



VETERINARY MEDICAL BOARD MEETING MINUTES MAY 24, 2023

In accordance with Government Code section 11133, the Veterinary Medical Board (Board) met via teleconference/WebEx Events on **Wednesday, May 24, 2023**.

9:00 a.m., Wednesday, May 24, 2023

Webcast Link: <https://youtu.be/4aRjIMh6Xw>

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

Webcast: [00:00:56](#)

Board President, Christina Bradbury, DVM, called the meeting to order at 9:01 a.m. Executive Officer, Jessica Siefeman, called roll; seven members of the Board were present, and a quorum was established. Ms. Dianne Prado was absent.

Members Present

Christina Bradbury, DVM, President
Maria Preciosa S. Solacito, DVM, Vice President
Kathy Bowler
Barrie Grant, DVM
Jennifer Loreda, RVT
Jaymie Noland, DVM
Maria Salazar Sperber

Student Liaisons Present

Holly Masterson, University of California, Davis (UC, Davis)
Alexandra Ponkey, Western University of Health Sciences

Staff Present

Jessica Siefeman, Executive Officer
Matt McKinney, Enforcement Manager
Timothy Rodda, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Melissa Caudillo, Enforcement Analyst
Nellie Forget, Enforcement Analyst
Kimberly Gorski, Enforcement Analyst
Amber Kruse, Senior Enforcement Analyst (Hospital Inspection)
Jeffrey Olguin, Lead Administrative & Policy Analyst
Kim Phillips-Francis, Enforcement Analyst

Tara Reasoner, Enforcement Analyst
Tara Welch, Board Counsel, Attorney IV, Department of Consumer Affairs (DCA),
Legal Affairs Division

Guests Present

Brittany Benesi, American Society for the Prevention of Cruelty to Animals (ASPCA)
Allison Cardona, UC, Davis
Brian Cooley
Elizabeth Coronel, Moderator, DCA, SOLID
Alex Cristescu, Information Officer, DCA, Office of Public Affairs
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association
(CaRVTA)
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations
Aubrey Hopkins, Legislative Analyst, DCA, Division of Legislative Affairs
David Kirk
Jamie Larson, Director, Sacramento Society for the Prevention of Cruelty to
Animals (Sacramento SPCA)
Michelle Meyer, DVM, Sacramento SPCA
Grant Miller, DVM, California Veterinary Medical Association (CVMA)
Kristi Pawlowski
Jeff Pollard, DVM
Barbara Schmitz, Esq., San Francisco Society for the Prevention of Cruelty to
Animals (San Francisco SPCA)
Charis Seinfeld, Lobbyist, Pet Cannabis Coalition
Richard Sullivan, DVM
Colleen Tansey Baldwin, DVM
Julianna Tetlow, San Diego Humane Society
Cheryl Waterhouse, DVM

2. Public Comment on Items Not on the Agenda

Webcast: [00:01:36](#)

Dr. Bradbury requested public comment. The following public comments was made on this item:

- [Charis Seinfeld](#), lobbyist, Pet Cannabis Coalition, stated the Coalition led the effort to pass [Assembly Bill \(AB\) 1885](#) [(Kalra, Chapter 389, Statutes of 2022)]. She shared the Coalition's recommendations for the regulatory process, and she strongly advocated for the involvement of veterinarians in the process of implementing and regulating this bill. She added the Coalition proposed the following recommendations regarding the implementation and regulatory aspects of AB 1885. They emphasized the importance of aligning the limit of THC in cannabis products intended for animal consumption with the limits already established for human cannabis products as stipulated by existing law. She stated pets come in various sizes, and setting the THC limits for cannabis products intended for pets could diminish therapeutic value for such products

for larger animals. She advised against mandating additional training for veterinarians to recommend cannabis; determining the educational requirements for veterinarians should be the responsibility of veterinarians themselves and the Veterinary Medical Board. She added this viewpoint aligns with the stance of CVMA. She stated that veterinary colleagues in Mexico and Colombia have been actively using cannabis in practice and have found benefits for a number of conditions across a wide range of species, including mammals, avians, amphibians, and reptiles. In California and more generally in the U.S., she claimed the profession was falling behind, and understanding the endocannabinoid system and utilizing cannabis as a tool can improve the lives of countless animals across the state. She stated the Coalition believes that implementing the aforementioned recommendations will safeguard the welfare of animals benefiting from cannabis products and also protect the interests of veterinarians and the veterinary medicine industry.

