the information so that the boards have information from all perspectives before making any decisions.
- [Article X. Committees. Section 8. Executive Directors Advisory Committee](#) to change from an ad-hoc committee to meet regularly from the state boards. This will help to recognize any trends or concerns and also identify best practices and serve as a good resource to the AAVSB.
- **Motion:** Dr. Mark Nunez moved and Ms. Kathy Bowler seconded a motion to adopt the proposed amendments to the AAVSB bylaws and direct the executive officer to provide the amendments to the AAVSB's Bylaws and Resolution Committee no later than February 18, 2022.
- **Vote:** The motion carried 7-0.

There was a public comment made on the motion.

[Grant Miller](#) expressed his thankfulness to the Board members who participate in the AAVSB. Dr. Miller stated CVMA would like to provide their comments to AAVSB about what they are doing and their policies, but AAVSB is not that kind of an organization. So, CVMA relies on the Board to provide comments. Dr. Miller stated the Board is doing a great job. Dr. Miller stated the proposed amendments are fair and balanced, and he really hopes the AAVSB considers and adopts the amendments.

12. Adjournment Recess until January 20, 2022, at 9:00 a.m.

The meeting was recessed at 3:32 p.m.

9:00 a.m., Thursday, January 20, 2022

Webcast Link:

Agenda Items 13–20 (<https://www.youtube.com/watch?v=tZ1IZQZCCFk>)

13.Reconvene – Establishment of a Quorum

Webcast: [00:00:18](#)

Board President, Kathy Bowler, called the meeting to order at 9:01 a.m. Executive Officer, Jessica Sieferman, called roll; all seven members of the Board were present, and a quorum was established.

Members Present

Kathy Bowler, President
Christina Bradbury, DVM, Vice President
Jennifer Loreda, RVT
Jaymie Noland, DVM
Mark Nunez, DVM
Dianne Prado
Maria Preciosa S. Solacito, DVM

Staff Present

Jessica Sieferman, Executive Officer
Matt McKinney, Enforcement Manager
Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Amber Kruse, Lead Enforcement Analyst
Jeffrey Olguin, Lead Administrative & Policy Analyst
Dillon Christensen, Enforcement Analyst
Fredy Gaspar, Enforcement Analyst
Tara Welch, Board Counsel, Attorney III, DCA, Legal Affairs Division

Guests Present

Andrea Amaya-Torres, DCA
Amanda Ayers, Student Liaison, UC, Davis
Brittany Benesi
Rich Bennett, DVM
Nancy Ehrlich, RVT, CaRVTA
Kimberly Gorski, DCA
Jennifer Hawkins
Veronica Hernandez, DCA
Anita Levy Hudson, RVT, President Elect of CaRVTA
Aubrey Jacobsen, Legislative Analyst, Division of Legislative Affairs, DCA

Shelly Jones, DCA
Kristina Junghans, Student Liaison, Western University of Health Sciences
Brianna Miller, Manager, Board & Bureau Relations, DCA
Grant Miller, DVM, CVMA
Matt Nishimine, Budget Office, DCA
John Pascoe
Stanley Peterson, DCA
Mike Sanchez, DCA
Richard Sullivan, DVM
Kristy Veltri
Sarah Wallace, DCA

14. Board President Report - *Kathy Bowler*

Webcast: [00:01:11](#)

Ms. Bowler provided the Board President Report.

There were no public comments made on this item.

15. Registered Veterinary Technician Report - *Jennifer Loredo, RVT*

Webcast: [00:06:41](#)

Ms. Loredo provided the RVT Report.

There were public comments made on this item.

[Nancy Ehrlich](#) commented that it was the intention that the ad-hoc pathway would be eliminated once sufficient alternative route RVT programs became available. She asked the Board to reconsider to allow individuals to enter the alternate route program, just like they can enter an AVMA-approved program, without any work experience.

[Anita Levy Hudson](#) asked about the consequence for someone to use the title VTS incorrectly.

[Ms. Loredo](#) suggested that this item be added to a future FAQ. She discussed the issue of a student wearing a name tag stating they were an RVT.

Note: The following comment was made in the public comment discussion of Agenda Item 18(A):

[Nancy Ehrlich](#) commented that veterinary assistants wearing a name tag that states they are a veterinary technician is currently illegal. The title is protected. In addition, starting January 1, 2023, all staff in the veterinary hospital will be required to wear name tags with their title and license number. She also requested enforcement of the name tag issue because it is a serious problem when people are claiming to be veterinary technicians but are not licensed.

