

---

**SENATE COMMITTEE ON  
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**

Senator Dr. Aisha Wahab, Chair  
2025 - 2026 Regular

---

<b>Bill No:</b>	AB 1999	<b>Hearing Date:</b>	June 15, 2026
<b>Author:</b>	Kalra		
<b>Version:</b>	June 8, 2026		
<b>Urgency:</b>	No	<b>Fiscal:</b>	Yes
<b>Consultant:</b>	Elissa Silva		

**Subject:** Veterinary medicine

**SUMMARY:** Revises requirements for purposes of establishing the Veterinary-Client Patient Relationship (VCPR); establishes a retired license status and a retired volunteer license status; creates a designated shelter veterinary license; revises and adds terminology related to telehealth services; and makes numerous other technical and conforming changes related to the veterinary practice act (Act).

**Existing law:**

- 1) Establishes the Veterinary Medical Board, under the jurisdiction of the Department of Consumer Affairs (DCA) to license and regulate veterinarians, registered veterinary technicians (RVTs), register veterinary premises (premises) and issue veterinary assistant-controlled substance permits (VACSPs) and sunsets the VMB and its authority to appoint an EO January 1, 2030. (Business and Professions Code (BPC § 4800, et. seq.)
- 2) Prohibits a veterinarian from prescribing, dispensing, or administering a drug, medicine, application, or treatment of whatever nature for the prevention, cure, relief of a wound, fracture, bodily injury, or disease of animals unless a veterinarian-client patient relationship (VCPR) exists and specifies the conditions under which a VCPR is established, as specified. (BPC § 4826.6)
- 3) States that a VCPR exists if the client authorizes the veterinarian to assume responsibility for medical judgments regarding the health of the animal patient, the veterinarian possesses sufficient knowledge of the animal patient to initiate at least a general or preliminary diagnosis of the animal patient's medical condition, and the veterinarian has assumed responsibility for making medical judgments regarding the health of the animal patient and has communicated with the client a medical, treatment, diagnostic, or therapeutic plan appropriate to the circumstances. (BPC § 4826.6(a)
- 4) Defines "telehealth" to mean the mode of delivering veterinary medicine via electronic communication technologies to facilitate the diagnosis, consultation, care management, or treatment of an animal patient, and includes, but is not limited to, synchronous video and audio communication; synchronous, two-way audio communication; and electronic transmission of images, diagnostics, data, and medical information. (BPC § 4825.1)

- 5) Permits only a California-licensed veterinarian to practice veterinary medicine via telehealth to an animal patient in the state. (BPC § 4826.6(f))
- 6) Exempts any person from the provisions of the Act who practices veterinary medicine as a bona fide owner of one's own animals, except for cat declawing procedures, including the owner's bona fide employees and any person assisting the owner, provided the practice is performed gratuitously. (BPC § 4827(a)(1))
- 7) Authorizes a RVT to render lifesaving aid and treatment as may be prescribed under regulations adopted by the VMB, as specified. (BPC § 4840.5)
- 8) Prohibits a RVT who fails to renew their registration within five years after its expiration from renewal, restoration, or reissuance unless that person applies for and obtains a new certificate after meeting specified criteria including taking and passing the certification examination. (BPC § 4844)
- 9) Establishes that all veterinary premises registrations shall expire annually at 12 midnight on the last day of the month in which the license premises registration was issued, unless renewed. (BPC § 4900(b))
- 10) Establishes licensing, certification and registration fees, as specified. (BPC § 4905)

