



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

In accordance with Government Code section 11123.5, the Multidisciplinary Advisory Committee (Committee) of the Veterinary Medical Board (Board) met via teleconference/WebEx Event on **Tuesday, April 16, 2024**, with the following location available for Committee and public member participation:

Department of Consumer Affairs
1625 North Market Boulevard, Hearing Room
Sacramento, CA 95834

Webcast Link: <https://youtu.be/eqSqGen4wkU>

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

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

Committee Chair, Richard Sullivan, Doctor of Veterinary Medicine (DVM), called the meeting to order at 10:00 a.m. Executive Officer (EO), Jessica Sieferman, called roll, and eight members of the Committee were present; a quorum was established. Kevin Lazarcheff, DVM, was absent from roll call but arrived at 10:02 a.m.

Members Present

Richard Sullivan, DVM, Chair
Marie Ussery, Registered Veterinary Technician (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
Kim Phillips-Francis, Administration/Licensing Manager
Patty Rodriguez, Hospital Inspection Program Manager
Rob Stephanopoulos, Enforcement Manager

Susan Acklin, Licensing Technician
Laura Bishop, Cashier
Amber Kruse, Enforcement Analyst
Jeff Olguin, Administration Analyst
Ashley Sanchez, Enforcement Analyst
Justin Sotelo, Policy Specialist
Elizabeth Dietzen-Olsen, Regulations Counsel, Attorney III, 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)
David Bouilly, Facilitator, DCA, Strategic Organizational Leadership and Individual
Development (SOLID)
Christina Bradbury, DVM, Board Member
Nancy Ehrlich, RVT, California Registered Veterinary Technicians Association
(CaRVTA)
Melissa Gear, Deputy Director, DCA, Board and Bureau Relations
Jeni Goedken, DVM, Board Enforcement Consultant
Sarah Irani, Moderator, DCA, SOLID
Bonnie Lutz, Esq., Klinedinst
Michael Manno, DVM
Grant Miller, DVM, Director of Regulatory Affairs, CVMA
Shannon Newmyer, RVT
Mark Nunez, DVM, Director, American Association of Veterinary State Boards
(AAVSB)
Jeff Pollard, DVM
Sam Silverman, DVM

2. Public Comment on Items Not on the Agenda

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

3. Review and Approval of January 16, 2024, Committee Meeting Minutes

The Committee made minor changes to the January 16, 2024, Committee meeting minutes.

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

Public Comment: Dr. Sullivan requested public comment. 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			

4. [Update, Discussion, and Potential Recommendation on Previously Approved Text to Amend California Code of Regulations \(CCR\), Title 16, Sections 2030, 2030.05, 2030.1, 2030.2, and 2030.3 \(Minimum Standards for Alternate Veterinary Premises\)](#)—*Richard Sullivan, DVM, and Marie Ussery, RVT*

Dr. Sullivan, Ms. Sieferman, and Ms. Welch provided the Committee with background information from the meeting materials and read the memorandum from the meeting materials into the record. Since the October 2023 Committee and Board meetings, the Alternate Veterinary Premises Subcommittee focused on:

- Removing building standards referenced in CCR, title 16, sections 2030–2030.3.
- Cross referencing any applicable building standards requirement in CCR, title 24, section 1251.
- Informing the Committee that the effective date of all proposed changes would be January 1, 2026, due to the California Building Standards Commission’s (CBSC’s) Triennial Code Adoption Cycle.

Public Comment: Dr. Sullivan requested public comment. The following public comments were made on this item, and grouped by section:

CCR, Title 16, Section 2030

- [Grant Miller](#), DVM, representing CVMA, requested the Committee consider removing “be well lighted” from renumbered CCR, title 16, section 2030(b)(3) since all lighting in the veterinary premises needs to be adequate, and would thus be duplicative.

- [Sam Silverman](#), DVM, commented regarding the proposed changes to CCR, title 16, section 2030(b)(3), and stated that individuals who are viewing radiographs must have an x-ray viewer. If an individual is viewing images of the radiograph, they must have electronics to do so. In addition, the individual is not reading radiographs; they are viewing them.

