



**VETERINARY MEDICAL BOARD
MULTIDISCIPLINARY ADVISORY COMMITTEE
MEETING MINUTES
JANUARY 16, 2024**

The Multidisciplinary Advisory Committee (Committee) of the Veterinary Medical Board (Board) met via a teleconference/WebEx Event on **Tuesday, January 16, 2024**, with the following location available for Committee and public member participation:

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

Webcast Links:

- Agenda Items 1–7.A. (https://youtu.be/gUf1_xTiNBA)
- Agenda Items 7.B.–10 (<https://youtu.be/bjn1tPmzv-l>)

10:00 a.m., Tuesday, January 16, 2024

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

Committee Chair, Richard Sullivan, DVM, called the meeting to order at 10:00 a.m. Executive Officer (EO), Jessica Sieferman, called roll, and all nine members of the Committee were present; a quorum was established.

Members Present

Richard Sullivan, DVM, Chair
Marie Ussery, RVT, Vice Chair
Kathy Bowler
Barrie Grant, DVM, Board Liaison
Kevin Lazarcheff, DVM
Kristi Pawlowski, RVT, Board Liaison
Dianne Sequoia, DVM
Leah Shufelt, RVT
Cheryl Waterhouse, DVM

Staff Present

Jessica Sieferman, 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
Kim Gorski, Enforcement Analyst
Amber Kruse, Enforcement Analyst
Jeff Olguin, Lead Administrative and Policy Analyst
Kristy Schiedge, Regulatory Counsel, Attorney IV, Department of Consumer Affairs
(DCA), Legal Affairs Division
Tara Welch, Board Counsel, Attorney IV, DCA, Legal Affairs Division

Guests Present

Dan Baxter, Executive Director, California Veterinary Medical Association (CVMA)
Brittany Benesi, Senior Director of State Legislation, American Society for the
Prevention of Cruelty to Animals (ASPCA), Western Division
David Bouilly, Facilitator, DCA, Strategic Organizational Leadership and Individual
Development (SOLID)
Christina Bradbury, DVM, Board Member
Elizabeth Coronel, Staff Services Manager (SSM) I, DCA, SOLID
Alex Cristescu, Television Specialist, DCA, Office of Public Affairs (OPA)
Elizabeth Dietzen Olsen, Attorney III, DCA, Legal Affairs Division
HarshDeep Dogra, DVM
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association
(CaRVTA)
Ann Fisher, Moderator, DCA, SOLID
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations
Jeanette Hanneman, RVT, Eastern Madera County Society for the Prevention of
Cruelty to Animals (EMC SPCA)
Michael Manno, DVM, Equine Veterinarian
Grant Miller, DVM, Director of Regulatory Affairs, CVMA
John Pascoe, Administrator, University of California, Davis (UC, Davis), School of
Veterinary Medicine
Barbara Schmitz, Esq., San Francisco Society for the Prevention of Cruelty to
Animals (SF SPCA)
Jill Tucker, Chief Executive Officer (CEO), California Animal Welfare Association
(CalAnimals)
Monica Vargas, Deputy Director, DCA, Communications
Matt Woodcheke, Information Officer II (Supervisory), DCA, OPA

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

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

3. [Review and Approval of October 17, 2023, Committee Meeting Minutes](#)

The Committee made minor changes to the October 17, 2023 Committee meeting minutes.

Motion: Dr. Sullivan requested a motion. Cheryl Waterhouse, DVM, moved and Kathy Bowler seconded a motion to approve the minutes as amended.

Public Comment: Dr. Sullivan requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Dr. Sullivan called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Richard Sullivan, DVM, Chair	X			
Marie Ussery, RVT, Vice Chair	X			
Kathy Bowler	X			
Barrie Grant, DVM	X			
Kevin Lazarcheff, DVM	X			
Kristi Pawlowski, RVT	X			
Dianne Sequoia, DVM	X			
Leah Shufelt, RVT	X			
Cheryl Waterhouse, DVM	X			

4. Update, Discussion, and Potential Recommendations Regarding Medical Records—*Richard Sullivan, DVM, and Marie Ussery, RVT*

a. [Proposed Legislation to Amend Business and Professions Code \(BPC\) Sections 4826.6 and 4855](#)

Ms. Ussery presented the Committee with background information from the meeting materials and read the memorandum from the meeting materials into the record. She highlighted the Medical Records Subcommittee's recommendation for a legislative proposal to address issues regarding the medical records, which included:

- Amend BPC section 4855, which currently only requires a summary of the medical record be provided to the client, to require a copy of the medical records be provided to the client or the client's authorized agent, within five days of the client's/authorized agent's request.
- Amend BPC section 4855 to provide that if the animal patient is in critical condition, require either a copy of the medical record or a summary be provided to the client or their authorized agent at the time the request is

made. This allows the veterinarian to choose the option that may be easier to provide to the client at the time of the request for critical animal patients.

- Make a corresponding amendment to BPC section 4826.6, subdivision (h)(4), to include "...copy or" to "summary of the animal patient record, as specified in Section 4855."

Discussion: The Committee's discussion accepted the Subcommittee's recommendation, and added language to clarify the client or their authorized agent could submit either a verbal or written request for a copy of the medical record or summary. The terms "oral and written" and "verbal and written" were considered for inclusion. Due to use by the veterinary profession of the term "oral" to describe how medication is administered to an animal patient, the Committee preferred the term "verbal" to describe how a request for records or a summary could be submitted.