**This bill:**

- 1) Adds the following definitions to the Veterinary Practice Act (Act):
  - a) "Electronic communication technology" to mean electronic devices and systems that transfer electronic content that includes but is not limited to email; live chats and synchronous, two-way text messaging; still photographs; synchronous video and audio communication; synchronous two-way audio communication; telephone and voicemail; and videos.
  - b) "Herd" to mean any group of two or more animals of the same species and located at the same geographic location.
  - c) "teleconsultation" to mean communication via electronic communication technology between a California-licensed veterinarian who has established the veterinarian-client patient relationship for the and an individual whose expertise, in the opinion of the California-licensed veterinarian, would benefit the animal patient, but who does not have a VCPR relationship for the animal patient, does not have direct communication with client or the client's agent, and does not have ultimate authority over the care or primary diagnosis of the animal patient.
  - d) "telemedicine" to mean the use of electronic communication technology to practice veterinary medicine.
  - e) "teletriage" to mean the use of electronic communication to diagnose and treat a medical emergency, as defined, without establishing a VCPR, until the animal patient is transported to or seen by a veterinarian.

- f) “animal shelter” to mean a public animal control agency or shelter, society for prevention of cruelty to animals’ shelter, humane society shelter, or rescue group.
  - g) “rescue group” to mean a nonprofit entity that removes animals from a public animal control agency or shelter, society for the prevention of cruelty to animals’ shelter, or humane shelter, or rehomes an animal that has been previously owned by a person other than the original breeder of that animal.
- 2) Allows a rabies vaccination to be given to an animal patient without an established VCPR.
  - 3) Revises the definition of a VCPR.
  - 4) Deletes the requirement that only a California licensed veterinarian is permitted to treat an animal patient via telehealth.
  - 5) Replaces references to “telehealth” with “telemedicine”.
  - 6) Revises requirements related to the establishment and maintenance of a VCPR to clarify that a VCPR established via in-person examination is valid for 12 months, and a VCPR established via “telehealth” methodologies is valid for 6 months, subject to certain specifications.
  - 7) Permits the VCPR to continue to exist in the absence of the veterinarian if all of the following are met:
    - a) The VCPR was established with an original veterinarian and subsequent veterinarian serves in the absence of the original veterinarian at the original location where the records are kept;
    - b) The subsequent veterinarian has assumed responsibility for making medical judgements regarding the health of the animal patient;
    - c) The subsequent veterinarian has sufficient knowledge of the animal patient to initial at least a general or preliminary diagnosis of the medical condition of the animal patient through one of the following methods:
      - i) Examining the animal patient in person;
      - ii) Examination of the animal patient via telemedicine;
      - iii) Making medically appropriate and timely visits to the premises where the animal patient is kept; or
      - iv) Consulting with the original veterinarian who established the VCPR.
    - d) The subsequent veterinarian has continued the medical treatment, diagnostic, or therapeutic plan that was set forth and documented in the medical record by the

original veterinarian.

- e) If the plan differs from that of which was communicated to the client or the client's agent by the original veterinarian than the subsequent veterinarian has attempted to communicate the changes within a timely manner.
- 8) Authorizes in the absence of the originally prescribing veterinarian who established the VCPR, the subsequent veterinarian to prescribe, dispense, furnish a refill if specified conditions are met.
- 9) Narrows the "owner exemption" to specify that owners cannot perform any surgical or dental operation upon their animal.
- 10) Defines "operation" as "any procedure performed on an animal in which the skin or tissue of the animal is penetrated or severed", and excludes the following actions:
  - a) Administering injectable drugs,
  - b) Artificial insemination,
  - c) Castrating male livestock or dehorning or branding animals,
  - d) Inserting a microchip for identifying an animal,
  - e) Placing an ear tag or tattoo for identifying an animal, and
  - f) Venipuncture for diagnostic purposes.
- 11) Clarifies that the provisions of this bill do not prohibit an organization accredited by the Association of Zoos and Aquariums, or a university, college, or governmental research agency from practicing veterinary medicine on an animal owned by that entity.
- 12) Authorizes veterinarians licensed in another state to provide assistance a California veterinarian on a specific case through any means.
- 13) Exempts from the provisions of the Act, a person who is not licensed and provides teleconsultation to a California-licensed veterinarian.
- 14) Clarifies that an RVT may render lifesaving aid through any means including teletriage.
- 15) Deletes the prohibition for a person whose license has been expired for more than five years from renewing, as specified.
- 16) Establishes a retired license for a veterinarian or RVT, exempts a licensee or registrant from CE requirements, prohibits a licensee with retired license status from practicing veterinary medicine and requires the licensee to use the words "retired" directly preceding or following their professional title.

