



**VETERINARY MEDICAL BOARD
MULTIDISCIPLINARY ADVISORY COMMITTEE
MEETING MINUTES
APRIL 18, 2023**

The Multidisciplinary Advisory Committee (Committee) of the Veterinary Medical Board (Board) met via a teleconference/WebEx Event on **Tuesday, April 18, 2023**, with the following location available for Committee and public member participation:

Department of Consumer Affairs
1625 N. Market Blvd., Hearing Room
Sacramento, CA 95834

10:00 a.m., Tuesday, April 18, 2023

Webcast Link: <https://youtu.be/XI0R8sDKoe8>

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

Webcast: [00:01:06](#)

Committee Chair, Leah Shufelt, RVT, called the meeting to order at 10:00 a.m. Executive Officer, Jessica Sieferman, called roll and six members of the Committee were present; a quorum was established. Kevin Lazarcheff, DVM, was absent from roll call. Ms. Shufelt reported that W. Kent Fowler, DVM, resigned from the Committee.

Members Present

Leah Shufelt, RVT, Chair
Richard Sullivan, DVM, Vice Chair
Christina Bradbury, DVM, Board Liaison
Kevin Lazarcheff, DVM (arrived at 10:02 a.m.)
Jennifer Loreda, RVT, Board Liaison
Dianne Sequoia, DVM
Marie Ussery, RVT

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
Jacqueline French, Enforcement Analyst
Dustin Garcia, Licensing Technician

Amber Kruse, Senior Enforcement Analyst
Jeffrey Olguin, Lead Administrative & Policy Analyst
Kristy Schieldge, Regulatory Counsel, Attorney IV,
Department of Consumer Affairs (DCA), Legal Affairs Division
Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

Guests Present

Al Aldrete, DVM
Lori Aldrete
Sean Brady, DVM, California Department of Food and Agriculture (CDFA),
Animal Health and Food Safety Services Division
Alex Cristescu, DCA, SOLID
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association
(CaRVTA)
Dan Famini, DVM
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations
Aubrey Hopkins, DCA, Legislative Affairs Division
Anita Levy Hudson, RVT, CaRVTA
Sarah Irani, Moderator, DCA, SOLID
Jason Kaiser, Executive Officer, Physical Therapy Board of California
Bonnie Lutz, Esq.
Michael Manno, DVM
Grant Miller, DVM, California Veterinary Medical Association (CVMA)
John Pascoe, Ph.D., Dean, University of California, Davis (UC, Davis)

2. Public Comment on Items Not on the Agenda

Webcast: [00:01:33](#)

Ms. Shufelt requested public comment on this item. There were no public comments made on this item.

3. Review and Approval of January 24, 2023 Committee Meeting Minutes

[Meeting Materials](#)

Webcast: [00:02:49](#)

Ms. Shufelt presented this item and requested a motion. The following motion was made:

- [Motion](#): Christina Bradbury, DVM, moved and Jennifer Loreda, seconded the motion to approve the meeting minutes.

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. There were no public comments made on this item.

Ms. Shufelt called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion.

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

4. Update, Discussion, and Potential Recommendations from Equine Practice Subcommittee Update, Discussion, and Potential Recommendation to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 2030, 2030.05, 2030.1, 2030.2, and 2030.3, and Adopt Section 2030.15, Regarding Minimum Standards for Alternate Veterinary Premises – Richard Sullivan, DVM, and Marie Ussery, RVT

[Meeting Materials](#)

Webcast: [00:05:59](#)

Dr. Sullivan provided background information. Ms. Sieferman thanked the Board's prior counsel, Karen Halbo, for her work in the restructure of the regulatory language.

Proposed Amendments to CCR, Title 16, Section 2030(a) through (a)(5)(B)

[Meeting Materials](#)

Webcast: [00:11:50](#)

Dr. Sullivan presented this item and the meeting materials.

[Ms. Welch](#) noted that it appeared in the title that the dash between “standards” and “fixed veterinary” was accidentally stricken but should be maintained. She noted the title should state the following:

[...]

§ 2030. Minimum Standards —Fixed Veterinary Premises.

[...]

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Proposed Amendments to CCR, Title 16, Section 2030(a)(5)(C) and (a)(6)

[Meeting Materials](#)

Webcast: [00:15:18](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Proposed Amendments to CCR, Title 16, Section 2030(a)(7) and (a)(8)

[Meeting Materials](#)

Webcast: [00:17:03](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Proposed Amendments to CCR, Title 16, Section 2030(a)(9) through (a)(20)

[Meeting Materials](#)

Webcast: [00:18:40](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Proposed Amendments to CCR, Title 16, Sections 2030(b), 2030.05, 2030.1, and 2030.15

[Meeting Materials](#)

Webcast: [00:21:15](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Proposed Amendments to CCR, Title 16, Section 2030.2(a)

[Meeting Materials](#)

Webcast: [00:23:10](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Proposed Amendments to CCR, Title 16, Section 2030.2(b) through (e)

[Meeting Materials](#)

Webcast: [00:25:20](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Proposed Amendments to CCR, Title 16, Section 2030.3

[Meeting Materials](#)

Webcast: [00:28:19](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

[Dr. Bradbury](#) thanked everyone for their hard work. She questioned the 14-day holding of the body in a freezer requirement for veterinary premises. She opined the requirement applies to both large and small animal [veterinary premises], which she did not believe would be possible in a large animal premises. She also stated, for mobile premises, it did not specify for small animal [veterinary premises], and it had the requirement to hold the body for 14 days.

[Dr. Sullivan](#) believed that provision was only in the small animal fixed [veterinary premises].

[Dr. Bradbury](#) asked for clarification because on [page 19](#) under [CCR, title 16, sections] 2030.1 [Minimum Standards – Small Animal Fixed Veterinary Premises], subsection (b), and 2030.15 Minimum Standards – Large Animal Fixed [Veterinary Premises] required “a large animal fixed premises shall meet all minimum standards specified in section 2030, except for paragraph (10) of subsection (a) of that section.”

[Dr. Sullivan](#) responded it was not in [CCR, title 16, section] 2030, so it would not apply to large animal fixed [veterinary premises].

[Dr. Bradbury](#) thanked Dr. Sullivan for the clarification. She stated that she did not see any exemptions under [CCR, title 16, section] 2030.2, subsections (b) or (e) for mobile veterinary premises.

[Ms. Welch](#) responded that it was the thought that if a practitioner had a mobile [veterinary] practice, they are in contact with the client, so if they do not have authorization to dispose of the body, then they need to store the body. She stated when the practitioner speaks with the client because they are providing mobile services at that point, they would be communicating about what to do with the body,

but if there is no authorization to dispose [of the animal body] because potentially the animal was removed from where they reside, the animal was transported for services, and the client had not been made aware or there had been no discussion with the client as to what to do with the body, then in those circumstances, the body would need to be maintained.

[Dr. Bradbury](#) stated she did not know if it was possible to maintain a large animal in a freezer.

