



## VETERINARY MEDICAL BOARD MEETING MINUTES JANUARY 19–20, 2022

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

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

### Webcast Links:

- **Agenda Items 1–7** (<https://www.youtube.com/watch?v=MiuuzjcJX6wl>)
- **Agenda Items 8–12** (<https://www.youtube.com/watch?v=Y8bztLRWttU>)

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

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

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

#### Members Present

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

#### Staff Present

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

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

Guests Present

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

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

## **2. Public Comment on Items Not on the Agenda**

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

The Committee received public comment on this item.

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

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

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

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

biology or introduction to veterinary medicine. He stated that having a year of work experience is hindering potential employees out of his workplace. He also stated that as the college is the only veterinary technician education provider in Sonoma or any surrounding counties that the college is the primary source for RVTs. He expressed a need for support staff that cut off this pipeline is going to have an even greater exacerbating effect on those pressures. He requested if there was a liaison that he could communicate with about the timeline of implementation of these rules and that he had a number of hospitals that are happy to jump in and help.

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

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

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

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

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

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

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



requested that if the Executive Officer has not shared that letter with the Board that she should.

[David Siegel](#), 64 year old and a graduate of the Stanford Business School, has been a harness horse owner for the last 20 years and has owned about 100 horses over that span. He has two retired horses that raced in California who are now 18 and 22 years old and they are stabled on his Stanford-owned land. He states he served as the California Harness Horses Horsemen's Association for nine years—most recently as its vice president. He stated he is a director of the United States Trotting Association—an organization similar to the Jockey Club for harness horses. In addition, he was a harness driver retiring from driving a local ownership three years ago after driving in about 3,700 races and winning just over 500 races. He claimed that over his years at the track, he witnessed many CHRB rule violations involving the health and safety of the horse and that there was tremendous pressure to look the other way and not make waves at the track. He stated enforcement was severely lacking and he had qualms about participating given some of what he saw firsthand or was reliably reported to him. He stated he stepped away from racing in California due to other items, in addition to the health and safety violations and lack of enforcement. However, he stated the straw that broke the camel's back was when one of the horses he owned had a procedure done to it that was a 100% violation of a CHRB rule, which ultimately resulted in a horse's death. He stated that beyond the violation, which he reported to the CHRB, the CHRB acted in a completely unprofessional way—effectively sweeping the violation under the rug. He claims the investigation fell way short of one he thought that was thorough and complete. Despite his ongoing attempts to internally appeal to senior officers to take a closer look at the proof, he provided and to attempt to get other records that he knew existed to illustrate what he believe to be an epidemic of similar violations which put horses in peril. He filed a formal complaint with the Board once all of my avenues with the CHRB were exhausted. He states he is committed to raising the issues until they are properly addressed and that he has made himself a candidate for the next potential CHRB vacancy and to get more involved given his credentials though this commentary might put whatever chance he had into jeopardy. He stated this board must continue its role to oversee all California licensed vets to be sure there is complete compliance with their policy and rules and to put the health and welfare of the horse clearly in his crosshairs, which include practices of veterinarians that work on horses that race in California. He states he would be happy to answer any questions that this Board and any members of the press might have—his email addresses is davidseagle1958@gmail.com.

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

[Jerry Parker](#), DVM, has been an equine practitioner since 1976 and he has practiced in California since 1985 in both racetrack, show horse, and sport horse practice. It appeared to him that based on the public comments or public documents that he has seen that the Veterinary Medical Board has overreached in some of their actions of late. He completely concurred with Dr. Arthur and with the other veterinarians who

have called in here that the Veterinary Medical Board appears to him to be out of touch with equine practice and in particular racetrack practice. He thinks that to agendaize discussion on this at a future meeting would be very important so the Veterinary Medical Board could be perhaps brought in more touch with what the equine practitioners go through and how their practice is outside of a clinic.

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

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

[Robert Holland](#) agreed with what the California Veterinary Medical Association.

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

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



### 3. Review and Approval of Board Meeting Minutes

#### (A) October 21–22, 2022

##### [Meeting Materials](#)

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

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

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

There were no public comments made on the motion.

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

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

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

There were no public comments made on this item.

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

#### (A) Overview of January 18, 2022 MDC Meeting

##### [Meeting Materials](#)

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

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

He noted the minutes of the October 20<sup>th</sup> meeting were approved and that Ms. Sieferman introduced the agenda item related to the Board's approval of RVT colleges and post-secondary institutions. He noted that he appoint a subcommittee to research the issues and find out what other governmental and non-governmental organizations are doing and compare that to what to the Board's statutes and regulations. To start the research, Ms. Sieferman scheduled presentations from the California Bureau for Private Postsecondary Education, which has oversight over our RVT alternate route program and from AVMA's Committee on Veterinary Technicians Education and Activities, which has oversight of the AVMA accredited schools.

