



VETERINARY MEDICAL BOARD MEETING MINUTES OCTOBER 18–19, 2023

The Veterinary Medical Board (Board) met by teleconference/WebEx Events on **Wednesday, October 18, 2023** and **Thursday, October 19, 2023** at the following locations:

Department of Consumer Affairs
1747 N. Market Blvd., Hearing Room
Sacramento, CA 95834

Webcast Links:

- Agenda Items 1.–5.D. and 7.B. (<https://youtu.be/By6bNQ89lg4>)
- Agenda Items 6.–7.A. and 8. (<https://youtu.be/g5pkXJV4uys>)
- Agenda Items 12.–26. (https://youtu.be/u_QZoTISq1o)

10:00 a.m., Wednesday, October 18, 2023

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

Board President, Christina Bradbury, Doctor of Veterinary Medicine (DVM), called the meeting to order at 10:01 a.m. Executive Officer (EO), Jessica Siefertman, called roll; six members of the Board were present, and a quorum was established. Ms. Maria Salazar Sperber resigned from the Board. Dianne Prado joined the meeting at 10:55 a.m.

Dr. Bradbury made a public acknowledgement of the indigenous peoples who have been dispossessed and displaced from their ancestral homelands and territories, which included the Nisenan, Southern Maidu, Valley Plains Miwok, Patwin Wintun Peoples, and the Wilton Rancheria tribes. She noted this marks the Board's commitment to begin working with the tribes on issues of mutual concern. She also recognized the National Veterinary Technician Week and thanked all RVTs for all their hard work and dedication to the profession and animals.

Members Present

Christina Bradbury, DVM, President
Maria Preciosa S. Solacito, DVM, Vice President
Barrie Grant, DVM
Jaymie Noland, DVM
Kristi Pawlowski, RVT
Dianne Prado (arrived at 10:55 a.m.)

Student Liaisons Present

Holly Masterson, University of California, Davis (UC, Davis)

Staff Present

Jessica Siefertman, EO

Matt McKinney, Deputy EO

Merlene Francis, Enforcement Manager

Kim Phillips-Francis, Administration/Licensing Manager

Patty Rodriguez, Hospital Inspection Program Manager

Rob Stephanopoulos, Enforcement Manager

Kellie Fairless, Senior Licensing Analyst

Kimberly Gorski, Senior Enforcement Analyst

Jim Howard, DVM, Veterinarian Consultant

Brett Jarvis, Enforcement Analyst (Hospital Inspection)

Amber Kruse, Senior Enforcement Analyst (Hospital Inspection)

Jeff Olguin, Lead Administrative & Policy Analyst

Robert Rouch, Enforcement Analyst (Hospital Inspection)

Bryce Salasky, Senior Enforcement Analyst (Hospital Inspection)

Daniel Strike, Senior Enforcement Analyst

Kenny Seunarine, Senior Enforcement Analyst

Kristy Schiedge, Regulatory Counsel, Attorney IV, Department of Consumer Affairs
(DCA), Legal Affairs Division

Anna Styles, Western University of Health Sciences

Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

Guest Speakers

Melissa Gear, Deputy Director, DCA, Board and Bureau Relations

Veronica Hernandez, Budget Analyst, DCA, Budget Office

Mark Nunez, DVM, Director, American Association of Veterinary State Boards
(AAVSB)

Leah Shufelt, RVT, Chair, Multidisciplinary Advisory Committee (MDC)

Richard Sullivan, DVM, Vice Chair, MDC

Olivia Trejo, DCA, Office of Human Resources

Guests Present

Michelle Angus, Assistant Chief Counsel, DCA, Legal Affairs Division

Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)

Kathy Bowler, Former President, International Council for Veterinary Assessment
(ICVA)

Danielle Cuellar

Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association
(CaRVTA)

Ann Fisher, Facilitator, DCA, Strategic Organizational Leadership and Individual
Development (SOLID)

Darlene Geekie, RVT
Laura Gutierrez, Assistant Chief, DCA, Office of Human Resources
Aubrey Hopkins, Legislative Analyst, DCA, Division of Legislative Affairs
Jennifer Ju
Anita Levy Hudson, RVT, CaRVTA
Heidi Lincer, Chief, DCA, Office of Professional Examination Services (OPES)
Jennifer Loreda, RVT
Bonnie Lutz, Esq., Klinedinst
Grant Miller, DVM, Director of Regulatory Affairs, CVMA
Tracey Mumby, RVT
Becky N.
Bryce Penney, Television Specialist, DCA, Office of Public Affairs
Jeff Pollard, DVM
Trisha St. Clair, Facilitator, DCA, SOLID
Salomon
Barbara Schmitz, Esq., San Francisco Society for the Prevention of Cruelty to
Animals (SF SPCA)
Jacki Smith, RVT
Maggie Sullivan
Whitney Taylor, RVT
Patricia Zehna, RVT

2. [Public Comment on Items Not on the Agenda](#)

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

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

A. [May 24, 2023](#)

The Board had no changes to the May 24, 2023 Board meeting minutes.

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

- Motion: Kristi Pawlowski moved and Barrie Grant, DVM, seconded a motion to approve the May 24, 2023 minutes.

Dr. Bradbury requested public comment on the motion. There were no public comments made on the motion.

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

- Vote: The motion carried 5-0. Ms. Prado was absent.

B. [July 19–20, 2023](#)

The Board had no changes to the July 19–20, 2023 Board meeting minutes.

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

- Motion: Jaymie Noland, DVM, moved and Barrie Grant, DVM, seconded a motion to approve the July 19–20, 2023 minutes.

Dr. Bradbury requested public comment on the motion. There were no public comments made on the motion.

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

- Vote: The motion carried 5-0. Ms. Prado was absent.

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

Melissa Gear, Deputy Director, Board and Bureau Relations, DCA, thanked Ms. Sperber for her service to the Board and for protecting California’s consumers, and she presented the report and update from DCA, which included:

- **Diversity, Equity, and Inclusion (DEI) Steering Committee Update:**
 - On September 29, 2023, the DEI Steering Committee held its quarterly meeting to discuss employee engagement, cultural events and observances, membership composition, DEI training, DEI hiring principles, and development of a DEI webpage for employees. The DEI Steering Committee plans to roll out the hiring principles and internal webpage by the end of the year.
 - On October 4, 2023 and October 9, 2023, expert consultant, Dr. Bernard Gibson provided DEI training to DCA managers, supervisors, and leaders.
 - On November 7, 2023, Christopher Veal will provide DEI Dialogue for Leaders training for DCA managers, supervisors, and leaders.
- **Bagley-Keene Open Meeting Act Update:**
 - Senate Bill (SB) 143 (Committee on Budget and Fiscal Review, Chapter 196, Statutes of 2023) became effective on September 13, 2023, immediately impacting provisions of the Bagley-Keene Open Meeting Act that allowed for remote public meetings without noticed locations accessible to the public until December 31, 2023.
 - SB 544 (Laird, Chapter 216, Statutes of 2023) will become effective on January 1, 2024, which also impacts provisions of the Bagley-Keene Open Meeting Act and creates four meeting options including:
 - (1) Traditional single location option which permits majority of members gathered at one publicly noticed and accessible location, no members may participate remotely, and no requirement to allow remote public participation.

- (2) Traditional teleconference option to allow members at different publicly noticed and accessible locations to connect via phone or WebEx and no requirement to allow remote public participation.
 - (3) New teleconference option to allow a majority of members to gather at one publicly noticed and accessible location and extra members above a majority may participate remotely from private non-public sites and must allow remote public participation.
 - (4) New advisory body teleconference option to allow all members to participate remotely from private non-public sites, must have at least one publicly noticed and accessible location where at least one staff member is present and where the public can participate in the meeting, and must allow remote public access.
- **DCA Mandatory Training Update:** DCA is requesting Board members, advisory council members, and Board staff who have not completed the Sexual Harassment Prevention Training, Information Security Awareness Training, and if applicable, 2-hour supervisory training for Board supervisors. Board Member Orientation Training (BMOT) is required to be completed by new Board members within one year of appointment. The final BMOT for 2023 was provided on October 10, 2023, and any Board member who was unable to attend the training will be notified of their deficiency by DCA Board and Bureau Relations.
 - **State Travel Update:** SB 447 (Atkins, Chapter 199, Statutes of 2023) became effective on September 13, 2023, ending prohibitions on taxpayer funded travel by state agencies to states that have adopted discriminatory, anti-LGBTQ+ laws. The bill eliminated California's restricted states travel list and created a new public awareness project that will consult with community leaders to promote California's values of acceptance and inclusion of LGBTQ+ communities across the country. The new legislation will lift the restriction and permit out-of-state travel to all states if the trip is critical to the functions and needs of the Board.
 - **California State Employees Our Promise Campaign Update:** The annual campaign allows state employees and Board members an opportunity to support local non-profits through a one-time donation or payroll deduction. The campaign provides resources to individuals experience poverty, homelessness, food insecurity, veterans, animals, the environment, and more. The campaign started on October 5, 2023, and will run through December 31, 2023.
 - **California Business, Consumer Services, and Housing Agency (Agency) Update:** Effective November 2, 2023, Secretary Lourdes Castro Ramírez will be appointed as Chief of Housing and Homelessness in the Office of Los Angeles Mayor Karen Bass. Secretary Lourdes Castro Ramírez was a partner for DCA boards and bureaus and a consumer protection champion.

Dr. Bradbury stated the Board is glad the travel restrictions had been lifted, which allowed the Board to travel to Kansas City, MO, to participate in the AAVSB annual meeting.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

5. Review, Discussion, and Possible Action on Multidisciplinary Advisory Committee (MDC) Report—*Leah Shufelt, RVT, Chair, MDC*

A. [Overview of October 17, 2023 Meeting](#)

Ms. Shufelt informed the Board of the MDC member updates, which included welcoming Kathy Bowler, Kristi Pawlowski, RVT, and Cheryl Waterhouse, DVM, to the MDC. She informed the Board that Dr. Bradbury stepped down from the MDC, and Dr. Grant has been selected as her replacement.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

B. [Consideration of Previously Approved Text to Adopt California Code of Regulations \(CCR\), Title 16, Sections 2030.6 and 2035.5 \(Shelter Minimum Standards\) and Update, Discussion, and Potential Recommendation to Combine Newly Proposed Text to Adopt CCR, Title 16, Section 2030.4 \(Minimum Standards for Animal Shelter Premises\) with Rulemaking to Amend CCR, Title 16, Sections 2030, 2030.05, 2030.2, and 2030.3, and Adopt 2030.15 \(Minimum Standards for Alternative Veterinary Premises\)](#)

Ms. Shufelt informed the Board of the following:

Background and Updates

Prior to 2015, the Board recognized it was extremely difficult for animal shelter premises to comply with many of the current minimum standards for veterinary premises. In addition, the Board recognized the challenges shelters faced in obtaining a veterinarian to serve as a managing licensee of the shelter premises. From 2015 to 2019, the Board held 15 public meetings to discuss these issues. The meetings included input from the public and stakeholders, including the California Animal Welfare Association (CalAnimals) and CVMA. In 2019, the Board approved a rulemaking proposal to adopt a new CCR section 2030.6, which copied the majority of existing regulation and amended or removed some sections that the Board felt did not apply to shelters. In addition, the proposal added section 2035.5 specifying what animal health care tasks RVTs, Veterinary Assistant Controlled Substances Permit (VACSP) holders, and veterinary assistants could do under written protocols of a veterinarian. At the time of the approval, 20 rulemaking packages were pending in the Board's regulation queue. Shortly after that proposal was approved, the shelter community raised concerns regarding the inability for some shelters that only administer preventative or prophylactic non-prescription vaccinations to comply

with the regulations. As such, Assembly Bill (AB) 1535 (Committee on Business and Professions, Chapter 631, Statutes of 2021) created an exemption to the [Veterinary Medicine] Practice Act for individuals providing specified care to animals lawfully deposited or impounded by a shelter not registered with the Board (Business and Professions Code (BPC) section 4827, subd. (a)(5)).

