

REGULATORY/LEGISLATIVE REPORT

Nancy Ehrlich, RVT

Regulatory/Legislative Advocate, CaRVTA

October 2017

Multidisciplinary Advisory Committee (MDC) – The MDC met on October 17 at the Fresno Chaffee Zoo. All committee members were present.

As part of the discussion of “Extended Duties” for RVTs, CaRVTA had previously presented the MDC with an enhanced definition of induction of anesthesia to include “all routes”. After discussion, the MDC determined that no change was necessary since Sec. 2034 defines induction.

CaRVTA had also recommended that only RVTs be able to perform procedures considered “invasive”, such as epidurals and centeses. The MDC agreed that they should continue to look into further defining and refining Sec. 2035 that defines the duties of the supervising veterinarian as well as looking at what other states were allowing in regard to these types of procedures.

The MDC members voted to approve moving splinting and casting for RVTs from Sec 2036(b) Direct Supervision, to 2036(c) Indirect Supervision. They also voted to add veterinary assistants to Sec. 4840(b), which would have the affect of allowing assistants to administer treatments to animals in a shelter.

The committee brought up the issue of administering controlled drugs to animals prior to euthanasia and questioned whether in addition to being trained in euthanasia, shelter personnel needed to hold a Veterinary Assistant Controlled Substance Permit (VACSP) if they handled those drugs. Legal Counsel stated that a VACSP is required for all controlled drugs except for sodium pentobarbital specifically used for euthanasia in a shelter setting.

The MDC reviewed CVMA’s proposal on Minimum Standards for Alternate Practices. They assigned a subcommittee to compare & contrast the proposal to the current minimum standards and report back at the next meeting.

Future agenda items include a continued discussion of Extended Duties for RVTs, specifically considering high-risk, invasive procedures. Shelter medicine and just who needs a premise permit will also be on the agenda. The next meeting will be on February 20, 2018 in Sacramento.

Veterinary Medical Board (VMB) – The VMB met on October 18-19 at the Fresno Chaffee Zoo. All members were present except for Public Members Judie Mancuso and Alana Yanez.

The VMB reviewed their Administrative Procedures Manual. They decided to change the recruitment period for vacancies on the MDC from at least 6 months prior to the vacancy to 12 months prior to the vacancy. The new policy will not be followed for the current RVT vacancy since it is occurring too soon. They decided to close the application date for that position 45 days prior to the February 21, 2018 meeting. They also decided to create a 2-person Elections Committee consisting of the VMB President and Vice-President. The Elections Committee will interview all prospective candidates by phone and select 2-3 to be interviewed by the full VMB at the February meeting.

The VMB voted to approve the proposed language for Sec. 2090, which defines Compounding in a Veterinary Premises. Once the regulation goes through final approval, only veterinarians or RVTs will be able to compound drugs. RVTs will be able to compound under Direct or Indirect Supervision. The requirements for compounding are quite complex. The proposal can be found starting on page 121 here: http://vmb.ca.gov/about_us/agenda_items/vmbagenda_20171018_full.pdf.

The VMB also approved adding two new sections to Sec. 2032.1 to clarify that a Veterinarian-Client-Patient-Relationship (VCPR) can only be established in person. Additionally, “telehealth” must be conducted

within an already existing VCPR except in an emergency until the patient can be seen by in-person by a veterinarian.

The VMB gave final approval to a proposed regulation on Animal Physical Rehabilitation (APR). The new Sec. 2038 defines APR and requires the establishment of a VCPR prior to recommending or performing APR. It also allows RVTs to perform APR under Direct or Indirect Supervision at the discretion of the prescribing veterinarian. Veterinary Assistants (including Physical Therapists) would be allowed to perform APR only under Direct Supervision. Language was added to clarify that in a “range setting”, Direct Supervision means that the veterinarian is in the general vicinity of the treatment area.

The VMB also approved language for a new regulation that will require veterinarians to offer drug counseling to clients when their animal is prescribed a new drug in an outpatient setting, similar to what occurs in a pharmacy. Clients are free to decline the counseling, which may be provided by the veterinarian, an RVT or a veterinary assistant.

The VMB amended Sec. 2069 which describes just which procedures an RVT may provide in an emergency. Under the new regulation, RVTs will be able to administer drugs to manage pain or to sedate an animal for examination or to prevent further injury. The new language also clarifies that an RVT may perform emergency procedures at a rodeo or other sanctioned sporting event. The VMB also announced that the Governor has signed a bill that amends Sec. 4840.5, the law that allows RVTs to administer emergency treatment. The law was amended to remove the words “to sustain life” to allow an RVT to administer medications to relieve pain and suffering.