3. Interviews, Discussion, and Possible Appointment to Fill Vacant Multidisciplinary Advisory Committee (MDC) Veterinarian Member Position.

[Meeting Materials](#)

Webcast: [00:05:55](#)

The Board conducted interviews to fill the veterinarian member position on the MDC. Prior to the meeting, the Board's Executive Committee selected the following top two candidates for the Board's consideration:

- [Colleen Tansey Baldwin](#), License No. [17224](#)
- [Cheryl Waterhouse](#), License No. [11381](#)

After the interviews, the following motion was made:

- [Motion](#): Kathy Bowler moved and Jaymie Noland, DVM, seconded a motion to appoint Dr. Cheryl Waterhouse to the MDC to serve the remaining veterinarian member term until June 30, 2023, and then serve the full veterinarian member term from July 1, 2023, through June 30, 2026.

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

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

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

4. Discussion and Possible Action on American Association of Veterinary State Boards (AAVSB) Call for Nominations

Webcast: [00:38:42](#)

Ms. Bowler presented this item, including providing a background, about the AAVSB nominations, which includes three licensed individuals and one public member. She recommended that the Board nominate and provide a letter of support for the following individual:

- [Helen Tuzio, DVM, DABVP, CVA](#)

Dr. Bradbury requested a motion. The following motion was made:

- **Motion:** Kathy Bowler moved and Christina Bradbury, DVM, seconded a motion to take a position of support for Dr. Helen Tuzio to be re-elected from the [International Council for Veterinary Assessment] ICVA to the AAVSB and for the Board to send a letter of support.

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

Dr. Bradbury called for the vote on the proposed motion. Ms. Sieferman took a roll call vote on the proposed motion.

- **Vote:** The motion carried 7-0.

5. Update, Discussion, and Possible Action on 2023 Legislation Impacting the Board, DCA, and/or the Veterinary Profession

[Meeting Materials](#)

Webcast: [00:45:18](#)

A. Priority Legislation for Board Consideration

- (1) [AB 1399](#) (Friedman, 2023) **Veterinary Medicine: Veterinarian-Client-Patient Relationship and Veterinary Telemedicine.**

[Meeting Materials](#)

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

Ms. Sieferman presented this item and the meeting materials.

Dr. Bradbury noted that in the proposed legislation, there was no requirement for an in-person examination. She noted on how the Board could provide consumer protection by providing education to the consumers as a portion of the requirements for telehealth. She also noted that the author may be receptive towards the Board's proposed definition of "client," which it had previously discussed. She also expressed concerns over California veterinarians who do not have an established relationship with a California-based veterinary registered premises.

[Dr. Solacito](#) raised concerns over the in-person requirement, which might be a limitation for individuals who may not live close to a veterinary premises.

[Dr. Noland](#) addressed the sponsors' responses to the Board's concerns [detailed in the meeting memo]. The sponsors quoted the American Veterinary Medical Association that approximately 1 out of 3 pets do not receive regular veterinary care. Dr. Noland read from the Access to Veterinary Care Coalition 2018 report, p. 22, regarding the overwhelming reason for consumers not being able to obtain preventative care desired was financial. She believed the bill would provide access to care for a minority of people who are unable to get it due to location or inability to get a large dog into a car. But by far, she stated that overwhelming issue is financial. She performed an internet search for online veterinary care consult services with immediate veterinarian consult appointments. The first two veterinarian results indicated they provided veterinary services in California. She confirmed both veterinarians were licensed in California; one veterinarian's license address was located in Sacramento and the other was located in Arkansas. She expressed concerns over consumer protection by allowing online veterinarians, through a video-based veterinarian-client-patient relationship (VCPR), to prescribe dangerous drugs. She would support online services if the veterinarian had a relationship with a California veterinary premises. However, she also pointed to an October 2022 Journal of the American Academy of Dermatology study that indicated that 30.8% of the time out of the 70 online diagnostics for human dermatologists were wrong. She noted the article pleaded for consumers to go get a physical examination because some of the diagnoses were cancer. She concluded with her opposition to establishing a remote VCPR to prescribe drugs.

