California Veterinary Medical Board

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MEMORANDUM

DATE	September 30, 2025
TO	Multidisciplinary Advisory Committee (MDC)
FROM	Veterinary Practice Subcommittee (Subcommittee) Richard Sullivan, DVM Marie Ussery, RVT
SUBJECT	**Agenda Item 7. Update, Discussion, and Possible Action on Recommendations from the Veterinary Practice Subcommittee**

A. MASH Clinics and Minimum Standards for Alternate Veterinary Premises Rulemaking

During the July 2025 Board meeting, Animal Balance and the San Francisco Society for the Prevention of Cruelty to Animals (SF SPCA) submitted this letter, dated July 7, 2025, to the Board regarding their desire to operate Mobile Animal Sterilization Hospital (MASH) clinics throughout California.

Animal Balance and SF SPCA work together to provide High-Quality, High Volume Spay and Neuter (HQHVSN) services within California registered veterinary premises. They would like to expand their necessary services through MASH style clinics. MASH style clinics enable Animal Balance and SF SPCA to "sterilize (and vaccinate) over 60 animals per day, and 200 animals over a three-day clinic."

As stated in the letter, "MASH clinics involve a single space that operates as a complete registration-through-discharge operation. The clinics are often set up inside a large room, such as a community center or gymnasium. They can be set up in any community, and are designed to be inclusive, accessible and affordable."

The main concern raised in the letter is the current regulatory requirements in California Code of Regulations (CCR), title 16, section 2030, subsections (g)(1) through (5), that require a surgery suite to have walls from the ceiling to the floor and a door. Animal Balance and SF SPCA state, "The undisputed crisis with respect to access to spay-neuter services, and the reality of disaster-response situations, presents the urgent need for a formal exemption for temporary HQHVSN and disaster response clinics that do not meet the current surgery suite requirements."

At the Board's July 16-27, 2025 meeting, Board members expressed strong interest in further research, through the MDC, of these issues. It was also anticipated these issues would be discussed more thoroughly after the public comment period for the pending for

alternate veterinary premises rulemaking (rulemaking). However, public comment for the rulemaking ended on August 4, 2025, and the Board received no adverse comments.

On August 15, 2025, the Subcommittee met with representatives from Animal Balance, SF SPCA, and San Diego Humane Society to discuss the concerns raised in the July 7, 2025 letter. During the discussion, it was acknowledged MASH style clinics were not contemplated when the rulemaking was drafted, and the mobile veterinary premises were not intended to allow for aseptic surgeries to occur in large open settings like community centers or gymnasiums.

To better understand how MASH style clinics work and the potential regulatory challenges preventing them from occurring in California, the Subcommittee invited Animal Balance and SF SPCA to provide an overview to the MDC (Agenda Item 5).

After listening to the presentation and the MDC discussion, the Subcommittee will evaluate the current veterinary premises requirements to see what, if any, amendments may be made to accommodate MASH style clinics while adequately protecting consumers and animals.

B. Challenges Related to Licensee Manager Requirements

The rulemaking referenced above also included the following minor revisions to CCR, title 16, section 2030.05 (additions in single underlined text, deletions in single strikethrough text):

> (a) A Licensee Manager is the California licensed veterinarian named as the Licensee Manager on a ~~facility's~~ veterinary premises ~~permit~~ registration.
>
> (b) The Licensee Manager is responsible for ensuring that the premises for which ~~he/she is~~ they are manager complies with the requirements in sections 4853, 4854, 4855, and 4856 of the ~~Business and Professions Code, Division 2, Chapter 11, Article 3~~code. The Licensee Manager is responsible for ensuring that the physical and operational components of ~~a~~ the veterinary premises meet the minimum standards of practice as set forth in sections 2030 through 2032.5 of this article and section 1251 of Chapter 12 of Part 2 of Title 24 of the California Code of Regulations~~, Title 16, Division 20, Article 4~~.
>
> (c) The Licensee Manager is responsible for ensuring that no unlicensed activity is occurring within the premises or in any location where any function of veterinary medicine, veterinary surgery or veterinary dentistry is being conducted off the veterinary premises under the auspices of this veterinary premises ~~license~~ registration.
>
> (d) The Licensee Manager shall maintain whatever physical presence is reasonable within the ~~facility~~ veterinary premises to ensure that the requirements in subsections (a) ~~–~~ through (c) are met.

(e) Each licensed veterinarian shall be responsible for their individual violations of the Veterinary Medicine Practice Act or any regulation adopted thereunder.