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

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

After that we heard from doctors Bradbury and Lazarcheff on an update from the Complaint Process Audit Subcommittee. The committee is developing a PowerPoint presentation for expert witness training with an emphasis on documenting references to support their cases. The complaint review process is being put on hold for a while until the backlog of old cases can be caught up with. The committee will also develop a program like the medical board's training of expert witnesses but will be using veterinary medical cases. The subcommittee is also reviewing subject matter expert criteria to see if there is a need of any updates. Again, another very busy subcommittee. Dr. Lazarchef asked to step down from the committee because of increased workload at his office we thank

Kevin for all of his great work on that committee. Dr. Sequoia will be replacing him on the committee.

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

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

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

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

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

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

[Dr. Bradbury](#) clarified that the Committee did not receive any public comment so that the topic really was not part of the discussion for the equine practice. She also stated that we have not specifically talked about or looked at the expert witness the breakdown of expert witnesses and where they fall in terms of the subtypes of practices, but she thought that it might be interesting to at least get a handle on and understand sort of you know where that who we have as expert witnesses. She stated that the Committee is looking at the expert witness criteria, which that may somewhat you know be part of that discussion and then just to clarify on the expert witness training. The MBC is piggybacking on the training that they received from the California Medical Board expert witness training to provide some supplemental information in the form of case examples, so they had a lot of human case examples presented at that training. The veterinarians were that were attended were hoping to get some real-world veterinary examples of what is called "you make the call", so you know was this a deviation of

minimum standards or not. She stated that the MBC is not going to be developing a full training program in that regard. We are presenting some information with the PowerPoint presentation, but the specifics regarding the case examples are just that's just some case examples for them.

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

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

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

There were no public comments made on this item.

## **(B) MDC 2022 Assignments**

### [Meeting Materials](#)

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

Dr. Sullivan discussed the Board's intent to allow full transparency by providing a list of MDC assignments, the estimated time of being addressed, and the appointed subcommittee members who are responsible for keeping track of each assignment, and updates for the task at each meeting. He also discussed the issues Dr. Jeff Pollard in relation to cannabis issues. In addition, Dr. Sullivan requested that the Board direct the MDC to develop educational material for licensees on how to comply with the new veterinary compounding regulations ([CCR sections 2090–2095](#)), which go into effect April 1<sup>st</sup>.

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

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

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

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

[Dr. Sullivan](#) responded that it is on the fourth line down on the MDC assignments discussion guidelines update based on the material that Dr. Pollard sent to the Committee.

[Ms. Welch](#) advised the Board that the hemp statutes are under the Food and Agricultural Code and that hemp is regulated differently than cannabis. She reminded the Board that the MBC is responsible for reviewing the cannabis guidelines and that those current guidelines mention hemp. She also mentioned that the particulars of hemp would need be amended.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

There were no public comments made on the motion.

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

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

Dr. Nolan informed the Board that it had its first Access to Care Task Force Meeting for the on October 12<sup>th</sup> and then provided the report to the Board in the October 20–21<sup>st</sup> Board meeting. On October 27<sup>th</sup>, the CVMA held its first Task Force on Access to Veterinary Care via Zoom and that Task Force is composed of about six to eight veterinarians, one RVT, and several of the CVMA staff. The task force charge is twofold for the CVMA Task Force to: (1) produce a recommended CVMA position statement on access to veterinary care for consideration of the CVMA Board and (2) determine what the CVMA and the veterinary profession can do to help with the access to care issue and report findings and recommendations to the CVMA Board.



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

The second Access to Veterinary Care Task Force meeting for the CVMA was held January 12<sup>th</sup>, which based on the first meetings discussions, there was a list of 15 possible contributions that the CVMA could make to the issues discussed that seem to be most related to the Board, which include some of the following: discussion and concern regarding incremental care with the Board, difference between the gold standard and the minimum standard of care that is enforced by the Board, and educating veterinarians as to how to document incremental care decisions in the medical record, including decline services. The discussion also included the Board's subject matter experts and their review of cases, and how the experts go about assessing minimum standards versus reasonable standards.