The VMB presented information about veterinarians and cannabis. Human doctors have been given special dispensation to discuss the use of cannabis for medical reasons with their patients in California, but veterinarians have not. There have also been very few, if any studies showing the benefits of cannabis for animals. The VMB decided to recommend to the legislature that they commission UC Davis to perform studies on the safety and efficacy of cannabis use in animals. They plan to review the issue again in February, but in the meantime caution veterinarians that their DEA licenses may be in jeopardy if they recommend cannabis for animals.

The VMB voted to accept the MDC report, but did not take any action on their recommendations at this meeting.

The VMB voted to recommend legislation for the following issues:

1. Create a probationary VACSP as they have for other license types. They are finding more problems with VACSP applications than with RVT or DVM applications and feel that having the ability to issue a probationary VACSP would expedite matters.
2. Limit graduates of veterinary school to practicing as an RVT for only 1-year post graduation. Current law allows an accredited veterinary school graduate to practice as an RVT indefinitely without being licensed.
3. Require 20% of all veterinary hospitals to be inspected yearly. 20% inspection is the current goal, but the VMB feels that legislation *requiring* it would also bring the necessary funding.

Jennifer Loreda, RVT, the VMB RVT Member, gave the RVT Report. She announced that the AAVSB expects to have a new form of the VTNE available by next summer based on their recently completed Occupational Analysis. The VMB is also working on comparing its own Occupational Analysis to the VTNE’s to see if there are any missing areas on the VTNE that should be added to the California exam. Ms. Loreda also reported that the AAVSB is working on creating a pathway for foreign graduate RVTs to be eligible to sit for US licensing exams. Currently only RVTs licensed in Canada have a pathway in California.

Ethan Mathes presented the Administrative/Licensing Reports. He reported that for the Jan – June 2017 period the pass rate on the California RVT Exam was 88%. The pass rate for July – Dec (on-going) was reported as 77.9%. However, he also presented a report showing an overall pass rate of 91.4% when broken down by school. Mr. Mathes agreed that since the 2 reports did not agree that he would look into just which one was correct. He also said there was a problem getting the statistics on the VTNE by school. The overall California VTNE pass rate was reported as follows: Nov/Dec 2016 63%, Mar/Apr 2017 52%, July/Aug 2017 57%.

The next meeting of the VMB will be on February 21-22, 2018 in Sacramento.

Reg/Leg Report

July, 2017

Nancy Ehrlich, RVT

Regulatory/Legislative Advocate, CaRVTA

Multidisciplinary Advisory Committee(MDC): At its July 25 meeting, the MDC discussed **Extended Duties for RVTs**. CaRVTA had previously submitted a list of tasks that it believed should be restricted to RVTs. The MDC sub-committee, which included Kristi Pawloski, RVT and Jennifer Loreda, RVT, reported that in their opinion, the supervising veterinarian should decide to whom they delegate these tasks and that no new restrictions were necessary.

Nancy Ehrlich, RVT, CaRVTA 's Reg/Leg Advocate, presented the MDC with a new position that had been developed at CaRVTA's Strategic Planning meeting the previous week. The CaRVTA Board had decided that a laundry list of skills was too restrictive and created problems when new procedures were developed. Instead, CaRVTA recommended that "A veterinarian may delegate only to an RVT any procedure involving placement of a needle or appliance into a blood vessel, body cavity or epidural space". CaRVTA also recommended that Induction of Anesthesia be defined as including "Inhalation, Injection by Any Route, Topical and Oral", to clarify that a veterinarian may delegate the induction of anesthesia by any route *only* to an RVT. The MDC accepted CaRVTA's new recommendation for discussion at the next meeting.

The Shelter Medicine Task Force report was presented by David Johnson, RVT. Mr. Johnson stated that the current requirement for a Veterinary-Client-Patient Relationship (VCPR) to be established prior to administering any treatment to an animal patient would need to be changed to allow for treatment of animals seized by Animal Control. A major issue for shelters is providing veterinary care on intake – primarily vaccination and parasite control when the veterinarian is not present. Currently, RVTs are permitted by law to provide such care according to a protocol, but veterinary assistants are not. It is also not clear if veterinary assistants working in a shelter environment need to obtain a Veterinary Assistant Controlled Substance Permit (VACSP) or if wild animals are included in the ability of shelters to perform euthanasia. Other issues raised included Should RVTs be able to obtain Premise Permits for shelters; What is the definition of a shelter; Who can administer rabies vaccines. The Task Force will continue its work and report back to the MDC at its next meeting.