Changes to the Text: The following changes to the legislative proposal to amend BPC section 4855 were made based on the Committee's discussion (proposed additions are in double underline blue text; proposed deletions are in ~~double red strikethrough text~~):

A veterinarian subject to the provisions of this chapter shall, as required by regulation of the board, keep a written record of all animals receiving veterinary services, and provide a summary copy of that record to the ~~owner of animals receiving veterinary services, when~~ client or their authorized agent within five (5) days of receiving the client's or their authorized agent's verbal or written requested. If the animal is in critical condition, either a copy of the medical record or a summary shall be provided to the client or their authorized agent at the time of their request. The minimum amount of information ~~which that~~ shall be included in written records and summaries shall be established by the board. The minimum duration of time for which a ~~licensed registered veterinary premises~~ shall retain the written record or a complete copy of the written record shall be determined by the board.

Motion: Ms. Ussery requested a motion. Richard Sullivan, DVM, moved and Cheryl Waterhouse, DVM, seconded a motion to recommend to the Board submission of a legislative proposal, as amended today, to amend Business and Professions Code sections 4826.6 and 4855 regarding medical records.

Public Comment: Dr. Sullivan requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Dr. Sullivan called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Richard Sullivan, DVM, Chair	X			
Marie Ussery, RVT, Vice Chair	X			
Kathy Bowler	X			
Barrie Grant, DVM	X			
Kevin Lazarcheff, DVM	X			
Kristi Pawlowski, RVT	X			
Dianne Sequoia, DVM	X			
Leah Shufelt, RVT	X			
Cheryl Waterhouse, DVM	X			

b. [Initiate a Rulemaking to Amend California Code of Regulations \(CCR\), Title 16, Section 2032.3](#)

Ms. Ussery and Dr. Sullivan presented the Committee with background information from the meeting materials and read the memorandum from the meeting materials into the record. They highlighted the Subcommittee’s recommendations to address issues regarding the medical records regulation, which include a lack of surgical procedure requirements within the summary, which is specified in the copy requirements in the medical records.

Discussion: The Committee accepted the Subcommittee’s recommendations. However, the Subcommittee wanted to ensure the language was clearer to describe the medical entry requirements and requirements for animal patients who may require overnight watch at another veterinary premises. After careful consideration, the Committee considered the following language under re-alphabetized subsection (c):

- After the word “single,” add the word “patient” to mirror the language under proposed subsection (b)(1), and lowercase “group” for consistency.
- Modifying the first sentence to state “...from the date of the last **medical** entry into the medical record.” This change was intended to clarify that only medically related tasks, and not administrative notations, were required to be recorded in the medical record. The Committee also considered “...from the date when veterinary services were last provided,” however, the EO advised the Committee that this language would be very specific and may include consultations.
- Modifying the second sentence to state “...five (5) days **from the date of receiving** the client’s or their authorized agent’s **verbal or written** request.” The additions of “from the date of receiving” and “verbal or written” were considered to incorporate the proposed language from the first sentence in BPC section 4855.

- Modifying the third sentence to state “If the animal is in critical condition, **or direct transfer to another veterinary premises for medical care is recommended...**” This change was intended to clarify the urgent circumstances in which the client or their authorized agent can receive either a copy or summary of the medical record at the time of the request. In determining this language, variations of the initial language was considered, including “immediately transferred,” “directly transferred,” and “referred.” However, “direct transfer” was preferred as it covered all suggested recommendations. In addition, the terminology “is recommended” was added to the end of the language to clarify the recommendations made by the veterinarian and cover situations where the client may or may not accept those recommendations.

The Committee also considered revising “treatments” under new proposed subsection (c)(5)(A) to state “Treatments, including **surgical procedures**, application of therapies, or devices administered and prescribed.” This change was proposed to ensure that surgical procedures performed on the animal patient are included in the summary provided to the client or their authorized agent.

Public Comment: Ms. Ussery requested public comment on the item. The following public comments made:

- [Grant Miller](#), DVM, representing CVMA, expressed concerns with the requirement to retain medical records for three years from the date of the last medical entry. He provided an example situation where a call comes in for a refill of medication, which could be six months following the last medical entry into the record. He added [medication refills are] pretty significant and [adding and retaining that information in the medical record] is helpful to all parties. He also inquired if “medical” was too prescriptive. He also noted his preference for “verbal” over the terminology “oral” in the regulation.

The Committee discussed the text to retain medical records for three years from the last medical entry and believed “medical entry,” which is broader than “veterinary medical services,” would include prescription refills. The Committee discussed their preference to use the term “verbal” over “oral.”

Changes to the Text: The following changes to CCR, title 16, section 2032.3 were made based on the Committee’s discussion (proposed additions are in [double underline blue text](#); proposed deletions are in ~~double red strikethrough text~~):

[...]

(bc) Single patient and Group medical Records shall be maintained for a minimum of three (3) years after the animal's last visit from the date of the last medical entry into the medical record. A summary copy of an the animal's medical records shall be made available to the client or the client's authorized agent within five (5) days or sooner, depending if the animal is in critical condition, upon his or her from the date of receiving the client's or their authorized agent's verbal or written request. If the animal is in critical condition, or direct transfer to another veterinary premises for medical care is recommended, either a copy of the medical record or a summary shall be provided to the client or their authorized agent at the time of their request. The summary for single and group medical records shall include:

[...]

(c)(5)(A) Treatments, including surgical procedures, application of therapies, or devices administered and prescribed.

[...]

Motion: Dr. Sullivan requested a motion. Kristi Pawlowski, RVT, moved and Kathy Bowler seconded a motion to recommend the Board take the following actions:

1. Approve the proposed regulatory text to amend California Code of Regulations, title 16, section 2032.3 as provided in the meeting materials and with the changes made at this meeting.
2. If legislative amendments to Business and Professions Code sections 4826.6 and 4855 as provided in the meeting materials with the changes made at this meeting are enacted to remove the summary requirement, direct staff to submit the regulatory text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.
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, section 2032.3.

