

Veterinary Medical Board's
Guidelines for the Discussion of Cannabis Use
on
Veterinary Patients
Effective January 1, 2020

PREAMBLE

The Veterinary Medical Board (VMB) developed these guidelines for discussion of the use of cannabis on veterinary patients with clients. The VMB wants to assure veterinarians who desire to discuss cannabis for veterinary medical purposes, as a part of their regular practice of medicine, that they will not be subject to disciplinary action by the VMB.

BACKGROUND

The federal Controlled Substances Act ([CSA](#)) ([21 USC § 801 et seq.](#)) and the California Uniform Controlled Substances Act (CUCSA) ([Health & Saf. Code, § 11000 et seq.](#)) regulate the manufacture, importation, possession, use, and distribution of certain substances. The purpose of these laws is to track the movement of controlled substances to reduce the instance of drug abuse.

The CUCSA makes cannabis a Schedule I controlled substance (Health & Saf. Code § 11000 et seq.). Schedule I drugs are characterized as having a high potential for abuse, have no currently accepted medical use in treatment in the United States, and lack accepted safety for use under medical supervision. (21 USC § [812](#)(b)(1).) Only Schedule II through V drugs may be prescribed or administered by a veterinarian upon receiving DEA registration approval. (Health & Saf. Code, § [11164](#).) Cannabis and its derivatives, classified as hallucinogenic substances, are listed as Schedule I drugs and prohibited from being prescribed, furnished, or administered to patients. (Health & Saf. Code, § [11054](#), subd. (d)(13), (20).) A violation of federal or state law regarding controlled substances is grounds for licensure discipline under the Veterinary Medicine Practice Act. (Bus. & Prof. Code, § [4883](#), subd. (g)(3).) Accordingly, a veterinarian who prescribes, furnishes, or administers cannabis to animal patients, or conspires for or aids and abets the prescription, furnishing, or administration of cannabis to animal patients, is in violation of federal and state law. The veterinarian's DEA registration and/or California license would be subject to discipline.

On September 27, 2018, Assembly Bill (AB) [2215](#) (Kalra, Chapter 819, Statutes of 2018) was signed into law and became effective on January 1, 2019. This bill amended section 4883 of, and added section [4884](#) to, the Business and Professions Code (BPC), relating to veterinarians and cannabis.

AB 2215 prohibited the VMB from disciplining, or denying, revoking, or suspending the license of, a licensed veterinarian solely for discussing the use of cannabis on an animal

patient for medicinal purposes, absent negligence or incompetence (BPC § 4884, subd. (b)).

The bill also prohibited a veterinarian from dispensing, administering, advertising, or having any type of financial or other arrangement from or to a cannabis licensee (see BPC §§ 4883, subds. (p)-(r), 4884, [26001](#); Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), [BPC § 26000 et seq.](#)).

GUIDELINES

The VMB has adopted the following guidelines for the discussion of cannabis for medical purposes with veterinary clients.

Veterinarian-Client-Patient Relationship: The veterinarian-client-patient relationship (VCPR) is fundamental to the provision of acceptable veterinary medical care (see Cal. Code Regs., tit. 16, § [2032.1](#)). The veterinarian should document that an appropriate VCPR is established prior to discussions of cannabis with the animal owner client.

Patient Evaluation and Record Keeping: A documented physical examination and collection of relevant clinical history is required. This history should include both subjective and objective data and must be obtained prior to discussion of cannabis for a medical purpose. Medical records must meet the accepted minimum requirements for record keeping as defined by the VMB Veterinary Medicine Practice Act and its supporting regulations (see Cal. Code Regs., tit. 16, § [2032.3](#), Record Keeping; Records; Contents; Transfer).