Dr. Jon Klingborg reported on proposed regulations defining Veterinary Compounding produced by his sub-committee with Dr. Richard Sullivan. These regulations are required by the law that went into effect on 1/1/17 that allows a veterinarian or an RVT under the supervision of a veterinarian to compound drugs. The proposal includes definitions that define compounding as "altering the dosage or delivery form of a drug; altering the strength of a drug, combining components or active ingredients or preparing a compounded drug preparation from chemicals or bulk substances". The proposal also includes procedures for safety, equipment, expiration dates, labeling and quality assurance. The proposal was approved as amended and will be sent to the VMB in October.

The MDC discussed the issue of Drug Counseling for Clients. A bill had been moving through the State Senate that would have required a complex list of requirements for veterinarians to inform clients of possible side effects of prescribed drugs. The bill has subsequently died in the Senate, but the VMB was directed to work on regulations spelling out just what information should be given to clients about prescribed drugs. The MDC worked out language, including that drug counseling would be required only in an out-patient setting. The MDC also agreed that a poster informing clients of their right to receive drug counseling was not necessary since veterinarians will be required to offer the counseling. The proposal will be presented to the VMB in October.

The next issue on the agenda was expanding the definition of emergency to allow RVTs to administer sedation and/or pain control in the absence of a veterinarian. Current law allows RVTs to administer certain drugs in "life-threatening" emergency situations. It was agreed that the law should be amended to remove the words "to sustain life" to clarify that an RVT should be able to administer drugs to prevent further suffering or injury. Toward that end, the MDC voted to recommend that both the statute 4840.5 and the regulation 2069 be amended.

The next meeting of the MDC will be on October 17 in Fresno. Items on the agenda for the next meeting include:

1. Complaint Process/Audit Taskforce
2. Minimum standards for alternate premises
3. Extended duties for RVTs

Veterinary Medical Board (VMB): At its meeting on July 26, the VMB swore in new Public Member, Alana Yanez. Ms. Yanez is the manager of Pets for Life, Los Angeles, for the Humane Society of the US.

The VMB also announced that David Johnson, RVT's position on the MDC has expired and he is currently serving his grace period. The VMB will advertise the vacancy and select a candidate at their February meeting. The VMB would like to interview candidates in person, but were considering options like Skype to avoid candidates having to attend a VMB meeting for an interview.

The VMB discussed the status of pending regulations. It was mentioned that there are no current restrictions on telemedicine as long as a current VCPR has been established. The VMB voted to approve an amendment to the Minimum Standards that would state that "Telemedicine shall be conducted within an existing VCPR except in an emergency".

The VMB also reviewed the proposed regulations for Approved RVT Schools and changes to the Alternate Route. Staff reported that AVMA approved RVT schools had not all been complying with California regulations requiring informing potential students of pass rates and transferability of units. They proposed some changes to the regulations that would allow the VMB to inspect or audit AVMA approved schools at the VMB's discretion. They also proposed adding a new section that defines an RVT student exemption. **They also approved a section that will require approval of Alternate Route Schools and eliminate the "ad hoc" or self-directed Alternate Route on July 1, 2020. The delayed implementation date will allow candidates currently in the pathway to complete the requirements.**

The VMB approved the MDC report, but added a new, 4th priority to their future agenda items - DVM student exemption language.

Next on the agenda was a discussion about Animal Physical Rehabilitation (APR). The VMB approved a motion to allow veterinary assistants to perform APR under the Direct Supervision of a veterinarian. They clarified that the VMB does not have the legal authority to approve regulations specific for human Physical Therapists (PTs), so for now, PTs are considered veterinary assistants. They also noted that when an APR case is referred from one veterinary facility to another, a new VCPR must be established.

The VMB next discussed the relationship of veterinarians and medical marijuana. The VMB pointed out that even though marijuana may legally be prescribed to people by physicians and will be legal for personal use in California on January 1, 2018, veterinarians may not legally prescribe marijuana for animals. They emphasized that the law legalizing human use created a special exemption for physicians, but not for veterinarians. A veterinarian who discusses or recommends the use of marijuana for animals could be at risk of having their DEA license revoked. They reported that people are working with the legislature to allow veterinarians to prescribe marijuana, but there is no such law currently in effect.