Public Comment: Dr. Sullivan requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Dr. Sullivan called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Richard Sullivan, DVM, Chair	X			
Marie Ussery, RVT, Vice Chair	X			
Kathy Bowler	X			
Barrie Grant, DVM	X			
Kevin Lazarcheff, DVM	X			
Kristi Pawlowski, RVT	X			
Dianne Sequoia, DVM	X			
Leah Shufelt, RVT	X			
Cheryl Waterhouse, DVM	X			

Legislative Proposal to Replace Instances of “Oral” with “Verbal”

The Committee was advised by Board Counsel that throughout the Veterinary Medicine Practice Act (Practice Act), “oral” was the dominate term utilized. The Committee was advised the Board could submit a legislative proposal for an omnibus bill to replace instances of “oral” with “verbal” in the statutes or seek those amendments during the Board’s sunset review.

Motion: Kristi Pawlowski, RVT, moved and Kathy Bowler seconded a motion to recommend the Board pursue a legislative proposal to change all instances of oral to verbal throughout the Practice Act as long as the term “verbal” is referring to communication and not medications.

Public Comment: Dr. Sullivan requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Dr. Sullivan called for the vote on the motion. Ms. Sieferman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Richard Sullivan, DVM, Chair	X			
Marie Ussery, RVT, Vice Chair	X			
Kathy Bowler	X			
Barrie Grant, DVM	X			
Kevin Lazarcheff, DVM	X			
Kristi Pawlowski, RVT	X			
Dianne Sequoia, DVM	X			
Leah Shufelt, RVT	X			
Cheryl Waterhouse, DVM	X			

5. [Update, Discussion, and Potential Recommendation on Proposed Text to Amend CCR, Title 16, Sections 2036.5, 2090, 2091, 2092, 2093, and 2094 Regarding Drug Compounding](#)—*Richard Sullivan, DVM, and Marie Ussery, RVT*

Dr. Sullivan provided the Committee with background information from the meeting materials and the Drug Compounding Subcommittee’s recommendations to address issues regarding drug compounding. The Subcommittee’s recommendations to resolve issues raised during the Board’s October 2023 included:

- Since the Board’s legislative proposal to authorize Veterinary Assistant Controlled Substance Permit (VACSP) holders to perform drug compounding has not been enacted, remove references to VACSP holders from the regulatory proposal.
- Revise [CCR, title 16, section 2090\(f\)](#), “office stock,” to replace the term “used” with concise language, “administered to an animal patient,” and replace the term “representative” with “authorized agent” to maintain consistency in the regulatory language. Dr. Sullivan clarified that office stock purchased from an outside vendor would not be under the purview of this section.
- Revise [CCR, title 16, section 2092\(a\)\(1\)](#) to require the written policies and procedures manual developed and maintained by a veterinary premises engaged in drug compounding to include the documentation requirements in subsections (d) and (f).
- Revise [CCR, title 16, section 2092\(d\)](#) to update the cross-references to the renumbered subparagraphs “(1) through (6) of subsection (b).”
- Revise [CCR, title 16, section 2092\(e\)](#) to require information to be documented for subcutaneous (SQ) compounded drug preparations for immediate use which would not otherwise be included under the documentation requirements for intravenous (IV) compounded drug preparations. Also remove “that is not otherwise compounded at the veterinary premise” because the language is unnecessary since all IV and SQ compounded drug preparations for immediate use will always be compounded at the veterinary premises.
- In CCR, title 16, section 2093, add new subsection (c) to clarify the expiration of compounded IV or SQ preparations that do not satisfy the definition of immediate use.
- Revise [CCR, title 16, section 2094\(a\)\(1\)](#) to remove the redundant phrase “pursuant to paragraph (7) of subsection (b) of section 2092.” To resolve safety concerns that the regulations currently do not include labeling requirements for IV and SQ compounded drug preparations, add new subsection (b) to establish such labeling requirements.

Discussion: The Committee accepted the Subcommittee’s recommendations with some minor changes. Under CCR, title 16, section 2092, renumbered subsection (f)(5), the Committee considered stating “date and time,” which would initiate the 24-hour requirement after the initial compounded requirement. In the discussion, Board

Counsel and Regulatory Counsel suggested minor conforming edits to CCR, title 16, section 2094 in the title and renumbered subsection (a)(1) to reflect “compounded drug preparation.”

The Subcommittee also discussed compounded medication given via intramuscular (IM) administration for anesthesia purposes to feline animal patients. In the discussion, IM was added to CCR, title 16, sections 2092(e) and 2094(b).

Public Comment: Dr. Sullivan requested public comment. The following public comment was made on this item:

- [Grant Miller](#), DVM, CVMA, stated he could see the significance of adding the date and time in CCR, title 16, section 2092(e) relating to an immediate use IV preparation. However, he asked how the provision would add to consumer protection when there is a requirement that veterinarians write in the time. He felt documenting the date was more than sufficient. He requested that the language not be overly burdensome on veterinarians. He asked for the Committee to reconsider the newly inserted language.

Changes to the Text: The following changes to CCR, title 16, sections 2092 and 2094 were made based on the Committee’s discussion and public comment (proposed additions are in [double underline blue text](#); proposed deletions are in ~~double red strikethrough text~~):

§ 2092. Policies and Procedures.

[...]

(e) Notwithstanding subsections (b) and (d), for intravenous (IV), [intramuscular \(IM\)](#), or subcutaneous (SQ) compounded drug preparations for immediate use on an animal patient that contain a sterile solution, 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.

