

Reg/Leg Report
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The Veterinary Medical Board's Multidisciplinary Advisory Committee (MDC) met on July 21 via the web. All members were present except Dr. Lazarcheff. Dr. Dianne Sequoia was introduced as a new professional member.

After approving the previous meeting's minutes as modified, the MDC then proceeded to discuss creating new definitions regarding Telemedicine, as the current waiver will expire on August 31, 2021. They created 2 proposals - one for Legislative changes and one for Regulatory changes. Under the Legislative proposal, they would create 4 new definitions.

Teleconsultation would mean the use of electronic technology or media, including interactive audio and/or video, for communication between a California licensed veterinarian, who has established the VCPR for the animal patient(s), and a licensed veterinarian or other person whose expertise, in the opinion of the California licensed veterinarian, would benefit the patient(s) but who does not have a VCPR for the patient(s). (Prop. BPC § 4825.1, subd. (e).) This definition would maintain the existing 6 limitations on veterinary consultants under BPC section 4830, subdivision (a)(2), in which the veterinary consultant is prohibited from establishing the VCPR, cannot have direct communication with the client, and cannot have ultimate authority over the care or primary diagnosis of the animal patient. To further maintain consistency with BPC section 4830, subdivision (a)(2), which authorizes an out-of-state licensed veterinarian to consult with a California-licensed veterinarian, the proposal also would not require the consultant to be licensed in California to provide an electronic consultation on the case. To accommodate situations in which the California licensed veterinarian seeks advice or assistance for the benefit of the animal patient(s) from an expert not otherwise licensed as a veterinarian, the proposal would allow electronic consultations with non-veterinarians. This provision is modeled on the "consultant" definition in the AAVSB guidelines for the appropriate use of telehealth.

Telehealth would mean the use of electronic technology or media, including interactive audio and/or video, to deliver general veterinary health information and education to the client or the client's representative. (Prop. BPC, § 4825.1, subd. (f).) Although various veterinary telehealth guidelines have defined "telehealth" as a general term that encompasses all uses of technology to remotely provide telemedicine or general veterinary advice, the Subcommittee crafted a simpler definition to accommodate for the electronic provision of general veterinary advice and education, and separately crafted a definition for telemedicine, described below.

Telemedicine would mean the use of electronic technology or media, including interactive audio and/or video, by a California-licensed veterinarian to practice veterinary medicine provided within an established VCPR for the patient(s). (Prop. BPC, § 4825.1, subd. (g).) When the veterinarian needs to prescribe treatment of whatever nature for the animal patient(s) 'medical condition, this new telemedicine definition would ensure practitioners are in compliance with federal and California state law and animal patients are properly protected by having a VCPR established before the treatment could be provided electronically. For situations where no VCPR has been established for the animal patient(s) for a medical condition, telehealth, described above, could be used to provide general veterinary health information and education. By narrowing the definition of telemedicine and establishing a definition for telehealth, consumers will have more options available to receive veterinary health care for their animals.

Teletriage would mean the use of electronic technology or media, including interactive audio and/or video, to diagnose and treat a medical emergency, as defined, until the animal patient(s) can be transported to, and/or seen by, a veterinarian. (Prop. BPC, § 4825.1, subd. (h).) This definition would expand the existing VCPR exemption in CCR, title 16, section 2032.1, subsection (f), which authorizes advice given in an emergency. Pursuant to CCR, title 16, section 2032.1, subsection (a), in order to treat an animal patient, a VCPR must be established. This requirement is consistent with federal law, other state laws, and veterinary association guidelines that limit the ability to prescribe and/or treat a medical condition. However, BPC section 4826.4 authorizes a California-licensed veterinarian to render necessary and prompt care and treatment, including dispensing and prescribing a dangerous drug or device, to an animal patient without establishing a VCPR if

conditions are such that one cannot be established in a timely manner. To conform to the emergency provisions in BPC section 4826.4 and ensure necessary and prompt care and treatment of animal patients, the definition of teletriage would include electronically diagnosing and treating a medical emergency.

The MDC also proposed amendments to the regulations to implement the legislative changes. The regulatory proposal can be found here: https://vmb.ca.gov/meetings/materials/20210721_mdc_5.pdf.

The next item on the agenda was a discussion about improving the Premise Inspection process.

Currently, the VMB has a mandate from the legislature to inspect 20% of premises yearly. The MDC members agreed that 20% is unrealistic under the current circumstances. They agreed that combining the Inspection and Enforcement Units could help create efficiencies, eliminate confusion, reduce the number of staff and save money.

It was reported that members of the Complaint Process Audit Subcommittee will attend training with the Medical Board. They will create scenarios specific to veterinary medicine. It is hoped that this training will improve the quality of the VMB's complaint process.

The next MDC meeting will be on October 20, 2021. The MDC hoped to have a combination of an in-person and on-line meeting to accommodate all who want to attend.