[Dr. Sullivan](#) believed [CCR, title 16, section 2030.2] subsection (b) referred to small animal mobile [veterinary premises].

[Dr. Bradbury](#) responded it did not state small animal mobile [veterinary premises].

[Ms. Welch](#) responded there was small animal fixed [veterinary premises] and for the mobile [veterinary premises] on [page 22](#), Dr. Bradbury was correct—there was no limitation on that requirement for small animals only, it would generally apply in those mobile premises.

[Dr. Bradbury](#) responded for [CCR, title 16, section 2030.2,] subsection (b), it could state “when veterinary services are provided within or from a small animal mobile veterinary premises.” She added that it might be unreasonable to ask a large animal mobile person to store a[n animal] body.

[Ms. Schieldge](#) responded her understanding was this is the existing requirement for small animal mobile veterinary premises. She added in discussion, the Subcommittee could not come up with a good rationale for why the requirement would not apply to all house calls and not just to small animal [veterinary premises] when the veterinarian has possession of the animal and the client has not given the veterinarian authorization to dispose of their deceased animal. She continued that was why it was expanded to include other types of house calls and not just for small animal house calls and also mobile clinics. She stated this section, as Dr. Sullivan mentioned, was combined to include all forms of mobile provision of services. She added veterinary premises where the veterinarian is providing services from a mobile unit, where animals are inside the unit, and those where the veterinarian is going out and doing house calls either for large or small animals. She added that the criteria in this section applied to all those different types of premises unless otherwise specified. She stated the existing [CCR, title 16, section 2032.2] subsection (b) applies currently to only small animal mobile veterinary premises and not house calls or anything similar practice; only mobile [veterinary] premises. She stated in discussion with the Subcommittee, there was no rationale that it could come up with for why that standard would not apply to large animal house calls for the protection of the public, so the Board did not want to be in a situation legally where it would have to explain why the clients for small animals received certain provisions of care, whereas others do not. She asked the Committee, why would it want to exempt large animal house calls. She stated she assumed that would be the case from this provision when it is her understanding that it is something that can be done.

[Dr. Sullivan](#) agreed and stated just because a veterinarian is a large animal practitioner does not mean that they are not treating small animals when they go on to a farm or ranch. He thought that was the rationale from the Subcommittee.

[Dr. Bradbury](#) responded that made sense. She inquired how it might have evolved to that the current language, as it was completely unreasonable for large animal veterinarian practitioners. She did not think it was protecting the public. She thought there was not a way to dispose of or to hold on to a cow or a horse. She stated even if the veterinarian was in contact with the client and working with a client, where the client cannot make a decision about what they want to do with the body because they are emotional. She added, the veterinarian has had to put that body on hold and sometimes the veterinarian cannot reach the client for days. She stated there could be circumstances where a large animal practitioner goes to a farm, and a client has lost a beloved horse of 35 years, and the client cannot make a decision about what to do with the body. She stated the situation was probably not uncommon, but to expect that a mobile practitioner to get that body into a trailer and take it somewhere and house it for 14 days was not necessarily protecting the public. She did not know if that was a reasonable expectation.

[Dr. Sullivan](#) responded he did not. He added, the proposed language exempted a large animal practice from this requirement.

[Dr. Bradbury](#) responded she could not see that exemption and asked where the language stated this information.

[Dr. Sullivan](#) responded that it was not in this section and that Dr. Bradbury was correct on this section, but in other sections of the large animal, it did not have that in there. He added in the Subcommittee's discussion, it did not think that would come up because large animal practitioners—equine, dairy, or beef—are not going to move the body after the animal is euthanized. He stated that is not part of the practice. He added, if the Committee and members of the working group wanted to add a small animal mobile veterinary premises to the language to make it more specific, it would be fine. He stated he was not sure it was necessary, but he left it up to the Committee to determine.

[Ms. Ussery](#) stated part of the discussion the Subcommittee had that was not represented in the material was that there is an entirely different industry that is devoted to the rendering of those large animals. She added, typically in the industry, that service falls on somebody else, not the veterinarians practicing large animal medicine.

[Ms. Welch](#) responded there is an exemption under [CCR, title 16, section 2032.2] subsection (e), for mobile veterinary premises from which veterinary services are provided to equine or food animals and livestock. She added that [CCR, title 16, section 2032.2, subsection] (b), applied to "veterinary services...provided within or from..." She clarified that currently there was no exemption for large animal practice. She added, the proposed language provided for large animal exception, specifically under subsection (e), and it was only "from which," but in those

circumstances, if there was justification to exclude mobile veterinary premises, storing large animals, it would be added under subsection (e). She added that the Committee would also need to make sure that in those circumstances where the mobile veterinary premises was transporting or providing veterinary services within the mobile unit to large animals--it would still apply, so the Committee would need to take care of that. She asked if there were scenarios where mobile units are transporting large animals and providing veterinary services within the mobile unit because if there is not [a scenario], if that is an impossibility, then there will have to be better justification to exclude that body storage requirement.

[Ms. Schieldge](#) recollected from the Subcommittee that those mobile units “from which services are provided,” meaning the animals cared for and services are provided within the vehicle—this would be something that the veterinarian could do. She added, the Subcommittee discussed when it is a house call, and the veterinarian is going out to the client’s location and providing veterinary services, there could be situations where that occurred. She noted that if the Committee was stating there is never a situation where the standard of care would be to care for the body in that manner, then she recommended an amendment to [CCR, title 16, section 2030.2] subsection (b), and not [CCR, title 16, section 2030.2] subsection (e), because subsection (e) did not cover the minimum standards for that type of premise. She believed that subsection (b) would need to be amended to focus on those types of services or situations where perhaps the animal patient is being cared for within a mobile unit or for a small animal. She asked, in relation to small animal house calls, for the Committee to discuss whether the standard of care should be for small mobile units whether it is within or a house call, or should it be segregated out for the large animal house calls from this requirement. She ended by stating that is the feedback she needs from the Committee to figure out how to change the language.

[Dr. Sullivan](#) asked Ms. Ussery if when she goes out to a large animal facility, if the owner asks her to treat a dog or look at a cat, and if that would fall under this requirement.

[Ms. Ussery](#) responded yes, there are times where her team is out there to see a herd check, and they end up doing an exam on a dog.

[Dr. Sullivan](#) asked if a decision was made because the animal patient was injured that morning to euthanize that animal, would it not be possible that, as a large animal ambulatory, she would take the animal back to the hospital.

[Ms. Ussery](#) responded that might be possible, but her experience maybe a little bit different in that it is a mixed animal practice, the practice does both [large animal and small animal], so it is not uncommon for them to be dealing with that [situation]. She added, if it were a sole large animal practitioner, she was not sure what their comfort level or preparation would be for something like that.

[Dr. Sullivan](#) asked but in the next practice, it would be possible and sometimes likely.

[Ms. Ussery](#) responded correct.