[...]

§ 2094. Labeling of Compounded [Drug](#) Preparations.

[...]

~~(a)~~(1) Name assigned to the compounded drug [preparation](#).

[...]

(b) All intravenous (IV), [intramuscular \(IM\)](#), and subcutaneous (SQ) compounded drug preparations for an animal patient that contain a sterile solution shall be labeled with the following information:

[...]

Motion: Dr. Sullivan requested a motion. Kristi Pawlowski, RVT, moved and Cheryl Waterhouse, DVM, seconded a motion to recommend the Board proceed as follows:

1. Rescind the Board's prior January 25, 2023 motion approving proposed amendments to Sections 2036.5, 2090, 2091, 2092, and 2094 and approve the proposed regulatory text for Sections 2036.5, 2090, 2091, 2092, 2093, and 2094 as set forth in Attachment 2, as revised at this meeting.
2. Direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested.
3. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as described in the text notice for 16 CCR sections 2036.5, 2090, 2091, 2092, 2093, and 2094.

Public Comment: Dr. Sullivan requested public comment on the motion. There were no public comments made on the motion.

Roll Call Vote: Dr. Sullivan called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Richard Sullivan, DVM, Chair	X			
Marie Ussery, RVT, Vice Chair	X			
Kathy Bowler	X			
Barrie Grant, DVM	X			
Kevin Lazarcheff, DVM	X			
Kristi Pawlowski, RVT	X			
Dianne Sequoia, DVM	X			
Leah Shufelt, RVT	X			
Cheryl Waterhouse, DVM	X			

6. [Update, Discussion, and Potential Recommendation on the Board’s Guidance on Veterinary Drug Compounding](#)—*Richard Sullivan, DVM, and Marie Ussery, RVT*

Dr. Sullivan presented the meeting material to the Committee and answered questions. In addition, Ms. Ussery suggested a minor update to page 6 of the meeting material, first example of the Drug Compounding Preparation Formula Form, under item 3, replace “day of collection of serum” with “the date of compounding.” The Committee commended the Board and DCA Publications for designing a user-friendly document.

Changes to Laparoscopic AI Ewe Sedation Cocktail Example: The following changes to the Board’s Guidance on Veterinary Drug Compounding on the first example of the Drug Compounding Preparation Formula Form, item 3, to state (proposed additions are in [double underline blue text](#); proposed deletions are in ~~double red strikethrough text~~):

[...]

3. **Expiration Date of Preparation**

30 days from ~~day of collection of serum~~ [the date of compounding](#) or the shortest expiration date of any ingredient in the compounded drug preparation.

[...]

Motion: Dr. Sullivan requested a motion. Kathy Bowler moved and Kristi Pawlowski, RVT, seconded a motion to recommend the Board replace the existing Guidance on Veterinary Drug Compounding with Attachment 1, as amended today.

Public Comment: Dr. Sullivan requested public comment on the motion. The following public comment was made on the motion:

- [Grant Miller](#), DVM, CVMA, echoed the sentiment in the layout of the document. He stated the document was very user friendly, very easy to follow, and he appreciated Dr. Sullivan’s work on the matter. He noted Dr. Sullivan’s many years of work on the regulations. He also appreciated Ms. Siefertman’s team for doing this type of outreach. He inquired if the document could be made slightly more user friendly by adding hyperlinks to the code sections in the document. He acknowledged that when printed, hyperlinks would not help, but most of the time, the document is viewed electronically and online. He noted people do not necessarily know how to find the code sections. He stated if the code sections were added to as many sections as possible, it would make the document more user friendly and increase compliance.

Response to Public Comment: Ms. Siefertman responded that the document (not the Agenda Item 6 Attachment) that is on the Board’s website has hyperlinks to

every single statute and regulation that is referenced. She added the intent is that every section has a hyperlink, and she apologized that it did not carry over on the agenda item.

Roll Call Vote: Dr. Sullivan called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Richard Sullivan, DVM, Chair	X			
Marie Ussery, RVT, Vice Chair	X			
Kathy Bowler	X			
Barrie Grant, DVM	X			
Kevin Lazarcheff, DVM	X			
Kristi Pawlowski, RVT	X			
Dianne Sequoia, DVM	X			
Leah Shufelt, RVT	X			
Cheryl Waterhouse, DVM	X			

7. [Update, Discussion, and Potential Recommendations on Frequently Asked Questions \(FAQs\)—Kristi Pawlowski, RVT, and Cheryl Waterhouse, DVM](#)

a. [Assembly Bill \(AB\) 1399 \(Friedman, Chapter 475, Statutes of 2023\)](#)

Ms. Pawlowski presented the Committee with information from the meeting materials and read the memorandum from the meeting materials into the record. Ms. Pawlowski, Dr. Waterhouse, Ms. Welch, and Ms. Siefertman answered the Committee’s questions.

Discussion: The Committee accepted most of the recommended language and the following proposed revisions were discussed:

- **FAQ 2:** Revise the response to read “No. It is recommended the veterinarian conform . . .” to better align with the statutory limitation of practicing telemedicine on animal patients located in California.
- **FAQ 5:** Revise the response to replace two instances of “patient” with “client” as the client will be making decisions on behalf of the animal patient.
- **FAQ 8:** Removal of FAQ 8.
- **FAQ 10 (Renumbered from 11):** Adding a hyperlink to “Appendix A.”

Notice (Plaque) Request: Dr. Sequoia inquired if staff could develop a FAQ for the notice requirements in the lobby for a fixed veterinary premises verses a virtual veterinary premises. Dr. Waterhouse and Ms. Pawlowski recommended

the language come from a professional organization as Board staff cannot provide legal recommendations.