CCR, Title 16, Section 2030.2

- [Grant Miller](#), DVM, CVMA, expressed concerns with newly inserted CCR, title 16, section 2030.2 since it would impact equine, food animal(s), and farm calls. He stated this section was made for small animal mobile clinics, which were vans/vehicles or trailers that the animal(s) went into and received services. He noted the [Alternate Veterinary Premises] Subcommittee tried to take all of the mobile [veterinary premises] requirements and merge them into one section. In addition to services provided within the vehicle/trailer, he noted this change would apply to circumstances where supplies are taken from the vehicle to provide veterinary services. He claimed there is an industry disparity between services provided for small animals and those provided to large animals. He requested that the newly inserted CCR, title 16, section 2030.2(a)(3) be changed to state “A name, telephone number, and location of a veterinary premises where after-hours emergency care may be available.” He stated the rationale is that in the equine practice, the closest someone will get is where emergency services *may* be available because there is not the same level of infrastructure, such as emergency hospitals, as seen with small animal practice. He noted that equine emergency hospitals have a finite capacity, so emergency care could not be guaranteed. He requested the Committee be sensitive to the requirements of equine practitioners, since the way the language is currently written, it is implied that equine practitioners *have to* provide a solid referral location. He requested either rewording of newly inserted subsection (a)(3) or revising newly inserted subsection (c) to create an exemption of subsection (a)(3) for equine practitioners.

CCR, Title 16, Section 2030.3

- [Bonnie Lutz](#), Esq., Klinedinst, stated that there have been questions by the small animal vaccination clinics on whether CCR, title 16, section 2030.3 applies to a scheduled vaccination event or to an individual providing services in an office, where vaccination services are provided over the weekend. She claimed it caused a lot of issues when the new regulations came out about small animal vaccination clinics. She loved the inclusion of the words “at a scheduled vaccination event” at the end of subsection (a). However, she stated it appeared to her that the scheduled vaccination event might only apply to preventative procedures for parasite control. She asked the Committee to reword the subsection to be clearer that it applies to both giving vaccinations and parasite control. [She claimed](#) the confusion has been whether the regulations only apply to a vaccination event. She recollected that the

regulations were supposed to apply to a scheduled event and not doctors who provided vaccinations during business hours. She claimed the veterinarians thought that they did not need to perform a physical examination or have a medical record for these services, and they could have walk-ins all day long.

- [Nancy Ehrlich](#), RVT, representing CaRVTA, inquired if the discussion was about the ramifications of SB 669. She stated SB 669 allows an RVT to vaccinate animals in a veterinary hospital setting and not just at a vaccine clinic.

Discussion: The Committee accepted the Subcommittee’s recommendations and thanked the Subcommittee, Board staff, and stakeholders for their work on the proposed changes. In addition, the Committee considered the following public comments to changes to the text:

- The Committee accepted Dr. Miller’s recommendations to revise CCR, title 16, sections 2030(b)(3) and 2030.2(a)(3).
- The Committee considered Ms. Lutz’s requested changes to CCR, title 16, section 2030.3(a). The Committee discussed the history and intent of the small vaccination regulation, and it was the understanding of Board staff and the Committee that the intent of the regulation was to provide, at a scheduled vaccination event, vaccinations, and preventative procedures for parasite control for multiple animals. The Committee revised the language to be clearer, including discussion on whether to place “at a scheduled vaccination event” before the word “location.” However, the Committee wanted to ensure the focus was on the location, which is a veterinary premises, and not the scheduled event.

Changes to the Text: The following changes to CCR, title 16, sections 2030, 2030.2, and 2030.3 were made based on the Committee’s discussion (proposed additions are in double underline blue text; proposed deletions are in ~~double red strikethrough text~~):

[...]

§ 2030. Minimum Standards - ~~Fixed Veterinary Premises.~~

[...]

(~~g~~)(~~6~~3)The surgery room ~~shall be well lighted,~~ shall have equipment for viewing radiographs ~~and shall have effective emergency lighting with a viable power source.~~

[...]

§ 2030.2. Minimum Standards - Small Animal Mobile Clinic Veterinary Premises.

[...]

- (a) (3) A name, telephone number, and location of a veterinary premises where after-hours emergency care ~~is~~ may be available.

[...]

§ 2030.3. Minimum Standards - Small Animal Vaccination-Clinic Veterinary Premises.

[...]

- (a) ~~The term~~ For purposes of this section, an “small-animal vaccination-clinic veterinary premises” shall mean a privately or publicly supported vaccination clinic location at a scheduled vaccination event where a veterinarian or designated veterinary personnel administers ~~only~~ performs vaccinations and/or immunizations against disease and performs preventative procedures for parasite control on multiple animals, ~~and where the veterinarian or designated veterinary personnel may also perform preventative procedures for parasite control at a scheduled vaccination event.~~

[...]

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

- Rescind the Board’s prior motions approving proposed amendments to CCR, title 16, sections 2030, 2030.05, 2030.1, 2030.2, and 2030.3 and adopting sections 2030.15 and 2030.4.
- Approve the proposed regulatory text for CCR, title 16, sections 2030, 2030.05, 2030.1, 2030.2, and 2030.3 as set forth in Attachment 2 and amended today.
- 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.
- 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 CCR, title 16, sections 2030, 2030.05, 2030.1, 2030.2, and 2030.3.