[Dr. Grant](#) agreed with Dr. Noland and expressed his concerns with a consumer calling in for telemedicine and ending up with an incorrect diagnosis. When he sees neurologic or layman's cases sent to him via video with a percentage that are entirely wrong. He could appreciate the financial issues, but putting the finances in the way of protecting the animal is incorrect.

[Ms. Bowler](#) expressed concerns over the protection of the animals as well. She inquired if there could be a provision that the veterinarian would have to be within the vicinity of the client. She also noted that the client would also incur the costs for the virtual appointment.

[Dr. Noland](#) and Dr. Bradbury noted the costs for online consultations and medications to be shipped, which may be in addition to a required follow up appointment in-person. Dr. Bradbury noted that the veterinarian would still be responsible for misdiagnosing and prescribing of incorrect medications, if that occurred.

[Dr. Solacito](#) noted telemedicine would be a tool for veterinary practice to provide access to care in particular in the shelters or animal welfare areas. Access to care efforts are aimed at how private practice can participate in providing access to care. Financial concerns are a huge obstacle for people to

provide care to their pets, and telemedicine may be the answer to helping veterinarians provide care to consumers.

Dr. Bradbury noted there likely will be a huge group providing telemedicine care through shelters and animal welfare organizations.

[Dr. Noland](#) inquired whether there was a way to authorize the telemedicine VCPR for low cost or free care services but limit extortion by corporations offering these services. Dr. Solacito thought it may be worth exploring excluding certain groups from telemedicine.

[Ms. Loredo](#) stated she viewed telemedicine in terms of emergency care and to provide relief of pain for the animal.

[Ms. Welch](#) raised concern regarding the extent of the veterinarian's ability to prescribe certain medications under federal law; veterinarian prescription of some medications without an in-person examination may violate federal law. She also noted the need to clarify the definition of "client." If the term "client" was amended to exclude inclusion of "agent," the bill should also include the provision in the Board's legislative proposal that a client could separately authorize an agent to act on the client's behalf. She noted that anyone showing up with an animal [without owner/client consent] is problematic in some veterinary practices, such as equine practice. With respect to limiting corporations from offering telemedicine veterinary services, she said it would be an issue to raise; as long as the bill limits authority to California licensed veterinary services. When a veterinarian is licensed to practice in California but located in another state, there may be problems enforcing California law. She noted the Board's legislative proposal provided appropriate provisions for telemedicine to protect consumers.

[Dr. Grant](#) expressed concerns with artificial intelligence, which may provide means for fake videos, so that individuals could obtain medication when an animal is not in their possession. Dr. Grant reiterated the need for in-person exams.

Dr. Bradbury noted it may be necessary to address obtaining xylazine through telemedicine.

Ms. Bower asked for clarification on the judicious use of antimicrobials under federal law. Ms. Welch was unsure on the laws on that issue, but generally the veterinarian has to prescribe the antimicrobial.

Dr. Solacito reiterated the veterinarian is responsible for veterinary practice and prescribing medication or prescribing a visit for examination.

Dr. Bradbury noted that trusting a veterinarian to go into a room and make decisions is similar to trusting the veterinarian to make decisions through telemedicine. She noted there may always be bad actors, regardless of whether

they are going into a room and barely examining the animal or seeing six patients in an hour through telemedicine to maximize their profits.

Dr. Noland stated that an out-of-state veterinarian practicing telemedicine and prescribing medications in California could surrender their California license, and the Board then has no way to protect the consumer. That licensee could then continue practicing in another state.

Dr. Solacito hoped the Board's decision would not be made for the exceptions rather than the rule; most veterinarians are trying to do the right thing.

Ms. Sieferman clarified that current law, and this bill, do not require a veterinarian to have a California veterinary premises to practice telemedicine in California.

At [Ms. Bowler's](#) request, Ms. Sieferman advised that the Board's April position on the bill was to oppose the bill and directed the Executive Committee and the Executive Officer to engage the author's office and stakeholders in discussion on the bill. Ms. Sieferman advised the Board their options on the bill.

Dr. Bradbury noted there was a lot of support for the bill in the Legislature and her desire to maintain discussions with the author. She expressed her desire to continue discussions on the bill and work with the author so that if the bill was passed, the law has some additional consumer protections in place.