Documentation of discussions should include: the indication, appropriateness, and safety of the use of cannabis for the indicated condition. The discussions should be evaluated in accordance with accepted standards of practice as they evolve over time. This documentation may include advice about potential risks of the medical use of cannabis, including, but not limited to, the following:

- The variability of quality and safety of cannabis products (pesticide contamination, potentially harmful co-ingredients, e.g., xylitol, chocolate, butter).
- No federal or state agency oversees standardization of cannabis product concentrations for use on animals.
- Research to-date is lacking conclusions regarding dose, toxicity, & efficacy.
- The side effects and signs of overdose or toxicity (e.g., ataxia, depression, vomiting, urinary incontinence, bradycardia, hyperthermia, tremors, anorexia, adipisia, hypothermia, seizure, stupor, tachycardia, weakness [ASPCA]).
- Safeguarding of cannabis products from other pets and human exposures.
- Use in service animals that may place human handler safety in jeopardy.
- Possible interactions with other treatments and prescribed medications.

- Reminder to the client that cannabis is not being recommended or prescribed by the veterinarian.
- Periodic re-evaluation of the patient in accordance with good veterinary practice to ascertain the appropriateness of the client's continued administration of cannabis to the patient.

Veterinarian's Conflicts of Interest: The amendments to BPC section [4883](#) and the addition of BPC section 4884 are very clear in that there will be no financial relationships with any cannabis licensees, no advertising of cannabis products, no stocking, dispensing, or administration of cannabis products. A veterinarian cannot prescribe or recommend the use of cannabis, only enter into discussions with the veterinary client concerning appropriate medical use within the confines of a VCPR. A veterinarian cannot have a professional office located at a dispensary or cultivation center. A veterinarian, or his or her immediate family, cannot be a director, officer, member, principal, employee, or a retailer of cannabis products. A cannabis dispensary may not employ a veterinarian to discuss cannabis with clients (see BPC §§ 4883, subs. (p), (q), (r), and 4884).

2018 Farm Bill: At the federal level, the [Agriculture Improvement Act of 2018](#), Pub. L. 115-334, (the [2018 Farm Bill](#)) was signed into law on December 20, 2018. Among other things, this new law changes certain federal authorities relating to the production and marketing of hemp, defined as "the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis." These changes include removing hemp from the CSA, which means that cannabis plants and derivatives that contain no more than 0.3 percent THC on a dry weight basis are no longer controlled substances under federal law.

The 2018 Farm Bill, however, explicitly preserved [FDA](#)'s authority to regulate products containing cannabis or cannabis-derived compounds under the federal Food, Drug, and Cosmetic Act ([FD&C Act](#)) and section 351 of the Public Health Service Act (PHS Act). FDA treats products containing cannabis or cannabis-derived compounds as it does any other FDA-regulated products — meaning they're subject to the same authorities and requirements as FDA-regulated products containing any other substance. This is true regardless of whether the cannabis or cannabis-derived compounds are classified as hemp under the 2018 Farm Bill.

Definitions, Abbreviations, Acronyms

California Uniform Controlled Substances Act (CUCSA) - regulates the manufacture, importation, possession, use, and distribution of certain substances (Health & Saf. Code, § 11000 et seq.).

Cannabis - 3 species typically recognized: [*Cannabis sativa*](#), [*Cannabis indica*](#), and [*Cannabis ruderalis*](#). Marijuana can be considered a member of either while hemp is a member of *C. sativa*. Cannabis contains a number of compounds called cannabinoids. The 2 most well-known are THC and CBD.

CBD - abbreviation for Cannabidiol, which is one out of 60 naturally occurring compounds present in cannabis. It is the second most prevalent cannabinoid in both hemp and marijuana and is non-psychoactive. CBD oil is mostly extracted from hemp and not marijuana. When extracted from hemp, this type of extract has less than 0.03% of THC.

CSA – The federal Controlled Substances Act.

Dronabinol, Marinol, Nabilone - synthetic cannabinoids.

Epidiolex - CBD product approved in June 2018 by the U.S. Food and Drug Administration (FDA) for controlling seizures in people with difficult-to-treat childhood-onset epilepsy

Hemp - derived from the mature stalks or seeds of the cannabis plant. Industrial hemp is bred to maximize fiber, seed and/or oil, and contains low amounts of THC, <0.03%. Hemp plants contain only small amounts of CBD and require a large amount of plant to produce a small amount of hemp CBD oil.

Marijuana - a portion of the cannabis plant, generally referring to the dried leaves and flowering tops that contain high levels of THC. It is grown for recreational and medicinal use.

Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) - establishes a comprehensive system to control and regulate the cultivation, distribution, transport, storage, manufacturing, processing, and sale of both of the following:

- (1) Medicinal cannabis and medicinal cannabis products for patients with valid physician's recommendations.
- (2) Adult-use cannabis and adult-use cannabis products for adults 21 years of age and over.

MAUCRSA also defines the power and duties of the state agencies responsible for controlling and regulating the commercial medicinal and adult-use cannabis industry (BPC § 26000 et seq.).

Oils - Cannabis oil, whether CBD, THC, or both, is extracted from the flowers, leaves, and stalk mainly using different solvents. Hemp oil is made only from pressed seeds.

Terpenes – aromatic metabolites found in the oils of all plants. Think flavor or fragrance. Terpenes work together to modulate cannabinoids resulting in the so-called “entourage effect.” Terpenes have their own medical effects, for example, interacting with neurotransmitters.

THC – delta-9 tetrahydrocannabinol, the primary psychoactive ingredient in marijuana, is one of at least 113 cannabinoids identified in cannabis.

Veterinarian-Client-Patient Relationship (VCPR) - a fundamental provision to acceptable veterinary medical care. A veterinarian-client-patient relationship shall be established by the following:

- (1) 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,
- (2) The veterinarian has sufficient knowledge of the animal(s) to initiate at least a general or preliminary diagnosis of the medical condition of the animal(s). This means that the veterinarian is personally acquainted with the care of the animal(s) by virtue of an examination of the animal or by medically appropriate and timely visits to the premises where the animals are kept, and
- 3) 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. (CCR § 2032.1.)

- A [public hearing](#) on May 31, as well as a broader opportunity for written public comment, for stakeholders to share their experiences and challenges with these products, including information and views related to product safety.
- The formation of a high-level internal agency working group to explore potential pathways for dietary supplements and/or conventional foods containing CBD to be lawfully marketed; including a consideration of what statutory or regulatory changes might be needed and what the impact of such marketing would be on the public health.
- Updates to our [webpage](#) with answers to frequently asked questions on this topic to help members of the public understand how the FDA's requirements apply to these products.
- The issuance of multiple warning letters to companies marketing CBD products with egregious and unfounded claims that are aimed at vulnerable populations.

Public Hearing

The public hearing will give stakeholders an opportunity to provide the FDA with additional input relevant to the agency's regulatory strategy related to existing products, as well as the lawful pathways by which appropriate products containing cannabis or cannabis-derived compounds can be marketed, and how we can make these legal pathways more predictable and efficient. We hope to gain additional information and data for the FDA to consider with respect to products containing cannabis and cannabis-derived compounds, including CBD.

As we've stated before, we treat products containing cannabis or cannabis-derived compounds as we do any other FDA-regulated products. Among other things, the FDA requires a cannabis product (hemp-derived or otherwise) that's marketed with a claim of therapeutic benefit to be approved by the FDA for its intended use before it may be introduced into interstate commerce. Additionally, it is unlawful to introduce food containing added CBD, or the psychoactive compound THC, into interstate commerce, or to market CBD or THC products as dietary supplements. This is because CBD and THC are active ingredients in FDA-approved drug products and were the subject of substantial clinical investigations before they were marketed as food. In such situations, with certain exceptions that are not applicable here, the only path that the FD&C Act allows for such substances to be added to foods or marketed as dietary supplements is if the FDA first issues a regulation, through notice-and-comment rulemaking, allowing such use.

While the availability of CBD products in particular has increased dramatically in recent years, open questions remain regarding the safety considerations raised by their widespread use. For example, during its review of the marketing application for [Epidiolex](#) – a purified form of CBD that the FDA approved in 2018 for use in the treatment of certain seizure disorders – the FDA identified certain safety risks, including the potential for liver injury. These are serious risks that can be managed when the product is taken under medical supervision in accordance with the FDA-approved labeling for the product, but it is less clear how this risk might be managed in a setting where this drug substance is used far more widely, without medical supervision and not in accordance with FDA-approved labeling. There are also unresolved questions regarding the cumulative exposure to CBD if people access it across a broad range of consumer products, as well as questions regarding the intended functionality of CBD in such products. Additionally, there are open questions about whether some threshold level of CBD could be allowed in foods without undermining the drug approval process or diminishing commercial incentives for further clinical study of the relevant drug substance.

