

Reg/Leg Report
October 2016
Nancy Ehrlich, RVT
Regulatory/Legislative Advocate, CaRVTA

MULTIDISCIPLINARY ADVISORY COMMITTEE (MDC) - The MDC met on October 18 in Riverside.

The first issue discussed was Minimum Standards and protocols for Shelter Medicine. Many representatives of the Shelter Community were present to provide their perspective.

The primary theme of the shelter representatives was that shelter medicine is different from private practice and should be regulated differently. Shelters vary widely in the types of services they provide and the types of personnel they have on staff. Some shelters have RVTs on staff, some don't. Most shelters have a relationship with a veterinarian, but most do not have a full-time veterinarian on staff. Some have no veterinarian that visits the shelter and out-source all veterinary care.

Erica Hughes, Executive Director of the State humane Association, explained the issues for shelters:

1. Veterinary Assistants performing routine intake procedures, such as examination, vaccination, deworming, lab testing
2. Rabies vaccination at discharge when the veterinarian is not on premise
3. Rabies vaccination clinics with no veterinarian present
4. Access to sedation drugs prior to euthanasia when no RVT or DVM present
5. Compounding drugs with no RVT or DVM present
6. Euthanasia of wildlife
7. Ability to obtain euthanasia training
8. Application of Veterinary Assistant Controlled Substance Permit to shelters
9. Definition of "direct" or "written" order
10. Definition of time frame for "good veterinary practice" for veterinarian exam

The Shelter Sub-Committee will continue to explore these issues, including the role of the RVT vs the veterinary assistant in the shelter context.

The next item on the agenda was a discussion of Extended Functions for RVTs. There was discussion of just what is meant by extended functions – duties that RVTs cannot currently perform or duties that only RVTs should be able to perform. Some of the tasks performed in shelters, like RVTs examining and treating animals at shelters with no veterinarian present, were included.

The Chair of the CVMA RVT Committee stated that in their opinion, there was no need for Extended Functions for RVTs

Nancy Ehrlich, RVT, CaRVTA's Regulatory Advocate, presented a list of tasks that our Task Force created that included tasks that the Task Force believed should be restricted to RVTs. It was the opinion of the Task Force that these tasks required the skills and knowledge of an RVT or DVM. Nancy reminded the VMB that it has been 40 years since they took a serious look at the RVT job tasks and that veterinary medicine has changed a great deal during that time.

The list included:

1. Administration of anesthetic agents during induction, monitoring & recovery
2. Central line placement (jugular or femoral PICCs)
3. Invasive procedures including inserting nasogastric tubes, urinary catheters or tracheal placement/suctioning

4. Assessment of patient condition
5. CSF/Spinal taps
6. Rabies specimen processing
7. Chest tube placement
8. Intraosseus catheter placement
9. Centesis including cysto, abdominal, thoraco
10. Advanced nerve blocking
11. Administration of injectable controlled drugs

The MDC could not decide if CaRVTA's list of tasks fit the definition of Extended Functions, so they decided to refer the list to the VMB for their direction.

The MDC moved on to discuss the veterinary student exemption. Current law exempts only students at UC Davis and Western University, the 2 veterinary schools located in California. The discussion centered on whether to extend the exemption to students from out-of-state accredited veterinary schools. The MDC approved a motion to extend the student exemption to students at all AVMA accredited schools as long as the practice maintains a Memorandum of Understanding with the school to insure that education is being delivered.

Current regulations also allow a junior or senior student or a graduate of an accredited veterinary school to perform the functions restricted to RVTs. The MDC approved a change to that regulation by removing graduates from the regulation. They also discussed the concept of creating a new eligibility category so that veterinary school graduates could take the RVT exams.

RVTs at rodeos was the next topic of discussion. Current law requires a veterinarian be either present or on-call at rodeos, but animal welfare groups believe that the animals at rodeos are not receiving the veterinary care that they require. They hope that having an RVT present would insure that the animals would get the care that they need. The MDC voted to recommend that the VMB inform the legislature that RVTs are qualified to perform emergency procedures and that the VMB encourage animal control to enforce the requirement that animals at rodeos receive appropriate veterinary care. They also suggested that Sec. 2069, which outlines the procedures an RVT may perform in an emergency when a veterinarian is not present, be amended to include sedation for pain.

The next meeting of the MDC will be on January 17 in Sacramento.

VETERINARY MEDICAL BOARD (VMB) - The VMB met on October 19/20 in Riverside.

The meeting began with the Election of Officers. Dr. Cheryl Waterhouse was elected President and Dr. Richard Sullivan was elected Vice-President. The new officers will begin their terms at the next meeting in January.

Representatives from the Office of Professional Examination Services (OPES), the state agency that prepares the state licensing examinations, made a presentation on the RVT examinations. They stated that the response to the current RVT Occupational Analysis (OA) was very high. Once the OA is completed, it will be compared with the national OA to be sure that the VTNE contains all of the areas not currently covered in the California RVT Exam (CRVTE). If any areas are found to be deficient, the CRVTE will be adjusted to include the missing areas. The pass rate on the current administration of the exam (July-December 2016) was reported as 54%. OPES expects that when all the results are in, the pass rate would end up in the 70-80% range.