[Ms. Welch](#) asked to go back to examining why this requirement existed because if the discussion was about mobile veterinary practice, it was typically to provide care. If there was euthanasia, there would be discussion with the client about what the client wanted to do with the body. She asked what happens if the animal dies while veterinary services are being rendered, what is process in the situation, is there no conversation from the veterinarian of the mobile unit and would not there be a conversation with the client to remove the body.

[Dr. Bradbury](#) responded yes.

[Ms. Welch](#) stated, why would the veterinarian pick up the body and transport it somewhere because of this requirement; it sounded like because this was a mobile situation, maybe the Board did not need to require the veterinarian to transport the body.

[Dr. Sullivan](#) stated there are some mobile facilities where the veterinarian only performs euthanasia. He added that there is a discussion as to what they want [to do with the body]. As Dr. Bradbury stated, sometimes the owner has not made a decision and that body needs to be stored until the owner makes a decision.

[Ms. Welch](#) asked if the veterinarian needs to be told to store the body. She stated it appears the client has been notified the animal has expired, and the client has not given the veterinarian authorization to dispose [of the body].

[Dr. Bradbury](#) thought that was not that uncommon where people are unsure because there is more than one way to dispose of the body. Some people want to bury it, there are cemeteries, and there are different ways of preserving bodies, which can even be done with horses. She stated there are some ways other than the typical rendering, especially for large animals, but people do not always know right away and have that decision made. She asked if it was really on the veterinarian to hold the body for 14 days. She stated that this was a strange requirement. In a mobile practice, she thought that people who go out and perform euthanasia, if they are not providing that, people are not going to use them.

[Ms. Welch](#) asked if the language was modified to made it conditional so that if the veterinarian removes the body, and the client has not given instruction as to disposal, then the veterinarian shall hold the body for 14 days. She added that way, it is the veterinarian from step one who can state they are not taking the body, and the owner needs to make other arrangements. She continued, it also provides the client enough time to [ask the veterinarian to] go ahead and remove the body and now the client has 14 days to tell the veterinarian what they want them to do with it, so it sets up an agreement between the client and the veterinarian.

[Dr. Bradbury](#) asked then there is no requirement that the veterinarian has to remove the body.

[Ms. Welch](#) confirmed Dr. Bradbury's understanding and stated for those scenarios where it appears the veterinarian would have to remove a large animal pending the client's authorization to dispose [of the body].

[Dr. Bradbury](#) liked Ms. Welch's suggestion.

[Ms. Welch](#) asked Ms. Schieldge her opinion about potential scenarios to clarify the circumstance.

[Ms. Schieldge](#) responded it would be scaling back the existing requirement because the existing requirement states that in all cases, when there has been no authorization for small animal, then the veterinarian has to store [the body]. She added, this would be a scaling back to only when the client has authorized removal and transfer [of the body], but [the client] has not given authorization to dispose. She stated this would be a scaling back from the existing requirement or small animal mobile premises. She wanted to make sure that the Committee understood what the legal effect would be of changing it. She also wanted to make sure that the Committee was okay with changing that standard and that the change is consistent with the standard of care for current practice. She stated if the Committee was okay with that, then what the language would be doing would be applying that standard to all premises where mobile services are provided whether it is in a vehicle, at a house call, or farm call. She asked if everyone on the Committee was okay with that change because she wanted to make sure they understood the language change to subsection (b).

[Dr. Sullivan](#) requested public comment on this item. The following public comments were made on this item:

- [Grant Miller](#), DVM, CVMA, felt it would be cleaner to incorporate an exemption into [CCR, title 16, section 2030.2] subsection (e), because that is the specific [subsection] to large animal and equine. He added that is what the Committee is talking about. The language would just exempt [CCR, title 16, section 2030.2 sub]subsection (b) and then everything else in 2030 [sic].

[Ms. Welch](#) responded no. She stated that as she pointed out earlier, [CCR, title 16, section 2030.2,] subsection (e), begins with "a mobile veterinary premises from which," so the language would have to be opened up to be "within or from," because if there is transport of the large animal, that is "within," otherwise it is from the location so because [CCR, title 16, section 2030.2 subsection] (b) is within or from.

- [Dr. Miller](#) responded he thought that Dr. Bradbury's confusion about this section is really very telling because if equine practitioners are the only ones who understand it, then it is going to be problematic. As an equine practitioner, he was not aware of any mobile equine veterinary practices in which the services take place; it is only from. He has only seen some dental units on occasion that are modified trailers, but the animal is not actually in them; [the animals] are kind of under them. He was not aware of any situation where the horses are getting inside a vehicle. He stated it does not mean it cannot happen in the

future, but he thought that was what needed to be looked at when writing these [regulations]. He added when we are all gone, what do the words say. His concern was that the words, as interpreted in (b), may suggest that the veterinarians have some responsibility to remove this animal, which is impossible. He stated he drives a Toyota Prius, and he works out of his house. He claimed a walk-in a freezer, Dr. Pascoe might know because he has built a hospital that has a walk-in freezer, cost in excess of a half million dollars. He stated he does not have a forklift; he cannot transport the forklift. He could not transport the animal in a custom vehicle that has the requirements in order to move the body of the animal. He stated that equine practitioners today who work on an ambulatory basis where they are getting out of their vehicle and serving animals on the farm would never be able to comply with this concept of retaining the body. He added it was not something that he came to understand when the Subcommittee was working through merging these together. He thought that the Committee really needed to parse the words out a little bit more carefully. He stated that if it cannot be put in [subsection] (e), [subsection] (b) needed to be reworded to very clearly state that this would be for small animals, as defined, or excluding large animals, as defined.

- [Al Aldrete](#), DVM, stated he was a former Board member and also was an equine practitioner. He stated when a veterinarian goes out to euthanize an animal, they do not have any way of moving that animal after they euthanize it. He added, the veterinarian normally has made arrangements with the rendering company to be there, so when the veterinarian euthanizes the animal, the rendering company can immediately move that animal off the premises. He stated if it is an immediate situation, an emergency situation where the veterinarian has to euthanize the animal, then the owner calls the rendering company to make the arrangements, the veterinarian euthanizes the animal, and the rendering company comes out and takes the animal away. He added there was no way for most ambulatory practitioners to be able to store a body of a horse or a cow afterwards. He stated euthanizing an animal is a very traumatic thing for the owner and usually the situation is pretty grave; it is not an easy thing to do, and leaving the body there is probably not the best thing, but it is the only practical thing that a veterinarian can do.

[Dr. Sullivan](#) thanked Dr. Aldrete. He stated if the Committee looked at [CCR, title 16, section 2030.2, subsection] (b) for wording after “when veterinary services are provided within or from a mobile veterinary premises” to include “treating exotic or small animals and the client has not given permission” if that would resolve the problem.

[Dr. Bradbury](#) thought so.

[Ms. Schioldge](#) stated the prior discussion was to put in if the client requested transportation or retention of the deceased animal. She added if that was not what the Committee was going with and it wanted to exclude large animal house calls from this section, then it would add “when veterinary services are provided within or from a mobile veterinary premises to common domestic or exotic household

animals.” She opined then it would only apply to small animal services to small animals.