- 17) Prohibits a retired license from being granted while there is a pending complaint, investigation, or enforcement action against a licensee or registrant or the license or registration has been revoked, surrendered or subject to terms and condition of probation.
- 18) Permits the VMB to investigate potential violations of the Act or take action against a retired license holder for a violation of the Act.
- 19) Establishes a retired volunteer license for a veterinarian or RVT and requires the following to obtain a retired volunteer license:
  - a) Complete an application;
  - b) Certify that the sole purpose of the volunteer license is to provide voluntary, unpaid, veterinary services to an animal shelter.
  - c) Pay the applicable fee.
  - d) Disclose the state or states in which the applicant holds a license or registration, as specified.
  - e) Hold a California license or registration in active status or was placed in retired or expired status within the past five years, or a California license or registration placed in retired more than five years ago must submit additional information including fingerprints for background check purposes, compliance with CE, and for veterinarians, pass an examination.
- 20) Authorizes a retired volunteer license to be subject to denial, as specified, and prohibits an applicant for a retired volunteer license to be granted while there is a pending complaint, investigation, or enforcement action against the licensee or registrant.
- 21) Prohibits a retired volunteer license or registration holder from practicing veterinary medicine in any circumstance other than for an animal shelter or specified emergency situations.
- 22) Requires a retired volunteer license or certification holder to certify that the sole purpose of retired volunteer status is to provide voluntary, unpaid, medical services for an animal shelter.
- 23) Establishes a shelter veterinarian license specific to out-of-state licensed veterinarians and specifies the requirements for licensure as a shelter veterinarian which includes only practicing for an animal shelter, as specified.
- 24) States that all the following apply to a shelter veterinarian license:
  - a) It is subject to denial, revocation, and suspension.
  - b) It may be renewed upon payment of a renewal fee, completion of CE, application prior to the license expiring, and certification that the sole purpose of the shelter

veterinarian license is to practice veterinary medicine for an animal shelter.

- 25) Prohibits a shelter veterinarian from practicing veterinary medicine in any circumstance other than for an animal shelter or pursuant to an emergency.
- 26) Requires that premises registration holders provide and/or confirm specified information upon renewal of their registration.
- 27) Establishes initial application and biennial renewal fees for a retired license, a retired volunteer license, and a shelter veterinarian license, as specified.
- 28) Makes other technical and conforming changes.

**FISCAL EFFECT:** According to the Assembly Committee on Appropriations analysis, VMB estimates minor and absorbable costs for outreach and education, and a new verification of eligibility on applications. The Department of Consumer Affairs, Office of Information Services estimates one-time costs of \$132,000 to create a new license application and renewal, along with other minor updates, in the online licensing and enforcement system.

**COMMENTS:**

1. **Purpose.** The California Veterinary Medical Association, the California Veterinary Medical Board, San Diego Humane Society, and Social Compassion in Legislation are the sponsors of this bill. According to the Author, “Despite caring deeply for their animal companions, many Californians struggle to procure the veterinary services they require. Often, this hardship is a consequence of cumbersome statutes and the state’s ongoing veterinary staffing shortage, which leave many communities without accessible care options. AB 1999 addresses these issues by allowing retired veterinary professionals to volunteer their skills at shelters, streamlining licensure for out-of-state veterinarians who wish to work in shelters, and updating Veterinarian-Client-Patient-Relationship (VCPR) statute to allow veterinarians to provide care without re-establishing an existing VCPR. Together, these provisions will remove many of the barriers that currently prevent countless companion animals from receiving the veterinary care they need and deserve.”