The VMB voted to increase fees as they are heading into an almost \$1million loss in their budget. Once the regulations go into effect, RVT fees will be as follows:

1. Application fee raised from \$125 to \$150
2. CA RVT Exam fee raised from \$175 to \$200
3. Initial registration fee raised from \$140 to \$160
4. Biennial registration fee raised from \$140 to \$160
5. Delinquency fee raised from \$25 to \$35

Fees for veterinarians and veterinary premises will also be going up.

The Veterinary Technician National Exam (VTNE) Occupational Analysis (OA) will be completed in January. Once it is completed, the VMB will compare their own RVT OA to see if there are any practice areas that are missing from the VTNE. If missing areas are identified, those areas can be added to the CA RVT Exam. CaRVTA asked the VMB to find out if it was possible for the VTNE to administer a CA supplement and if so, if such a supplement would cost less than administering a separate CA exam.

Dr. Cheryl Waterhouse, VMB President, reported that since CA employees are prohibited from traveling to certain states, including Texas, VMB members will not be able to participate in the American Association of State Boards (AAVSB) meeting where Telemedicine will be discussed. Diann Sokoloff, Deputy Attorney General, suggested that the VMB should explore using electronic means to join the meeting – telephone, Skype, etc.

The VMB approved providing a 45-day notice for the regulations that they approved (Fees, RVT Schools, Telemedicine). There will be no public hearing unless the public requests one. The EO has been authorized to make non-substantive changes.

Jennifer Loreda, the RVT Member of the VMB, presented the RVT Report. She reported that the AAVSB will be working on creating a pathway for foreign graduate RVTs to become licensed in the US. Kristen Hagler, RVT, VTS (Physical Rehabilitation), made a presentation on the new Academy of Physical Rehabilitation Veterinary Technicians. She reported that the Academy currently has 9 members on their organizing committee and 15 applicants for the first examination, which will be held in August 2018.

Staff reported that as of June 2017 there was a total of 6,087 RVTs in California. They also reported a total of 4,117 premises, 9,888 veterinarians and 2,713 VACSPs. The pass rate for the CA RVT Exam from 1-6/17 was 88%. The pass rate for the Mar/Apr 2017 VTNE was 52%. Details of the pass rate on the VTNE by school was not currently available, but are expected by October.

Approximately 4500 veterinarians and RVTs do not have fingerprints on file with the VMB. The VMB plans to include requirements to get fingerprinted by those licensees with their next renewal.

The next meeting of the VMB will be on October 18-19 in Fresno. On the agenda will be:

1. Drug compounding
2. Drug Counseling
3. RVTs administering sedatives
4. Corporate practice of veterinary medicine
5. Process for denial of review of applications
6. Veterinarians and marijuana for animals

Reg/Leg Report
Nancy Ehrlich, RVT
Regulatory/Legislative Advocate, CaRVTA
April 20, 2017

Multidisciplinary Advisory Committee (MDC) – The MDC met on April 18 in Oakland. All members except Diana Woodward Hagle were present. After approving the minutes, the first order of business was to discuss the issue of Extended Functions for RVTs. The Veterinary Medical Board (VMB) had asked CaRVTA to provide a list of tasks and justifications for those tasks. CaRVTA provided a list of tasks that are not currently restricted to RVTs but, in the opinion of its sub-committee, should be restricted to an RVT. MDC member David Johnson, RVT suggested that the regulations could be amended to state that a veterinarian should not delegate tasks to veterinary assistants that require the skills and knowledge of an RVT. CaRVTA representative Nancy Ehrlich, RVT suggested that the MDC consider allowing RVTs to apply splints or casts under Indirect Supervision, particularly to facilitate animal rehabilitation. The MDC ultimately decided to create a sub-committee to review the proposed Extended Functions tasks, including splinting and casting.

The MDC reviewed an analysis by legal counsel regarding RVT transporting controlled substances. The issue arose after the VMB approved adding language that will allow RVTs to administer pain medication in an emergency when a veterinarian is not present. Legal counsel stated that as long as the RVT is operating under the Direct or Indirect Supervision of a veterinarian with a DEA permit, it is legal for the RVT to transport controlled drugs.

The MDC also discussed if there was a clear line between sedation and anesthesia. This issue arose from a discussion of RVTs in shelters needing to sedate animals that were in serious discomfort, like having their mouth caught in a cage door, when a veterinarian was not present. Legal counsel opined that as long as it was the intent of the RVT to sedate and not to anesthetize, it was OK. The discussion included the need to amend Secs. 2069 and 4840.5 which allow RVTs to perform procedures in an emergency. The current definition of emergency says the emergency must be “life-threatening”. It was suggested that the language should be amended to include “serious bodily injury”.