[Dr. Sullivan](#) stated that would allow the mixed animal practitioner who is going to a farmer ranch and treat a small animal.

[Ms. Schieldge](#) responded only small animals would be subject to this section, and she asked that Committee to confirm her understanding. She asked because there were two different ideas. One was to make it a condition upon the request of the client to take custody and retain or transport the animal, regardless of size. The other idea was to exclude large animal house calls, mobile services all together.

[Ms. Schieldge](#) recommended the following changes to CCR, title 16, section 2030.2(c) (proposed additions are in [underline blue text](#)):

[...]

(eb)When veterinary services are provided within or from a mobile veterinary premises to common domestic or exotic household animals and the client has not given the veterinarian authorization to dispose of ~~his or her~~their deceased animal, the veterinarian shall be required to retain the carcass/body in a freezer for at least 14 days prior to disposal.

[...]

[Ms. Schieldge](#) stated the standard would only apply to small animal services whether the services are provided within a mobile unit vehicle or a house call. She asked the Committee if that was the correct understanding.

[Dr. Sullivan](#) confirmed that understanding.

[Ms. Welch](#) recommended adding the rationale for this change is that it maintains the existing requirement as applicable to small animals.

[Ms. Schieldge](#) stated so this would mean that the standard would not change for mobile services; it would just continue to apply only to small animals.

[Dr. Sullivan](#) requested a motion. The following motion was made:

- [Motion](#): Christina Bradbury, DVM, moved and Marie Ussery, RVT, seconded a motion to approve the text as provided in the materials with the amendment at subsection (b) of 2030.2 to include the words “to common domestic or exotic household animals” after the words “mobile veterinary premises,” so the sentence now reads “When veterinary services are provided within or from a mobile veterinary premises to common domestic or exotic household animals and the client has not given the veterinarian authorization dispose of their deceased animal, the veterinarian shall be required to retain the body in a freezer for at least 14 days prior to disposal.”

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. There were no public comments made on the motion.

Ms. Shufelt called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion.

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

The following second motion was made:

- [Motion](#): Christina Bradbury, DVM, moved and Marie Ussery, RVT, seconded a motion to recommend to the Board approval of the proposed regulatory text and recommend all of the following actions be taken: (1) direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested; and (2) if no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed for California Code of Regulations, title 16, sections 2030, 2030.05, 2030.1, 2030.15, 2030.2, and 2030.3.

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. There were no public comments made on the motion.

Ms. Shufelt called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion.

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

5. Update, Discussion, and Potential Recommendation Regarding Proposed Guidelines for Veterinarian Discussion and Recommendation of Cannabis Within the Veterinarian-Client-Patient Relationship – *Christina Bradbury, DVM, and Richard Sullivan, DVM*

[Meeting Materials](#)

Webcast: [01:13:17](#)

Dr. Sullivan presented this item and the meeting materials. He thanked Jeff Pollard, DVM, Gary Richter, DVM, Ms. Sieferman, and Ms. Welch for their contributions in developing the guidelines.

Introduction

[Meeting Materials](#)

Webcast: [01:15:30](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Background

[Meeting Materials](#)

Webcast: [01:18:15](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Guidelines

[Meeting Materials](#)

Webcast: [01:19:24](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Conflict of Interest, Advertising, and Industrial Hemp

[Meeting Materials](#)

Webcast: [01:21:13](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

Definitions, Abbreviations, Acronyms

[Meeting Materials](#)

Webcast: [01:24:02](#)

Dr. Sullivan presented this item and the meeting materials.

[Dr. Sullivan](#) requested public comment on this item. There were no public comments made on the item.

[Ms. Shufelt](#) requested a motion. The following motion was made:

- [Motion](#): Christina Bradbury, DVM, moved and Richard Sullivan, DVM, seconded a motion to recommend to the Board the adoption of the Guidelines for Veterinarian Discussion and Recommendation of Cannabis within the Veterinarian-Client-Patient Relationship and post them on the Board's website.

[Ms. Shufelt](#) requested public comment before the Committee acted on the motion. There were no public comments made on the item.

Ms. Shufelt called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion.

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

6. Update, Discussion, and Potential Recommendation Regarding Potential Legislative Proposal to Amend Business and Professions Code (BPC) Sections 4841.1, 4841.4, 4841.5, and 4842, and Repeal Sections 4842.1 and 4843 Regarding Registered Veterinary Technician (RVT) School Program Approvals and RVT School Program Students – Jennifer Loreda, RVT, and Leah Shufelt, RVT

[Meeting Materials](#)

Webcast: [01:28:20](#)

Ms. Shufelt presented this item, including the background information that San Diego Mesa College was the only school to apply for and receive RVT school approval from the Board, and the recommendation to remove the Board from the school approval process.

Potential Amendment to BPC Section 4841.1

[Meeting Materials](#)

Webcast: [01:33:17](#)

Ms. Shufelt presented this item and the meeting materials.

Potential Amendment to BPC Section 4841.5

[Meeting Materials](#)

Webcast: [01:34:20](#)

Ms. Shufelt presented this item and the meeting materials.

Potential Repeal of BPC Sections 4842.1 and 4843

[Meeting Materials](#)

Webcast: [01:35:13](#)

Ms. Shufelt presented this item and the meeting materials.

[Ms. Welch](#) stated that in the text on [page 7](#) of the meeting materials, one issue for the Committee to review was whether RVT students should be able to access or administer controlled substances since the Board and [U.S. Drug Enforcement Agency] DEA would not be able to track the individual under the [Veterinary Assistant Controlled Substances Permit] VACSP provisions or RVT registration. She added, excluding controlled substance administration may be problematic from an experience standpoint, but at the very least, she thought the Committee should discuss whether or not RVT students should be able to access and administer controlled substances. She stated the other issue was that RVTs under current regulation and statute can perform drug compounding. She suggested the Committee consider whether or not RVT students should be excluded from drug compounding in the statute. She added once they are licensed as an RVT, they will then be able to get instruction on drug compounding from their supervising veterinarian pursuant to the regulatory requirements.

[Dr. Sullivan](#) stated, and Dr. Bradbury agreed, that from the standpoint of consumer protection, he did not think that the student should be able to administer control substances or do drug compounding.

[Ms. Loreda](#) disagreed and thought that RVT students should be able to do those functions under immediate supervision of a veterinarian or RVT.

[Dr. Sullivan](#) responded from the point of administering control substances, Bill Gage, who was in the Senate Business, Professions and Economic Development Committee made the Board recognize that anybody who was administering controlled substances should have a background check. Unless the students have had the background check while they are going to school, Dr. Sullivan did not think they should be doing it while they are still students. He admitted he did not know if they do or not, but if they did, he would reconsider, but that was the reason the Board had to put it in for veterinary assistants.