2. **Background.**

*California Veterinary Medical Board (VMB) and the Practice of Veterinary Medicine.* To practice veterinary medicine in California, an individual must hold a license issued by the VMB. The VMB protects the public from unprofessional and unlicensed practice of veterinary medicine. The VMB requires adherence to strict licensure or registration requirements for Veterinarians, RVTs, and VACSP holders. The VMB is responsible for ensuring that each licensee or registrant has met the level of competence required to perform animal health care services. The VMB investigates complaints – and if violations confirmed, takes disciplinary action against its licensees or those individuals who may be providing unlicensed practice. In order to obtain a license to practice veterinary medicine an individual must meet specified education requirements and pass a national examination. The VMB was subject to sunset review in 2025, and as part of that process, a number of issues

and priorities were raised by the Board, stakeholders, and legislative policy committees, many of which were addressed in the AB 1502 (Berman, Chapter 195, Statutes of 2025). However, some of the issues identified during the VMB's 2025 Sunset Review process were not included in legislation and remain issues for the VMB, some of which are addressed in this bill.

In addition to the licensure of veterinarians, the VMB oversees RVTs and VACSP holders. An RVT must be registered with the VMB in order to provide the designated animal health care tasks. RVTs are an essential part of the veterinary workforce, performing critical support tasks for animal health care and welfare, typically under the supervision and direction of a licensed veterinarian.

VACSP holders are approved by the VMB to obtain and administer controlled substances in a veterinary premises and under supervision of the premises licensee manager. VACSP holders must apply for and receive a permit from the VMB. VACSP holders may perform the same tasks as veterinary assistants. Veterinary assistants are not required to register with the VMB and there are no state-specific requirements for a veterinary assistant to practice. However, they must practice under the direction and supervision of a licensed veterinarian.

The practice of veterinary medicine is specified in statute (BPC § 4826) and includes actions such as diagnosing or prescribing a drug, medicine, appliance, application, treatment of whatever nature, for the cure or relief of a wound, fracture, bodily injury or disease of animals (including those actions of an RVT or a veterinary assistant under the supervision of a licensed veterinarian). Further, the law requires that any premises where veterinary medicine, dentistry, or surgery is being practiced must obtain a premises permit from the VMB. The premises include any building, kennel, mobile unit or vehicle (BPC § 4853). The VMB currently oversees approximately 36,000 licensees and registrants including approximately 14,000 veterinarians, 9,000 RVTs, 8,000 VACSP holders, and 4,000 premises.

*Veterinary Client Patient Relationship (VCPR).* A major component of veterinary practice is the VCPR which ensures that an animal patient has an established relationship with a veterinarian prior to providing treatment. Most states require a VCPR prior to treating an animal and most states require an in-person visit to establish a VCPR. The VCPR is an integral part of veterinary medicine and is intended to provide assurances that the client has authorized the veterinarian to assume responsibility for making medical judgments regarding the health of the animal, including the need for medical treatment, the veterinarian has sufficient knowledge of the animal to initiate at least a general or preliminary diagnosis of the medical condition of the animal, the veterinarian has assumed responsibility for making medical judgments regarding the health of the animal, and has communicated with the client a course of treatment appropriate to the circumstance of the animal patient.

Under current law, BPC § 4826, a veterinarian is prohibited from administering, prescribing, dispensing or furnishing a drug, medicine, appliance, or the treatment of whatever nature for the prevention, cure, or relief of a wound, fracture or bodily injury or disease of an animal without having first established a VCPR with the animal patient except where the patient is a wild animal or the owner is unknown.

Under current law, a new VCPR is required for each specific condition being treated, which typically requires a new appointment with a veterinarian. Until recently, California required a VCPR to be established only through an in-person visit. In 2024, AB 1399 (Friedman, Chapter, Statutes of 2024), authorized a veterinarian to establish the VCPR using telehealth.