Dr. Bradbury requested and the Board discussed a motion. The following motion was made:

- [Motion](#): Kathy Bowler moved and Barrie Grant, DVM, seconded a motion to oppose unless amended with general amendments to limit the establishment of a VCPR to California licensees who have an association with a veterinary premises within the vicinity of the client, the addition of a more robust informed client consent that outlines limitations of establishing a VCPR via video without a physical examination, revise the definition of "client", and add a statement the "client" can appoint an agent.

The Board continued discussion including clarifying the amendments to address the potential practice outside California or at locations where clients are unable to seek in-person care.

[Dr. Solacito](#) informed the Board of Arizona's provisions which allow the veterinarian to be able to recommend a local veterinarian who can see the animal in-person.

[Dr. Bradbury](#) noted Idaho legislation states the provider shall be familiar with and have access to available medical resources, including emergency resources near the patient's location in order to make appropriate patient referrals when medically indicated.

[Ms. Welch](#) asked if this would be in place of the current requirement in the bill [proposed BPC section 4826.6, subd. (d)(4)] that the veterinarian be able to refer the client to a veterinarian who may be able to see the patient in person upon the request of the client, or if the requirement would be in addition to the requirement.

[Dr. Bradbury](#) stated it would be in addition to it.

After further discussion, the following revised motion was made:

- [Motion](#): Kathy Bowler moved and Barrie Grant, DVM, seconded a motion to oppose unless amended to: (1) remove and replace BPC section 4826.6, subdivision (d)(4), with language that states the provider shall be familiar with and have access to available medical resources, including emergency resources near the patient's location in order to make appropriate patient referrals when medically indicated; (2) provide more robust informed client consent that outlines limitations of telemedicine without an in-person examination; and (3) revise the definition of "client" and add a statement the client can appoint an agent; and delegate authority to the Executive Committee to negotiate amendments to the bill.

[Dr. Grant](#) requested that the Board reach out to the California Horse Racing Board (CHRB) to see if there would be a misuse of the telemedicine VCPR with the horse owners or trainers who may get someone from out-of-state or in-state who is not a racetrack veterinarian to prescribe medications, such as Adequan, for long periods of time. Ms. Welch responded that CHRB has the ability to review the bill and raise their own concerns with it; the Board cannot represent CHRB concerns and it is not a Board bill. She recommended reaching out to the Executive Director of the CHRB to let them know the Board has concerns with the bill and will be working to resolve those concerns, then CHRB separately could reach out to the author if they have concerns.

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

- [Grant Miller](#), DVM, for CVMA, appreciated the dialogue from the Board. He stated the dialogue was reflective of the larger conversation within the veterinary community regarding this subject. He felt the Board was right on with the concerns that were presented. He stated while there are opportunities with telemedicine and there may be some parts and areas within veterinary practice where it may be germane, there are clearly also some very serious possible ramifications for the public and the pets to look out for. CVMA has an opposed position on AB 1399, and he encouraged everyone to review CVMA's website at cvma.net and look in their legislative advocacy section under 2023 update. He stated they update that quite routinely, and there is a copy of CVMA's opposition letter that states their reasons for opposition with some additional talking points about their opposition to the bill. He stated that for the purposes of conversation today,

he requested the Board consider also creating a limitation on how many drugs can be dispensed through telemedicine. He stated there is a dichotomy in the supporters of this bill. Some of the supporters—the main supporters of the bill—are the shelter community but also there is a silent supporter of the bill, which is the virtual Veterinary Care Association. He stated the Association is funded primarily by Dutch and Chewy, which are online platforms that are looking to distribute medications online. He added that Arizona, Ohio, and Florida, and some of the other states have put limitations on the amount of drugs that can be dispensed since the number one type of drug dispensed via telemedicine is antibiotics.