It's critical that we address these unanswered questions about CBD and other cannabis and cannabis-derived products to help inform the FDA's regulatory oversight of these products – especially as the agency considers whether it could be appropriate to exercise its authority to allow the use of CBD in dietary supplements and other foods. As I stated in December, the FDA would only consider this path if the agency were able to determine that all other requirements in the FD&C Act are met, including those required for food additives or new dietary ingredients.

As part of the public hearing and related public comment period, the agency is interested in whether there are particular safety concerns that we should be aware of as we consider the FDA's regulatory oversight and monitoring of these products. For example, we're seeking comments, data and information on a variety of topics including: what levels of cannabis and cannabis-derived compounds cause safety concerns; how the mode of delivery (e.g., ingestion, absorption, inhalation) affects the safety of, and exposure to, these compounds; how cannabis and cannabis-derived compounds interact with other substances such as drug ingredients; and other questions outlined in the hearing announcement.

Additionally, we're interested in how the incentives for, and the feasibility of, drug development with CBD and other cannabis-derived compounds would be affected if the commercial availability of products with these compounds, such as foods and dietary supplements, were to become significantly more widespread. We don't want companies to forgo research that might support approval through the FDA's drug review process, which could potentially lead to important safe and effective therapies. We also don't want patients to forgo appropriate medical treatment by substituting unapproved products for approved medicines used to prevent, treat, mitigate or cure a particular disease or condition. For example, in the case of Epidiolex, the adequate and well-controlled clinical studies that supported its approval, and the assurance of manufacturing quality standards, can provide prescribers confidence in the drug's uniform strength and consistent delivery that support appropriate dosing needed for treating patients with these complex and serious epilepsy syndromes. It's important that we continue to assess whether there could be medical ramifications if patients choose to take CBD to treat certain diseases at levels higher or lower than studied in well-controlled clinical studies.

FDA Working Group

We hope that information we receive through the public hearing this May, as well as through the written public comment process, will help inform our consideration of these and other important scientific, technical and policy questions. Given the importance of these questions, and the significant public interest with respect to CBD in particular, we're forming a high-level internal agency working group to explore potential pathways for dietary supplements and/or conventional foods containing CBD to be lawfully marketed. Given the importance of this issue, I've asked Principal Deputy Commissioner Amy Abernethy, M.D., Ph.D. and Principal Associate Commissioner for Policy Lowell Schiller, to co-chair the group and charged them with considering what options might be appropriate under our current authorities, in view of all the evidence before us and our agency's fundamental public health mission. I'm also asking the group to consider whether there are legislative options that might lead to more efficient and appropriate pathways than might be available under current law – again, with the same science-based, public health focus that the FDA endeavors to bring to all matters before it. This is a complicated topic and we expect that it could take some time to resolve fully. Nevertheless, we're deeply focused on this issue and committed to continuing to engage relevant stakeholders as we consider potential paths forward. The working group plans to begin sharing information and/or findings with the public as early as Summer 2019.

New Compliance Actions

We'll continue to use our authorities to take action against companies illegally selling these types of products when they are putting consumers at risk. I am deeply concerned about any circumstance where product developers make unproven claims to treat serious or life-threatening diseases, and where patients may be misled to forgo otherwise effective, available therapy and opt instead for a product that has no proven value or may cause them serious harm.

Today, the FDA is announcing that it has issued warning letters, in collaboration with the Federal Trade Commission, to three companies – [Advanced Spine and Pain LLC \(d/b/a Relievus\)](#), [Nutra Pure LLC](#) and [PotNetwork Holdings Inc.](#) – in response to their making unsubstantiated claims related to more than a dozen different products and spanning multiple product webpages, online stores and social media websites. The companies used these online platforms to make unfounded, egregious claims about their products' ability to limit, treat or cure cancer, neurodegenerative conditions, autoimmune diseases, opioid use disorder, and other serious diseases, without sufficient evidence and the legally required FDA approval. Examples of claims made by these companies include:

- “CBD successfully stopped cancer cells in multiple different cervical cancer varieties.”
- “CBD also decreased human glioma cell growth and invasion, thus suggesting a possible role of CBD as an antitumor agent.”
- “For Alzheimer’s patients, CBD is one treatment option that is slowing the progression of that disease.”
- “Fibromyalgia is conceived as a central sensitization state with secondary hyperalgesia. CBD has demonstrated the ability to block spinal, peripheral and gastrointestinal mechanisms responsible for the pain associated with migraines, fibromyalgia, IBS and other related disorders.”
- “Cannabidiol May be Effective for Treating Substance Use Disorders.”
- “CBD reduced the rewarding effects of morphine and reduced drug seeking of heroin.”
- “CBD may be used to avoid or reduce withdrawal symptoms.”

I believe these are egregious, over-the-line claims and we won't tolerate this kind of deceptive marketing to vulnerable patients. The FDA continues to be concerned about the proliferation of egregious medical claims being made about products asserting to contain CBD that haven't been approved by the FDA, such as the products and companies receiving warning letters today. CBD is marketed in a variety of product types, such as oil drops, capsules, syrups, teas and topical lotions and creams. Often such products are sold online and are therefore available throughout the country.

Selling unapproved products with unsubstantiated therapeutic claims can put patients and consumers at risk. These products have not been shown to be safe or effective, and deceptive marketing of unproven treatments may keep some patients from accessing appropriate, recognized therapies to treat serious and even fatal diseases. Additionally, because they are not evaluated by the FDA, there may be other ingredients that are not disclosed, which may be harmful.

As our actions today make clear, the FDA stands ready to protect consumers from companies illegally selling CBD products that claim to prevent, diagnose, treat, or cure serious diseases, such as cancer, Alzheimer's disease, psychiatric disorders and diabetes. The agency has and will continue to monitor the marketplace and take enforcement action as needed to protect the public health against companies

Assembly Bill No. 2215

CHAPTER 819

An act to amend Section 4883 of, and to add Section 4884 to, the Business and Professions Code, relating to veterinarians.

[Approved by Governor September 27, 2018. Filed with Secretary of State September 27, 2018.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2215, Kalra. Veterinarians: cannabis: animals.

The California Uniform Controlled Substances Act classifies controlled substances into 5 designated schedules, and places cannabis and cannabis products under Schedule I. The act prohibits prescribing, administering, dispensing, or furnishing a controlled substance to or for any person or animal, unless otherwise specified.

The Veterinary Medicine Practice Act provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs. The act authorizes the board to revoke or suspend the license of a person to practice veterinary medicine, or to assess a fine, for specified causes, including violating a statute related to controlled substances. The act also makes a violation of its provisions a misdemeanor.

This bill would authorize the board to revoke or suspend a veterinarian license, or to assess a fine, for accepting, soliciting, or offering any form of remuneration from or to a Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) licensee if the veterinarian or his or her immediate family has a financial interest, as defined, with the MAUCRSA licensee. The bill would authorize the board to revoke or suspend a veterinarian license, or to assess a fine, for discussing medicinal cannabis with a client while the veterinarian is employed by, or has an agreement with, a MAUCRSA licensee. The bill would authorize the board to revoke or suspend a license, or to assess a fine, for distributing any form of advertising for cannabis in California. The bill would prohibit a licensed veterinarian from dispensing or administering cannabis or cannabis products to an animal patient. Because a violation of the Veterinary Medicine Practice Act's provisions is a crime, the bill would expand the scope of that crime, thereby imposing a state-mandated local program.

The bill would also prohibit the Veterinary Medical Board from disciplining, or denying, revoking, or suspending the license of, a licensed veterinarian solely for discussing the use of cannabis on an animal for medicinal purposes, absent negligence or incompetence. The bill would require the board to adopt guidelines for these discussions on or before January 1, 2020, and would require the board to post the guidelines on its Internet Web site.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

DIGEST KEY

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 4883 of the Business and Professions Code is amended to read:

4883.