In January 2022, the Board's Regulatory Counsel raised significant concerns with a similarly structured rulemaking package regarding minimum standards for alternate veterinary premises. The concerns primarily focused on the issue that the proposals contained duplicative language to the existing minimum standards for fixed veterinary premises (CCR section 2030). As such, the Board directed the MDC to restructure the minimum alternate veterinary premises and shelter rulemaking packages to remove duplicative language and address concerns of Board Counsel. The MDC worked with the Board's Regulatory Counsel and stakeholders to restructure the proposal and review the proposed changes to the veterinary premises and remove duplicative language. The proposed rulemaking would make all veterinary premises subject to the new general minimal standards for veterinary premises. However, for each alternate veterinary premises, the proposed language included exemptions from the minimum standards appropriate to the premises type. The Board approved that proposal during its April 2023 meeting.

Since the April 2023 meeting, the MDC Vice-Chair, Board Vice-President, Regulatory Counsel, EO, and Board staff worked together to restructure the shelter premises proposal to mirror the approved minimum standards. For alternate veterinary premises of CCR section 2030.4 during that time, Regulatory Counsel raised concerns about the text proposed for CCR section 2035.5 involving clarity, including the meaning of the phrase "limited medical care," which is undefined, and a lack of authority for the Board to authorize delegation of discretion to shelter premises to determine what limited medical care could be provided by an RVT, VACSP holder, or veterinary assistant under a veterinarian's supervision according to the particular needs of the shelter location. It was determined that provision of the shelter proposal would need to be removed. On September 11, 2023, the MDC Vice Chair and Board Vice President held a stakeholder meeting with various members of the shelter community, including CalAnimals and CVMA. During that meeting, the stakeholders provided feedback and the regulatory proposal was amended accordingly. The MDC Vice Chair also requested that Regulatory Counsel research the legal meaning of "impound" for the purposes of possibly further defining it in the regulatory proposal. Regulatory Counsel advised that it could find no definition for impound as it relates to animals in law or regulation in California. Therefore, in using the word "impounded," California law presumes the ordinary meaning of the term, and as a result, the MDC did not recommend adding a definition for "impound" to the proposal.

Proposed Adoption of CCR, Title 16, Section 2030.4, Subsections (a) & (b)

Ms. Shufelt presented this item and provided the Board with each change and the rationale for each change. She also informed the Board that the Shelter Subcommittee's recommendations were approved by the MDC.

Ms. Sieferman made a clarification in reference to CCR section 2030.4, subsection (a), in the memo, which only reflected the exception criteria pursuant to paragraph (5) of subsection (a). She noted the actual text is exception criteria pursuant to paragraphs (4) and (5) of subsection (a).

Dr. Grant inquired if any of the stakeholders that had participated in the meeting included any of the associations that accept donated horses or retired racehorses and if any of the regulatory language would negatively affect the running of such facilities for donated horses.

Ms. Shufelt responded she did not believe anyone from those associations were present.

Dr. Solacito believed that Ventura County was involved in accepting inbound donations, such as horses.

Ms. Sieferman asked Dr. Grant if he could provide her with the contact information for other organizations he had in mind. She noted once the regulatory package goes out for public comment, she could make sure to send those organizations the language directly, and if those organizations have any concerns, the Board could address them at that time.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

Proposed Adoption of CCR, Title 16, Section 2030.4, Subsections (c) & (d)

Ms. Shufelt presented this item and provided the Board with each change and the rationale for each change. She also informed the Board that the Subcommittee's recommendations were approved by the MDC.

Board Discussion of All of CCR, Title 16, Section 2030.4

Ms. Shufelt requested the Board review the proposed language and consider a motion to rescind the prior 2019 motion, approve the proposed language, and direct staff to take all step necessary in the rulemaking process.

Ms. Welch noted that Ms. Pawlowski raised a minor technical issue under subsection (b) as to whether to insert the word "an" before the words "animal shelter premises" to designate one animal shelter premises. She stated when she reviewed subsection (a), it applies to "a building or portion(s) thereof," which she interpreted as meaning one animal shelter premises. She

recommended inserting in subsections (b), (c), and (d), the word “an” before each instance of “animal shelter premises.”

Ms. Schieldge stated there were arguments either way because premises also is singular as well as plural in the Board’s statute. She did not think it needed “an” in front of “animal shelter premises,” but it would be up to the Board for its preference. She thought it would be subsumed within the proposed motion because it was a technical, non-substantive change, and there would not need to be a revision to the proposed motion.

Dr. Noland inquired if subsection (d) also included surgical services, such as spays.

Ms. Siefertman responded yes, any services, including spays and neuters, that the shelter is going to provide within those 30 days would be covered.

Dr. Noland asked why animal shelters were not required to post a sign that informs the consumer that there were no overnight personnel for their animal.

Dr. Solacito responded it is part of the education from the shelter to the adopter when an adoption occurs before the animal is taken home; the adopter is made aware of the shelter’s ability, and the capacity of each shelter to provide services.

Dr. Noland reiterated her previous comment and added that according to her understanding of subsection (d), any veterinary services provided beyond the 30-day timeframe would need a posted sign, but before that timeframe, the animal shelter premises would not need to post a sign if the animal spent the night. She asked if her understanding was correct.

Dr. Solacito responded that the animal shelter structure consists of two separate staff groups—kennel staff and clinical staff. She believed that subsection (d) was referring to the clinical staff. She stated that at most, all of the animals that have surgery are either being released to the adoptive parents because they will be able to take care of their adopted pet at the end of the day, or the animals are prepared by kennel staff to be ready to go home on a different day.

Dr. Bradbury inquired if Dr. Solacito’s interpretation is that the subsection is not relating to animals that have been sent home, but that it was for animal patients that have been spayed or neutered at a shelter that does not have facilities for privately owned animals. She added that within the 30 days after the procedure, the shelter would be allowed to take care of the animals without some of the restrictions imposed on other veterinary premises as these are not animal patients that are typically sent home. She stated as it is currently worded, it appeared as the animal has gone home, but the animal needed to be seen for veterinary services within 30 days. The animal patient would be coming back to the shelter, but the shelter does not have private owned animal facilities.

Ms. Sieferman said her recollection of the discussion was to accommodate any services provided to shelter animals within those 30 days, which could include spay and neuters if it happened. She added, regarding exempting shelters from the signage requirement under CCR section 2030, subsection (a)(5)(C), there was a lot of discussion from the shelter community as to why they did not feel they should have to post the sign. The stakeholders described how the shelters are setup to where the public cannot get to the building because the shelter does not serve the public, so posting a sign did not make any sense for them. She added there was quite a bit of discussion on the signage requirement and all of the stakeholders and the Subcommittee agreed not to have that requirement.

Dr. Sullivan thought that there was recognition by everyone at the meeting that these added requirements cost extra and would require the facilities to do a lot more than what they were able to, but they still wanted to be able to provide re-checks, take stitches out, and basic care for 30 days after the animals left. He noted that Dr. Solacito had mentioned these animals are going out with consent forms and information forms stating a list of adjacent hospitals, so the client is made aware of the clinics and shelters in the area, and the resources for those shelters. He thought the part of them already being home and then needing some service was covered well in the paperwork. He noted that the process was similar to the mobile premises, which the client receives paperwork, advising them of other resources, if needed.

Dr. Noland thought the only part of subsection (c) that she struggled with was not having those extra rooms (office, reception room, etc.) made total sense to her. She noted from a public consumer standpoint, she was a little nervous if an animal has been home with someone who had adopted it. The animal becomes their pet, and the consumer is starting to get attached to that pet, then they take the animal back and do not realize that if the animal does have to spend the night, no one is with the animal and there is no requirement to tell the consumer whether there is or is not someone [with the animal]. She acknowledged comments that it was documented in the paperwork, but she was still concerned that it was not reflect in the proposed language. She added the stitch removal, the re-checks, and basic care makes total sense. She stated it is the animal that has gone through a major surgery, such as a spay, and that the owner has now adopted that pet and is possibly attached to that pet. She suggested for transparency, the Board should require the signage so the consumer knows whether someone is or is not there with the animal.

Dr. Solacito responded that is included in the education to someone who adopts from the shelter. The shelter informs the individual of its capacity to provide services. She noted once an animal has been released, the adopters take full ownership and are advised to go to their own veterinarian for follow-up care.

Dr. Noland stated some shelters require the consumer to bring the animal back for the spay and neuter at their facility.

Dr. Solacito responded that if an animal is not healthy enough to undergo surgery and the shelter is able to adopt them out, when the animal comes back, the same rules apply. She stated the shelter would have the conversation that the consumer drop off the animal in the morning and pick it up in the afternoon. She noted the responsibility for aftercare will still be the consumers, but it was about the shelter's capacity.

Dr. Bradbury acknowledged both sides and thought the notion of printing and posting a sign, relative to the other requirements, did not seem like a big issue. She said it sounded as though part of the issue was where would they even post the sign if there was not a clinic that the consumer could bring the animal to.

Dr. Sullivan stated there was a lot of discussion in this area, and through negotiating with the entire group, the Subcommittee wanted to be sure that the shelters did not fall into the "B" class because many of these shelters want these animals. He noted it is required by law that outgoing animals are spayed and neutered, yet the shelters did not want to have the responsibility and expense of being a full-service clinic. This was an accommodation to satisfy the Board's concerns and what the shelters could feel comfortably fulfilling.

Dr. Noland responded the last thing she wanted to do was to slow down the process of finding homes for adoptable animals. She reiterated her stance on attachment of adoptees to their new pet. She noted even animals well enough to come back, the consumer has to give the animal to somebody, so there is either a desk or tradeoff door. She added, there has to be some place where the sign could be posted, and posting a sign is a lot less onerous than building a reception room or having an examination room. It seems that a sign that might protect the consumer or, at least, provide transparent communication between the service and the consumer might be a good thing. She respected the very robust conversation the Subcommittee had with the stakeholders, but she wanted to speak her piece.

Dr. Grant felt that having a signage requirement was not that onerous, and it provides transparency.

Ms. Siefertman responded that page 4 of the memo noted the rationale for excluding CCR section 2030, subsection (a)(5)(C), which is intended to provide consumers with privately owned animals with the status information, and there is no "client" involved in this type of premises, so this requirement would not be applicable to animal shelter premises. She responded to Dr. Noland's point that there are going to be instances where there does become a client within that 30 days and there could potentially be a client.

Dr. Bradbury asked if the sign requirement could be removed from the exemption.