The Board's Executive Officer and Enforcement Managers have shared significant concerns with the licensee manager structure and the lack of accountability for the veterinary premises owners. These concerns include the following:

Licensee Manager Rotating Door

Although the licensee manager is the sole individual responsible for ensuring the veterinary premises satisfies the minimum standards, the premises owner is often not the licensee manager and can be an unlicensed individual/entity.

The Board hears from licensee managers often that premises owners will not approve or pay for necessary changes for the premises to comply with the minimum standards. This results in a rotating door of licensee managers coming and going – each new licensee manager trying to bring the premises into compliance only to leave frustrated when the premises owner refuses to make the changes.

Meanwhile, animal patients continue to be treated at the veterinary premises in potentially unsanitary conditions, and the unlicensed premises owner may continue to have unfettered access to controlled substances within the premises.

Repeated Inspections

The rotating door of licensee managers often leads to the need for repeated Board inspections and delays compliance. When the Board completes an inspection, a licensee manager is typically given 30 days to make necessary corrections within the veterinary premises.

However, when the licensee manager changes, the new licensee manager is often given additional time to make corrections since they were not responsible for the previous premises conditions. Depending on the severity of the violations, this could lead to inspections being repeated while the new licensee manager works towards compliance.

No Citations for Repeated Violations

Most inspections result in minor violations that the inspectors educate the licensee managers about and work with them to obtain compliance. Typically, once compliance is obtained, those inspections are closed with no action. If the same or similar violations are found at a subsequent inspection and the licensee manager is the same, a citation is issued against the licensee manager.

However, if the same or similar violations are found at a subsequent inspection and there is a new licensee manager, it is difficult to issue a citation against the new licensee manager, as they were not responsible for or educated on the

violations from the first inspection. So, while the violations were repeated at the same veterinary premises, they are treated as if they were found for the first time.

Amended Pleadings

In an accusation filed in formal administrative disciplinary cases where a veterinary premises registration is listed as a respondent, the licensee manager is included with the registration because of the licensee manager's responsibility for the violations alleged in the accusation.

Within the last several years, numerous accusations had to be amended to remove the veterinary premises registration following substitution of the licensee manager; again, the new licensee manager would not be responsible for the prior premises violations, even though the premises registration holder may be impeding compliance with minimum standards.

Further, the licensee manager cannot enter into a stipulated settlement for the veterinary premises if they do not hold the veterinary premises registration. Thus, accusations are now only filed against the licensee manager *and* the veterinary premises registration if the licensee manager is the premises registration holder. Otherwise, the veterinary premises registration (and the unlicensed registration holder) is left out of the pleading.

General Misunderstanding of Licensee Manager Duties

Many veterinarians do not understand the difference between minimum standards for a veterinary premises and the standard of care. Some veterinarians have shared concerns about becoming a licensee manager because they did not want to be responsible for a veterinarian within the premises providing treatment below the standard of care.

Other veterinarians have shared they never understood what their responsibilities were when they agreed to be a licensee manager. Once they did, they decided to no longer serve in that role. As an example, one veterinarian contacted the Board because they wanted to volunteer to perform spay and neuter services for a veterinary premises.

The premises owner informed the veterinarian that they would need to be the licensee manager to volunteer, but they would only be responsible for the minimum standards within the surgery suite. After providing the applicable codes sections to the veterinarian, they decided to not serve as the licensee manager.

Shelter Difficulty Finding Licensee Managers

Representatives from the shelter community previously have shared with the Board on multiple occasions their challenges in finding veterinarians who are willing to take on the responsibility of the licensee manager. This has made it difficult for shelters to obtain premises registrations and provide necessary care to animals within the community.

No Cap on Number of Premises Under a Licensee Manager
Currently, a licensee manager can be responsible for an unlimited number of veterinary premises throughout California. The licensee manager is required to "maintain whatever physical presence is reasonable within the facility to ensure" the minimum standards are met and that no unlicensed practice is occurring within the premises. (CCR, tit. 16, § 2030.05, subd. (d).)

This means there could be one licensee manager for 20+ veterinary premises throughout California. The same licensee manager may also reside in another state entirely.

Veterinary Premises Staff Unaware of Licensee Manager
Inspectors have reported several occasions where larger veterinary premises staff are often unaware who the licensee manager is since the licensee manager has never stepped foot in the veterinary premises. Thus, veterinary premises staff are unaware of who is accountable for the minimum standards of the veterinary premises or who to communicate with regarding outstanding compliance issues.

Recent Action in Other State
In June 2025, the Virginia Board of Veterinary Medicine took action against three corporation-owned veterinary premises for operating for multiple years without a veterinarian-in-charge (VIC). In that case, the corporation owners "submitted registration forms for all three establishments, all with signatures of VIC A, who had no knowledge that he was listed as VIC for multiple years…."