- [Barbara Schmitz](#), Esq., San Francisco SPCA, noted as mentioned during the discussion, Arizona recently passed a bill authorizing veterinary telehealth. She claimed this bill would help modernize medicine for veterinary care. She stated she did not understand why this tool would not be used in the nation's technology capitol. She stated the same standard of care applies as for in-person health; it has been mentioned during part of this discussion. She added this was just a tool that promotes the flexibility, allowing licensed vets, allowing animals, and pet owners to be able to access the care or provide the care that is desperately needed here. She stated the bill does not require any veterinarian to use this tool, it is just a tool to provide care. AB 1399 provides that authorization to allow licensed vets to use telemedicine and there are lots of safeguards in the bill. She stated she did not have time to go through those, but they were there. She stated they felt that this helps to fill very significant gaps in vet care now in the furthest reaches of the state to limited income individuals, to people whose vet is 90 miles away. She stated she gets emails from folks in California [who live in far distances]. She added, it allows access to people who have a hard time taking time off work to spend the entire day getting their animal to a vet, only to find out that "Fido" did not need to see a vet that day or maybe he or she did; it helps people with transportation issues, homebound individuals, [and] people with fractious animals. She stated they are in a place right now where things cannot continue as they are; they really need this tool.
- [Brittany Benesi](#), ASPCA, thanked the Board for its robust discussion and for its continuing desire to remain at the table on discussions of AB 1399. She stated the ASPCA believe that they have many appropriate guard rails in place and certainly believe and trust the veterinary profession to be one of integrity and that the practitioners can be trusted to make appropriate decisions regarding medications. She added the need for an in-person visit and that if a veterinarian is uncomfortable using telehealth as a modality, they absolutely do not have to under this bill. However, they recognize the desire for additional language or guard rails and look forward to working with the Executive Committee on those recommendations.
- [David Kirk](#) commented the amendments the Board noted are very reasonable. He asked if they are accepted into the bill, would the Board

support and should that be incorporated in the motion. He noted the motion made stated “reject unless” and asked if it should be “accept if.”

- [Richard Sullivan](#), DVM, thought that the discussion was fabulous. He emphasized that some of the other states that are dealing with this, and particularly in Arizona, they do have a limitation on how long a prescription can be made before an in-person exam needs to be done. He thought that the shelter facilities do have the ability to follow-up on cases where the treatment has not been successful or the medication is not working or needs to be refilled for long-term care. He thought any time a veterinarian is prescribing a dangerous drug for long-term use, there are definitely conditions that need to be considered, especially effects to liver and kidney function that cannot be assessed visually. He thought there was good sound consumer protection and quality of medicine if there was a limitation of 7 to 10 days in which if a medication is not being successful, that it cannot be refilled, or if it is going to be for a long period of time, that the animal needs to be monitored. He stated in human medicine, during the pandemic when his physician wanted to evaluate how his medication was working, [the physician] would send him to get lab work to get a blood test. He added when he had his virtual exam, he had that in front of [the physician] so [the physician] could medically evaluate his situation. He noted that infrastructure is not available in veterinary medicine. He thought there needed to be some safeguards in order to protect prescription writing for our consumers.

The Board discussed the recommendations, in particular restrictions on the length a prescription could be approved for an animal patient before an in-patient examination would be required. The Board weighed in with 30-day verses a 14-day limitation on a medication requirement, proposing adopting portions of Arizona’s law, and concerns over the xylazine prescription.

After further discussion, the following revised motion was made:

- **Motion:** Kathy Bowler moved and Barrie Grant, DVM, seconded a motion to oppose unless amended to: (1) remove and replace BPC section 4826.6, subdivision (d)(4), with language that states the provider shall be familiar with and have access to available medical resources, including emergency resources near the patient’s location in order to make appropriate patient referrals when medically indicated; (2) provide a more robust informed client consent that outlines limitations of telemedicine without an in-person examination; (3) revise the definition of "client" and add a statement the client can appoint an agent; and (4) include the prescription limitation in Arizona Revised Statute section 32-2240.02, subdivision (b)(1)–(4) but revising paragraph 1 changing 30 days to 14, and in paragraph 4 adding xylazine after controlled substances so that it would be a limitation on prescribing controlled substances and xylazine unless a veterinarian has performed an in-person examination, and delegate authority to the Executive Committee to negotiate amendments to the bill.

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

- [Dr. Miller](#) stated CVMA officially has an opposed position on this bill for several of the reasons that the Board had previously mentioned in its earlier conversation. He noted CVMA will also be looking very closely at some potential amendments and appreciated the Board's introduction of these amendments. He added they are items that CVMA had already discussed preliminarily amongst its own leadership, and they think that they are potentially a very good step toward putting up some adequate guardrails for consumer protection. He pointed out that while there can be limitations in prohibiting controlled substance prescription via telemedicine, federal law already prohibits that in all health care professions. He stated even human medicine cannot do that, so he thought it was very fair to put it in our state laws, but [practitioners] are already prohibited from doing that.

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 6-0. Dr. Noland had to leave the meeting and was absent for the vote.