Advice to Practitioners: During the discussion, the Committee noted the need for guidance for practitioners with general FAQs. The Committee emphasized that practitioners should read and understand the FAQs, including the applicable statutory and regulatory sections.

Reaching out to the California Horse Racing Board (CHRB): If the FAQs were approved, reaching out to the CHRB to see if it has any concerns relating to FAQs referencing them.

Public Comment: Dr. Sullivan and Ms. Siefertman requested public comment on this item. The following public comments were made on this item:

- [Grant Miller](#), DVM, CVMA, in reference to Dr. Sequoia’s lobby notice request, confirmed CVMA prints plaques for numerous required notices. He added CVMA needed to ensure the Board approves the FAQs before CVMA will spend thousands of dollars to reprint all of its plaques. He stated CVMA is not going to reprint the plaques until it is absolutely sure the Board is in agreement that the workplace posting can suffice for the notice. He noted that in a telemedicine environment, a notice could not be placed in the waiting room. He acknowledged the need to change the current notices in the lobbies right now because of the two separate requirements, which include:
 - Notification to the client that they have a right to obtain a written prescription that they can have filled at a pharmacy of the client’s choosing.
 - Veterinary premises to offer to transmit the prescription directly to the pharmacy.

He emphasized CVMA is ready to notify the entire profession of these requirements once the Board approves the FAQs.

- [Dan Baxter](#), Executive Director, CVMA, appreciated the discussion. He noted that during the week of January 8, 2024, he and Dr. Miller provided webinars dealing with AB 1399 and SB 669, and they received a lot of questions pertaining to location. He proposed eliminating FAQ 8 from the document. He stated he understood the requirements in FAQ 7, including the medical history that can be provided by documentation or by an oral recitation, which sometimes occurs in absence of documentation. He felt when reading FAQ 8, especially in combination with FAQ 7, that FAQ 8 “muddies the waters.” He stated the average reader could easily review FAQ 8 and conclude that medical records are an essential component to

the rendering of telehealth. He added FAQ 8 discusses obtaining and reviewing, and almost contemplates the necessary existence of “a thing” or “an item” in a way that FAQ 7 does not. He stated he and Dr. Miller may have been the individuals who submitted FAQ 8. He stated, when taking into account the information in FAQ 7, he believed FAQ 7 already answers the issue adequately. He re-emphasized to the Committee that they consider removing FAQ 8.

- [Brittany Benesi](#), Senior Director of State Legislation, ASPCA, Western Division, appreciated the discussion and all of the work that went into developing the FAQs on the language for AB 1399. She agreed with CVMA’s recommendation as FAQ 8 is a little confusing following FAQ 7. She thought there could be a point where relevant medical history may be obtained prior to a veterinary telehealth appointment—not a separate appointment in itself, but as a questionnaire. She appreciated Dr. Sullivan’s point that the history would come from the time the person finds the animal and brings the animal to an appointment. She stated if FAQ 8 was eliminated, she would defer to that recommendation, otherwise she requested revised language to describe handling situations where there is no relevant medical health history.
- [Nancy Ehrlich](#), RVT, CaRVTA, asked in reference to FAQ 15, if there was an FAQ for RVTs to provide the same services.

Response to Public Comment About Removing FAQ 8: The Committee accepted the recommendation to remove FAQ 8.

Response to Public Comment Requesting an RVT FAQ: The Committee considered Ms. Ehrlich’s request and reviewed FAQ 15, including considering a new FAQ with the same language as FAQ 15, but replacing “veterinary assistant” with “RVT.”

Ms. Welch informed the Committee that FAQ 15 was a question the Board received, and the response was developed to clarify the term “direct supervision” as well as the animal health care tasks permitted. With the passage of SB 669, she was unsure how and why an RVT would be using telehealth with a veterinarian offsite to perform vaccinations.

Ms. Pawlowski noted that even with SB 669, she did not believe the answer would change, except for a response in the second paragraph of the answer.

Dr. Sullivan inquired whether a veterinary assistant could administer a rabies vaccine based on the new legislation. However, he admitted, it was not applicable to the AB 1399 FAQs.

Changes to AB 1399 FAQs: The following changes were made to the proposed AB 1399 FAQs, including adding a hyperlink to the words “Appendix A” under renumbered question 10 (proposed additions are in double underline blue text; proposed deletions are in ~~double red strikethrough text~~):

[...]

2. Does the client providing a California address suffice to satisfy the requirement that the animal patient is located in this state?

No. It is recommended ~~T~~he veterinarian ~~must~~ confirm with the client the animal patient is located in California at the time the telehealth services are being provided. (BPC, § 4826.6, subd. (f).)

[...]

5. Since AB 1399 only requires veterinarians to notify the client that “some prescription drugs or medications may be available at a pharmacy,” does the veterinarian have to notify the client that the veterinarian can submit a prescription to the pharmacy of the client’s choice?

Yes, the veterinarian must provide the client with written disclosure that the ~~patient~~ client has a choice between obtaining the prescription from the veterinarian or obtaining the prescription at a pharmacy of the ~~patient’s~~ client’s choice. (BPC, § 4170, subd. (a)(7).) In addition, before prescribing, the veterinarian must offer to give a written prescription to the client that the client may elect to have filled by the prescriber or by any pharmacy. (BPC, § 4170, subd. (a)(6).)

[...]

~~**8. If the veterinarian is required to “obtain and review the animal patient’s relevant medical history” and there isn’t any, does the veterinarian have to terminate the telehealth appointment?**~~

~~The veterinarian could not comply with the requirements for providing veterinary telehealth without having historical knowledge of the animal patient by obtaining and reviewing the animal patient’s relevant medical history. (BPC, § 4826.6, subd. (h)(2).)~~

[...]