Dr. Noland asked to have the MDC examine the Board's expert witness selection and training as related to minimum standard of care, incremental care, and report that back to the Board. She also stated that there was discussion on [CCR Section 2030.3\(l\)](#) (Small Animal Vaccination Clinic regulation), and requested that the terms "dangerous drug" and "complete physical exam" be clarified since items may not be an even, but a day-to-day occurrence. She made a recommendation to assign the MDC to include in their expanded the role of the RVT and incremental care. She also recommended relooking at the Veterinarian-Client-Patient-Relationship in [CCR Section 2032.1](#) in order to keep up with consumer expectations. She stated the Board need to address and define incremental care more clearly. She notified the Board that the next task force date has not been set yet.

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

[Dr. Noland](#) responded that the CVMA discussed the topic, but the access to care issue might still remain due to a lack of finances, socioeconomic factors, transportation, or knowing their animals need care. She discussed that the CVMA Task Force also discussed developing educational materials in different languages, and access to veterinarians who speak different languages.

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

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

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

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

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

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

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

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

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

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

- [Motion](#): Dr. Christina Bradbury moved and Dr. Jaymie Noland seconded a motion to task the MDC to identify statutes and regulations with particular emphasis on minimum standards for veterinary premises, clinics, and other alternative premises that act as barriers to access to care.
- [Vote](#): The motion carried 7-0.

There were public comments made on this motion.

[Dr. Grant Miller](#) thanked Dr. Nolan for being part of the CVMA Task Force. He expressed concern about the current motion on the table being more reactive than it is proactive. He believed that while [CCR Section] 2030.3 is a section that could be look at, he did not believe there would be more to find while looking through existing premises regulations. He seeked a more proactive approach, such as expanding the

role of the RVT, so that RVTS could administer vaccines or do some preventative flea medication without necessarily a veterinarian having to like establish a VCPR. He mentioned that the next CVMA Task Force meeting is slated for around March 16<sup>th</sup> and that they would be having Dr. Michael Blackwell go through their list of what they are working on and provide that information to the Board.

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

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

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

[Nancy Ehrlich](#) typed "be sure to include a review of RVT job tasks".

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

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

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

Ross Lallian, Research and Evaluation Section Chief in the Healthcare Workforce Development Division at the California Department of Healthcare Access and Information (HCAI) provided background information on the health workforce research data center to developed programs to address health workforce shortages and the issues of health equity in the health workforce. He stated HCAI is currently

working with DCA to implement a voluntary workforce survey, which will be launched July 1<sup>st</sup>. The survey will include demographic data, race, ethnicity, languages spoken, license specialties, clinic types, etc. He informed the Board that it is a multiple year survey with 40 different categories.

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

There were public comments made on this item.

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

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

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

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

##### [Meeting Materials](#)

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

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

There was a public comment made on this item.

[Nancy Ehrlich](#) stated she believes it is pretty obvious that right now the proportion of veterinarians to RVTs on the Board is out of whack. She did some numbers and there is about 75% of RVTs to veterinarians you know 100 veterinarians, so one RVT on the Board is just not representative of the population. She stated that the Board does not need to wait for the survey to know that most RVTs are in small animal practice (80%), some in large animal practice (not many), and there are quite a few in working in shelters and that this is something that the Board should have been doing years ago.

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

There was a public comment made on this item.

[Anita Levy Hudson](#) support to Nancy Ehrlich 's statement.

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

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

#### [Meeting Materials](#)

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

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

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

There was a public comment made on this item.

[Nancy Ehrlich](#) thanked the Board for getting to this so quickly. She stated it was brought to her attention by the specialty organizations that NAVt is the one that awards specialties to RVTs, not the AVMA and so this bill needs to be fixed since the language of the bill does cover RVTs, but it does not cover the organization that actually creates RVT specialties, so this is really important.

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

#### [Meeting Materials](#)

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

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

There were no public comments made on the item.

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

#### [Meeting Materials](#)

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

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

There were no public comments made on the item.

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

[Meeting Materials](#)

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

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

There was a public comments made on the item.

[Pamela Lopez](#) spoke on behalf of the Pet Cannabis Coalition about [AB 384](#) explaining that the bill that will be reintroduced with a new bill number by Assembly Member Kalra. She stated she will keep all of the members of the VMB apprised of their progress and explained the new legislation will do: (1) allow veterinarians to recommend cannabis as a therapy for pet parents and it will not require them to have any other training and (2) allow retail dispensaries to sell pet cannabis therapies with clear labels and instructions for pets. She add that the bill will be supported again by the Best Friends Animal Society.

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

[Meeting Materials](#)

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

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

There were no public comments made on the item.

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

[Meeting Materials](#)

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

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

There were no public comments made on the item.

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

[Meeting Materials](#)

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



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

There were no public comments made on the item.