**Agenda items for this meeting were taken out of order and the Board moved to [Agenda Item 18](#). The order of business conducted herein follows the publicly noticed Board meeting Agenda.*

16. National Association Involvement Reports* - Kathy Bowler and Mark Nunez, DVM

(A) International Council for Veterinary Assessment

Webcast: [00:58:00](#)

Ms. Bowler provided the International Council for Veterinary Assessment Report.

There were no public comments made on the item.

(B) AAVSB, Member and Program Services Think Tank

Webcast: [01:01:01](#)

Dr. Nunez provided the AAVSB, Member, and Program Services Think Tank Report.

There were no public comments made on the item.

17. Student Liaison Reports*

(A) University of California, Davis Liaison—Amanda Ayers

Webcast: [01:11:40](#)

Ms. Amanda Ayers provided background information and updates from UC, Davis.

There were no public comments made on the item.

(B) Western University of Health Sciences Liaison—Kristina Junghans

Webcast: [01:18:16](#)

Ms. Kristina Junghans provided background information and updates from Western University of Health Sciences.

There were no public comments made on the item.

**Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Item 18\(B\)](#).*

18. Executive Management Reports*

(A) Administration

[Meeting Materials](#)

Webcast: [00:18:47](#)

Mr. Timothy Rodda, Administration/Licensing Manager, provided the first portion of the Administration Report.

[Matt Nishimine](#), DCA Budget Analyst, provided an update regarding the latest Expenditure Projection report and Fund Condition statement.

Mr. Rodda, Mr. Nishimine, and Ms. Siefertman addressed questions regarding the report.

There were no public comments made on this item.

The Committee moved back to [Agenda Item 16](#).

(B) Examination/Licensing

[Meeting Materials](#)

Webcast: [01:30:35](#)

Mr. Timothy Rodda, Administration/Licensing Manager, presented and answered questions relating to the Examination/Licensing Report.

There were no public comments made on the motion.

(C) Enforcement

[Meeting Materials](#)

Webcast: [01:53:53](#)

Patty Rodriguez, Hospital Inspection Program Manager, Matt McKinney, Enforcement Manager, and Rob Stephanopoulos, Enforcement Manager, presented and responded to questions relating to the Enforcement Report.

There were no public comments made on the item.

(D) Outreach

[Meeting Materials](#)

Webcast: [02:19:42](#)

Ms. Siefertman provided the Outreach Report.

There were no public comments made on the item.

(E) Strategic Plan

[Meeting Materials](#)

Webcast: [02:26:14](#)

Ms. Sieferman provided the Strategic Plan Report.

There were no public comments made on the item.

19. Future Agenda Items and Next Meeting Dates

[Meeting Materials](#)

Webcast: [02:28:53](#)

Ms. Sieferman presented the future items and informed the Board of the inclusion of the equine practice issue on the future agenda items. The future Board meeting dates are as follows:

- April 20–21, 2022
- July 20–21, 2022
- October 19–20, 2022

There were no public comments made on this item.

20. Recess Open Session

Open Session recessed at 11:48 a.m.

21. Convene Closed Session

Closed Session convened at 11:50 a.m.

22. Pursuant to [Government Code Section 11126](#)(e)(1) and (2)(A), the Board Will Meet in Closed Session to Confer and Receive Advice From Legal Counsel Regarding the Following Matter: *San Francisco Society for the Prevention of Cruelty to Animals, et al. v. Jessica Sieferman*, United States District Court, Case No. 2:21-cv-00786-TLN-KJN

This item was not discussed.

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

In the Matter of the Accusation Against Jennifer Wernsing, Respondent – Stipulated Settlement

The Board adopted the Stipulated Settlement and Disciplinary Order for Public Reproval.

24. Adjourn Closed Session

Closed session adjourned at 12:36 p.m.

25. Reconvene Open Session

Open session reconvened at 12:37 p.m.

26. Adjournment—Due to technological limitations, adjournment will not be broadcast

Ms. Bowler adjourned the meeting at 12:37 p.m.

**Agenda items for this meeting were taken out of order. The order of business conducted herein follows the publicly noticed Board meeting Agenda.*

DRAFT