There are concerns these violations are not unique to Virginia and are occurring nationwide, including in California.

The Subcommittee shares Board staff's concerns that the current structure holding the licensee manager accountable for all minimum standards within veterinary premises, especially when the licensee manager is not the owner/premises registration holder, may not be adequately protecting consumers or animals. Instead, the regulatory structure, designed to protect consumers and animals, may be providing a false sense of security while enabling owners to continue operating veterinary premises well below the minimum standards.

The Subcommittee would like to discuss these challenges and explore a potential solution to remove the licensee manager requirement. Instead, the veterinary premises registration owner would be responsible to ensure all minimum standards within the veterinary premises are met.

This likely would require significant research and stakeholder engagement to ensure consumers, animals, and veterinary premises employees are adequately protected if the licensee manager requirement is eliminated. Topics such as medical records

ownership, applicant fingerprinting, Drug Enforcement Administration (DEA) impacts, identifying responsible parties for large corporations, etc., will all need to be thoroughly discussed.

Before researching this issue any further, the Subcommittee would like feedback from the MDC and guidance from the Board on whether this should be pursued or if there are alternative solutions to be explored.

C. Condition Specific Veterinarian-Client-Patient Relationship

Background

During the July 2025 MDC meeting, the Complaint Audit Subcommittee shared recent discussions from a subject matter expert (SME) roundtable regarding the condition specific veterinarian-client-patient relationship (VCPR).

Specifically, the SMEs discussed a scenario where a veterinarian established a VCPR to administer vaccinations to a healthy dog during its annual wellness visit. Four months later, the client called the veterinary premises reporting the dog had diarrhea for four days, despite a bland diet. The clients reported the dog was eating normally, not vomiting, and had normal energy levels. In the scenario, the veterinarian was unable to see the dog for over a week and recommended the client submit a fecal sample for the animal patient, which tested positive for Giardia. The veterinarian called the clients to discuss the results and prescribed medication without re-establishing the VCPR for the Giardia condition. Many SMEs agreed they would have done the same, suggesting that this might reflect a standard of care that conflicts with current law.

As such, the Complaint Audit Subcommittee requested the MDC and the Board discuss this further and decide whether the current condition-specific VCPR should be changed.

The MDC discussed the following:

- **Current Law vs. Practice**: Under current California law, the VCPR is condition specific and must be re-established to treat new conditions. (Business and Professions Code (BPC), § 4826.6, subd. (a)(2), modeled on prior CCR, tit. 16, § 2032.1.) Telemedicine can be used to re-establish the VCPR, but the law requires that all disclosure and warning requirements be met. (BPC, § 4826.6, subds. (e), (g).) In the scenario provided, the VCPR was not re-established, yet most reasonable veterinarians indicated they would have prescribed the medication in the same situation.

- **COVID-19 Waiver Context**: During COVID-19, a temporary waiver allowed veterinarians to diagnose and treat new conditions via telemedicine if an initial in-person examination had occurred. This period lasted about 18 months to 2 years. Some participants thought there had been broader condition-specific relief, while others clarified that the waiver was primarily tied to extended prescription timelines.

- **Standard of Care vs. Regulation Conflict**: Several SMEs noted a tension between the legal requirement for a condition-specific VCPR and common veterinary practice. The hypothetical scenario raised the broader question of what should happen when the standard of care conflicts with the law. Some suggested adding qualifying statements or clearer guidance to help avoid confusion among SMEs when reviewing cases.

- **Differing Perspectives**: Some participants viewed fecal testing as part of wellness care, tying it to the prior VCPR. Others emphasized that the law clearly requires re-establishment of the VCPR for the new condition. Concerns were raised that a strictly black-and-white interpretation could lead to inconsistent case reviews depending on the approach of the SME involved.

- **Access to Care and Spectrum of Care Considerations**: In situations where clients cannot afford or access in-person visits, alternatives such as fecal testing may be reasonable. This led to questions about whether the condition-specific VCPR requirement limits access to care in certain cases.

- **Future Implications**: It was noted that long-standing statutory requirements could influence how new graduates interpret and apply the standard of care. Over time, this could shift veterinary norms toward stricter adherence to condition-specific rules.

During public comment, Grant Miller, DVM, Director of Regulatory Affairs, CVMA, emphasized the importance of the current discussion and stated the CVMA is considering legislation on this issue for the coming year. Dr. Miller highlighted that the condition-specific interpretation of the law significantly impacts access to veterinary care in California. The high cost of veterinary care, partly due to this interpretation, prevents many pet owners from seeking care.