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

- [Grant Miller](#), DVM, CVMA, inquired if his requests were incorporated into the motion.

Response to Public Comment: Dr. Miller was informed that his requests were incorporated and both applicable subsections were re-read, which included the proposed language.

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. **[Discussion and Potential Recommendation on Proposal to Initiate a Rulemaking to Amend CCR, Title 24, Section 1251 \(Veterinary Facilities\)](#)**—
Richard Sullivan, DVM, and Marie Ussery, RVT

Dr. Sullivan, Ms. Sieferman, and Ms. Welch provided the Committee with background information from the meeting materials and read the memorandum from the meeting materials into the record. Since the October 2023 Committee and Board meetings, the Alternate Veterinary Premises Subcommittee’s recommendations focused on:

- Removing veterinary practice management requirements in CCR, title 24, section 1251.
- Replacing “facility” with “veterinary premises.”

Discussion: The Committee accepted the Subcommittee’s recommendations.

Motion: Dr. Sullivan requested a motion. Kathy Bowler moved and Cheryl Waterhouse, DVM, seconded a motion to recommend the Board take the following actions:

- Approve the regulatory text for CCR, title 24, section 1251.
- 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.
- 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 CCR, title 24, section 1251.

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

- [Grant Miller](#), DVM, CVMA, inquired if the motion reflected the changes discussed in agenda item 4.

Ms. Welch informed Dr. Miller that the lighting requirements were already included in the building standard proposal, and she noted that there were no other sections requiring changes.

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 8-0-0-1. Dr. Lazarcheff was absent during the vote.

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 Recommendations on Frequently Asked Questions \(FAQs\)](#)—*Kristi Pawlowski, RVT, and Cheryl Waterhouse, DVM***

California Veterinary Medical Board
 Multidisciplinary Advisory Committee
 April 16, 2024 Meeting Minutes

a. **Senate Bill (SB) 669 (Cortese, Chapter 882, Statutes of 2023) Hypothetical Scenarios**

Dr. Waterhouse provided the Committee with background information from the meeting materials and read the memorandum from the meeting materials into the record.

Discussion: The Committee thanked the Subcommittee on their reworking of the [SB 669 FAQ hypothetical scenarios](#) from the January 16, 2024 Committee meeting. The Committee discussed:

- The importance of emphasizing that it was the doctor's veterinarian-client-patient relationship (VCPR), and the RVT is acting as an agent of the veterinarian. The RVT does not have their own VCPR.
- The prohibition of an RVT to diagnose the animal patient.
- The importance that RVTs may only administer medication based on the doctor's VCPR (e.g., examining the animal, running diagnostics, and making a diagnosis that the animal is healthy enough to receive the vaccination for the control or eradication of apparent or anticipated internal or external parasites, and administer the treatment) and the RVT may not dispense the medication.

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

- [Grant Miller](#), DVM, CVMA, thanked Ms. Sieferman for reminding everyone that it is the doctor's VCPR. He stated it was scary hearing people mention that the VCPR belongs to the RVT. In relation to hypothetical scenario 1, he noted "SB 669 states that the RVT can examine the animal patient, collect data from the physical exam, diagnose or assess the animal patient, and administer vaccines and antiparasitic medications." He contended that the RVT does not diagnose or assess the animal patient; the RVT is acting pursuant to a protocol. He added that the closest SB 669 states to relation to this requirement is found in [\[Business and Professions Code \(BPC\) section\] 4826.7\(b\)\(3\)](#). He stated the statute applies to a well animal and there is not necessarily a diagnosis. He stated animals are vaccinated all the time with unknown diseases and they are still vaccinated. He noted the nature of the examination that is performed is solely to determine whether the animal is physiologically capable of receiving a vaccine that day. He stated that the concept of [SB] 669 is not about diagnosis and assessing, but about animal care, and these animals are presumed to be healthy at least enough to get a vaccine. He added that the only thing the RVT is doing is determining that the animal is capable of getting the vaccine or the parasite medication that day based on a protocol by the veterinarian. He thought that on a larger

scale, these scenarios are an exercise in futility. He appreciated the Committee's efforts to try, but he did not think they would help people. If the Committee was going to keep the scenarios, he requested the Committee reword scenario 1. He informed the Committee that there were people planning to push legislation next year, who have taken the Committee's draft response and quoted the Board as stating that RVTs are allowed to diagnose. He respected the Committee's interpretation of SB 669, but he added that it is not what [SB] 669 states. He suggested that the Committee reconsider their choice of wording in their response.