(2) [Senate Bill \(SB\) 372 \(Menjivar, 2023\) Department of Consumer Affairs: Licensee and Registrant Records: Name and Gender Changes.](#)

[Meeting Materials](#)

Webcast: [02:57:25](#)

Ms. Siefertman presented this item and responded to Board questions, including issues raised by the author's office and concerns raised from the Board's April meeting.

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Christina Bradbury, DVM, moved and Barrie Grant, DVM, seconded a motion to continue to watch and present amendments to the author's office.

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

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 6-0.

(3) **[SB 373](#) (Menjivar, 2023) Board of Behavioral Sciences, Board of Psychology, and Medical Board of California: Licensees' and Registrants' Addresses.**

[Meeting Materials](#)

Webcast: [03:07:37](#)

Ms. Siefertman presented this item including restricting the information related to the address of record to only the city, state, and ZIP code.

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Barrie Grant, DVM, moved and Christina Bradbury, DVM, seconded a motion to support if amended to include the Veterinary Medical Board.

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

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 6-0.

(4) **[SB 669](#) (Cortese, 2023) Veterinarians: Veterinarian-Client-Patient Relationship.**

[Meeting Materials](#)

Webcast: [03:12:30](#)

Ms. Siefertman presented this item.

Dr. Bradbury expressed her concerns over the bill, including the unintended consequences that may occur due to the passage of this bill.

[Ms. Welch](#) clarified that the Board reviewed and approved at its January 2023 Board meeting language under California Code of Regulations (CCR), title 16, section 2032.1, subsection (e)(5), a requirement that prior to prescribing or dispensing vaccines or medications, the supervisor, which is the veterinarian, shall review the documentation required pursuant to subparagraph (G) of paragraph (2). She stated the issue is that only veterinarians can prescribe drugs, medications, and treatments under California law and that is specifically referenced in BPC sections 4826, subdivision (b), 4840.2, and CCR, title 16, section 2036, subsection (a)(3). She noted registered veterinary technicians (RVTs) have authority for emergency provisions of medications. She added that the bill is missing the veterinarian prescription of the treatment, which is a major concern. Ms. Welch continued and addressed Board questions.

Dr. Bradbury requested a motion and the following motion was made:

- [Motion](#): Kathy Bowler moved and Christina Bradbury, DVM, seconded a motion to oppose unless amended to remove of the reference by telephone.

The motion was further discussed and clarified. The following revised motion was made:

- [Motion](#): Kathy Bowler moved and Christina Bradbury, DVM, seconded a motion to oppose unless amended to reflect the amendments included in the meeting materials on pages [18](#) through [20](#), but excluding reference to “available by telephone” in subdivision (b)(2).

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

- [Nancy Ehrlich](#) referenced language that stated the RVT discloses orally, in writing, to the client that the RVT is acting as an agent of the veterinarian and after that the RVT is supposed to obtain oral or written authorization from the client to proceed. She stated as an RVT, she found this section to be extremely offensive. She stated she performed this service 30 years ago, and the clients chose when they wanted to see the technician or the veterinarian. She added as the Board was probably aware, as of January 1, 2023, all RVTs are required to wear name tags with their license number on it. She stated she presumed that the client is choosing to be seen by the RVT, so they know it is an RVT—the person is wearing a name tag with their license number on it. She stated she has never walked into a doctor’s office and had a nurse say she’s working for the doctor and this is their license number. She added she did not see the necessity of this. She claimed it is very offensive to RVTs. She thought that having this oral and written authorization by the client was unnecessary. She added the client should be choosing to see the RVT. She claimed, therefore [the client] knows they are seeing an RVT, and it is not necessary to do all this extra paperwork. She hoped that the Board seriously considered this because not every RVT is going to want to do this and not every veterinarian is going to allow every RVT to do this, so it is up to the veterinarian to decide which RVTs in their practice are qualified.
- [Dr. Miller](#) asked the Board to reconsider the telephone availability requirement. He stated it was an ask from the shelter community. He added CVMA was very grateful to Kawa San Diego Humane and [San Francisco] SPCA for only asking for that amendment. He noted they could have really put a serious dent in this bill, and he thought that they recognize that there was a really good spirit behind the bill and good intent. He noted all they wanted was for telephone availability for the veterinarians. He stated when an animal receives a vaccine, about the only thing that can go wrong is anaphylaxis. He continued, in the case of anaphylaxis, having a veterinarian in the general vicinity is really useless, in fact even having them on the