Dr. Sullivan suggested including language that was similar to the requirement under CCR section 2030.2, subsection (a), for mobile veterinary premises. He stated he believed it was already being done on the information that was provided to the client when they pick up the animal. He thought this was how the Board should address the issue. He noted the discussion was pretty robust. He said consumers cannot even get to the door. He felt consumer protection was satisfied with a written notice when the client takes the animal home, similar to the requirement for a mobile veterinary premises.

Dr. Bradbury liked Dr. Sullivan's suggestion.

Dr. Solacito agreed with Dr. Sullivan. She noted there had to be consideration into how shelters were structured and not all facilities have the ability to provide public access, including after hours. She thought that was why it was included as part of the conversation. She noted some shelters have the ability to post signs, but not all shelters can comply. She emphasized that the conversation happens when the animal is sent home, and all of the information is documented in the adoption documentation.

Dr. Bradbury asked Ms. Welch to craft exemption language. She requested that a requirement to allow shelters to provide written notification to the adoptees.

Ms. Siefertman said the language is not related to the 24-hour notice. However, if the animal was left overnight, then there needs to be notice that there was not going to be personnel present. She noted CCR section 2030, subsection (a)(5)(C) stated "If there are no personnel on the veterinary premises during any time an animal is left at the veterinary premises, prior notice of this fact shall be given to the client. For purposes of this paragraph, prior notice may be accomplished by posting a sign in a place and manner conspicuous to the clients at the entrance of the veterinary premises, stating that there may be times when there are no personnel on the veterinary premises." She stated when there is no personnel on the veterinary premises, the 24-hour requirement does not apply.

Dr. Bradbury asked in lieu of the signage requirement, if the language could state "provide written notice."

Dr. Noland stated that under CCR section 2030, subsection (a)(5)(C), it states, "If there are to be no personnel on the premises during any time an animal is left at the veterinary facility, prior notice of this fact shall be given to the client." She noted the requirement does not state whether it had to be in a written handout or a sign.

Dr. Bradbury responded it states, "posting a sign."

Ms. Schieldge responded Dr. Noland was correct, and the language states "may be accomplished by sign". So, there may be other options for accomplishing the objective besides a sign. She stated if paragraph (5)(C) is stricken, then they do not necessarily post a sign in every case, but some form

of notice has to be provided if there are no personnel present. She stated she had added that explanation in the parenthetical within the memo. She apologized and stated it was her fault that it sounds like a sign is required in every case. She noted the regulation states a prior notice may be accomplished, so there are other ways of accomplishing notice besides a sign.

Ms. Siefertman thought that was a very important distinction, the "may be accomplished by." She did not think that was discussed when there was debate on the requirement for the sign. She thought that striking paragraph (5)(C) from 2030.4, subsection (c) was a very important change. She said it would read, "Except for paragraphs (3) and (4) of subsection (a)" of that section, and striking paragraph (5)(C) would accomplish that concern. She noted the Board could send a notice out to all of the stakeholders to explain the rationale of that and why it felt the concerns that were raised during the stakeholder meeting are still addressed because it may be accomplished by other means.

Dr. Noland stated she was confused because when reviewing CCR section 2030, subsection (c), it is referring to animal shelters that are providing services solely to impounded animals. She stated once adopted, the animals are no longer impounded, the shelters should have to fulfill the requirements of CCR section 2030, subsection (a)(5)(C), but there could be an exception for solely impounded animals. She thought the Board was changing too much, and it should just be the ones that come back within the 30 days. She felt the Board was making it more restrictive than it needed to be.

Dr. Sullivan responded his concern was if the Board did not keep the language, it was going to end up with requiring those facilities that only treat impounded animals and not the public animals to go back to subsection (b), which is what the Board was attempting to avoid.

Ms. Schiedge thought it was also to avoid issues of impounded and private animals while allowing flexibility in case that situation occurs. She noted with the language there is one standard that is implemented for notice in case that situation or circumstance occurs at that shelter. Then the shelter is already in compliance because it is something they do automatically every time.

Ms. Pawlowski stated the concern is that if the Board removes the language or changes too much, there is no differentiation between a private and an impound shelter. She advised caution in making any changes and to consider the work that has been done to get the language correct.

Ms. Welch suggested the Board make minor technical changes to CCR section 2030.4, subsections (b), (c), and (d) to insert the word "an" before animal shelter premises.

Based on discussion, the following revised language includes all changes suggested to CCR section 2030.4, subsections (b), (c), and (d) (proposed

additions are in double underline blue text; proposed deletions are in ~~double red strikethrough text~~):

[...]

(b) Unless otherwise provided in this section or section 2030.3, an animal shelter premises also providing veterinary services to privately owned animals that are not otherwise impounded shall meet all minimum standards specified in section 2030.

(c) An animal shelter premises providing veterinary services solely to impounded animals shall meet all minimum standards specified in section 2030 except for paragraphs (3), and (4), ~~and (5)(C)~~ of subsection (a) of that section.

(d) An animal shelter premises providing only post adoption services to animals adopted from the same premises within thirty days of adoption shall comply with subsection (c).

[...]

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

- Motion: Kristi Pawlowski, RVT, moved and Christina Bradbury, DVM, seconded a motion to recommend to the Board approval of the proposed regulatory text and recommend all of the following actions be taken:
 - (1) rescind the prior 2019 motion approving proposed CCR sections 2030.6 and 2035.5 and approve the proposed regulatory text in Attachment 3 with revisions to add “an” before the words “animal shelter premises” in subsections (b), (c), and (d), and strike “and (5)(C)” and insert “and” before “(4)” in subsection (c);
 - (2) direct staff to submit the text in Attachments 2 and 3 as one proposal to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested; and
 - (3) if no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed for California Code of Regulations, title 16, sections 2030, 2030.05, 2030.1, 2030.15, 2030.2, 2030.3, and 2030.4 as amended at this meeting.

Dr. Bradbury requested public comment on the motion. The following public comment was made on the motion:

- Grant Miller, DVM, CVMA, asked what is going to happen to sections 2030.6 and 2035.5.

Ms. Schiedge responded that part of Ms. Pawlowski's motion was to rescind the prior 2019 motion approving sections 2030.6 and 2035.5, so that the language approved at this meeting combines the shelter minimum standards and the alternate veterinary premises minimum standards into one rulemaking package.

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

- Vote: The motion carried 6-0.

C. [Recommendation on Proposal to Initiate a Rulemaking to Amend CCR, Title 16, Section 2032.3 Regarding Medical Records](#)

Ms. Shufelt informed the Board that this item was tabled until the January 2024 MDC meeting. She provided the Board with the following updates:

- **Medical Records Subcommittee:** Dr. Sullivan and Ms. Ussery worked in collaboration with CVMA, the California Horse Racing Board (CHRB), and UC Davis regarding medical records and how record requirements are geared more toward small animals and may make compliance difficult for herds or groups of animals. The Subcommittee presented to the MDC a detailed list of recommendations, including proposed amendments to CCR section 2032.3. The MDC tabled the discussion regarding the Medical Records package until the January 2024 meeting.

Ms. Sieferman clarified that the Board did not receive the updated language as the MDC had tabled the discussion. However, she noted there were some Board members who were present and welcomed their feedback.

Dr. Grant responded he was present at the meeting, and it did not seem that it would be that much of a problem to include the names of the personnel. He noted when the name of the surgeon is recorded, the name of the [person administering] anesthesia also should be recorded. Although it was pointed out that all the people who handle that animal were included in a previous section, but he thought it would be nice to add the anesthesia requirement. He said in his experience, there sometimes can be two or three people. Someone does the pre-initial examination, somebody gives the drugs, somebody else is there monitoring the animal. He noted if the animal does not wake up, the surgeon wants to know that.

Dr. Bradbury thought it was addressed under "all individuals providing veterinary services."

Ms. Schiedge stated Ms. Welch suggested that edit and thought it was a good suggestion because it will cover any veterinary service that was provided. She stated the other option would be to break out every single service that is provided. She said if the Board wants to make an exception for one type of service, it is going to have to do it for all of them. She suggested the category would cover any service provided under the Practice Act, so she recommended keeping that terminology.

Dr. Bradbury thought Dr. Grant was stating it might be good to just add it for clarity, but she thought when the Board is creating these regulations, it has to try and keep them as simple and straightforward as possible. She noted that adding additional items, it sometimes is frowned upon as it goes through the regulation process.

Ms. Pawlowski stated if one requirement is listed, then all of the items are listed, otherwise there may be issues with missing certain requirements.

Dr. Grant asked why is the name of surgeon listed.

Dr. Bradbury noted as the MDC is reworking the language, they will take that suggestion into account. She thanked Dr. Grant for noting that discrepancy.

Dr. Grant added, he had a couple of questions about the gender and how it was going to be listed. He stated it becomes a problem with horses, such as a Ridgeling or Cryptorchid, that are not often examined due to the dangers of checking for the gender. He thought that it was important that it was listed, whenever an attempt can be made. He noted some people assume that the horses are gelding, when they are not, and that is why the horses were taken to the shelter because they were unruly, and it could be a problem.

Ms. Siefertman responded to Dr. Grant's point to add in the name of the anesthetist to CCR section 2032.3, subsection (b)(1)(L).

Dr. Grant stated that most surgery reports have that information already listed. He noted that is often where the tragedies occur.

Ms. Shufelt noted there was a rather extensive discussion of the age, sex, and breed in the MDC meeting, and it is one of the items that the Subcommittee is working on before bringing it back in January. She thanked the Board for its comments.

Dr. Grant commented on whether or not to keep veterinarian "recommendations" in the language. He suggested keeping the recommendations requirement because the veterinarian is making a recommendation as to whether an animal patient (horse) is safe to be around, safe to be ridden, and it has to be listed. As he understood, on some previous [disciplinary] cases, when the veterinarians did not do that, the veterinarian was held liable for the injury to the owner or the handlers on it. He thought that if it was no problem to keep the recommendations in there, it would be good. He

thought many times that the individuals are being told, or it is in the discharge sheet, but he thought it was nice to have that there. He thought it would prevent many problems if people know they have to fill out that information.

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

- Grant Miller, DVM, CVMA, noted it made sense to remove the name of the surgeon from CCR section 2032.3, subsection (b)(1)(L), because subsection (b) requires the names of all the individuals providing patient care. He reminded the Board that there are four states, Arizona, Arkansas, Missouri, and Texas, that make accommodations for the animal's temperament in precluding certain physical exam data. He noted the language is not so proscriptive in California to have requirements, such as temperature, a pulse, or a respiration. He noted it is not exactly a translation because California's requirements just state you have to have physical exam findings, but these states affirmatively say that if the individual animal's temperament makes it dangerous to obtain a temperature or if situations arise in which the examination is impractical or potentially detrimental to the animal or the examiner, that there may be a possibility to preclude that information. He suggested the Board re-approach that from the large animal side. He added it is not a standard of care for veterinarians to take the temperature of their patients, except in a few circumstances. He stated he takes rectal temperatures maybe a dozen times a year. He noted when a dog is receiving a vaccine, it is normal to have rectal temperature taken, but it is not for horses; equine practitioners do not do that. He stated equine practitioners felt that the data that was gathered just by the visual observation of the animal and the history received from the client is sufficient to justify the vaccine. He suggested another look at the language. He noted in response to Dr. Grant's comment regarding the veterinary services declined, he would not be in favor of declining recommendations because that means that the entire conversation from beginning to end is now subject to being recorded, and the medical records are already tedious. So, if they are declining a veterinary medical service, such as "I suggest you do blood work on this animal, a CBC chem," and they say, "No," that makes sense," but if the recommendation is "I do not think you should ride this horse anymore," the veterinarian does not have anything verifiable in the record that they can truly state in the record, other than they told them not to ride the horse, which the client has the option to ride anyway should the client choose. If the veterinarian states, "I think you should do a CBC chem," and they say, "No," it is [option] A and then B, and it is clear. If the veterinarian's recommendation is, "You know, I do not know if this horse should be ridden anymore," and the client remains silent, the veterinarian does not have anything else that they can really point to in the record other than the fact the recommendation was stated. Dr. Miller did not want to get too nebulous into writing down every single thing the veterinarian and client talked about in the conversation; it should just be in the veterinary services.