[Ms. Loreda](#) stated she could live with that. In her vision of how it was happening was the RVT pulls up the controlled substance, stands there, and helps the student administer it just to get the experience. She added, the student does not have the controlled substance unsupervised, it is just the actual skill of it. She would be cautious about excluding the RVT students from doing any of these skills, but she did want the Committee to make sure that it was wording the proposal correctly.

[Dr. Bradbury](#) stated she understood what Ms. Loreda was saying. She thought it would not take too much away from the RVT's training since it is just whether to give a drug slower or not, and they get that with other injectable drugs if they are not calculating and pulling it up. She stated excluding it would probably be the cleanest thing. However, she thought it would be helpful to train RVT students in compounding during their training. In light of that, due to the pharmacy law and the

complication that the Board finds itself in with pharmacy law, as it tries hard to keep its compounding abilities, she stated it would be cleaner to exclude RVT students from compounding.

[Ms. Shufelt](#) stated they do not do that at her school. She added the students calculate all the control drugs and then the instructors or the instructional lab RVT stand there and watch them pull up the drugs because they are learning rules of orders of pulling up drugs and things, and then they administer them as part of their surgery labs. Ms. Shufelt had not really thought about it, something like propofol has the same effect as they give them. But she thought it was an important part of their learning process, so maybe in RVT education that immediate supervision was reasonable with controlled drugs. Ms. Shufelt agreed without background checks and things, she was not sure what different schools require for their students to start their program.

[Ms. Loreda](#) agreed. She did not have strong feelings about the compounding, but for administering controlled substances, if that was a big part of the RVT student's learning experience, she would not want it taken away from them.

[Ms. Welch](#) stated she saw the benefit of educating students in administering controlled substances, but right now the Board did not have a definition of "immediate supervision" under the regulations. She noted the Board does have "direct" and "indirect" [supervision] definitions. In addition, she stated there may need to be some regulations to insert a definition for "immediate supervision" or it could state that a RVT student could only administer controlled substances in the presence of a supervising RVT or veterinarian.

[Dr. Bradbury](#) liked Ms. Welch's suggestion. She stated one of the main tasks that RVTs perform is anesthesia.

[Ms. Sieferman](#) stated that [BPC section] 4841.1 already states acting under the direct supervision of the veterinarian, so RVT students would still be able to administer medications as written.

[Ms. Welch](#) responded that was correct, but "direct" is just "in the building." She stated the concern was about drug diversion at the federal level. She added, at the state level, the student administering controlled substances in the immediate presence of someone else who is licensed, she thought helped to put that belt and suspenders on diversion oversight.

[Ms. Shufelt](#) requested public comment on BPC section 4841.1. The following public comments were made on this item:

- [Dr. Miller](#) stated he knew the Board had "immediate supervision" in its [California Veterinary Medicine Practice] Act. He thought it was in statute and it is in relation to veterinary students. His understanding was that, and he admitted he could be wrong, the word "immediate" was universally understood to mean that they [supervisors] are right there. He stated maybe the Board needed to define it, or maybe not, because it already exists in statute in relation

to veterinary students doing surgery and private practice; it is under the immediate supervision of the veterinarian. He wondered whether or not if the Board was to include immediate supervision if it could be under either a licensed veterinarian or an RVT in [BPC section] 4841.1. He also inquired if this was the only section for public comment.

[Ms. Shufelt](#) requested yes,

- [Dr. Miller](#) asked if the Committee remembered where “immediate” is in the actual statute.

[Ms. Welch](#) responded she was unable to recall the reference.

- [Dr. Miller](#) stated it was in BPC [section] 4830; “a student of a veterinary medical program accredited by the [American Veterinary Medical Association (AVMA)] who participates as part of the student’s formal curriculum in the diagnosis and treatment with direct supervision by [a] veterinarian, or in surgery with immediate supervision by a California-licensed veterinarian provided all of the following...” Dr. Miller stated the Board has it in its law already, this undefined term “immediate,” but the understanding was that immediate can only mean one thing, that the veterinarian is right there. He wondered if the Board would need to go that far to define it in regulations.

[Ms. Welch](#) responded she was okay with using “immediate supervision,” because that was statutory language and would not otherwise have to be clarified in regulation. She asked the Committee if it wanted exception language for administration of controlled substances under immediate supervision. She thought it probably was a good thing to require immediate supervision [by] an RVT or licensed veterinarian, because otherwise it is just direct veterinarian. The veterinarian [being] “in the building” does not quite get the Board where it would want to be with controlled substances and, potentially, for drug compounding. She stated she did not know if she heard a disagreement with exempting that completely, so not authorizing RVT students to compound drugs. She asked for clarification from the members.

[Dr. Bradbury](#) stated she thought it was an important skill if the Board is asking [RVT students] to do it in the clinic as well, so perhaps the language can have them both under immediate supervision.

[Dr. Sullivan](#) responded he would have no problem with immediate.

[Ms. Welch](#) asked would that be immediate veterinarian supervision for drug compounding.

- [Bonnie Lutz](#) stated she reviewed all the practice acts in the country and several of them have definitions for immediate supervision and they do vary, which she found interesting. She recommended that the Committee add that definition to the regulation [CCR, title 16, section] 2034 to avoid any confusion, in case “immediate” is not clear as a bell to most people, because the Board has [CCR,

title 16, section] 2034, and it seems it would not be too difficult to add “immediate supervision” to that regulation.

- [Anita Levy Hudson](#), RVT, President of CaRVTA, stated that when discussing this or definitely considering the consumer protection standpoint, which is excellent, the Committee is talking about RVT students; there is a difference. She knew legally, there was not a difference between RVT student and assistant, but the RVT student, if they are not able to actually go through the official motions with supervision, then that was an unfairness given to them on their instruction. She understood they have in school, but typically in practice, this action would be overseen by the veterinarian or an RVT. She thought that it would be beneficial to continue to do that, even though it may be just a small action. She thought someone mentioned watching how the breath is affected etc., but the nerves that are there when they are doing this for real, independently, on their own for the first time, more in the supervision anyway, so she thought they should still be able to do this, regardless of the supervision that is given, whether it be a licensed veterinarian or an RVT.

[Ms. Shufelt](#) asked Ms. Hudson for clarification if she was speaking of both the compounding and the control substance.

- [Ms. Hudson](#) confirmed she was talking about both. She did not think it was harmful to have supervision with these actions, which sounded like what the Committee was leaning towards, but she did think actually going through the motions of completing these actions is very important from the standpoint of the RVT student. She stated the RVT student sometimes needs to fill in the blanks and that students learn not just visually or auditorily, but also by doing. She would not want to see that opportunity go away.
- [Ms. Ehrlich](#) agreed with everything that Ms. Hudson stated; it is critical. She said controlled drugs are among the most dangerous that RVTs administer to animals, and it was critical that the students are given the opportunity to learn how to do it appropriately in school. She added in terms of compounding, it was rather complicated, and it was certainly something that should be taught in school. She agreed that “immediate supervision” was a good idea and putting the definition of “immediate supervision” in the regulations would make it simpler and perhaps it would be used in other circumstances as well. She supported this concept, as long as the Board allows the students to do this in school under immediate supervision, both tasks, controlled substances and compounding.