*Telehealth.* Telehealth services are an important tool to help ensure that patients can access needed care swiftly when necessary. Telehealth in the Act is defined differently than “telehealth” under the Medical Practice Act, which governs most telehealth provisions for healing arts professionals. Telehealth in the Act is defined as the mode of delivering veterinary medicine via electronic communication technologies to facilitate the diagnosis, consultation, care management, or treatment of an animal patient, and includes, but is not limited to, synchronous video and audio communication; synchronous, two-way audio communication; and electronic transmission of images, diagnostics, data, and medical information. Current law further specifies that only a licensed-California veterinarian is authorized to provide telehealth services to an animal patient in California. Veterinarians are required to provide animal patient’s owners information about the limitations of telehealth and obtain consent prior to using telehealth, among other requirements for the utilization of telehealth services.

In the VMB’s 2025 Sunset Review Report, the VMB identified concerns with the lack of clarifications and consistency pertaining to the use and definition of telehealth for purposes of veterinary medical practice. The VMB requested additional terminology related to the use of telehealth services to be included in the Act to more accurately align veterinary practice needs and operations. The VMB had requested statutory updates to define, for purposes of the Act, “telemedicine”, “teletriage”, and “teleconsultation”, which are unique, and pertain to specific actions which are not adequately captured under the umbrella term “telemedicine”. The American Veterinary Medical Association recognizes these terms as subcategories of “telemedicine”.

This bill replaces references to “telehealth” with that of “telemedicine”, which is more widely referenced in veterinary practice community. In addition, this bill adds new definitions for “teletriage” and “teleconsultation” to better align with current veterinary practice standards and to aid efforts to address potential limitations on veterinary access to care issues. Telemedicine is vital for animal care where access to veterinary services in a physical setting is limited.

*Licensing Exemptions for Veterinary Practice of Own Animals* One of those issues identified by the Board in the 2025 Sunset Review Report was the ownership exemption in the Act, which permits certain individuals under specified circumstances to practice veterinary services on their *own* patients. Current law (BPC § 4827(a)(1)) exempts from the Act bona fide animal owners, the owner’s bona fide employees, and any person assisting the owner gratuitously. In other words, the bona fide owner of an animal can perform any act encompassed under veterinary medicine or authorize their employees or any other person to do so, so long as the other person does not charge the owner for those services.

As the VMB noted during the sunset review process, over the years the exemption provided in statutes have become too broad resulting in unsafe practices on animal patients. As noted in the VMB's 2025 Sunset Review Report, The Board has received complaints against licensed veterinarians alleging veterinarians caused significant harm or death to animal patients. In those cases, licensed veterinarians claim the Board has no jurisdiction, since they were assisting the owner and performed services gratuitously (either by never charging for the specific task or providing a refund after the fact). According to information provided by the Board, the "owner exemption" was originally intended to allow ranchers and their employees to treat routine livestock issues, such as administration of medications or minor wound care. The Board contends, however, that the broad application of this exemption has created unintended consequences and has led to significant patient harm and death.

The Board has received reports of animal patient harm or death in which accused individuals claim to be the owner (in the case of animal rescues), that they are employed by the owner, or that they assisted the owner and did not charge for the specific service that was deemed negligent. Pursuant to the owner's exemption in current law, the Board was forced to close such cases for lack of jurisdiction. This bill revises the ownership exemption to clarify that surgery or dental operations are not permitted under the ownership exemption, and further defines what constitutes an operation. Recent amendments clarify that accredited zoos, universities or colleges or governmental agencies for research purposes are able to provide veterinary care pursuant to the exemption.

*Retired Licensure and Shelter Veterinarian License.* Access to veterinary care and services has long been identified by animal welfare stakeholders as a challenge that is unique for shelters and humane groups. The San Francisco SPCA conducted an "access to care" survey of California animal welfare organizations in California. One of the data points from that survey found that "of the 111 respondents, 73 have [full-time equivalent] FTE veterinary positions and 82 have FTE RVT positions. Of these organizations who have FTE positions, 60.3% have unfilled veterinary positions and 53.7% have unfilled RVT positions." According to data from Shelter Animals Count, California shelters and rescues took in close to 800,000 cats and dogs in 2025. All of which require veterinary care and services. Recognizing the challenge to meet the veterinary needs of shelter groups, this bill proposes to establish a new shelter veterinarian license and a retired volunteer licensure status.