D. Recommendation on Legislative Proposal to Amend Business and Professions Code (BPC) Section 4875.1 Regarding Complaint Prioritization

Ms. Shufelt provided the Board with the following updates:

- **Complaint Audit Subcommittee:**
 - Quarterly Expert Round Tables: Dr. Bradbury and Dr. Sequoia reported that they had two more roundtable meetings with the subject matter experts since the last meeting in April, which according to the feedback and training, they felt that these meetings are improving the subject matter experts' experience and the quality of the reports that the Board is receiving.
 - Complaint Prioritization Review: Dr. Bradbury and Dr. Sequoia have been working on the Board Complaint Prioritization Review and presented recommendations to the MDC on changing statutory language and potentially adding in unlicensed activity as a numbered priority for the Board. After a lengthy discussion amongst the MDC and public comment, it was decided to table the prioritization item, continue work on it by the Subcommittee, and present the changes to the MDC, and subsequently to the Board, in the January meetings.
- **Frequently Asked Questions (FAQ) for Blood Banking:** Dr. Bradbury and Dr. Waterhouse presented their recommendations for animal blood banking FAQs, which include common questions asked of the Board, including questions regarding payment, donations, and transfer of blood products between facilities. She noted the FAQs are expected to be added to the Board's website soon, and the FAQs will be updated as more questions from consumers arise.
- **2024 MDC Chair and Vice Chair Appointments:** Dr. Sullivan was appointed as the MDC Chair, and Marie Ussery as the MDC Vice Chair.
- **Pending Assignments:**
 - Record Keeping and Communication
 - Complaint Priorities
 - Inspection Mandates, which are on hold pending the mobile app
 - Spectrum of Care FAQ
 - Conversion of the California Veterinary Law Examination to a California Veterinary Law Course
 - RVT Pathways

Dr. Noland stated as she thought about death or serious bodily injury in the complaint prioritization, death should be placed as number one and then serious bodily injury below it, since death was easily defined.

Dr. Bradbury thought it was good information for the Board's representatives to consider for case prioritization when they go back to the item in January.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

**Agenda items for this meeting were taken out of order, and the Board moved to [Agenda Item 7.B](#). The order of business conducted herein follows the publicly noticed Board meeting agenda.*

6. Interviews, Discussion, and Possible Appointment to Fill Vacant MDC Registered Veterinary Technician Member Position

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

- [Darlene Hernandez Geekie, RVT Registration No. RVT-5966](#)
- [Tracey Mumby, RVT Registration No. RVT-3911](#)
- [Leah Shufelt, RVT Registration No. RVT-6284](#)

The Board discussed the strengths of each candidate and thanked all three candidates for applying to the MDC.

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

- Motion: Dianne Prado moved and Christina Bradbury, DVM, seconded a motion to appoint Darlene Hernandez Geekie, RVT, to the MDC to serve through June 30, 2026.

Dr. Bradbury requested public comment on the motion. There were no public comments made on the motion.

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

- Vote: The motion failed 3-3. Dr. Grant, Dr. Noland, and Ms. Pawlowski voted no.

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

- Motion: Barrie Grant, DVM, moved and Jaymie Noland, DVM, seconded a motion to appoint Leah Shufelt, RVT, to the MDC to serve through June 30, 2026.

Dr. Bradbury requested public comment on the motion. The following public comment was made on the motion:

- Jeff Pollard, DVM, stated he was incredibly impressed by all three presentations. He added he did not know Ms. Geekie or Ms. Mumby, but he did know Ms. Shufelt. He stated he worked with Ms. Shufelt and served with her on the MDC for many years. In reference to Dr. Noland's comment, he stated he recalled in the last 10 years when the Board could not get a candidate and now there are so many candidates with such qualifications. He added he did not envy the Board in making its decision. He implored the individuals who did not get picked to reapply. He ended the conversation by stating his bias is towards Ms. Shufelt.

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

- Vote: The motion carried 4-1-1. Dianne Prado voted no, and Maria Preciosa S. Solacito, DVM, abstained.

7. Update, Discussion, and Possible Action on Pending Regulations

A. Status on Pending Regulations

Mr. Olguin provided the Board with the following updates:

- RVT Equivalent Experience and Education rulemaking package is currently in the 45-day comment period, in which the Board has received two letters of support and no negative comments or letters of opposition.
- Uniform Standards for Substance-Abusing Licensees rulemaking package was approved by Agency, and it will go into the 45-day comment period on October 27, 2023.
- RVT Vaccine Administration rulemaking package was approved by the DCA Budget Office, the Board's Regulatory Counsel, and the DCA Director, and is pending approval by Agency.
- Minimum Standards for Alternate Veterinary Premises rulemaking package was approved by the DCA Budget Office but was placed on hold pending further review by the Veterinary Premises Registration Subcommittee due to possible conflicts with the Building Code in title 24. In addition, this package will be combined with the Minimum Standards for Animal Shelter Premises package.
- Veterinary Graduate Student Exemption / RVT Examination Eligibility rulemaking package was on a temporary hold; Board staff reviewed the internal processes for RVT registration and are in the process of developing proposed regulatory language for the licensure process to be brought to the MDC for its review and input.
- Drug Compounding rulemaking package is placed on hold until further discussion in January.

Dr. Bradbury noted that in the Drug Compounding section of the meeting memo, it incorrectly referenced SB 669 in relation to VACSP holders having the ability to compound drugs.

Ms. Schieldge and Ms. Sieferman noted there was no bill to add VACSP holders [to the drug compounding statute], and SB 669 did not involve VACSP holders.

Ms. Sieferman noted current law allows veterinarians and RVTs to compound drugs; the Board was trying to get a legislative proposal through to authorize VACSP holders to compound drugs, but the Board could not find an author for that legislative proposal.

Dr. Bradbury noted another correction for the record in the meeting memo, the [veterinarian-client-patient relationship (VCPR)] (RVT Vaccine Administration) section should state “The regulation package was submitted to the Director” but *not* Agency at that time; she noted that the rulemaking package may have been moved on since then. Dr. Bradbury noted that language probably will be superseded by SB 669, so the package would need to be pulled back.

Ms. Sieferman suggested the Board pull back the RVT Vaccine Administration package to see what items the MDC could salvage from the package.

Dr. Bradbury asked for brief clarification regarding issues with the Minimum Standards for Alternate Veterinary Premises rulemaking package. Ms. Sieferman stated the Board’s Regulatory Counsel discovered that it currently conflicts with title 24 of the Building Code standards. She noted the Board is researching with OAL on the next steps moving forward, and that she was hopeful it will be back with the Board in January.

Ms. Schieldge added that the title 24 standards were building standards that were adopted in 1988 by the Board, which largely replicate current standards in CCR section 2030. She noted the Board will need to resolve the non-duplication and consistency standards before the package can be moved forward. The Board will need to consult with external agencies before presenting a solution to the Board.

Dr. Bradbury inquired on the RVT examination eligibility and whether AAVSB would accept veterinary students in their junior or senior years to take the Veterinary Technician National Examination (VTNE). Ms. Sieferman responded she would look into it and get back to the Board.

Dr. Grant noted that foreign veterinary schools may not refer to their students as juniors or seniors in their final two years; that language may only be used in the United States and Canada. He inquired if the language could be changed to accommodate that terminology.

Ms. Sieferman responded this item is just an update on the current status of the regulations, but the Board can re-review the package. She recommended that the Board continue through the rulemaking process, and if there is public comment on lack of clarity for the stakeholders, the Board could address those concerns at that time.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

[The following item was discussed after Agenda Item 5.D. The order of business conducted herein follows the publicly noticed Board meeting agenda.]

B. Consideration of Previously Approved Text to Amend CCR, Title 16, Sections 2036.5, 2090, 2091, 2092, and 2094 Regarding Drug Compounding

Dr. Bradbury noted the legislative proposal recommended by the Board at the April Board meeting to add VACSP holders was not picked up by a legislator. The Board approved the proposed amendments to CCR section 2036.5, acknowledging at the time the Board would need to remove the VACSP holder language if the statute was not amended; the Board could add that statutory amendment in the Board's Sunset bill. She noted that the Board's Regulatory Counsel had made additional recommendations in Attachment 3, but that it was difficult in comparing between the three attachments, so she used Attachments 1 and 3 for comparison.

Ms. Schieldge clarified that Attachment 1 shows changes from the last meeting. Attachment 2 is the proposal with the language removed if the Board does not agree with her recommendations in Attachment 3. Attachment 3 is her proposed revisions included within the new language proposed. She stated Attachments 2 and 3 were provided to give the Board many options since Ms. Siefertman indicated to her the Board may not be open to the Regulatory Counsel's recommendations (Attachment 3). She tried to accommodate that by including, in highlight, to show the original proposal and how it was being changed. However, because Attachment 1 has highlighting and underscored text that are not relevant to the changes being made, the Office of Administrative Law (OAL) would not want the Board to approve that version. OAL prefers clean copies to be approved, so she would not recommend the Board approve Attachment 1. Ms. Schieldge stated she was recommending Attachment 3.

Dr. Bradbury stated that since she has been on the Board, the Board is used to changes being made with highlights, underlines, double underlines, strikeouts, and double strikeouts. Ms. Schieldge's clarification helped Dr. Bradbury understand why Attachment 2 was in the meeting materials.

Ms. Schieldge responded she could not get any feedback on whether the changes would be something the Board would consider; she was directed to make it a separate attachment (Attachment 3). She stated normally, there are two attachments, one showing the changes and one with the clean copy with the proposed language to move forward. She noted if the attachments were too confusing, there will be two attachments going forward.

Issue 1—CCR Section 2090, Subsection (f)

The following revised language includes the changes to CCR section 2090, subsection (f), recommended in the meeting materials and shown in Attachment 3 (proposed additions from are in double underline blue text; proposed deletions are in ~~double red strikethrough text~~):

[...]

(ef) "Office stock" means a compounded drug prepared without a patient-specific prescription that may be either (A) administered to an animal patient ~~used~~ within the registered veterinary premises where the drug preparation was compounded or administered to an animal patient, in mobile units and vehicles operated by a ~~from the registered~~ veterinary premises that is exempted from independent registration in accordance with section ~~4353~~ 4853 of the code, or (B) dispensed only to a client, client's representative, or other veterinarian at the same veterinary premises.

[...]