The following comment was made on the potential amendment to BPC section 4841.5 and not BPC section 4841.1:

- [Lori Aldrete](#) commented back on an earlier item talking about the reciprocity and the experience of out-of-state students and enabling them to become licensed in California, specifically relative to the “alternate route”, and whether that experience from another state can be signed off as qualifying for their

clinical experience combined with the “alternate route” education. She stated she gets that question from out-of-state students as to whether they have to have the two years of experience or the 4,416 hours of experience for a California license. She stated the task list allows for signature of another state license veterinarian. She asked for some clarity of that and as to whether the Board was going to codify that into the regulatory requirements as well.

[Ms. Siefertman](#) responded she did not have a comment for Ms. Aldrete. She noted that on [page 8](#), the following changes (proposed additions are in [underline blue text](#); proposed deletions are in ~~red strikethrough text~~) to BPC section 4842 should be stricken because it no longer applies:

“The board may deny an registered veterinary technician application ~~to take a written and practical examination for registration as a registered veterinary technician~~ if the applicant has done any of the following:”

[Ms. Loreda](#) stated was comfortable with direct supervision with the way it was written. She was not concerned about what is going on in the schools, but she is when the RVT student is at a site. She noted with the direct supervision, even if the RVT immediately supervising the student is still under the supervision of the veterinarian, who is there. She stated maybe the veterinarian is in the surgery suite as the RVT is assisting the next patient. She stated she was comfortable with the way it was written, but it appeared the Committee was leaning towards adding immediate supervision. She requested it take the definition of immediate supervision that was just found and adding that to this language to make it clean.

[Dr. Bradbury](#) stated she thought it had to be added to the regulations. She noted maybe that was Ms. Lutz’s recommendation, but Dr. Miller did not think it was required. She requested a subdivision in 4841.1 that states specifically regarding controlled substances and compounded medications that it would be under immediate supervision. She noted that for the next meeting, the definition of immediate supervision, and the regulations could be addressed, because this is a legislative proposal. She inquired when it was going to be reviewed by the Legislature.

[Ms. Siefertman](#) responded it depended if the Board approved the legislative proposal, it could try to get into an Omnibus bill what was already suggested in the meeting. She also stated if it is not successful, it can be added as part of the Board’s Sunset bill. She noted the regulations would not even start being promulgated until after that legislation becomes effective.

[Dr. Bradbury](#) stated the Board could use the term “immediate” based on the fact that it is defined elsewhere, so it does not necessarily have to be too concerned. She noted that the Board may need to keep it on its radar and decide whether it wants to decide in the April 19, 2023 meeting on the direction it wants to take and whether a regulation is required for defining it.

[Ms. Shufelt](#) asked if the Committee was thinking of changing the word “direct” under [BPC section] 4841.1 to “immediate” supervision of a California licensed veterinarian or registered veterinary technician.

[Dr. Bradbury](#) did not think so because it is specific for the controlled substances, otherwise everything would need to be under immediate supervision. She noted there would need to be another segment in there.

[Ms. Siefertman](#) noted that during conversion of the posted meeting materials, some language for proposed BPC section 4841.5, subdivision (d), was left off and should state the following (proposed additions are in [underline blue text](#)):

“An applicant who does not qualify for registration eligibility under subdivisions (a) through (c) and has a valid license, certificate, or registration as a veterinary technician [in another state, district, or territory of the United States or Canada, may establish](#) eligibility to obtain registration by submitting proof of all of the following:

[Ms. Welch](#) pointed out that paragraph (2) under subsection (d) indicates clarity in that an RVT licensed in another state could qualify for California licensure by successfully completing 4,416 hours under the direct supervision of a veterinarian licensed in another state, district, or territory of the US or Canada. It would not be California veterinarian specific.

[Ms. Shufelt](#) requested public comment on BPC section 4841.4. The following public comments were made on this item:

- [Dr. Miller](#) stated in relation to [BPC section] 4841.5, in the opening clause and then in [sub]section (d), which he realized was somewhat redacted in the printed materials, but the comment would remain the same. In relation to the applicant “furnishing satisfactory evidence of one of the following,” that triggered something [for him]. It reminded him of a change that was proposed in SB 887, which is an Omnibus bill, relating to veterinarian applicants and basically the understanding that he had, which was non-controversial, was that the Board wanted to retain some ability to electronically confirm or directly confer with the state, Canadian province, or United States territory in which the applicant currently holds a license. He inquired if the Committee would consider adding some language in a provision to give the Board authority to directly contact these states, because at this point, it hinges on the applicants submitting it both in the opening clause and in [subdivision] (d), where it states they will “submit proof of the following...” He asked if the Board wanted similar ability that is written into [SB] 887 to independently confirm their eligibility.

[Dr. Bradbury](#) stated it made sense to her. She remembered the Board had run into that problem with veterinarian licenses.

- [Dr. Miller](#) stated in the [SB] 887 language, it was written into [BPC section] 4846, which was discussed and approved by the Board to give it statutory

authority to independently connect with the state, U.S. territory, or Canadian province where applicants come from to verify their eligibility.

[Ms. Siefertman](#) noted that the Board already had authority, but the language was added to clarify because there was some confusion with it.

- [Dr. Miller](#) requested that if it is the Committee’s intention to define “immediate supervision” because it is not defined in law, it is just referenced in law, that the Board do that as soon as possible.
- [Ms. Lutz](#) stated that for the definition of “immediate supervision,” in the Texas Occupations Code, it defines “immediate supervision” as supervision by a person who is within audible and visual range of both the animal patient and the person under supervision. She stated that of all the [laws] that she has read, that one she liked the best because it does not add all kinds of other details to it that make it almost impossible to comply with.
- [Ms. Ehrlich](#) commented that the language has the 24-month restriction on the out-of-state RVT. She believed the Board was removing it for California applicants, so she suggested that it get removed from the proposed language.

To address the issues raised during discussion, [Ms. Siefertman](#) and Ms. Welch presented revisions to the legislative proposal as follows (proposed additions are in underline blue text; proposed deletions are in ~~red strikethrough text~~):

4841.1. (a)-This article shall not apply to students ~~in the clinical portion of their final year of study in a board-approved~~ California veterinary technology program who perform the job tasks for registered veterinary technicians as part of their educational experience, including students both on and off campus acting under the direct supervision of a California licensed veterinarian in good standing, as defined in paragraph (1) of subdivision (b) of Section 4848 ~~except that such students shall only administer controlled substances and perform drug compounding under immediate supervision of a registered veterinary technician or California licensed veterinarian. For purposes of this section, “immediate supervision” means supervision by a person who is within audible and visual range of both the animal patient and the person being supervised.~~

[...]