Dr. Miller noted that the VCPR law in California is not fundamentally different from those in other states, but California's Board uniquely enforces a condition-specific interpretation. Dr. Miller urged the MDC to reconsider the interpretation. Nancy Ehrlich, RVT, representing the California Registered Veterinary Technicians Association (CaRVTA), agreed with Dr. Miller and encouraged the MDC/Board to also reconsider the condition-specific interpretation.

The MDC shared the discussion with the Board during their July 2025 meeting. No recommendations were provided.

During the Board discussion, it was clarified that the VCPR statute refers to the animal's medical condition in the singular, a long-standing interpretation. This interpretation was discussed at length during telemedicine discussions in 2020, and there was agreement with the profession that the VCPR is condition specific.

Board members discussed the potential to remove the condition-specific language and replace it with a time limit, such as annual contact or examinations. This would allow a

veterinarian to use their professional judgement whether a VCPR should be re-established within the year given the circumstances of each patient. One Board member emphasized the importance of standard of care over strict legal interpretation arguing that if the law overrides clinical judgment, expert witnesses become irrelevant. The profession should be guided by its training and evolving standards.

Board members shared concerns that strict adherence to the condition-specific rule could delay care or force costly emergency visits, ultimately harming consumers and patients.

After hearing public comments like those made at the MDC meeting, the Board decided to send this matter to the MDC to determine whether the VCPR statute should be amended.

Requested Discussion

The Subcommittee notes the following different perspectives on whether the VCPR should remain condition specific for the MDC's consideration.

Support for Removing Condition Specific Language

Removing the condition specific language allows veterinarians to determine whether they have enough information/knowledge of the patient to decide whether the patient needs to be examined for a new condition. In the Giardia scenario, it could be argued the standard of care was followed since most SMEs would have provided the same treatment without re-establishing a VCPR. Enforcing the standard of care would sufficiently protect animals without requiring an examination most veterinarians feel is unnecessary.

Should the patient's condition worsen following a given treatment, then the veterinarian should request an in-person appointment (just like the guidelines for dispensing medications from telemedicine consultations).

Removing the condition specific language can aid with access to care issues from multiple angles, such as appointment availability, lack of adequate means of transportation, and financial feasibility.

If the condition-specific language is removed, the 12-month requirement for a new, in-person examination would remain for prescribing controlled substances.

Concerns for Removing Condition Specific Language

If the condition specific language is removed, there is a concern veterinarians would become or enable "pill factories," which dispense medications over a phone call with little or no attempt to visually evaluate the patient.

BPC section 4826.6, subdivision (i)(4), states:

> A veterinarian who established the required veterinarian-client-patient relationship using synchronous audio-video communication shall not prescribe a

drug to the animal patient for use for a period longer than six months from the date upon which the veterinarian examined the animal patient or prescribed the drug. The veterinarian shall not issue another prescription to the animal patient for the **same drug** unless they have conducted another examination of the animal patient, either in person or using telehealth. [Emphasis added.]

If the condition-specific language is eliminated, a veterinarian could establish a VCPR by telehealth, and six months later (and indefinitely thereafter), prescribe a different drug for the same medical condition or a new drug for a new medical condition without ever re-examining the patient.[1] The VCPR itself does not expire.

There is a concern that eliminating the condition specific language will reduce consumer protection because it lowers the bar of prescribing a drug even more. Prescription drugs used in veterinary medicine are not over the counter (OTC) drugs. Many NSAIDs in human medicine are OTC. In veterinary medicine, they are of higher concentrations and are comparable to prescription NSAIDs in human medicine.

The MDC is asked to consider all perspectives and discuss what is best for consumer protection.

Ongoing Subcommittee Topics

- California Department of Food and Agriculture (CDFA) Collaboration: The Subcommittee has absorbed the CDFA Subcommittee and will continue meeting quarterly with CDFA. The next meeting is scheduled for October 10, and a verbal update will be provided to the MDC at the October meeting.

- Mandating Electronic Medical Records: The Board tasked the MDC with researching whether the Board should transition to requiring all medical records be maintained electronically. This has been assigned to the Subcommittee; the Subcommittee anticipates multiple meetings and significant stakeholder engagement before bringing this topic to the MDC and the Board.

[1] Antimicrobial drug prescriptions are limited to 14 days of treatment and require in-person examination of the patient for refills. (BPC, § 4826.6, subd. (i)(5)). Controlled substance and xylazine prescriptions and dispensing require an in-person physical examination or medically appropriate and timely visits to the premises where the animal patient is kept. (BPC, § 4826.6, subd. (i)(6).)