Dr. Bradbury noted that "used" was replaced with "administered to an animal patient" to be consistent with the federal Food and Drug Administration's (FDA's) guidance language. She inquired with Ms. Schiedge on the rationale for including "that is exempted from independent registration."

Ms. Schiedge responded the original text stated the office stock "may be used," but it did not state how, where, under what circumstances, which is a clarity problem. She stated she is familiar with drug compounding as she used to be counsel for the Pharmacy Board, so she thought the Board was intending to mean the administration to an animal patient either within a registered veterinary premises, or one that is affiliated with a premises that does not have to be independently registered. She stated the original language was "used in mobile units and vehicles...in accordance with 4853." She stated in order to clarify the mobile units as used in BPC section 4853, she thought it was referring to a mobile unit that is affiliated with a veterinary premises registered with the Board and is not required to be independently registered. She said in those situations and in those locations where the drugs are administered to an animal patient, it is considered office stock. She was trying to clarify the language.

Dr. Sullivan noted a mobile unit may not be registered with a fixed facility.

Ms. Schiedge responded that is what she is stating. She added BPC section 4853 covers a lot of different requirements. She thought the language was unclear to what they meant. She thought the language was intended to mean any registered veterinary premises, which would include standalone mobiles, plus mobile vehicles that are affiliated with a fixed premises registered with the Board. She said under BPC section 4853, those mobile units do not have to be independently registered; they are independently exempt if the mobile unit has

an affiliation with a premises that is already registered. She stated the language appears to be intended for administration in the registered premises, whether it is mobile or fixed, plus vehicles that are associated with a premises that do not have to be independently registered (those that are exempt). She stated in any of those situations where drugs are administered to an animal patient, it is office stock, which is what the Board is intending. She thought the prior language is a little unclear in delivering that requirement, and she revised the language to be consistent with what the Board is attempting to achieve, while being consistent with the FDA guidance. She noted that any inconsistencies with the FDA guidance could create a liability for the veterinarians.

Dr. Bradbury thought that made sense.

Dr. Sullivan asked if it was clear to a licensee when they look at the requirement.

Ms. Schiedge responded she thought it was clearer than the language “used in mobile units...in accordance with 4853.” She noted BPC section 4853 requires mobile units to be registered with the Board if they are not affiliated with a fixed premise. She stated in the language she proposed in Attachment 3, she was attempting to fix the clarity issue.

Dr. Sullivan responded that is fine.

Issue 2—CCR Section 2092, Subsection (a)(1)

The following revised language includes the changes suggested to CCR section 2092, subsection (a)(1), recommended in the meeting materials and shown in Attachment 3 (proposed additions from are in double underline blue text; proposed deletions are in ~~double red strikethrough text~~):

[...]

- (a) (1) A list of each of the requirements of subsections (b), (d), ~~and~~ (e), and (f) and sections 2093 and 2094.

[...]

Dr. Bradbury noted Ms. Schiedge recommended to add in subsections (d) and (f) that includes instruction for putting compounded medications not routinely used in the medical record into a procedures manual, and (f) is instruction on what to put in the medical records.

Ms. Schiedge responded her experience with compounding is the policies and procedures manual has to track the documentation requirements and what the procedures they have to do in every case. She said since the Board is adding new procedures to this regulation, then the list of what should be covered in the policies and procedures manual has to be updated accordingly. She stated the

Board has these new sections, so it needs to be added to make sure that it tracks the requirements that are being added to the section.

Dr. Bradbury thought it would not be very difficult just to add those instructions to the manual.

Ms. Schiedge stated that [veterinary] staff are going to be looking at the manual and not typically the regulation. She said the regulation standards should be in the manual.

Dr. Bradbury asked Dr. Sullivan if he was okay with the changes.

Dr. Sullivan responded he did not have time to look back at each of those sections, but it sounded fine.

Dr. Bradbury asked if he wanted her to read those to him.

Dr. Sullivan responded no, that is fine.

Issue 3—CCR Section 2092, Subsection (e)

The following revised language includes the changes to CCR section 2092, subsection (e), recommended in the meeting materials and shown in Attachment 3 (proposed additions from are in double underline blue text; proposed deletions are in ~~double red strikethrough text~~):

[...]

(e) ~~Notwithstanding subsections (b) and (d), f~~For intravenous (IV) compounded drug preparations for immediate use on an animal patient that contain a sterile solution that is not otherwise compounded at the veterinary premises (“IV drug preparation”), neither a master formula document as provided in subsection (b) nor a formula record as provided in subsection (d) needs to be maintained for each IV compounded drug preparation. However, for each IV drug preparation, the name and quantity of the sterile solution and the name, strength, and quantity of the ingredient(s) added to the sterile solution shall be recorded in the animal patient’s medical record.

[...]

Dr. Bradbury noted subsections (b) and (d) were removed from the introduction portion of the subsection, and instead language was inserted into the middle of the subsection to have the requirements of subsections (b) and (d) in one location for clarity.

Ms. Schiedge responded she was not a fan of the word “notwithstanding” because it is unclear whether subsections (b) and (d) apply. She thought the meaning was that those sections do not apply and that they are only required to record the information in the medical record. She noted she created a short

term for the whole lengthy description that only needs to be recorded in the medical record and does not need to be recorded in a separate master formula record or a compounded drug record; the information just needs to be recorded in the medical record. She noted, legally “notwithstanding” usually means disregard, but in regulation, the language needs to be written in a way that is as plain as possible, so it is easy to implement.

Dr. Sullivan asked if the language was stating if an IV drug preparation is not added to the sterile solution, it does not need to be placed in the medical record.

Ms. Schieldge responded if it was not compounded at the veterinary premises, and only the sterile solution is recorded for immediate use that is not otherwise compounded at the veterinary premises, then a separate master formula document is not required.

Dr. Sullivan said he understood. He noted in the last sentence, it states “However...” which lists the requirements needed in the medical record. In addition, there needs to be documentation for IV fluids in the medical record.

Ms. Schieldge stated she was utilizing the current text proposal, which states the only things that need to be in the medical record were the “name, strength, and quantity of the ingredient(s),” but if the Board wants additional items, it could be added here. She noted her suggestions were mirroring what had been previously written.

Dr. Sullivan responded he thought it was fine.

Dr. Bradbury opined that the original language was pretty clear, and she felt the new language was pretty complex. The rewording of the paragraph might be more confusing.

Dr. Grant wanted to ensure that the consumer and patients were protected with sterile solutions that are made. He said horses are given large volumes and some practices use distilled water with some electrolytes and put it in a large carboy. It was unclear to him if that was considered a sterile solution, whether the solution is run through a UV light, or what protections there are for horses.

Ms. Schieldge asked if mixing two or more items was considered compounding.

Dr. Grant responded he thought it was considered compounding.

Ms. Schieldge responded if the solution was compounded on the veterinary premises, then this section would not apply. She asked for confirmation that the section is for solutions not compounded on the veterinary premises and received from an external source.

Dr. Grant responded no this would be compounded on a veterinary premise. He provided an example of solution ran through a distilled filter, put it in a large

carboy, and then two cups of sodium chloride are taken and another one of magnesium and added to it; then stating that it is sterile solution.

Ms. Schieldge responded then this section would not apply, but the other section would apply.

Ms. Pawlowski liked the proposal in Attachment 1 better. She could understand it better, and she thought that for consumer protection it was clearer. She stated that the feedback the Board has received is that the regulations need to be clear. She noted if the word "notwithstanding" needed to be changed, then just change the word.

Issue 4—CCR Section 2094, Subsection (b)(1)

The following revised language includes changes to CCR section 2094, subsection (b)(1), recommended in the meeting materials and shown in Attachment 3 (proposed additions from are in double underline blue text; proposed deletions are in ~~double red strikethrough text~~):

[...]

(b) (1) Name assigned to the compounded drug preparation~~pursuant to paragraph (7) of subsection (b) of section 2092.~~

[...]

Dr. Bradbury inquired why the reference to CCR section 2092(b)(7) was added in the first place. She noted language is typically not changed unless it is deemed to be important.

Ms. Schieldge responded CCR section 2092(b)(7) states the same language as in section 2094(b)(1), and it seemed redundant.

Dr. Sullivan stated he was fine with Ms. Schieldge's recommendation.

Ms. Welch thought the language was attempting to clarify that requirement for some drug preparations, but not the sterile ones that were carved out with the other language. She noted that the old language referenced CCR section 2092(b)(7). Then, CCR section 2092(b) had "except as provided under (d) and (e)", because a compound under subsection (d) is not routinely compounded, and a compounded under subsection (e) is an IV sterile solution. She noted the requirement to keep the master formula document for office stock. She thought the Board was attempting to identify just the compounds that are prepared in accordance and identified through the master formula document, not any other documentation that is being maintained. She apologized for struggling to respond, as she did not have the prior meeting materials, but noted there was significant time spent on this topic. She asked Dr. Sullivan for his recollection on why it was structured in that specific way.

Dr. Sullivan responded he did not recall, but he noted that what is currently in regulation, does not include subsection (b)(7).

Ms. Schieldge responded it would be in Attachment 1, page 4, subsection (b)(7), repeats what was stated. She noted it is a requirement for the master formula document, but [the labeling requirement] was a separate requirement. She stated, normally when a regulation points to another subsection, it adds further clarity to the criteria, so the reader knows there is other criteria besides what is stated in that sentence.

Dr. Sullivan stated there was a problem with that language anyway. He noted it was pointed out to him by one of the Board's attorneys that it is referring to CCR section 2092(b).

Ms. Schieldge responded she was looking at CCR section 2092(e) for correction, but it is cross-referencing CCR section 2092(b)(7).

Dr. Sullivan stated his understanding that is in that situation, the name of the compounded preparation is already in the master formula document.

Ms. Welch stated Dr. Sullivan was correct. There was a name requirement that had to be identified in the master formula document.

Dr. Sullivan stated it included all of the information that was needed, including the strength, amount, quantity, active ingredients, etc.

Ms. Welch stated the Board is requiring the master formula document for office stock except in two situations. One situation is it is rarely compounded, in which case the documentation is inserted into the animal patient's medical record. The second situation is for IV sterile solutions that are for immediate use. She stated that in those two exemption scenarios, those items are not office stock but are prepared for an individual animal patient.

Dr. Bradbury inquired if it was for immediate use.

Ms. Welch responded not necessarily. If it was rarely compounded, it may be dispensed.

Ms. Schieldge stated that the current approved language for CCR section 2094(b)(1), states the office stock shall be labeled with the following information "name assigned to the compounded drug preparation pursuant to paragraph (7) of subsection (b) of section 2092," which repeats the language found under CCR section 2092(b)(7). She noted she was not involved in the original drafting of the language, but she was not sure why there was a need for additional cross reference in the language. She said it was up to the Board if it made sense and noted it had the option to table the item.

Dr. Bradbury did not think the Board needed to table the topic but thought that the Board needed to agree or to keep it in there because it was being specific

for a certain situation that had been discussed in length. She recommended keeping the originally approved language of Attachment 1.

Ms. Schieldge inquired to the rationale as the Board would need to justify the requirement.

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

- Grant Miller, DVM, CVMA, asked if the item was specific to the name.

Dr. Bradbury confirmed by stating yes.