Motion:

- In the middle of reviewing the FAQs, Richard Sullivan, DVM, moved and Cheryl Waterhouse, DVM, seconded a motion to remove FAQ 8. However, both members withdrew the motion until all of the FAQs could be reviewed.
- Marie Ussery, RVT, moved and Kristi Pawlowski, RVT, seconded a motion to accept the proposed AB 1399 FAQs, as amended today.

Public Comment: Dr. Sullivan requested public comment on the motion. The following public comment was made on the motion:

- [Grant Miller](#), DVM, CVMA, in response to Dr. Sullivan’s concern about rabies vaccines, stated it is not a problem. He added that FAQ 14 is within the context of a valid Veterinarian-Client-Patient Relationship (VCPR). He stated the law already permits RVTs and veterinary assistants to administer rabies vaccines on behalf of a veterinarian, provided that the veterinarian has established a VCPR. He noted the Committee might be thinking about CCR, title 16, section 2030.3, which covers a small animal vaccination clinic. He opined it was the worst written section of the Practice Act. He stated there will need to be a statutory fix on that because that regulation allows, under certain circumstances, the VCPR to be circumvented to allow veterinary assistants to provide vaccines. He stated it was the reason why there was a rabies fix because it is a prescription drug, but it does not apply in the situation of SB 669 because the VCRP is established in SB 669.

Roll Call Vote: Dr. Sullivan called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Richard Sullivan, DVM, Chair	X			
Marie Ussery, RVT, Vice Chair	X			
Kathy Bowler	X			
Barrie Grant, DVM	X			
Kevin Lazarcheff, DVM	X			
Kristi Pawlowski, RVT	X			
Dianne Sequoia, DVM	X			
Leah Shufelt, RVT	X			
Cheryl Waterhouse, DVM	X			

b. [Senate Bill \(SB\) 669 \(Cortese, Chapter 882, Statutes of 2023\)](#)

Dr. Waterhouse presented the Committee with information from the meeting materials and read the memorandum from the meeting materials into the record. Dr. Waterhouse, Ms. Welch, and Ms. Siefertman answered the Committee’s questions.

Discussion: The Committee accepted most of the recommendations and discussed the following revisions to the SB 669 FAQs:

- **FAQ 1:** Replacing “an agreement” with “a statement,” adding “yes” to the beginning for a direct answer, breaking down the requirements into two statements, and remove unnecessary language from the second statement.
- **FAQ 3:** Adding a paragraph at the end of the answer to address veterinarian concerns over the requirements when they leave the practice.
- **FAQ 8:** Removal of the last paragraph in the second sentence related to a canine animal patient and the administration of a rabies vaccine. The Committee noted that a simple yes or no could not be provided as the response would depend on the situation.
- **FAQ 9:** Inserting a new FAQ 9 to ask can an RVT determine whether a rabies vaccination would endanger the dog’s life for the purpose of a rabies vaccination exemption, and answer No, SB 669 did not give an RVT that authorization.
- **FAQ 13:** No changes were made to FAQ 13. However, the Committee considered public comment regarding an RVT prescribing medication. However, Board Counsel advised against the suggestion as SB 669 does not authorize the VCPR created by the RVT, as the agent of the veterinarian, for any purpose other than the RVT administering the medication, and there is no provision for the veterinarian to utilize the data collected by the RVT under the RVT VCPR to prescribe or have medication dispensed.
- **Hypothetical Scenario Introduction Paragraph:** Removing “a new patient” because in FAQ Scenarios 2 through 4, the animal patient was previously seen.
- **Hypothetical Scenario Question 1:** Inserting “a new patient” since the question and answer are specific to situations relating to a new animal patient.

Public Comment: Dr. Sullivan requested public comment. The following public comment was made on this item:

FAQ 1

- [Nancy Ehrlich](#), RVT, CaRVTA, she suggested replacing the words “Does the veterinarian and RVT have to have” with “Do the veterinarian and RVT have to have” within the question.

- [Grant Miller](#), DVM, CVMA, requested the Committee consider replacing the word “statement” with “authorization statement.” He stated under BPC section 4826.7(b)(4) and (5), the law states the “veterinarian and the registered veterinary technician sign and date a statement containing authorization.” He agreed with the Dr. Sullivan and Dr. Waterhouse that the profession is going to see this as there must be some kind of a signed agreement that has to be here. He claimed the statement may end up being confusing to them. He thought if the words stated an “authorization statement,” it would be clearer to the profession.

FAQs 2–7

No public comments received.

FAQ 8

- [Grant Miller](#), DVM, CVMA, responded to the Committee’s questions regarding RVT appointments and rabies vaccination requirements. He noted that either an RVT or veterinary assistant can provide a rabies vaccination without a veterinarian present. He informed the Committee that there was no local ordinance requiring the veterinarian to provide the vaccination. In addition, he stated that either a veterinarian or their designated agent has the ability to sign the vaccine certificate, and the veterinarian could establish a written protocol for the designated agent to issue a certificate. He noted that under SB 669, an RVT is limited to establishing a VCPR for dangerous drugs to parasite medication and rabies vaccination.