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

[Meeting Materials](#)

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

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

There were no public comments made on the item.

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

[Meeting Materials](#)

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

Ms. Sieferman reported the addition of [AB 1498](#) that was recently repealed and amended to apply to per diem in the materials. She talked about the purpose of the changes and she spoke with the author's office as well to help combat the inconsistencies of how per diem have been applied over boards. She informed the Board that there are some boards who have been providing per diem if there is a board member who is involved in a conversation for 15 minutes and they were requesting to get a hundred dollar per diem. There were also board members who were involved in a pretty cumbersome accumulation of eight hours and then there is some, such as this board who primarily just request per diem for any board meetings or committee meetings. She stated that the bill was an attempt for the author's office to help with the clarification of what per diem means.

- [Motion](#): Dr. Christina Bradbury moved and Dr. Kevin Lazarcheff seconded a motion to recommend to the Board that no changes be made to reduce or otherwise limit the number of items listed on the inspection checklist.
- [Vote](#): The motion carried 7-0.

There were no public comments made on the motion.

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

[Meeting Materials](#)

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

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

There were no public comments made on the item.

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

[Meeting Materials](#)

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

Ms. Sieferman reported that she had some conversations with senate B&P staff who had just wanted to know updates of where the board stood on the bill and if the Board is willing to support the bill. However, there has not been any changes to her knowledge to the bill where it stands.

- [Motion](#): Dr. Christina Bradbury moved and Dr. Kevin Lazarcheff seconded a motion to recommend to the Board that it direct the Inspection Subcommittee to monitor the progress of the Inspection and Enforcement Units merger, inspection process improvements, and mobile app implementation for 12 months and bring data-driven recommendations back to the Board regarding the 20 percent inspection mandate.
- [Vote](#): The motion carried 7-0.

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

[Meeting Materials](#)

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

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

There were no public comments made on the item.

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

[Meeting Materials](#)

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

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

There were no public comments made on the item.

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

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

[Ms. Sieferman](#) responded that Dr. Sullivan, Kristi Pawlowski, and herself will be meeting with Senate B&P staff and Republican and Senate Republican Caucus on

Friday, January 21<sup>st</sup> at 3 30 p.m. to request that it goes under this bill but again that it was not a guarantee.

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

### (A) Status Update on Pending Regulations

#### [Meeting Materials](#)

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

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

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

There were no public comments made on the item.

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

#### [Meeting Materials](#)

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

Ms. Siefertman provided update to this agenda item, including updates to the Uniform Standards for Substance Abusing Licensees, such as recommended changes since the Board originally approved them. The first subject of change was to add prohibited substance and biological fluid testing to the regulatory language. Those were approved to the uniform standards but should be in the regulatory language itself for clarity. The other substantive recommendation is to make the uniform standards apply to diversion now. Currently, it applies to those on probation”

Karen Halbo, Board Counsel, Attorney III provided a brief background of the explained that the legal advice that the Board received back in 2019 and how the changes that the Office of Administrative Law (OAL) process has become since then. She advised the Board that the [DCA] Regulations Unit has found some language that might be questioned as unclear by OAL and that the unit wanted to state these are these things that what the unit is seeing from reviewers might get questioned. She stated that the Board wants to move forward and does not want to deviate from the suggested language from the Substance Abusing

Coordination Committee (SACC) Uniform Standards that were provided back in 2019. However, she also stated, if required, that language could be corrected through modified language after the 45-day public comment period.

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

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

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

- [Motion](#): Dr. Christina Bradbury moved and Dr. Jaymie Noland seconded a motion to approve the attached proposed regulatory language to amend Section 2006 and add the uniform standards for substance abusing licensees thereby incorporated by reference and add Sections 2006.5, 2006.51, 2006.52, 2006.53, 2006.54, 2006.55, and 2006.56 to Article 1 of Division 20 of Title 16 of the CCR and direct staff to take all steps necessary to complete the rulemaking process, including noticing the proposed text for a 45-day comment period and if there are no adverse comments received during that 45-day public comment period delegates the executive officer the authority to make any technical or non-substantive substantive changes to the proposed regulations that may be required in completing the rulemaking file and adopt the proposed regulations.
- [Vote](#): The motion carried 7-0.

There were no public comments made on the motion.

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

#### [Meeting Materials](#)

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

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

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

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

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

There were public comments made on the motion.

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

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

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

### [Meeting Materials](#)

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

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

- [Article II. Purpose. Item i](#) to include a veterinary technician since the Board approved the legislative proposal that was in the sunset bill to also accept the

four trained veterinary technicians and the PAVE program was recently launched for the veterinary technicians. This will allow for the PAVE-RVT program.