Erica Hughes, the Executive Director of the State Humane Association of California, reported that they were still gathering data about whether there are sufficient numbers of veterinarians to acquire Premise Permits for all the shelters in the state. She is hoping to be able to provide a report at the next meeting.

A new law went into effect on January 1 that explicitly states that only a veterinarian or RVT may compound drugs for animal use (outside of a pharmacy). This is a new RVT only job task. The MDC reviewed proposed regulations that define compounding and the procedures that must be followed. Compounding includes any of the following:

1. Altering the dosage form or delivery system of a drug
2. Altering the strength of a drug
3. Combining components or active ingredients
4. Preparing a compounded drug preparation from chemicals or bulk substances

Compounding does not include reconstituting a drug or splitting or crushing a tablet, opening a capsule or adding flavoring for palatability. The regulations will be sent to the VMB for their approval.

A new proposed law, known as “Lizzie’s Law” requiring veterinarians to inform clients about dispensed drugs was discussed. SB 546 would require veterinarians to provide clients with written and/or verbal information about potential side effects. It was clarified by the sponsor of the bill that it is

intended to effect only medications dispensed in an outpatient setting and not for drugs used for in-patients.

Minimum Standards for Spay & Neuter Clinics was discussed. After much conversation, it was decided that the MDC would no longer pursue separate minimum standards for Spay & Neuter Clinics, but would leave it up to the hospital inspectors to pick the appropriate requirements for the particular practice setting. If the practice disagrees with a decision of the inspector, they can appeal the decision to VMB staff.

The MDC voted to recommend that veterinarians seeking reciprocity must acquire the required experience in the US, US territory or Canada and that Board Certification was not a substitute for work experience.

The next meeting of the MDC will be on July 25, in Sacramento.

The Veterinary Medical Board (VMB) met on April 19-20 in Oakland. All members were present. While discussing the minutes, CaRVTA President Allyne Moon, RVT suggested that CaRVTA was supposed to be included in the Shelter Task Force. Staff agreed to review the webcast.

The VMB re-appointed Dr. Jeff Pollard to the MDC and Dr. Lane Johnson to the Diversion Committee.

The next order of business was a discussion of pending regulations. Staff announced that the RVT education regulation package will be presented to the VMB at its next meeting in July. The VMB voted to approve the amended Disciplinary Guidelines and the Consumer Protection Regulations and to send both to the Department of Consumer Affairs.

Dr. Jon Klingborg reported on the activities of the MDC. The VMB accepted the report and agreed that the definition of emergencies in Secs. 2069 and 4840.5 should be amended to allow RVTs to administer pain medication and/or sedation to prevent serious bodily injury.

Animal Physical Rehabilitation (APR) was the next topic of discussion. The VMB reviewed the recommendations from the APR Task Force. The VMB approved the first 5 recommendations. (see footnote*) The VMB amended the 6th recommendation to allow the supervising veterinarian to determine the appropriate level of supervision for an RVT regardless of the setting. They also rejected the 7th recommendation regarding veterinary assistants, deferring to the current regulations, which allow a veterinarian to delegate the performance of APR to a veterinary assistant. The VMB voted to amend the 8th recommendation to require that licensed Physical Therapists with advanced certification in APR provide APR only in a Veterinary Premise under Direct Supervision or under Indirect Supervision in a large animal range setting. The rationale was that small animals receiving APR are more likely to be older and have concurrent medical conditions while large animals receiving APR are usually younger horses engaged in sporting events. The VMB delegated staff to determine if the new APR rules could be implemented by regulation or would require legislation.

Current rules allow veterinary school graduates to work as RVTs indefinitely. The VMB voted to amend the regulations to limit the time and to allow veterinary school graduates to apply for the RVT exam. The proposed legislation would give the graduates until 1/19 to discontinue working as an RVT unless they become certified as an RVT.

Just who needs a Veterinary Assistant Controlled Substance Permit (VACSP) was discussed. It was agreed that Animal Control Officers, Euthanasia Technicians and Humane Officers are exempt. It was also agreed that receptionists who hand out medications to clients and boarding staff who administer prescribed medications to animals also do not need a VACSP. It was reported that it is currently taking about 8 weeks to process a VACSP application and that the VMB has received about 3000 applications so far.