4841.5. To obtain registration as a registered veterinary technician, the applicant shall furnish satisfactory evidence of one of the following:

(a) Graduation from, at minimum, a two-year curriculum in veterinary technology, in a college or other postsecondary institution accredited by the American Veterinary Medical Association ~~approved by the board~~, or the equivalent thereof, as determined by the board. In the case of a private postsecondary institution, the institution shall also be approved by the Bureau for Private Postsecondary Education. Proof of graduation shall be ~~submitted directly to the board~~ by confirmed through electronic means or direct submission from the college,

other postsecondary institution, or American Association of Veterinary State Boards.

[...]

(c) Education equivalency certified by the American Association of Veterinary State Boards Program for the Assessment of Veterinary Education Equivalence for Veterinary Technicians. The certificate of education equivalence shall be ~~submitted directly to the board by~~ confirmed through electronic means or direct submission from the American Association of Veterinary State Boards.

[...]

(d) An applicant who does not qualify for registration eligibility under subdivisions (a) through (c) and has a valid license, certificate, or registration as a veterinary technician in another state, district, or territory of the United States or Canada, may establish eligibility to obtain registration by submitting proof of all of the following:

(1) An active and unrestricted license, certificate, or registration issued by another state, district, or territory of the United States or Canada to practice as a veterinary technician that is not subject to any current or pending disciplinary action, such as revocation, suspension, or probation. License verification, including any disciplinary or enforcement history, shall be confirmed through electronic means or direct submission from the licensing entity.

(2) Successful completion of at least 4,416 hours, ~~completed in no less than 24 months,~~ of directed clinical practice, under the direct supervision of a veterinarian licensed in another state, district, or territory of the United States or Canada.

[...]

Ms. Welch noted that the revisions would provide for drug compounding by an RVT student; there will need to be a follow-up legislative proposal to amend BPC section 4826.5, which is the statute that authorizes a California licensed veterinarian or RVT to compound drugs for animal use. She noted that section was not agendaized to be amended at this meeting so it will need to be followed up at another meeting for that revision.

The following motion was made on this item:

- Motion: Christina Bradbury, DVM, moved and Richard Sullivan, DVM, seconded the motion to recommend to the Board the legislative proposal to amend BPC sections 4841.1, 4841.4, 4841.5, and 4842, and repeal sections 4842.1 and 4843 regarding RVT registration requirements and RVT school or degree program approvals as amended at this meeting.

[Dr. Sequoia](#) inquired that since the proposal struck the 24-month requirement whether there was a five-year cap on the requirement.

[Ms. Sieferman](#) responded it was a little challenging to make out what Dr. Sequoia was stating, but Ms. Sieferman thought Dr. Sequoia was asking for clarification about the five-year cap. Ms. Sieferman stated she was referring to a prior rulemaking package where the Board had approved recommendations to strike the expiration of the education, and a five-year expiration for experience. She noted the Board already approved striking that limit, and so using the same logic, it should not expire education or experience that one acquires.

[Dr. Sequoia](#) stated she was still confused because the reason she brought this up was because it was discussed in the Subcommittee on expert witnesses and it was not going to leave it open-ended that if they had subject matter experience that was 20 years ago that was acceptable, so following that logic she stated there would still need to put a cap on successful completion of both education and clinical experience. She thought five years was reasonable.

[Dr. Sullivan](#) stated that by removing it, once the applicant has the education component, it really does not expire. He was not exactly sure why it was in there originally, but if an applicant took the courses and passed them [they retain the knowledge]. He noted this was about entry level [into the profession], and the discussion is about the same thing with the work experience. He stated when it comes to disciplinary cases, he believed that was a whole different level and recent experience on technical issues was a little bit more critical. He did not think there was a close comparison there.

[Dr. Sequoia](#) stated she understood the reasoning. She questioned if someone had been out [of practice] for 10 years if they have been doing their [Continuing Education] CE to keep current or practicing in the field.

[Ms. Shufelt](#) responded this is for the clinical practice for someone licensed in another state, because if the Board had a time limit on it, the applicant could have completed all their experience many years ago, but the applicant still has to be licensed in another state to be part of this.

[Dr. Sequoia](#) inquired if the Board would be relying on the other state for CE requirements.

[Ms. Sieferman](#) responded this is specifically related to the clinical practice that the applicant was receiving, and in line with the logic that the Board had applied with expiring education and experience in order to qualify for a registration. She stated the biggest issue that was happening was (1) it is not equivalent to the Board's process it is doing for veterinarians – their education and clinical practice experience does not expire; and (2) there was no real consumer protection benefit to expiring the education and experience, and it was making it a burden for the applicants and Board staff. However, the applicant may have completed the requirement in blocks of time and could have credit fall off because the time hit the

24-month requirement. The applicant would then have to retake courses, and then Board staff would need to reverify the experience, which was costly for both applicants and the Board.

[Dr. Sequoia](#) stated that made sense and she thanked Ms. Sieferman for the clarification.

[Ms. Welch](#) recommended an amendment to the motion to revise the language in BPC section 4841.5, subdivision (d), as follows (proposed additions are in underline blue text; proposed deletions are in ~~red strikethrough text~~; the additional recommendations since the last motion are highlighted in yellow):

[...]

- (1) An active and unrestricted license, certificate, or registration issued by another state, district, or territory of the United States or Canada to practice as a veterinary technician that is not subject to any current or pending disciplinary action, such as revocation, suspension, or probation. License, certificate, or registration verification, including any disciplinary or enforcement history, shall be confirmed through electronic means or direct submission from the licensing entity.
- (2) Successful completion of at least 4,416 hours, ~~completed in no less than 24 months,~~ of directed clinical practice, under the direct supervision of a veterinarian licensed in another state, district, or territory of the United States or Canada.

[...]

[Dr. Bradbury](#) and Dr. Sullivan accepted the amendment to the motion.

[Ms. Shufelt](#) requested public comment before the Committee voted on the motion. The following public comment was made on this item:

- [Ms. Ehrlich](#) stated that the “no less than 24 months” is the opposite of what the Committee was thinking. It was put in there to prevent a candidate from working 24 hours a day to achieve the 4,416 hours and not to limit the number of months that they could complete it in. She stated, in other words, no fewer than 24 months. She added, the RVT applicant had to take at least 24 months to get the 4,416 hours. She stated she had no problem with eliminating it. She just wanted the Committee to understand why it was put in there in the first place.

Ms. Shufelt called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion.

- Vote: The motion carried 7-0.

7. Update and Discussion from Complaint Process Audit Subcommittee – Christina Bradbury, DVM, and Dianne Sequoia, DVM

[Meeting Materials](#)

Webcast: [02:27:19](#)

Dr. Bradbury presented this item. She informed the Committee that Dr. Lane Johnson had passed away, and she provided a background of how Dr. Johnson contributed to the Board's Wellness Evaluation Committee for nine years and the Enforcement Unit. In addition, he was a staff veterinarian at the University of California, Davis, School of Veterinary Medicine. Dr. Bradbury and Ms. Siefertman responded to questions.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) asked for elaboration on the report relating to the prioritization of the allegations and checking with other boards and on what part of that there was consideration that may need to be addressed or looked into further.