- Dr. Miller continued and stated the reason it was included was because there are minute differences in the concentrations of ingredients in various products. He provided an example where he had three ingredients. One is an antifungal, one is an antibacterial, and the other one is a diluent. The concentration of each for a cat might vary slightly from that of a dog, and so Dr. Sullivan had wisely noted that the Board needed to do something to make it very clear that “Product A” is different than “Product B.” He added in the example that it is very easy to have the wrong dosage, such as 0.3 milligrams (mg) of ketoconazole verses 3 mg of ketoconazole, which is 10 times more concentrated, and the idea was, if it stated canine OTIC preparation or feline OTIC preparation, it would just be one more layer of protection from stopping people from grabbing something that is ten times more concentrated. He claimed in the history of compounded nightmares and compounding errors, they are always somebody moving a decimal point one time and making something ten times more concentrated.

Ms. Schieldge stated she had no concern about that part, but she was concerned about the cross-referencing to the same words in another section dealing with the master formula document in CCR section 2092(b)(7). She did not see a need to state it again. She said it is the legal equivalent of stating “name assigned to the compounded drug preparation pursuant to the name assigned to the drug preparation.” She noted it is cross-referencing to a subsection of the master formula record, and she did not know why that was happening. She stated as part of her job is to review the rulemaking file and approve it before it is submitted to the Department of Consumer Affairs and OAL. She noted she would have to be able to explain why the language is stated twice.

Dr. Bradbury and Dr. Miller responded that makes sense.

Ms. Schieldge reiterated her recommendation to strike the “pursuant to paragraph (7) of subsection (b) of section 2092” language.

Ms. Welch noted for those IV sterile solutions that are compounded without a patient-specific prescription and there is no master formula document, there is

no requirement for the name of this compounded preparation to be identified anywhere.

- Dr. Miller stated there is a requirement in CCR section 2094(b)(1), which states all office stock shall be labelled with the name assigned to the compounded drug preparation. He provided an example of a cat named Millie, where Millie needs 20 milliequivalents of KCL diluted in a liter of NACL. The bag that is hanging there for Millie can be named Millie's IV fluids and that is the name of her office stock compounded preparation.

Ms. Welch responded if that meant there was a prescription because if it is patient-specific, there is a prescription for a patient and that is not office stock.

Dr. Bradbury stated this is regarding just office stock.

- Dr. Miller stated it is, and the challenge is that prescription has a dual meaning in California law. The order given is a prescription, and a piece of paper the veterinarian writes out like a check is also a prescription. He stated both are nouns, but one is more conceptual in terms of what has to happen in a series of orders. He added office stock is pursuant to an order, and it is not specific always to a single patient, but once the office stock is made pursuant to subsection (e), for the IV fluids, it is still office stock. It is being used, is something compounded in the practice, and is still considered office stock, which requires it to have a label, including a name, on it.

Ms. Welch stated that the issue for those IV fluids is that there is no name requirement, but under subsection (b), there will be a name requirement for those IV solutions if the Board does not have some language to identify that it is just for those drugs compounded preparations as office stock with a master formula document. She suggested either adding language that states for drug preparations compounded with a master formula document then there is a name assigned. She thought that was the goal by doing the cross-reference.

- Dr. Miller stated, so there would be a new subsection (c) in CCR section 2094, which has special labeling requirements pursuant to subsection (e) of CCR section 2092.

Ms. Welch noted current subsection (c) is the refrigeration requirement.

- Dr. Miller responded there would be a new subsection (c), and current subsection (c) would be renumbered to subsection (d), so there would be labeling requirements for office stock and that is going to have the name, then there are going to be labeling requirements for the specific IV fluids in subsection (e) of CCR section 2092, which does not have a name and has only requires the active ingredients or the ingredients diluted.

Ms. Welch noted if the Board was to create an additional name requirement just for the office stock that has the master formula document, it would be separated out into a new subsection (c).

Dr. Sullivan stated the conversation reverts back to the IV fluids, and the IV fluids are for immediate use only. If the IV fluids are not used within four hours, then they become office stock and need to be documented either in the medical chart or on the master formula.

- Dr. Miller responded that was a good point.

Dr. Sullivan stated the purpose of isolating the IV fluids was with the idea that they are already known because they come already prepared. He stated if something is added to the IV fluids, then it needs to have a label of the ingredients and has the initials of the individual who compounded it. Otherwise, it is immediately used, and it does not require the compounding regulations other than identifying what is added to it, but if it is not used immediately then all of the exemptions go away.

Dr. Bradbury thought that the IV fluids conversation came because of the error in the reference to it, so the Board started looking at IV fluids again. She thought the IV fluids was already dealt with in the document and how that needs to be labeled. She stated it seemed fine to accept Ms. Schieldge's recommendation to remove the "pursuant to paragraph (7) of subsection (b) of section 2092" language in CCR section 2094(b)(1).

- Dr. Miller said Ms. Welch stated it is not "office stock."

The Board discussed adding a new subdivision (c) for CCR section 2094, for all IV compounded drug preparations compounded pursuant to CCR section 2092, subsection (e), that would require the label on the preparation to include paragraphs (2) through (5) of subsection (b).

This item was tabled and referred to the MDC Drug Compounding Subcommittee for review and potential revisions.

The Board received additional public comment on this item as follows:

- Bonnie Lutz, Esq., Klinedinst, agreed with Dr. Miller to change the order of the labeling.

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

A. Priority Legislation for Board Consideration

(1) Assembly Bill (AB) 1399 (Friedman, Chapter 475, Statutes of 2023) Veterinary Medicine: Veterinarian-Client-Patient Relationship: Telehealth

- Board's position at the time of the meeting: Support
- Bill status at the time of the meeting: AB 1399 was signed by the Governor

Ms. Sieferman informed the Board that it is in the process of developing FAQs to assist in the impacts of telemedicine on the profession.

(2) SB 143 (Committee on Budget and Fiscal Review, Chapter 196, Statutes of 2023) State Government

- Board's position at the time of the meeting: N/A
- Bill status at the time of the meeting: SB 143 was signed by the Governor

This item was not discussed.

(3) SB 373 (Menjivar, 2023) Board of Behavioral Sciences, Board of Psychology, and Veterinary Medical Board: Licensees' and Registrants' Addresses

- Board's position at the time of the meeting: Support, If Amended
- Bill status at the time of the meeting: SB 373 was vetoed by the Governor

This item was not discussed.

(4) SB 544 (Laird, Chapter 216, Statutes of 2023) Bagley-Keene Open Meeting Act: Teleconferencing

- Board's position at the time of the meeting: Support, If Amended
- Bill status at the time of the meeting: SB 544 was signed by the Governor

This item was not discussed.

(5) SB 669 (Cortese, Chapter 882, Statutes of 2023) Veterinarians: Veterinarian-Client-Patient Relationship

- Board's position at the time of the meeting: Oppose, Unless Amended

- Bill status at the time of the meeting: SB 669 was signed by the Governor

Ms. Sieferman informed the Board that after the Board's July meeting, the Executive Committee along with herself and Ms. Welch, shared with the Governor's office the Board's concerns that the bill conflicted with state and federal regulations. She said the moment an RVT provides services allowed under SB 669, they are going to be in conflict with state and federal law. The concerns were shared during the legislative hearings. She noted that the Board would create outreach material to inform its licensee population of the Board's concerns to be open and transparent.

(6) [SB 887 \(Committee on Business, Professions and Economic Development, Chapter 510, Statutes of 2023\) Consumer Affairs](#)

- Board's Position at the Time of Meeting: Support
- Status at the Time of Meeting: SB 887 was Signed by the Governor

This item was not discussed.

B. [Other Board-Monitored Legislation](#)

(1) [Assembly Concurrent Resolution \(ACR\) 86 \(Kalra, 2023\) Animals: Overpopulation: Spay and Neutering Services](#)

- Board's position at the time of the meeting: N/A
- Resolution status at the time of meeting: ACR 86 was unsuccessful

Ms. Sieferman informed the Board that ACR 86 was unsuccessful and likely would come back in the next legislative cycle. She informed the Board Senator Susan Eggman had made some comments related to unlicensed individuals being able to provide spay and neutering services.

Ms. Pawlowski stated she reached out to Ms. Sieferman and noted she was highly offended by those comments. She stated the comments coming from California's officials were offensive and it was almost stating that veterinarians and the veterinary profession does not need to exist. She acknowledged that there is an access to veterinary care issue, but the access to care issue also exists in human health care. She noted there is no commentary stating individuals should go out and perform medical procedures on humans, so she did not understand why anyone would state it would be okay for individuals, who lack a degree or medical knowledge, to perform veterinary services on pets. Ms. Pawlowski added there are things that are trying to be pushed forward just because the access to veterinary care issue is not resolved, but those items do not provide consumer protection. That is not making it best for consumers, and it frustrated her and made her angry. She asked the Board to do better to make it known that the changes were irresponsible to ensure consumer protection.

Dr. Noland said she reviewed the comments, and it reminded her when breeders and other people would be performing these procedures. She noted veterinarians would see the ramifications and try to fix things. She added, it appeared as though California was going backwards.

Dr. Bradbury stated she had reviewed the comments as well. It was alarming to her, and it seemed very misinformed. She believed the intentions were good, and advised the Board the intentions of the resolution was to help more pets. She thought that corporate medicine and increased costs for pet care has priced many people out of veterinary care and had not helped the perception of the veterinary profession. She thought that the people who are making these decisions and writing laws were not well-informed about the roles of the veterinary professionals. She felt the decision makers may have a different opinion if they came and watched a spay procedure on an overweight Labrador Retriever. She invited the decision makers to reach out to any of the practicing veterinarians and visit a clinic. She believed that the individuals were misinformed and did not understand the requirements for those procedures. She thought the Board did not have a large enough voice, in part, because it does not have a lobbyist. She was glad the Board was making statements. She said the proposal would not protect consumers, and animals are going to be the victims of people who are poorly trained and unable to deal with the consequences of what they are doing. She feared the push was going to continue with SB 669 at the forefront. She agreed with Dr. Noland that she thought the changes were going backwards. She thought it would come back full circle after a lot of animals are harmed and consumers, who are devastated when their pets are dying or become seriously injured, start complaining.

(2) [AB 883 \(Mathis, Chapter 348, Statutes of 2023\) Business Licenses: United States Department of Defense SkillBridge Program](#)

- Board's position at the time of the meeting: N/A
- Bill status at the time of the meeting: AB 883 was signed by the Governor

This item was not discussed.

(3) [SB 259 \(Seyarto, Chapter 148, Statutes of 2023\) Reports Submitted to Legislative Committees](#)

- Board's position at the time of the meeting: N/A
- Bill status at the time of meeting: SB 259 was signed by the Governor

This item was not discussed.

(4) [SB 372 \(Menjivar, Chapter 225, Statutes of 2023\) Department of Consumer Affairs: Licensee and Registrant Records: Name and Gender Changes](#)

- Board's position at the time of the meeting: N/A
- Bill status at the time of the meeting: SB 372 was signed by the Governor

This item was not discussed.