- [Bonnie Lutz](#), Esq., Klinedinst, agreed with Dr. Miller's comments. She emphasized that [SB] 669 and [\[BPC section\] 4826.7](#) specifically state that the RVT can establish a VCPR as an agent of the veterinarian for the specific purpose of administering vaccines. She added that the RVT does not end up with a VCPR; the veterinarian has the VCPR. She stated the establishment of a VCPR was only to allow the administration of vaccines. She stated it was discussed previously that the performance of diagnostic testing is not necessarily the practice of veterinary medicine. She could not recall the context it was referred to, but it had to do with the performance of diagnostic tests not being the practice. She stated that allows the RVTs, under these circumstances of [SB] 669 to perform the tests because it is not the practice of veterinary medicine and anything else is not allowed. She stated the RVT is allowed to do the physical exam, performing diagnostic tests, and administering the vaccine; there is nothing else that is allowed. She added that it really does not change the [Veterinary Medicine Practice Act] (Practice Act) and that is what she is telling her clients. She has informed her clients that it is really not giving them what they think it is giving them, which is a big freedom to do something that they could never do before. She worried about the scenarios. She appreciated the Committee's time spent on the scenarios, but she could tell how her clients are going to interpret some of the scenarios to fit their own needs. She had a problem with that because she is trying to tell them it is really simple, and they can only do certain items; they cannot do anything else. She stated the scenarios may confuse the issue. She is afraid it might let people start doing things that are going to get them into trouble.
- [Jeni Goedken](#), DVM, Board enforcement consultant, stated she reviews a lot of client complaints and veterinary responses. She re-emphasized Dr. Miller's point that it will always be the [veterinarian's] VCPR. She suggested modifying the scenarios to clarify who has established the VCPR in the applicable situation because she believed that [SB] 669, in certain situations, allows the RVT to establish the VCPR on behalf of the client and the veterinarian, but it is still the veterinarian's VCPR. She suggested that the scenarios may be modified to include written standing orders. She has received and reviewed some complaints from veterinarians stating that certain members of a clinic will go ahead and refill medications under the

veterinarian's VCPR without their permission. She added it becomes unclear as to where this protocol is located. She suggested making it an example to veterinarians of clarifying standing orders under their VCPR that could be done. She thought these scenarios would be under a standing wellness VCPR. She provided an example, which included the veterinarian establishing a wellness examination, a VCPR within 12 months, and providing explicit orders for the next 12 months for what could be done under that VCPR.

Response to Public Comment: The Committee noted and agreed with public comment that is the veterinarian's VCPR and not the RVT's VCPR. Based on the Committee's discussion and public comment, the Committee decided not to include the hypothetical scenarios as part of the [approved January 16, 2024 SB 669 FAQs](#). The Subcommittee may come back with some ideas in the future or may come up with more FAQs on the subject.

7. **Update from the Complaint Process Audit Subcommittee**—*Dianne Sequoia, DVM, and Cheryl Waterhouse, DVM*

Dr. Waterhouse provided the Committee with background information from the meeting materials and read the memorandum from the meeting materials into the record.

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

8. **Future Agenda Items and Meeting Dates**

Ms. Siefertman presented this item and noted that the Committee will have the following agenda items in the future:

- **Equine Practice Subcommittee** is working on identifying concerns and potential solutions to unlicensed equine practice.
- **Complaint Audit Subcommittee** is continuing to evaluate the complaint prioritization required in statute. In addition, the Subcommittee is reviewing BPC section 4887.

She noted that the Committee has completed a lot of the Board's assignments, and new assignments will be coming once the Board approves its new strategic plan.

She provided the following proposed future meeting dates:

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

Public Comment: Ms. Sieferman requested public comment on the item. The following public comment was made on this item:

- [Grant Miller](#), DVM, CVMA, inquired if the Committee or subcommittee needed to work on reviewing the Practice Act in relation to the VCPR regulations since [Assembly Bill \(AB\) 1399](#) moved the VCPR requirements out of the Board's regulation's and placed those requirements into statute. He suggested a review of [CCR, title 16, section 2032.1](#). He also suggested replacing references to CCR, title 16, section 2032.1 with [\[BPC sections\] 4825](#) and [4826](#). He requested, as a future agenda item, that the Committee consider rescinding CCR, title 16, section 2032.1 because the VCPR exists in statute.

Response to Public Comment: Ms. Sieferman noted the Board still needs to review the implications of the recent legislation and its impact on the regulations. She stated that the Board has not determined that it is something that the Committee or subcommittee will work on, but it is on the Board's radar.

9. **Adjournment**

Dr. Sullivan thanked Dr. Lazarcheff and Dr. Sequoia for their work on the Committee. He adjourned the meeting at 12:20 p.m.

Hyperlinks to the webcast are controlled by a third-party and may be removed at any time. They are provided for convenience purposes only and are not considered part of the official record.