In 2025, the VMB directed the board's multi-disciplinary committee create a legislative proposal to create a limited shelter veterinarian license aiming to address veterinary shortages in shelters; this license is specific to out-of-state licensed veterinarians who seek a streamlined pathway to licensure in California.

Currently, if a veterinarian from out-of-state wants to become licensed in California, they must submit certified transcripts from their veterinary college, submit a license application and associated fee, submit a live scan, disclose every state, U.S. territory, or Canadian province where they have been licensed, pass an examination concerning California veterinary laws, and most notably, satisfy professional examination requirements by: (1) submitting proof of having taken the North American Veterinary Licensing Examination (NAVLE) within the preceding

five years, (2) retake the NAVLE, or (3) submit proof of having practiced veterinary medicine for a minimum of two years and 2,500 hours of clinical practice. This bill streamlines this process by eliminating the requirement for the applicant to submit proof of graduation as provided by the veterinary college. In order to be licensed as a designated shelter veterinarian, an applicant must hold an active license issued by another state, be employed by or contract with an animal shelter to provide veterinary medical services; Complete a VMB-approved application and pay the application fee; certify that the sole purpose of the shelter veterinarian license is to practice veterinary medicine for an animal shelter; submit fingerprints for a background check; pass an examination; disclose the state and disciplinary actions of the license holder. In addition, the shelter license will be subject to denial and VMB-enforcement. An enforcement action from the VMB will not automatically trigger an enforcement action from the state the veterinarian is additionally licensed in.

Many of the licensing and certifying bodies under the Department of Consumer Affairs provide a retired status designated license or certification. Typically, the retired license status allows an individual to reference their professional title although they no longer *practice* that profession. In 2016, the Legislature passed, and the Governor signed AB 2859 (Low, Chapter 473, Statutes of 2016) which permitted any of the boards within DCA to establish a retired category of licensure for persons not actively engaged in their practice. Boards would need to do this through the regulatory process. BPC § 464 prohibits a retired license holder from practicing unless the board specifies, through regulation, the criteria for a retired license to practice. The VMB currently does not offer a retired license and instead allows a licensee to have a designated “inactive” license. If a licensee has not renewed their license within five years, they are prohibited from renewing and must reapply for a new license and be subject to new examination requirements. An inactive license holder or a licensee who has not renewed within the five-year period is not authorized to practice veterinary medicine, even if the inactive licensee or non-renewed license holder plans to volunteer their time at shelters, rescues or provide voluntary veterinary services elsewhere. This bill will establish a retired license for veterinarians and RVTs, which would allow the use of their professional titles, with the designation “retired” preceding or following the professional title. Under this retired status designation, the license holder is prohibited from practicing veterinary medicine, and an applicant will not qualify for the retired status if the licensee is subject to a current enforcement investigation by the VMB.

This bill also establishes a special “retired volunteer” license or certification designation. In order to qualify for retired volunteer status, a person must either have an active license or registration or have placed their license in retired status within the preceding five years. If they have been retired for more than five years, they must also certify completion of continuing education and pass the law examination. Finally, similar to shelter veterinarians, those applying for retired volunteer status must certify that they intend that the sole purpose is to provide volunteer services to animal shelters.

Notably, for purposes of both shelter veterinarians and volunteer retired licensees, the bill defines “animal shelter” as a public animal control agency or shelter, society for the prevention of cruelty to animals’ shelter, humane society shelter, or rescue

group. The bill further defines “rescue group” as a nonprofit entity that removes animals from a public animal control agency or shelter, society for the prevention of cruelty to animals’ shelter, or humane shelter, or rehomes an animal that has been previously owned by any person other than the original breeder of that animal.