Dr. Bradbury requested public comment on agenda item 8. The following public comments were made on this item:

- Bonnie Lutz, Esq., Klinedinst, requested that the Board provide FAQs as soon as possible. She stated she is hearing things that were scary to her, and a lot of it seemed to be coming through some of the corporations (not the ones she works for), where her clients are calling her and telling her veterinary medicine is completely changing; the RVTs are going to be able to perform spays and neuters. She said that is the word that is getting around and clients are calling her to tell her so that she will know. She thought it was great the Board was getting on a response so quickly.
- Dan Baxter, CVMA, informed the Board of CVMA's update on AB 1399. He said CVMA has commissioned a Telemedicine Task Force that is specifically charged, in advance of the January 1, 2024 effective date, to provide good information for the veterinary profession on how to navigate the situation. He noted CVMA was open to exchanging information with the Board to work toward the common goal of informing the profession. With respect to Senator Eggman's comments, CVMA found them to be very troubling for the reasons the Board had articulated. CVMA is attempting to get in front of it, and it will have a meeting of their best and brightest at its leadership level in the upcoming month to try to do some proactive things on this change. He added it is an important issue, and there were very troubling comments with potentially troubling repercussions. He added CVMA was on top of it and working on it as well.
- Kathy Bowler stated from a consumer perspective, she was disturbed by the language. She stated she was always troubled with the animal community talking about spay and neuters as if the procedure is comparable to ear piercing. She noted spays and neuters are a serious operation with potential complications, but to trivialize that procedure, as it has happened in the legislature and among other people that she knows all the time, is amazing. She stated it is known that even in the best veterinary situation, things have happened, and it is heartbreaking when there is a loss of an animal when it goes in for a spay or a neuter, so to trivialize that has always bothered her, and as a consumer, she wanted to reiterate her opinion.

Ms. Sieferman requested that any questions that the speakers were receiving related to these bills be forwarded to the Board so it could address them. She noted Dr. Miller had provided her with information that CVMA was working on. She hoped the open communication and collaboration would help provide stakeholders with the best information.

9. [Update and Discussion on American Association of Veterinary State Boards \(AAVSB\) Annual Conference](#)

As part of National Veterinary Technician Week, Mark Nunez, DVM, Director for AAVSB, thanked all RVTs for their vital role as part of the veterinary team.

Dr. Bradbury, Dr. Noland, Dr. Nunez, and Ms. Sieferman informed the Board of the following updates:

- **Appointment of Mark Nunez, DVM, to a Two-Year Appointment with AAVSB.**
- **VTNE Committee Meeting:**
 - **Request for Early Eligibility for the VTNE from Applicants in Accredited RVT Programs:** Due to inconsistency for VTNE early eligibility among member boards, AAVSB received a letter from California and other member boards requesting AAVSB eliminate the graduation requirement prior to taking the VTNE. The rationale to allow for the early eligibility for the VTNE was to (1) address the requirement for applicants to take the examination during specific timeframes, (2) address workforce issues and allow registrants with the ability to enter the workforce sooner, thereby increasing job opportunities for registrants, and (3) be comparable to the early eligibility requirement that veterinarian students have for their national examination.
 - **Response from VTNE Committee and Members of the Board of Directors:** There was pushback from the VTNE Committee and some members of the Board of Directors, who cited examination security concerns and issues related to individuals taking the examination to harvest questions.
 - **Response from the Accredited RVT Programs:** There were concerns from accredited RVT programs that it would setup their students for failure, reduce the pass rate due to unprepared students, and risk the program's accreditation. The programs noted as a condition of their accreditation, their students and graduates need to meet a certain pass rate on the VTNE. There was data indicating that applicants perform better when they are taking the VTNE while enrolled in an accredited RVT program.
 - **Discussion on the Alternate Route Pathway:** During the conversation, there was discussion on eliminating the alternate route pathway since there were online programs available to applicants interested in becoming an RVT. Statistics were provided indicating that compared to individuals in an accredited RVT program, alternate route pathway applicants had higher VTNE pass rates.

- **Decision to Allow Early Eligibility for Accredited RVT Programs:** The decision to allow early eligibility would be determined by the Board of Directors.
- **Telemedicine Update:** Arizona, California, New Jersey, and Virginia allow for the establishment of an electronic VCPR. Responses from regulatory bodies indicate the push for the regulatory changes did not initiate from the regulatory bodies.
- **Next Years AAVSB Annual Conference:** Will be held in San Diego.
- **Updates to the AAVSB Mission Statement:** The update removed state boards from the mission statement. The new mission statement is “our mission is to support and advance the regulatory process for veterinary medicine.”
- **Executive Director Advisory Committee Meeting:** Updates to the Model Practice Act will include changes to items that are statutes versus regulations.
- **National Practitioners Data Bank:** Human health care practitioners are mandated under federal law to report discipline to the National Practitioners Data Bank. However, there is no federal law requiring veterinarians or veterinary boards to report discipline to the data bank. AAVSB has tried for years to get the 63 member jurisdictions to report to the data bank, but the jurisdictions are not doing that. Ms. Siefertman has been working to get the word out on the importance of that reporting and has worked with AAVSB on an interface between the two systems to automatically provide public discipline data to and from AAVSB and the Board. Only 24 of the AAVSB jurisdictions reported discipline last year. This is problematic because AAVSB provides VOLT-approved documents that says what discipline has occurred, if any, for that licensee. If the licensee seeks a license in another state, the other state would not have information on the licensee’s discipline in other states, creating a consumer protection problem when the licensee gets a license in the new state.
- **Incorrect Information Presented by the AAVSB:** Member boards requested AAVSB check with the applicable member boards before presenting requirements of a specific member board. This request was intended to reduce the probability of inaccurate information being presented.
- **AAVSB Bylaws:** AAVSB did not following its bylaws for election, which required at least 60 days’ notice prior to the election.
- **Practice Act Model (PAM):** The Board requested at least a 90-day notice prior to changes to the PAM.
- **Mid-Level Practitioner Survey:** The survey inquired about the comfort levels of RVTs performing certain tasks. The complete results of the survey have not been released.

- **Rural Veterinarian Shortage:** Some states were providing scholarships or incentives to individuals to work in rural areas. There is a lack of veterinarians in rural areas impacting California consumers, and veterinarians are encouraged to apply to the U.S. Department of Agriculture (USDA) to see how grants can help them provide services in rural communities.
- **Racism in Veterinary Medicine:** There were presentations on the issues of racism in the veterinary medical field.
- **Use of Technology for Veterinary Premises Inspections:** There were inspectors who utilized Google Glass to perform inspections.

Dr. Nunez recommended that California have members on the following committees: VTNE Committee, Leadership Development Committee, Executive Director Advisory Committee, and the Regulatory Policy Task Force.

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

- Kathy Bowler stated she had attended AAVSB conferences since 2016. She stated the content was better this time. She said the Board is lucky to have its EO, who is very influential. She said there were six representatives from California, but having an influence and voice with AAVSB is huge. She said AAVSB is a top-down organization run by the staff. She said the more the new members are added to AAVSB and engage in the discussion, the better it will be for all member boards. She said there were a lot of missteps along the way, but being at the table is huge. She said it was helpful to the veterinary profession and California to have individuals from the Board on AAVSB committees. She said California has the largest number of practitioners, and it was amazing how California is disrespected and rarely asked of its opinions. She thanked Ms. Siefertman for her involvement over the last 4 to 5 years, which have helped to make changes with AAVSB. Regarding DEI, she said Allen Cannedy, DVM, Director of Diversity and Inclusion in the College of Veterinary Medicine, North Carolina State University, Raleigh, spoke of all the things his school does to encourage individuals to apply, mentor them through, and get them in a career in rural veterinary medicine.
- Jennifer Loreda, RVT, echoed the comments made about the importance of representation made on various committees. She thanked every member of the Board, including the EO, who goes above and beyond. She stated it is known there is a general lack of understanding on the process, so when changes come down the pipeline, some stakeholders are very angry with the Board on these changes. She added Committee and Board members can only do so much with all of their subcommittees. She said there is some responsibility put on the consumers. She said the professional organizations do a great job, but the licensees need to get involved in these things as well. She noted there are things that come from the [Committee on Veterinary Technician Education and Activities] CVTEA and AAVSB and because of the lack of representation from

California, some of these changes are not in the best interest of the profession. She encouraged people to get involved. She stated Dr. Bradbury “hit the nail on the head” when she described Dr. Nunez as “diplomatic yet pointed.”

- Anita Levy Hudson, RVT, CaRVTA, along with the president of CaRVTA, thanked the Board for its representation at the AAVSB meeting. CaRVTA appreciated the Board’s representation and efforts. She said from a personal perspective and having used AAVSB with transferring a license to another state and obtaining a [Veterinary Technician Specialist] VTS, she had to go through their website to get her results and submit all required documentation. She stated when she got there, she was informed they did not have her results. When she contacted them, they insisted she must not have taken the VTNE and must have taken a state board examination. Because the exam was taken in 2004, they could not find her results, and they kept insisting she was mistaken. Fortunately, she found a hardcopy of her test score results and forwarded it back to them. They accepted the copy, but it made for a difficult time for her attempting to transfer her license to another state and to obtain a VTS. She said from a user perspective, it was not a friendly experience. She reached out to another person who took the test at the same time she did, and that person does not have her results listed. The solution provided to that person was that she needed to retake the examination. That person has no intention of leaving California, so she is not going to retake the examination. She added there are plenty of people that have that. She said to add information to the Board’s discussion, she did not know how rare her and her colleague’s situations were. She asked the Board to continue representing California, and if the Board needed any information from her or her colleague, she would be happy to provide it.
- Nancy Ehrlich, RVT, CaRVTA, inquired about the VTNE. She said the problem is there are examination windows, and the examination is only offered three times a year. She said the RVT schools have graduates at various times of the year, and some people graduate two months before the examination is offered, which puts some people at a great disadvantage. She said when California administered a licensing examination, it was offered on a continuous basis. Once the applicant met the qualifications, they could take the examination whenever they wanted. She claimed if everyone could take the examination shortly after college, there would not be a problem with people having to take it before graduation. She urged the Board to ask AAVSB to consider giving the VTNE on a continuous basis. She said if the concern is people taking the test and giving the answers, it was done in California. She assumed it was because the test that was given on Monday was not the same test given on Tuesday, and different versions of the tests were offered, so there is not a cheating problem.
- Anita Levy Hudson, RVT, CaRVTA, stated she was an alternate route pathway applicant and at the time, she was allowed to take the examination in the second semester in the second half of the program. She took the test, at the time, as a practice test for the California examination because she was more

intimated by the California test. She claimed they were allowing this freely at that time. She said she continued on and finished the program. She needed to do it that way because she was a starving student and she could get better pay. She said CaRVTA is almost exclusively made up of alternate route pathway graduates. She said it is an impediment to licensure due to the length and costs of the program. She claimed the programs as costing \$40k to \$60k, so it will be an impasse for people to enter the profession.

Ms. Sieferman thanked Ms. Ehrlich for her comment on the testing window. She noted AAVSB did discuss providing the examination more frequently. In response to Ms. Hudson's early VTNE eligibility concerns, she noted the proposal would only be for applicants in accredited RVT programs.

10. Discussion and Possible Action on Board Executive Officer Classification Exempt Salary Level Increase

Olivia Trejo and Dr. Bradbury presented this item, informed the Board of its options, and answered questions.

The Board discussed the increasing challenges of the EO position, the possibilities of increasing the salary for the Board's EO, and if there was any additional documentation required to get approval from the Department of Human Resources to approve the raise.