FAQ 9

- [Grant Miller](#), DVM, CVMA, requested the proposed revisions to the question be changed because there is no such thing as a rabies vaccination letter. He noted that Health and Safety Code (HSC) section 121690(b) says a licensed veterinarian can determine that a rabies vaccination would endanger the dog’s life. He recommended the question ask can an RVT determine a rabies vaccination exemption is necessary, and the answer to that would be no. He noted the exemption document could be a form or written statement depending on each public health official. He added, the veterinarian is not the person who determines that the dog cannot receive a rabies vaccine; the animal health official for each county makes that determination. He stated the only obligation the veterinarian has in relation to a vaccine exemption is determining that the dog should not have the vaccine because it would endanger the dog’s life due to disease or other considerations. He noted HSC section 12690(c) states that the request shall be submitted to the local health officer who may issue an exemption. He stated the ultimate authority is left up to the local public health officer.

He suggested changing the question to ask can an RVT determine that a dog should not receive a rabies vaccination or can an RVT determine the dog should be exempt from the rabies vaccination due to adverse health consequences, and the answer is no. He added SB 669 does not authorize an RVT to do that.

FAQs 10–12

No public comments received.

FAQ 13

- [Grant Miller](#), DVM, CVMA, initially asked the Committee to reconsider the answer to FAQ 13. He believed the law allows enough latitude to potentially make the answer to the question a yes because a VCPR has been established; if the veterinarian is reviewing the information collected by the RVT, and the RVT, as an agent of the veterinarian, has communicated with the client, he believed that a prescription could be made. He noted that it might be an item the Committee may not be able to decide, but an item where he would appeal to the Board for their decision.

- After hearing discussion between the Committee and Board Counsel's explanation and re-reading SB 669, [Dr. Miller](#) stated he would not appeal to the Board. He acknowledged SB 669 does not permit a veterinarian to move beyond authorizing the RVT to administer beyond the exam room. He stated when the regulatory package was originally put together, there were steps that permitted the RVT to perform these functions. However, when the statute was created, it removed that ability and only allowed for administering [preventative or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites]. He stated the initial regulatory package that was developed is dead because the Board lacks the authority to make those changes. He reiterated that the protocols that the RVT has for administration are meant to be in that room at that time. He noted, the protocols may differ if the veterinarian decides that they are going to provide a year's worth of medication to the animal. The protocols may differ due to the type of testing or type of examination that the veterinarian might want, but SB 669 did not address those issues; it only addresses what happens in the exam room for administration. He thanked Ms. Welch for her rationale during the Committee's discussion.

FAQ 14

No public comments received.

Hypothetical Scenario FAQs

- [Grant Miller](#), DVM, CVMA, noted that during the CVMA’s webinar the week prior, it did not get Scenario FAQ 4. However, it did get Scenario FAQ 2 quite a bit. He stated in Scenario FAQ 2, the prescription versus non-prescription was an overlay of FDA regulation that governs the practice of veterinary medicine. He stated when a medication, whether it was over the counter or not, is created into a treatment plan; it is considered to be a dangerous drug. He provided an example of a banana being considered a dangerous drug if it was part of a treatment plan for hypokalemia. He stated the fact that the medication is not prescription is irrelevant. He said when someone off the street grabs Frontline [medication] and leaves, it is different than being in the exam room with a licensed professional mapping out a treatment plan. He stated the moment a treatment plan is developed, every single thing given to the animal has to be treated as a prescription (dangerous) drug. Whether the medication is over the counter or not, it requires a label with instructions, and a possible consultation. He reiterated any item incorporated into the treatment plan, whether it is a prescription or sitting on the counter, it has to be treated as if it is a prescription drug. He provided another example of a 12-month heartworm shot, where the client is advised they can get their medication outside the veterinary premises. However, if the client wanted the heartworm medication provided within the veterinary premises or sent to a pharmacy, the client and animal patient will need to see the doctor in order to provide the service. He noted the RVT is unable to provide that over-the-counter medication in this scenario. He advised that this is the veterinarian’s VCPR and not the RVT’s client-patient relationship. The RVT is acting as an agent, but the VCPR still belongs to the veterinarian.
- [Nancy Ehrlich](#), RVT, CaRVTA, in reference to Scenario FAQ 4, stated she disagreed with the answer as the RVT is just following orders as Ms. Shufelt explained very adequately. She asked how is John doing anything other than following orders.

Changes to SB 669 FAQs: The following changes were made to the proposed SB 669 FAQs and Hypothetical Scenario (proposed additions are in double underline blue text; proposed deletions are in ~~double red strikethrough text~~):

[...]

- Does the veterinarian and RVT have to have ~~an agreement~~ an authorization statement in place related to the administration of prophylactic vaccines and deworming agents?**

Yes. The new law requires the veterinarian and RVT to sign and date ~~a~~ two statements:

~~(1) that~~ The veterinarian is authorizing the RVT to act as the agent of the veterinarian only to establish the VCPR for purposes of administering preventative or prophylactic vaccines or antiparasitic medications when acting in compliance with the protocols and procedures established by the veterinarian, and only until the date the veterinarian terminates that authorization. (BPC, § [4826.7](#), subd. (b)(5).)

~~(2) The new law also requires the veterinarian and RVT to sign and date a statement containing an assumption of risk by t~~ The veterinarian assumes the risk for all acts, other than willful acts of animal cruelty, gross negligence, or gross unprofessional conduct, of the RVT related to examining the animal patient and administering preventative or prophylactic vaccines or antiparasitic medications. (BPC, § [4826.7](#), subd. (b)(4).)

[...]

3. If a veterinary premises has multiple veterinarians and multiple RVTs, can all veterinarians and RVTs sign one document containing the required statements?

Yes. Multiple veterinarians and RVTs may sign and date a single document containing the required statements. However, the RVT must inform each client of the specific veterinarian's name and veterinarian license number for whom the RVT is acting as an agent. (BPC, § [4826.7](#), subd. (b)(6).)