phone is really useless, as the individual has to know exactly what to do very quickly. He stated in that regard to RVTs under CCR, [title] 16, section 2069, [they] have the ability to act in an emergency. He added, those tasks are largely commensurate with treating anaphylaxis, so it is known that they have the training and education to do it. He added, CVMA discussed this and recognized that whether the vet is in the general vicinity or whether the vet is available by phone, it is going to be up to the RVT to act immediately. If there is anaphylaxis given, that it is exceedingly rare to have an anaphylactic reaction to a vaccine. He added CVMA felt that it was an acceptable risk to accept the available by telephone request from the shelter community, and that essentially removed their opposition to the bill. He asked the Board to consider that because CVMA would like to see this bill move forward.

- [Ms. Schmitz](#), Esq., San Francisco SPCA, echoed what Dr. Miller had conveyed. She stated they strenuously urged the Board not to ask for removal of the or by telephone language as it is critical language in having this bill work the way that the sheltering community needs it to work and the way that the community needs it to work. She noted the Sacramento SPCA was not able to be on the call that was reason she was speaking on their behalf in relation to BPC 4826.7, subdivision (c), allowing RVTs to administer the vaccines. She stated for example at vaccine clinics, it is a significant help in providing preventative care to animals; the vaccine clinics are an excellent tool to help prevent disease and disease outbreaks that are costly and devastating. She stated the language that the Board was suggesting in reference to reviewing the records, would undercut the aims of this bill. She respectfully urged the Board to drop that request. She stated that there were guard rails in place because this is all being done under the authority of the vet.
- [Jamie Larson](#), Director, Sacramento SPCA, thanked Ms. Schmitz. She stated she was a proud RVT with over 22 years of experience in small animal private practice, RVT education, and animal sheltering and welfare with an emphasis on keeping pets healthy and in their homes with the people who love them. She stated access to care is affecting all communities, including private practice veterinary clinics, hospitals, and shelters. She stated increasing access to the most basic, yet arguably, the most essential care by keeping both animals and people protected against highly contagious diseases and parasites should be everyone's number one priority. She added the ability to do this while freeing up veterinarians to dedicate their time to more advanced care, including surgeries, treatments of medical conditions, interpreting diagnostics, and so much more, is essential. She stated amendments requiring the veterinarian to review the record and approve the care without actually seeing the patient does nothing to increase care for the patient and is basically a technicality that distracts the veterinarian from other essential duties that only they can perform. She respectfully reminded the Board that burnout is real and is caused by the feeling that one must be everywhere all at once, and they are the only ones

that can perform a task right now—that is the truth for veterinarians in California and across the nation, which is why more vets are leaving the field than ever before. She stated that some of this demand can be removed by allowing veterinarians the choice to use their highly trained RVTs to perform tasks well within their training and experience to reduce the burden on veterinarians, expand access to veterinary care, and improve the lives of pets and their people. She asked the Board to support SB 669 as written to bring relief to veterinarians and increase access to the essential care to keep pets.

After hearing public comment, the following revised motion was made:

- [Motion](#): Kathy Bowler moved and Christina Bradbury, DVM, seconded a motion to oppose unless amended to reflect the amendments included in the meeting materials on pages [18](#) through [20](#).

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

- [Ms. Schmitz](#), Esq., San Francisco SPCA, thanked the Board on the motion. She stated that the motion was not clear to her whether or not the record language is going to remain in the amendments that the Board was seeking, and so some of the concerns she had shared previously—the concerns that she shared on behalf of Sacramento SPCA also are shared by the San Francisco SPCA. She stated she was hoping to have that additional change as well.
- [Ms. Ehrlich](#) stated that she also agreed that requiring the veterinarian to review the documentation presents the same problem as requiring a veterinarian to be in the general vicinity and not by telephone. If the veterinarian is merely available by telephone, they cannot very well review the documentation. She urged the Board to remove that recommendation and consider her additional points earlier about the offensive nature of requiring RVTs to identify the supervising veterinarian.

Dr. Bradbury called for the vote on the proposed motion. Ms. Siefertman took a roll call vote on the proposed motion.

- [Vote](#): The motion carried 5-1. Ms. Loreda opposed the motion.

6. Adjournment

The meeting was adjourned at 1:02 p.m.