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

Motion: Jaymie Noland, DVM, moved and Kristi Pawlowski, RVT, seconded a motion to increase the Executive Officer's salary to Range K.

Dr. Bradbury requested public comment on the motion. The following public comments were made on the motion:

- Dan Baxter, CVMA, said to the extent one person on behalf of one organization's opinion matters, if this is not justification for Level K, he did not know what would be the justification. He noted the top line is less than \$500 per month when you extrapolate that out based on the time discussed between 2013 and now. He wholeheartedly championed that amendment. He said in respect to Ms. Sieferman in particular, he described her as professional, fair, competent, and responsive. He said Dr. Miller also agrees with that assessment as well. He told Ms. Sieferman she has been a real pleasure to work with, even though they do not always see "eye-to-eye," and they never will, considering the function of each respective organization. He added the rapport he has with Ms. Sieferman is fantastic, which is largely due to Ms. Sieferman. He said he admires her as an EO, and he thought she does a great job. He very much supports a salary increase to Level K or anything above that, for that matter.
- Bonnie Lutz, Esq., Klinedinst, completely agreed with the comments made by Mr. Baxter. She wanted to make a point that to be able to work with somebody who you have a relationship with who you respect and is professional, makes

life so much easier. She said it has been great working with Ms. Sieferman; she is extremely professional, very responsive, very fair, and in the protection of the public, she is able to settle more cases because there is a lot of mutual respect. She said Board staff are well trained and great to work with. She said even though she is strongly defending her clients, she is able to settle these cases faster, and she is able to get to the bottom of the claim in the allegations. She said this is all due to Ms. Sieferman. Ms. Lutz has been doing this work for 23 years and over 2,500 complaints with the Veterinary Medical Board. She said everything changed when Ms. Sieferman was hired. She agreed with the comments made by Mr. Baxter and she agreed with the Board's proposal.

- Nancy Ehrlich, RVT, CaRVTA, concurred with Ms. Lutz's statements. She said Ms. Sieferman has been an amazing EO. She has worked with every EO since the '70s, and there has been no one better than Ms. Sieferman. She stated Ms. Sieferman fulfills everything she says she is going to, answers emails, and is a terrific person. She could not thank Ms. Sieferman enough for being who she is.

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

- Vote: The motion carried 6-0.

11. Student Liaison Reports

A. University of California, Davis Liaison—*Holly Masterson*

Holly Masterson provided the Board with the University of California, Davis liaison report and answered questions.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

B. Western University of Health Sciences Liaison—*Alexandra Ponkey*

Alexandra Ponkey had resigned from the student liaison. Holly Masterson provided the Board with Western University of Health Sciences liaison report and answered questions.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

†Due to time constraints, Agenda Items 12 and 13 were moved to Thursday, October 19, 2023. The order of business conducted herein follows the publicly noticed Board meeting agenda.

12. †[Board President Report](#)—*Christina Bradbury, DVM*

Dr. Bradbury provided the Board President Report and informed the Board of the following topics:

- DEI Training
- Licensing in Tribes
- Reminder for Board Members to be Advocates for the Consumer
- Updates to the Bagley-Keene Open Meeting Act
- Legislative Updates
- CDFA Updates, Including having Collaborated Outreach
- Rendering Plants are Denying Horses
- CHRB Meeting

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

13. [Registered Veterinary Technician Report](#)—*Kristi Pawlowski, RVT*

Ms. Pawlowski informed the Board there were no new updates, except for celebrating National Veterinary Technician Week.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

14. Recess until October 19, at 9:00 a.m.

Dr. Bradbury recessed the meeting at 5:10 p.m.

9:00 a.m., Thursday, October 19, 2023

Webcast Link:

- Agenda Items 12.–26. (https://youtu.be/u_QZoTISq1o)

15. Reconvene—Establishment of a Quorum

Board President, Christina Bradbury, DVM, called the meeting to order at 9:00 a.m. EO, Jessica Siefertman, called roll; six members of the Board were present, and a quorum was established.

Members Present

Christina Bradbury, DVM, President
Maria Preciosa S. Solacito, DVM, Vice President
Barrie Grant, DVM
Jaymie Noland, DVM
Kristi Pawlowski, RVT
Dianne Prado

Student Liaisons Present

Holly Masterson, University of California, Davis (UC, Davis)

Staff Present

Jessica Siefertman, EO
Matt McKinney, Deputy EO
Merlene Francis, Enforcement Manager
Kim Phillips-Francis, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager
Nellie Forget, Enforcement Analyst
Kimberly Gorski, Senior Enforcement Analyst
Brett Jarvis, Enforcement Analyst (Hospital Inspection)
Amber Kruse, Senior Enforcement Analyst (Hospital Inspection)
Jeff Olguin, Lead Administrative & Policy Analyst
Tara Reasoner, Lead Enforcement Analyst
Robert Rouch, Enforcement Analyst (Hospital Inspection)
Daniel Strike, Senior Enforcement Analyst
Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

Guest Speakers

Suzanne Balkis, Acting Manager, DCA, Budget Office
Veronica Hernandez, Budget Analyst, DCA, Budget Office
Elizabeth Johnson Million, DVM, ICVA

Guests Present

Dan Baxter, Executive Director, CVMA
Kathy Bowler, Former President, ICVA
Danielle Cuellar
Nancy Ehrlich, RVT, CaRVTA
Ann Fisher, Facilitator, DCA, SOLID
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations
Anita Levy Hudson, RVT, CaRVTA
Bryce Penney, Television Specialist, DCA, Office of Public Affairs

16. Executive Management Reports

A. Administration

Ms. Phillips-Francis presented the Administration Report, excluding the budget section.

Veronica Hernandez, Budget Analyst, and Suzanne Balkis, Acting Manager, DCA, Budget Office, provided the Board with budget updates.

Ms. Hernandez, Ms. Phillips-Francis, and Ms. Siefertman answered Board questions about the report.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

Dr. Noland commented the Board should consider an option to reduce RVT registration fees.

B. Examination/Licensing

Elizabeth Johnson Million, DVM, ICVA, provided the Board with updates related to the North American Licensing Examination (NAVLE), and Ms. Phillips-Francis presented the Examination/Licensing Report.

Ms. Johnson, Ms. Phillips-Francis, and Ms. Siefertman answered Board questions about the report.

**The following public comment was made during Agenda Item 16.C. The order of business conducted herein follows the publicly noticed Board meeting agenda.*

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

- Nancy Ehrlich, RVT, CaRVTA, inquired into the increase in applications for RVTs, but a decrease in the number of licenses. She asked if the Board had an explanation for the discrepancy.

Ms. Sieferman responded that under the licensee population data, the licensing numbers were increasing.

C. Enforcement

Ms. Francis, Ms. Rodriguez, and Mr. Stephanopoulos presented the Enforcement Report, and Ms. Sieferman, Ms. Rodriguez, and Mr. Stephanopoulos answered Board questions about the report.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

D. Outreach

Mr. Olguin presented the Outreach Report.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

E. Strategic Plan

Ms. Sieferman provided the Board with updates on the Strategic Plan.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

17. Election of 2024 Board Officers

Dr. Bradbury requested a motion for the 2024 Board President and the following motion was made:

- Motion: Jaymie Noland, DVM, moved and Barrie Grant, DVM, seconded a motion to nominate Dr. Bradbury as the Board's 2024 President.

Dr. Bradbury accepted the nomination.

Dr. Bradbury requested public comment on the motion. There were no public comments made on the motion.

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

- Vote: The motion carried 6-0.

Dr. Bradbury requested a motion for the 2024 Board Vice President and the following motion was made:

- Motion: Dianne Prado, moved and Kristi Pawlowski, RVT, seconded a motion to nominate Maria Preciosa S. Solacito, DVM, as the Board's 2024 Vice President.

Dr. Solacito accepted the nomination.

Dr. Bradbury requested public comment on the motion. There were no public comments made on the motion.

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

- Vote: The motion carried 6-0.

18. Future Agenda Items and Next Meeting Dates

Ms. Sieferman presented and answered questions relating to the future agenda items and next meeting dates. She informed the Board of the following future Board meeting dates:

- January 17–18, 2024
- April 17–18, 2024
- July 17–18, 2024
- October 16–17, 2024

Ms. Sieferman advised the Board meeting dates are posted on the Board's website through 2025. All meetings are scheduled to be in Sacramento and a possible hybrid meeting in Southern California.

Dr. Noland requested keeping AB 1399, implementation issues, and CVMA collaboration on the Board's agenda.

Dr. Bradbury requested public comment on this item. There were no public comments made on this item.

Dr. Noland also requested to keep SB 669 on the Board's agenda.

Dr. Grant requested future discussion on the complex relationship between unlicensed practice and protecting consumers and being advocates for veterinarians and RVTs who are licensed. He sees a problem there. People do not want to spend money, go to someone else who does not do a good job, and ends up costing more money in the future. The veterinarians are upset because someone has tried to give some recommendation that was expensive and not worthwhile. He stated the Board should try to get involved to protect the veterinarians and consumers, which can be a real dilemma at times. Dr. Bradbury added the Board's mission is to focus on consumer protection, but this is a huge consumer protection issue; unlicensed practice is a top priority. The MDC Subcommittee is discussing the statutory case priority list and adding unlicensed practice to the list. She noted that CVMA and veterinary associations are the protectors of veterinarian and RVT interests, and the Board focuses on consumer and animal interests.

Ms. Pawlowski agreed with Dr. Bradbury and added that doing what is right for the consumer and the pet, the profession is better.

Dr. Noland requested inviting someone from the Spectrum of Care Initiative to present at a future meeting.

Dr. Bradbury further noted that by keeping veterinarians in practice in California, the Board is protecting consumers.

19. Recess Open Session

Dr. Bradbury recessed open session at 11:29 a.m.

20. Convene Closed Session

Dr. Bradbury convened closed session at 11:35 a.m.

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

In the Matter of the Accusation Against Paul Weber, Veterinarian License No. VET 18462; Board Case No. 4602021001367; OAH Case No. 2023030811.

The Board rejected a stipulated settlement and order.

In the Matter of the Accusation Against Harmandeep Sanghera, Veterinarian License No. VET 17600; Board Case No. 4602019000137; OAH Case No. 2023030690.

The Board adopted a stipulated settlement and order.

In the Matter of the Accusation Against Fumie Yamamoto, Veterinarian License No. VET 18306; Board Case No. 4602018000025; OAH Case No. 2022090970.

The Board adopted a Decision After Reconsideration and Order Issuing Citation.

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 did not discuss this item.

23. Pursuant to [Government Code Section 11126](#)(a)(1), the Board Met in Closed Session to Discuss the Executive Officer Evaluation

The Board met in closed session to discuss the Executive Officer Evaluation.

24. Adjourn Closed Session

Dr. Bradbury adjourned closed session at 3:28 p.m.

25. Reconvene Open Session

Dr. Bradbury reconvened open session at 3:28 p.m.

26. Adjournment—Meeting Adjournment May Not Be Webcast If It Is the Only Item That Occurs after Closed Session.

Dr. Bradbury adjourned the meeting at 3:28 p.m.

Reference to sections in the California Code of Regulations (CCR) are in title 16, unless otherwise noted.

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