Board Staff Reports were next. Jennifer Loreda, RVT, RVT Member of the VMB, reported that there is a new RVT Specialty – the Academy of Physical Rehabilitation Veterinary Technicians. She also reported that the American Association of State Boards (AAVSB) is working on the foreign RVT graduate issue. **Ethan Mathes, Administrative Programs Coordinator, reported that they are expecting the results of the fee audit to be ready for the July meeting.** He also reported that the VMB is working on retroactively fingerprinting licensees who do not have fingerprints on file. He stated that the VMB expects to compare the California RVT exam to the national exam (VTNE) in January to see if there are any subject areas that need to be added to the California exam.

Mr. Mathes reported that due to an error in the state’s computer database, the number of RVTs currently licensed in California has been underreported. The current number is actually 7994, not 5900 as had been previously reported. He also reported that they now have the pass rates on the VTNE available for individual schools, which are available on-line in the agenda items from the meeting, but not yet on the web site. The California pass rate for the VTNE was 63% for the Nov/Dec administration. The overall pass rate for the California RVT Exam for the current administration (Jan-June 2017) is 89%, up from 60% for the last administration (July-Dec 2016). The published Test Plan has been corrected, which probably explains the increase in pass rate.

CaRVTA representative Nancy Ehrlich, RVT, asked the VMB to put the issue of the RVT licensing examinations on a future agenda. CaRVTA is recommending that California eliminate the VTNE and go back to using a comprehensive California RVT Exam since the cost of the 2 examinations has become really expensive. California RVT candidates could always choose to take the VTNE if they planned to work out-of-state. The VMB agreed to put the issue on a future agenda.

The next meeting of the VMB will be on July 26-27 in Sacramento.

***Actions Taken by the Veterinary Medical Board’s Animal Rehabilitation Task Force**

June 20, 2016 Meeting

At this meeting, the following motions were approved:

1. Animal Physical Rehabilitation is defined as the treatment of injury or illness to address pain and improve function by means of physical corrective treatment.
2. Animal Physical Rehabilitation does not include relaxation, recreational or wellness modalities, including but not limited to, massage, athletic training or exercise.
3. Any proposed changes to existing law and regulations are not an attempt to restrict or amend section 2038 of the California Code of Regulations regarding the provision of Musculoskeletal Manipulation modalities.
4. Prior to performing or authorizing Animal Physical Rehabilitation, a veterinarian shall establish a valid veterinarian-client-patient relationship as defined in sections 2032.1 or 2032.15 of the California Code of Regulations.

October 4, 2016 Meeting

At this meeting, the following motions were approved:

1. Veterinarians have sufficient education and training to provide Animal Physical Rehabilitation.
2. Registered Veterinary Technicians (RVTs) may provide Animal Physical Rehabilitation under the direct supervision of a veterinarian unless in a range setting in which case the veterinarian may provide the appropriate level of supervision.
3. Veterinary Assistants may provide Animal Physical Rehabilitation under the direct supervision of a veterinarian or an RVT.

February 2, 2017

At the third and final meeting, this motion was approved: California licensed physical therapists with advanced certification in Animal Physical Rehabilitation (with such certification to be defined by the Veterinary Medical Board and Physical Therapy Board working cooperatively) may provide animal physical rehabilitation under the degree of supervision to be determined by the veterinarian who has established a veterinarian-client-patient relationship, on a veterinary premises or an Animal Physical Rehabilitation premises (as defined in regulation by the Veterinary Medical Board and the Physical Therapy Board working cooperatively), or a range setting.

Veterinary Medical Board

Current Laws and Policies Regarding Marijuana, Hemp, and Animals

The Veterinary Medical Board does not have a formal position on the matter of marijuana and hemp use on animals. However, the following are summaries of the relevant laws relating to marijuana, hemp, animals, and Board licensees:

1. *Federal Law (DEA)*. The Federal Drug Enforcement Administration (DEA) has ultimate jurisdiction over controlled substances, including marijuana. The DEA has listed cannabis and cannaboid products as Schedule I controlled substances, meaning that these substances have a high potential for abuse and no currently accepted medical use. The DEA has not given veterinarians the authority to possess, administer, dispense, or prescribe cannabis or cannaboid products. Therefore, under Federal Law, veterinarians are prohibited from engaging in such activity.

In a letter received by the Board on October 3, 2016, James A. Arnold, Chief, Liaison and Policy Section, Diversion Control Division, Department of Justice, DEA, wrote:

“Marijuana remains a Schedule I controlled substance under the Controlled Substance Act (CSA) as it has no currently accepted medical use in treatment in the United States – *for humans or animals*. This is because marijuana has never been proven in scientific studies to be safe and effective for the treatment of any disease or condition.”