The Veterinary Medical Board (VMB) met on July 22-23 via the web. All members were present, including new Public Member, Judy Ki. After approving the previous meeting's minutes as amended, they heard an update from a representative of the Department of Consumer Affairs (DCA). She reported that the emergency order requiring on-line meetings will expire on September 30 unless renewed. The VMB discussed having a combined in-person/on-line meeting to accommodate people who cannot travel to the meetings.

The VMB reviewed the recommendations of the MDC. First was a revision of the Frequently Asked Questions regarding the Veterinary Client Patient Relationship (VCPR). The FAQ's can be found here: https://vmb.ca.gov/meetings/materials/20210722_23_5b.pdf. They also reviewed the MDC's recommendations regarding the new definitions of Telemedicine, etc, and made some minor changes before approving. These recommendations will be added to the VMB's Sunset bill, which will allow the changes to go into effect on January 1, 2022. The VMB also approved the MDC's regulatory proposal as written.

The CVMA reported that they are creating a Task Force to discuss improving access to veterinary care. Dr. Nolan from the VMB will participate. The VMB decided to create their own sub-committee on the issue as well. The VMB also reviewed the Conflicts of Interest and Ethics Requirements for Board Members.

Next on the agenda was a discussion of relevant legislation. It was noted that CaRVTA's suggestions to lower RVT fees and add a name tag requirement were added to the Sunset bill, SB 1535. There was also discussion about the other recommendations by CaRVTA to consider changes to the VACSP program and to add a second RVT to the VMB. The VMB voted to Support if Amended AB1282, the Animal Blood Bank bill. The VMB would like to see the bill amended to include allowing the VMB to receive money from the General Fund to cover the costs of their involvement with animal blood banks and to get clarification of their role in oversight. The VMB noted their Support for SB 344, which creates grants for homeless shelter pets. The VMB voted to Oppose Unless Amended SB 731, which would limit the VMB's ability to access criminal record of applicants. The VMB would like the bill amended to remove the VMB from the legislation.

The VMB moved on to discuss pending regulations. Changes to the fee schedule went into effect on June 1, 2021. The Animal Physical Rehabilitation regulation was submitted to the Office of Administrative Law (OAL) on June 9 for final approval. Non-substantive changes to the Euthanasia Training regs will be put through the Section 100 process for non-controversial changes.

The meeting was adjourned until the following day.

The meeting continued on July 23. The VMB reviewed the Administrative Procedures Manual and approved the proposed changes. One of the new procedures will allow each veterinary school to send a representative to the VMB as liaison. The student liaisons will not have a vote, but will be able to participate in discussions. The goal is to familiarize the students with the laws and regulations concerning veterinary medicine. Nancy Ehrlich brought up the fact that RVT students should be involved as well since they have the same need to understand the laws and regulations and the functioning of the VMB. It was suggested that there are too many RVT schools to have a representative from each one. However, the VMB agreed to work on some way of getting RVT students involved, perhaps through a student RVT Association.

Jennifer Loreda, RVT presented the RVT report. She mentioned that RVT schools are having difficulty retaining program directors. She also stated that it would be very helpful to continue having web meetings even if the VMB return to in-person meetings to allow more people to attend. She would like a sub-committee to review increasing care of animals in shelters by RVTs. She also expressed strong support for an additional RVT on the VMB for a variety of reasons. She stated that unlike the DVM members where there are 4 to split the DVM issues, there is only 1 RVT to handle every RVT issue. She also agreed with CaRVTA's position that only 1 RVT is disproportionate to the number of licensees and that when she is not able to attend meetings there is no RVT at all. She also pointed out that her term is expiring next year and that there is an opening for an RVT on the MDC.

Next on the agenda were the Management Reports. It turns out that this year's budget is showing a surplus, in part due to money saved from members not traveling to meetings and increased fees. However, the VMB is very concerned about the potential costs of an up-coming lawsuit from the SFSPCA regarding access to veterinary care.

Pass rates on the national RVT exam are running around 53%. Schools are suggesting that the delay between graduating and taking the exam is causing scores to be lower than expected. However, in spite of the pass rate, RVT licensing numbers continue to increase. As of July 6, 2021, there are 8,674 RVTs in California, compared to 7,045 in July, 2019. There are currently 3483 licensed premises, meaning there are approximately 2.5 RVT/premise.

The VMB reported an increase in complaints during the pandemic. They are working on improving the processing of complaints, but need more enforcement staff.

Future agenda items include:

1. Placing a 2nd RVT on the VMB
2. Hospital spot checks
3. RVT student representation
4. Remove VMB from RVT school approval except for Alternate Route schools
5. Executive Officer evaluation
6. Election of Officers

The next meeting of the VMB will be on October 21-22 - most likely an in-person meeting in Sacramento with possible on-line in addition.