- [Article VI. Delegate Assembly Meetings. Section 1. Annual Delegate Assembly](#) to allow virtually participation for states that are not able to travel but to still participate in the meetings. In addition, to ensure the annual delegate assembly meetings comply with the current AAVSB RACE Standards to address the concerns about the specific topics that were provided in some of the conferences. Some of the items seemed to have clear conflicts and seemed to be primarily for pushing sales of a product.
- [Article VI. Delegate Assembly Meetings. Section 6. Participation](#) to clarify that the participants for the delegates that could be both in person or virtually.
- [Article X. Committees. Section 6. Conference Committee](#) to support the balance of the information so that the boards have information from all perspectives before making any decisions.
- [Article X. Committees. Section 8. Executive Directors Advisory Committee](#) to change from an ad-hoc committee to meet regularly from the state boards. This will help to recognize any trends or concerns and also identify best practices and serve as a good resource to the AAVSB.
- [Motion](#): Dr. Mark Nunez moved and Ms. Kathy Bowler seconded a motion to adopt the proposed amendments to the AAVSB bylaws and direct the executive officer to provide the amendments to the AAVSB's Bylaws and Resolution Committee no later than February 18, 2022.
- [Vote](#): The motion carried 7-0.

There was a public comment made on the motion.

[Grant Miller](#) expressed his thankfulness to the Board on behalf of the profession who participate in the with the AAVSB.

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

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



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

**Webcast Link:**

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

**13.Reconvene—Establishment of a Quorum**

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

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

Members Present

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

Staff Present

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

Guests Present

Andrea Amaya-Torres, DCA  
Amanda Ayers, Student Liaison, University of California, Davis (UC, Davis)  
Brittany Benesi  
Rich Bennett, DVM  
Nancy Ehrlich, RVT,  
California Registered Veterinary Technicians Association (CaRVTA)  
Kimberly Gorski, DCA  
Jennifer Hawkins  
Veronica Hernandez, DCA  
Anita Levy Hudson, RVT, President elect of CaRVTA

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

#### **14. Board President Report—*Kathy Bowler***

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

Ms. Bowler provided the Board President Report.

There were no public comments made on this item.

#### **15. Registered Veterinary Technician Report—*Jennifer Loredo, RVT***

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

Ms. Loredo provided the RVT Report.

There were public comments made on this item.

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

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

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

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

[Nancy Ehrlich](#) commented that veterinary assistants wearing a name tag that state they are a veterinary technician it is currently illegal. The title is protected. In addition, starting January 1, 2023, all staff in the veterinary hospital will be required to wear name tags with their title and license number. She also requested

enforcement of the name tag issue because it is a serious problem when people are claiming to be veterinary technicians but are not licensed.

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

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

**(A) International Council for Veterinary Assessment**

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

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

There were no public comments made on the item.

**(B) AAVSB, Member and Program Services Think Tank**

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

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

There were no public comments made on the item.

**17. Student Liaison Reports\***

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

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

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

There were no public comments made on the item.

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

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

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

There were no public comments made on the item.

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

## 18. Executive Management Reports\*

### (A) Administration

#### [Meeting Materials](#)

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

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

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

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

There were no public comments made on this item.

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

### (B) Examination/Licensing

#### [Meeting Materials](#)

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

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

There were no public comments made on the motion.

### (C) Enforcement

#### [Meeting Materials](#)

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

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

There were no public comments made on the item.

### (D) Outreach

#### [Meeting Materials](#)

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

Ms. Sieferman provided the Outreach Report.

There were no public comments made on the item.

### **(E) Strategic Plan**

#### [Meeting Materials](#)

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

Ms. Sieferman provided the Strategic Plan Report.

There were no public comments made on the item.

### **19. Future Agenda Items and Next Meeting Dates**

#### [Meeting Materials](#)

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

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

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

There were no public comments made on this item.

### **20. Recess Open Session**

Open Session recessed at 11:48 a.m.

### **21. Convene Closed Session**

Closed Session convened at 11:48 a.m.

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

The Board met in closed session to discuss the ongoing case.

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

In the Matter of the Amended Accusation Against Craig D. Maloney, Respondent – Proposed Decision

The Board adopted the Stipulated and Proposed Decision in its entirety.

**24. Adjourn Closed Session**

Closed session adjourned at 12:37 p.m.

**25. Reconvene Open Session**

Open session reconvened at 12:37 p.m.

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

Ms. Bowler adjourned the meeting at 12:38 p.m.

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