*Registered Veterinary Premises Ownership Disclosures.* Notwithstanding rare circumstances, all veterinary medicine in California must be rendered at registered veterinary premises. Premises can include a building, kennel, mobile unit, or vehicle. In order to obtain veterinary premises registration, the owner must submit an application that includes the name of each owner or operator of the premises, including the type of corporate entity, if applicable, the name of the premises, and the name of the responsible licensee manager who is to act for and on behalf of the registered premises. Furthermore, if the owner or operator of premises is a corporation, they must disclose the names and titles of all owners, officers, any general partners, and the agent for service of process, and any changes regarding this information must be reported within 30 days.

Premises registrations are issued on an annual basis and must be renewed. However, current law does not require that any specific information be disclosed or certified as part of this renewal. As such, this bill requires that a premises registration holder must satisfy the same requirements as their initial application as it relates to ownership disclosures and confirms that the information is current and valid.

3. **Arguments in Support.** A broad coalition of supporters note, “A 2021 national survey shows that 14 California counties ranked in the bottom 25% on the Veterinary Care Accessibility Score, which means there is extremely limited or no ability to see a veterinarian. The overall score for California was 47 out of 100, with the Central Valley and North State faring the worst. By comparison, Nebraska has a score of 71...Yet, veterinary care is exactly what we need to combat pet overpopulation. By updating the Veterinarian-Client-Patient-Relationship (VCPR) law to “patient-specific,” AB 1999 is allowing veterinarians practice more efficiently. By creating “volunteer” and shelter-specific licensing categories, AB 1999 is expanding the pool of veterinary professionals that may offer their services to animal shelters. These aspects of AB 1999 directly help expand access to care in the state and thus will help combat the pet overpopulation crisis. Additionally, by prohibiting owners from performing surgery on their own animals, AB 1999 will also help prevent many animals from suffering at the hands of their medically untrained owners.”
4. **Suggested Author’s Amendment.** Under current law, to provide telehealth services to a patient, the veterinarian must be licensed in California. The current version of this bill strikes that requirement, thereby allowing out-of-state licensed veterinarians to provide telehealth services to animal patients in California. California does not currently offer reciprocity for veterinarian licensure, and this bill as drafted would bypass California licensure laws for patients who receive telehealth services from practitioners outside of California. There is limited recourse for enforcement or other actions if a California consumer is harmed by the out-of-state licensed veterinarian as California’s regulatory board has no enforcement authority for licensees outside of California. *The author should amend the bill to*

*reinstate existing law which requires a licensed veterinarian provide telehealth services, and replace any reference to “telehealth” with “telemedicine”.*

**SUPPORT AND OPPOSITION:**

Support:

California Veterinary Medical Association (co-source)  
California Veterinary Medical Board (co-source)  
San Diego Humane Society (co-source)  
Social Compassion in Legislation (co-source)  
Angel's Furry Friends Rescue  
Animal Legal Defense Fund  
Animal Rescue Mission  
Animal Rescuers for Change  
Animal Wellness Action  
Berkeley Animal Rights Center  
Better Together Forever  
Born Again Animal Rescue and Adoption  
Collective Fashion Justice  
Compassionate Bay  
Concerned Citizens Animal Rescue  
Earthheart  
Feline Lucky Adventures  
Greater Los Angeles Animal Spay Neuter Collaborative  
Hugs and Kisses Animal Fund  
Jaimie Brianna's Legacy Fund  
Latino Alliance for Animal Care Foundation  
Leaders for Ethics, Animals, and the Planet (LEAP)  
Long Beach Spay and Neuter Foundation  
Los Angeles County Democrats for the Protection of Animals  
Los Angeles Rabbit Foundation  
Multiple Individuals  
NY 4 Whales  
Pibbles N Kibbles Animal Rescue  
Plant-based Advocates  
Project Minnie  
Real Good Rescue  
San Diego Companion Rabbit Society  
Seeds 4 Change Now Animal Rescue  
Seniors Citizens for Humane Education and Legislation  
Students Against Animal Cruelty Club - Hueneme High School  
The Canine Condition  
The Pet Loss Support Group  
The Spayce Project  
Underdog Heroes, INC.  
Women United for Animal Welfare

Opposition:

None received.

**-- END --**