

Reg/Leg Report

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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