2. *California Law*. Current California law makes it legal for human patients and their designated primary caregivers to possess and cultivate marijuana for their personal medical use with the recommendation or approval of a *California-licensed physician or surgeon*. In addition, the recently passed Proposition 64 “Legalizes marijuana under state law, for use by *adults 21 or older*.” There is nothing in California law that would allow a veterinarian to prescribe, recommend, or approve marijuana for treating animals. Veterinarians are in violation of California law if they are incorporating cannabis into their practices.
3. *FDA*. The Federal Food and Drug Administration (FDA) has warned that consumers should beware of purchasing and using products containing cannabis for animals. These products have not been approved by the FDA for the diagnosis, cure, mitigation, treatment or prevention of diseases. They also have not been documented as a safe and efficacious remedy by the professional veterinary medical community. In the aforementioned letter from Mr. Arnold of the DEA, he wrote: “...the Food and Drug Administration has not approved for marketing any drug product containing marijuana – again, *either for humans or animals*.”

4. *Hemp*. Pursuant to the Statement of Principles Concerning Industrial Hemp and the Agricultural Act of 2014, published by the U.S. Department of Agriculture in consultation with the DEA and the FDA on August 12, 2016: “The 2014 Act did not remove industrial hemp from the list of controlled substances and, with certain limited exceptions, the requirements of the Federal Food, Drug, and Cosmetic Act and the CSA continue to apply to industrial hemp.”

From an enforcement perspective, if the Veterinary Medical Board were to receive a complaint related to a Board licensee’s involvement in the treatment of an animal with a marijuana or hemp-related product, the Board would be obligated to conduct an investigation and take appropriate disciplinary action if the findings so warranted.

The following links are provided for your information:

- DEA Announces Actions Related to Marijuana and Industrial Hemp, published 8/11/2016: <https://www.dea.gov/divisions/hq/2016/hq081116.shtml>
- Statement of Principles on Industrial Hemp, A Notice by the Agriculture Department, the Drug Enforcement Administration, and the Food and Drug Administration published 8/12/2016:
https://www.federalregister.gov/documents/2016/08/12/2016-19146/statement-of-principles-on-industrial-hemp?utm_campaign=pi+subscription+mailing+list&utm_medium=email&utm_source=federalregister.gov

REG/LEG REPORT
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January 20, 2017

MULTIDISCIPLINARY ADVISORY COMMITTEE (MDC) – The Veterinary Medical Board’s (VMB) MDC met on January 17 in Sacramento. **On the agenda was a discussion of Extended Duties for RVTs.** CaRVTA had previously provided the VMB with a list of job tasks that our Task Force determined should be restricted to RVTs. The VMB had reduced the list to 7 tasks that it sent to the MDC for discussion. Dave Johnson, RVT member of the MDC, pointed out that RVT job tasks had not been reviewed since the early 80’s and that the VMB needed to look at current practice. Jennifer Loreda, RVT member of the MDC, agreed. The MDC decided to recommend that the VMB create a Task Force comprised of stakeholders to review RVT job tasks.

Next on the agenda was a discussion of Minimum Standards for Shelter Medicine. Erica Hughes from the State Humane Association of California told the MDC that shelters need veterinary assistants to be able to perform intake exams, lab tests and provide vaccinations without a prior veterinarian exam. Shelters are apparently doing this even though current regulations require a veterinarian examine an animal prior to receiving any treatment. CVMA had previously presented the VMB with a proposal that would allow RVTs, not assistants, to perform these tasks without a veterinarian exam. The on-going Shelter Task Force will discuss this issue and report back by the next meeting of the MDC. CaRVTA is supposed to be included in the Task Force discussion.

The MDC went on to discuss amending Section 2069, the Emergency Animal Care section that defines tasks that an RVT may perform in an emergency when no veterinarian is present. The proposal would allow RVTs to administer drugs to manage pain or sedate an animal for examination or to prevent further injury. This proposal started as a way to allow RVTs to treat animals at rodeos, but ended up being applied to RVTs in any situation. The MDC voted to recommend that the VMB adopt the new language.

The next item under discussion was regarding modifying Section 2027, the regulation that allows junior, senior and graduate veterinary students to perform RVT job tasks. As currently written, a graduate of veterinary school can continue to practice as an RVT indefinitely. The MDC voted to recommend removing graduates from 2027 and to add a new Section 2027.5 that would allow veterinary school graduates to sit for the RVT exam for a period of 1 year.

The other issues under discussion were writing regulations to define procedures for veterinary drug compounding, informing clients about potential adverse effects to prescribed drugs and defining the difference between sedation and anesthesia. These issues are on-going and will continue to be discussed in the future.