[Dr. Bradbury](#) responded her understanding was that about 50% of the Board's cases fall into the top priority right now, following the code as it stands on how to prioritize its cases, but the Board was trying to figure out if there was a better way to strategize its cases. She noted the Board may want to address the really egregious claims more quickly, such as death or serious harm to an animal, and not have as many situations lumped into the same grouping.

- [Dr. Miller](#) stated in [BPC section] 4875.1, the prioritization of allegations does not expressly name on licensed or legal activity, and if the Board were to be looking at maybe seeing what other [DCA] boards are doing or looking at if it wanted to somehow reorder these or maybe make a subsection, he would be very interested in including unlicensed activity as one of the prioritizations of the Board.

8. Update and Discussion from Animal Blood Banks Subcommittee – Christina Bradbury, DVM, and W. Kent Fowler, DVM

Webcast: [02:42:48](#)

Dr. Bradbury presented this item, including information about the CVMA's webinar, the development of Frequently Asked Questions (FAQ) on the Board's website, and status of an additional Board position. Ms. Siefertman, Dr. Bradbury, and Ms. Welch answered questions.

[Dr. Bradbury](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) stated he was trying to look up the bill because he thought that every community blood bank needs to register both with the Board and the CDFA. He believed the CDFA handles the product side, but the Board handles the procedure side and the facilities.

[Ms. Siefertman](#) responded that was correct. She clarified she was referring to a situation if there is drawing of the blood at the facility, which would require a premises registration from the vendors who are drawing the blood, but then the blood goes to a separate facility, that facility does all of the processes, those facilities are not the premises that are registered with the Board.

[Dr. Bradbury](#) responded she was asking about somebody who would be drawing the blood in just opening up a facility solely to [draw blood], if the premises was not already a veterinary hospital and all it was doing was collecting and producing blood from community sources.

- [Dr. Miller](#) responded that would be another premises permit because blood collection is now within the practice.

[Ms. Siefertman](#) responded that would be dual jurisdiction, CDFA and the Board.

- [Dr. Miller](#) responded he was not sure the minimum standards in [CCR, title 16, section] 2030 would be what the Board would want to use for that. He stated there may have to be a different regulation, depending on if there is one that shows up that way, if it is an existing veterinary practice. He stated, it is easy because in [CCR, title 16, section] 2030, plus all the requirements specific in this bill to the blood collection, but if it is just one [premises] that is just doing that [blood], it is probably going to need a little bit more attention.

[Dr. Bradbury](#) responded she could see people wanting to do that, but the Board would need to have a fee for that and to promulgate regulations.

- [Dr. Miller](#) also mention CVMA will be offering a second webinar from Dr. Brady on April 26 in the evening. He noted CVMA was launching a blood banking resource, a public resource on its website in May that will include an article by Dr. Brady to be published in CVMA's magazine coming up in the next edition. He noted as soon as that edition is out, CVMA would launch the website that will have not only the laws and regulations but also the articles. He added, CVMA will record that webinar for use in a library in the future, so if somebody wants to watch that video or lectured, on at least the regulatory side of it, CVMA has it available as a resource. He stated CVMA felt there was a need to also help with the education relating to how an individual can run a blood bank because Dr. Brady's presentations are more about the laws and regulations and how individuals fit into the legal framework. He added, a lot of people had questions about the business side, such as what refrigerators are they supposed to use and centrifuges, and CVMA felt there might be another need for it to secure a speaker, such as Dr. Owens or Dr. Epstein who has actually run a blood bank, to go through the nuts and bolts of how it is put together to

make these blood banks work. He added CVMA is doing its part to help educate the profession and create those resources. He stated it is kind of an evolution for CVMA. He wanted to share those resources with the Board and let it know that CVMA was working on its end, too, to make sure that it sets its folks up with the right information and support.

9. Update and Discussion from Equine Practice Subcommittee – W. Kent Fowler, DVM, and Marie Ussery, RVT

Webcast: [02:59:15](#)

Ms. Ussery presented this item. Ms. Ussery and Dr. Sullivan answered questions.

[Ms. Shufelt](#) requested public comment on this item. The following public comment was made on this item:

- [Dr. Miller](#) stated CVMA had also been in contact with a number of practitioners, including Dr. Blea, and CVMA recently submitted its first nomination of a drug to the [U.S. Food and Drug Administration's (FDA) Guidance for Industry] GFI 256 [Compounding Animal Drugs from Bulk Drug Substances] inclusion lists. He added CVMA is learning how to do that and it is working with the AVMA. He added CVMA is also testing out to see how long this process is really going to take because that was one of the concerns about this whole issue is of it is sitting at the FDA on a waitlist. He claimed that is all the days that practitioners do not have it in their hands when they need it. He stated they nominated DMSO [dimethyl sulfoxide] Topical Liquid because it has been taken out of production by Zoetis. The FDA approved manufacturer is no longer producing it, but it is an emergency drug for acute inflammation reduction in horses. CVMA submitted that request last week and started the timer, and it was going to see how it works out. He noted CVMA is now doing that on behalf of the profession, at least in the state when it hears from doctors who cannot receive medications, it is trying to research whether or not the medications are indeed unavailable in FDA form. If the medications are not, then CVMA is now moving forward with nominating them to the list.

[Dr. Sullivan](#) stated it was his understanding that if it was on the wait list, it could still be compounded, but once the FDA makes a decision, then it is the decision.

- [Dr. Miller](#) responded that would be news to him and that would be great news because so many of them are on the waitlist; out of all the lists that they have, the waitlist is actually the longest list.

[Dr. Sullivan](#) responded he would double check on that and let Dr. Miller know.

10. Update and Discussion from Medical Records Keeping Subcommittee – W. Kent Fowler, DVM, and Richard Sullivan, DVM

Webcast: [03:05:05](#)

Dr. Sullivan presented this item and responded to questions.

[Ms. Shufelt](#) requested public comment on this item. There were no public comments made on this item.

11. Future Agenda Items and Meeting Dates

Webcast: [03:20:20](#)

Ms. Shufelt presented this item and the meeting materials, which listed the following proposed future meeting dates as follows:

- July 18, 2023
- October 17, 2023

[Ms. Siefertman](#) noted items the Committee can expect to see in the future include Equine Practice Subcommittee, Medical Records Subcommittee, the complaint prioritization statute to reevaluate the issues from the Complaint Audit Subcommittee, revisiting [BPC section] 4826.5 relating to drug compounding and RVT students, and RVT pathways to registration.

[Ms. Loreda](#) responded that alternate pathways for RVT students who have a bachelor's degree in an animal sciences related field, so they may sit for the [Veterinary Technician National] Examination.

[Ms. Shufelt](#) requested public comment on this item. There were no public comments made on this item.

12. Adjournment

Ms. Shufelt adjourned the meeting at 2:31 p.m.