If multiple veterinarians sign one document containing the required statements, each veterinarian is required to retain a copy of the document for the duration of each RVT working as an agent of the veterinarian and until three years from the date of the termination of the veterinarian's relationship with the RVT. (BPC, § [4826.7](#), subd. (c)(1), (2).)

[If a veterinarian leaves the practice, the veterinarian is strongly encouraged to sign and date a new statement terminating authorization for the RVT\(s\) to act as the agent of the veterinarian. \(BPC, § 4826.7, subd. \(b\)\(5\).\)](#)

[...]

8. Can an RVT establish a VCPR for rabies vaccination?

The new laws authorize an RVT, as an agent of the veterinarian, to establish a VCPR for the purpose of the RVT administering preventative or prophylactic vaccines and do not otherwise specify exemptions from that authority. However, pursuant to Health and Safety Code (HSC) section [121695](#), there may be local city and county ordinances regarding rabies vaccination that require veterinarian participation or more stringent requirements for the health and safety of the public in those jurisdictions. In

addition, RVTs are required to comply with all federal and state statutes, rules, and regulations pertaining to dangerous drugs or controlled substances. Failure to do so could result in discipline. (BPC, § [4883](#), subd. (g)(3).)

Rabies control also is regulated and enforced by the California Department of Public Health in accordance with the HSC and supporting regulations. Veterinary professionals are encouraged to review the rabies vaccination requirements under the HSC, as well as the local city and county ordinances for additional rabies vaccination requirements. ~~The Board also notes that in the event a canine animal patient is precluded from the administration of a rabies vaccine, only the veterinarian can make a determination that a rabies vaccination would endanger the dog's life due to disease or other considerations that the veterinarian can verify and document. (HSC, § 121690, subd. (b)(2).)~~

[...]

9. Can an RVT determine that a rabies vaccination would endanger the dog's life for the purpose of rabies vaccination exemption?

No. SB 669 did not give RVTs this authorization. (See HSC, § 121690, subd. (b).)

[...]

Hypothetical Scenario

Jane Smith, DVM, has authorized John Doe, RVT, to be Dr. Smith's agent to perform examinations, establish a VCPR, and administer vaccinations under SB 669. John examines Fido, ~~a new patient~~, and vaccinates him for DHPP and Flu, the immunizations for which he is due.

1. Can John perform a Heartworm blood test on Fido, a new patient, and if negative for Heartworm, inject a medication that prevents Heartworm for 12 months?

[...]

Motion: Dr. Sullivan requested a motion.

- Kristi Pawlowski, RVT, moved and Dianne Sequoia, DVM, seconded a motion to recommend the Board approve FAQs for SB 669 without the hypotheticals, as amended today, publish the FAQs on the Board's website, and disseminate the FAQs to stakeholders.

- After a recommendation from Ms. Ussery to add the reference statute to FAQ 8, Kristi Pawlowski, RVT, moved and Dianne Sequoia, DVM, seconded a revised motion to incorporate Ms. Ussery’s recommendation, and recommend the Board approve FAQs for SB 669 without the hypotheticals, as amended today, publish the FAQs on the Board’s website, and disseminate the FAQs to stakeholders.
- After being advised from Board Counsel that including a citation to HSC section 121690 in FAQ 8 was not helpful to this answer and she recommended removing the citation from the second paragraph, Kristi Pawlowski, RVT, and Dianne Sequoia, DVM, accepted revisions to the motion to not include Ms. Ussery’s recommendation, and moved and seconded the motion to recommend the Board approve FAQs for SB 669 without the hypotheticals, as amended today, publish the FAQs on the Board’s website, and disseminate the FAQs to stakeholders .

Public Comment: Dr. Sullivan requested public comment on the motion. There were no public comments made on the motion:

Roll Call Vote: Dr. Sullivan called for the vote on the motion. Ms. Siefertman took a roll call vote on the motion. The motion carried 9-0.

Members	Vote			
	Yea	Nay	Abstain	Absent
Richard Sullivan, DVM, Chair	X			
Marie Ussery, RVT, Vice Chair	X			
Kathy Bowler	X			
Barrie Grant, DVM	X			
Kevin Lazarcheff, DVM	X			
Kristi Pawlowski, RVT	X			
Dianne Sequoia, DVM	X			
Leah Shufelt, RVT	X			
Cheryl Waterhouse, DVM	X			

8. [Update and Discussion from the Complaint Audit Subcommittee](#)—*Dianne Sequoia, DVM, and Cheryl Waterhouse, DVM*

Dr. Waterhouse informed the Committee that the Complaint Audit Subcommittee met and was provided with an introduction into the functions of the Subcommittee. She noted the Subcommittee evaluated four cases. She was glad to be on the Subcommittee and looks forward to more work in the future.

Public Comment: Dr. Sullivan requested public comment on the item. There were no public comments made on the item.

9. Future Agenda Items and Meeting Dates

Ms. Sieferman presented this item, and noted the following proposed future meeting dates:

- April 16, 2024
- July 23, 2024
- October 15, 2024
- January 14, 2025
- April 15, 2025
- July 15, 2025
- October 14, 2025

Ms. Sieferman noted that the Committee will have the following agenda items in the future:

- Discussing the SB 669 FAQ Hypotheticals.
- Reviewing any impacts of SB 669 on pending rulemaking related to vaccinations.
- Reviewing proposed regulations for alternate veterinary premises and building standards.
- If the Board approves the new Strategic Plan at the April meeting, there may be multiple new topics for the Committee.

Public Comment: Dr. Sullivan requested public comment on the item. There were no public comments made on the item.

10. **Adjournment**

Dr. Sullivan adjourned the meeting at 5:15 p.m.

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