The next meeting of the MDC will be on April 18, 2017 in Oakland.

VETERINARY MEDICAL BOARD – The VMB met on January 18 in Sacramento. **Dr. Cheryl Waterhouse started her new term as President with Dr. Richard Sullivan as the new Vice-President.** She announced that the VMB has hired a new staff member to help get regulations moving more quickly through the process. Regulations have been taking 2 years or more to go through all the various stages of state government.

The VMB approved changes to the Disciplinary Guidelines. Legal counsel will review the changes. If he finds nothing substantial, the changes will begin their trip through the regulatory process. If he finds major problems, he will bring the Guidelines back to the VMB at their next meeting.

Dr. John Klingborg, Chair of the MDC, presented the MDC Report. The VMB voted to approve the formation of a Task Force to review RVT job tasks, but then rescinded the motion and decided to send the issue back to the MDC where a “public hearing” will be held to discuss the issue.

The VMB approved a motion to add the new language to Section 2069 allowing RVTs to administer pain medication. They also approved a motion to explore recommending changes to Sections 597.1 & 4840 to allow RVTs to transport controlled drugs.

The VMB also approved the motion to create a new Section 2027.5 to allow veterinary school graduates to sit for the RVT exam and restrict veterinary school graduates to performing RVT job tasks for only 1 year post graduation. Staff will present the VMB with language at the next meeting.

The VMB voted to support legislation requested by the City of Los Angeles to exempt veterinarians from other countries from the Practice Act if they are attending animals from their own countries at a potential 2024 Olympics. Human physicians already have such an exemption.

Ethan Mathes reported that California RVTs schools have been mostly complying with reporting requirements, although several schools are still not in full compliance with the requirement to inform their students of pass rates and the transferability of units. CaRVTA has been pressuring the VMB to insure that students are receiving the information that the regulations require.

The VMB voted to clarify the reciprocity rules that veterinarians licensed in other states must complete the 3 years required work experience in the US, Canada or a US Territory. They referred to the MDC the issue of whether Board Certified veterinarians should be exempt from the requirement that the experience be limited to those locations.

The Office of Professional Examination Services (OPES) made a presentation on the Veterinary Law Exam. Currently, veterinary applicants are required to take 3 exams – the national exam, the state exam and the law exam. (VLE). UC Davis and Western U students are exempt from the VLE. The VLE is a mail-out exam that contains 32 questions on veterinary law. The OPES determined that the VLE’s questions had significant overlap with the state exam that contains 14 questions on veterinary law. OPES recommended that the VMB consider eliminating the VLE for candidates who take the national exam, the state exam and are graduates of an approved school. Reciprocity candidates should continue to take the VLE. The VMB did not take any action.

Jennifer Loreda, the RVT member of the VMB reported that she is having difficulty finding qualified candidates to serve on the AVMA’s Committee on Veterinary Technician Education and Affairs (CVTEA). The qualifications include being an AVMA approved RVT School graduate and an active member of NAVTA. Anyone interested in serving as the California CVTEA representative who meets the qualification can contact CaRVTA at info@carvta.org and we will put you in touch with Ms. Loreda.

Ethan Mathes reported that the Veterinary Assistant Controlled Substance Permit (VACSP) program has gotten off to an enthusiastic beginning. So far, the VMB has received approximately 2000 applications, with about 400 being processed so far. Currently it’s taking about 8 weeks to process the applications. Some questions have arisen about just who needs a VACSP. Shelter representatives requested that they be exempt from the fees for VACSPs. Legal counsel will review the language of the

law and report back at the next meeting about whether a receptionist or kennel worker must hold a VACSP if they hand medication to a client or administer a medication, respectively.

It was reported that the VMB is currently experiencing a deficiency in their budget. They announced that they will be having a 3rd party conducting a fee audit to determine just what fees are being generated and if they are covering expenses. They will also make recommendations for potential fee increases, which should be ready for the April VMB meeting.

Staff reports included the pass rates for the Veterinary Technician National Exam (VTNE) and the California Veterinary Technician Law Exam. (CVTLE):

VTNE	3-4/2016	55%,
	7-8/2016	63%,
	11-12/2016	63%
CVTLE	1-12/2015	94%,
	1-6/2016	80%,
	7-12/2016	62%

CaRVTA pointed out that the dramatic decrease in pass rate on the CVTLE could be due to the fact that the VMB had published an inaccurate Exam Plan until the end of October.

The next meeting of the VMB will be on April 19-20 in Oakland.