It became clear during the OPES presentation that the several additional laws had been added to the Rabies Section of the RVT Examination Plan without notifying CaRVTA. CaRVTA publishes the RVT Study Guide and relies on current information from the VMB to keep it accurate. CaRVTA is currently working with the VMB to clarify exactly which laws and regulations should be included in the Rabies Section of the Examination Plan. The VMB clarified that if any candidates believe that they did not pass the examination due to an issue with the examination, they can appeal the result.

The VMB reported that they had received completed applications from all the AVMA accredited RVT schools. Current regulations require the schools to apply and comply with certain reporting requirements to their applicants, including the school's pass rate on the licensing examinations and the transferability of units. The schools are also required to maintain a pass rate no more than 10% below the state average. The VMB reported that the schools are "by and large in compliance" with these requirements. The VMB approved a motion to reword Section 2065.8 that contains the pass rate requirement to state that the schools may be placed on probation if their pass rate falls below the 10% average on *either* the CRVTE or the VTNE. They also reiterated that they support changing Sec. 2064 so that AVMA accredited RVT schools would be automatically approved by the VMB.

Dr. Jon Klingborg presented the MDC Report to the VMB. There was considerable discussion about CaRVTA's list of proposed Extended Functions for RVTs among the VMB members. Dr. Klingborg expressed his opinion that implementing the list would decrease access to veterinary care. Dr. Mark Nunez stated that not all veterinarians employ RVTs. Jennifer Loredao, RVT said that she thought that some of the list should be considered because of the high risk. Dr. Richard Sullivan expressed his opinion that it was not logical to allow RVTs to perform certain things in a shelter environment and not in a private practice. Judie Mancuso, Public Member, said that shelter animals need care and that clients have different expectations in a shelter environment than they do in private practice.

The VMB ended up approving a motion to send CaRVTA's Extended Functions list back to the MDC minus the Administration of anesthetic agents during induction, monitoring & recovery; Assessment of patient condition; Rabies specimen processing; Administration of injectable controlled drugs. The MDC will be reviewing the remaining tasks on the list at their January meeting to determine whether they should be restricted to RVTs.

The Board voted to approve the MDC's recommended motion regarding out-of-state DVM Student Exemption. They also approved the motion to remove the word "graduate" from the section allowing DVM students to perform RVT job tasks. They instructed the MDC to work on creating an eligibility category for DVM graduates to sit for the RVT exams and to consider allowing DVM graduates to work as RVTs for 1-year post graduation.

The VMB approved a motion that would amend Sec. 2069 to allow RVTs to provide treatment for pain in an emergency. They also recommended that the RVT or DVM at a rodeo be required to report non-treatment of animals at rodeos to Animal Control, which has the authority to require treatment of injured animals.

The topic of reciprocity for veterinarians received considerable attention. Current law requires veterinarians licensed in other states to have at least 2 years experience in the previous 3 years in order to be eligible for reciprocity. The law is not explicit where the experience must be acquired, but the VMB has interpreted it as having to be obtained in the US, Canada or the US Territories. A Board Certified DVM who is licensed in another state came forward to explain that he has been working outside of the country for the past few years and would now like to practice in California. The VMB voted that the experience did need to be acquired in the US, Canada or US Territories, but planned to discuss possible exceptions at their next meeting.

The issue of RVT graduates of foreign institutions was discussed. There is currently no explicit eligibility pathway for these individuals as there is for foreign graduate DVMs. It was reported that the American Association of Veterinary State Boards (AAVSB) is discussing creating a pathway for foreign graduate RVTs. The VMB decided to encourage the AAVSB to create a Task Force to look into this issue and to ask to have Jennifer Loredo, RVT participate.

It was reported that the Animal Rehabilitation Task Force will be holding a third meeting, tentatively scheduled for February 2. So far, the Task Force has concluded that RVTs should be able to perform AR under Direct Supervision, or Indirect Supervision if they hold a certificate in AR. They have also concluded that veterinary assistants should be able to perform AR under Direct Supervision by either a DVM or RVT. They plan to discuss the role of licensed Physical Therapists in AR at the next meeting.

Jennifer Loredo, RVT presented the RVT Report. She reported that RVTs licensed prior to 2000 may not have been fingerprinted. The state's new BreEze computer system makes it more difficult to determine just which RVTs are affected. VMB staff will be researching the issue to come up with a plan to get all RVTs fingerprinted. The VMB also discussed their desire to get a California representative on the AVMA's Committee on Veterinary Technician Education and Affairs (CVTEA), the body that accredits RVT schools.

Annemarie DelMugnaio, the Executive Officer of the VMB reported that the Hospital Inspector program is working well. The inspections are primarily educational, offering practices advice on how to improve and offering opportunities to come into compliance for minor offenses. She also reported that BreEze expenses are pressuring the budget and might lead to a fee increase. Jennifer Loredo, RVT expressed her opinion that the RVT community would not welcome a fee increase. Ms. DelMugnaio is considering hiring an outside auditor to review the fee structure.

Staff reported that there is quite a bit of confusion about the new Veterinary Assistant Controlled Substance Permit program (VACSP). They mentioned that all premises were sent a post card that explained that the program went into effect on October 1 and provided a link to their web site where there is detailed information and FAQs about the program. They reiterated that a receptionist who only hands a vial of pills to a client does not need a VACSP.

VTNE scores by RVT school should be appearing on the VMB's web site shortly. Currently, the web site only has the scores for the CVTE.

The staff also reported that they are no longer using Cease and Desist letters, even for unlicensed activity. They are now using Cite & Fine for all minor infractions.

The next meeting will be held on **January 18/19 in Sacramento.**