The board may deny, revoke, or suspend a license or registration or assess a fine as provided in Section 4875 for any of the following:

- (a) Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, surgery, or dentistry, in which case the record of the conviction shall be conclusive evidence.
- (b) For having professional connection with, or lending the licensee's or registrant's name to, any illegal practitioner of veterinary medicine and the various branches thereof.
- (c) Violation or attempting to violate, directly or indirectly, any of the provisions of this chapter.
- (d) Fraud or dishonesty in applying, treating, or reporting on tuberculin or other biological tests.
- (e) Employment of anyone but a veterinarian licensed in the state to demonstrate the use of biologics in the treatment of animals.
- (f) False or misleading advertising.
- (g) Unprofessional conduct, that includes, but is not limited to, the following:
 - (1) Conviction of a charge of violating any federal statutes or rules or any statute or rule of this state regulating dangerous drugs or controlled substances. The record of the conviction is conclusive evidence thereof. A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order the license or registration to be suspended or revoked, or assess a fine, or decline to issue a license or registration, when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4, 1210.1, or 3063.1 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.
 - (2) (A) The use of or prescribing for or administering to himself or herself, any controlled substance.
(B) The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages to the extent, or in any manner as to be dangerous or injurious to a person licensed or registered under this chapter, or to any other person or to the public, or to the extent that the use impairs the ability of the person so licensed or registered to conduct with safety the practice authorized by the license or registration.
(C) The conviction of more than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section or any combination thereof, and the record of the conviction is conclusive evidence.

A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order the license or registration to be suspended or revoked or assess a fine, or may decline to issue a license or registration, when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under Section 1203.4, 1210.1, or 3063.1 of the Penal Code allowing the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

(3) A violation of any federal statute, rule, or regulation or any of the statutes, rules, or regulations of this state regulating dangerous drugs or controlled substances.

(h) Failure to keep the licensee's or registrant's premises and all equipment therein in a clean and sanitary condition.

(i) Fraud, deception, negligence, or incompetence in the practice of veterinary medicine.

(j) Aiding or abetting in any acts that are in violation of any of the provisions of this chapter.

(k) The employment of fraud, misrepresentation, or deception in obtaining the license or registration.

(l) The revocation, suspension, or other discipline by another state or territory of a license, certificate, or registration to practice veterinary medicine or as a veterinary technician in that state or territory.

(m) Cruelty to animals, conviction on a charge of cruelty to animals, or both.

(n) Disciplinary action taken by any public agency in any state or territory for any act substantially related to the practice of veterinary medicine or the practice of a veterinary technician.

(o) Violation, or the assisting or abetting violation, of any regulations adopted by the board pursuant to this chapter.

(p) Accepting, soliciting, or offering any form of remuneration from or to a cannabis licensee if the veterinarian or his or her immediate family have a financial interest with the cannabis licensee. For purposes of this subdivision, the following definitions shall apply:

(1) "Cannabis licensee" shall have the same meaning as "licensee" in Section 26001.

(2) "Financial interest" shall have the same meaning as in Section 650.01.

(q) Discussing medicinal cannabis with a client while the veterinarian is employed by, or has an agreement with, a cannabis licensee. For purposes of this subdivision, "cannabis licensee" shall have the same meaning as "licensee" in Section 26001.

(r) Distributing any form of advertising for cannabis in California.

SEC. 2.

Section 4884 is added to the Business and Professions Code, to read:

4884.

(a) A licensee shall not dispense or administer cannabis or cannabis products to an animal patient.

(b) Notwithstanding any other law and absent negligence or incompetence, a veterinarian licensed under this chapter shall not be disciplined by the board or have his or her license denied, revoked, or suspended solely for discussing the use of cannabis on an animal for medicinal purposes.

(c) On or before January 1, 2020, the board shall adopt guidelines for veterinarians to follow when discussing cannabis within the veterinarian-client-patient relationship. These guidelines shall be posted on the board's Internet Web site.

SEC. 3.

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

illegally selling cannabis and cannabis-derived products that can put consumers at risk and are being marketed and distributed in violation of the FDA's authorities.

Ultimately, we remain committed to exploring an appropriate, efficient and predictable regulatory framework to allow product developers that meet the requirements under our authorities to lawfully market these types of products. The actions we're announcing today will allow us to continue to clarify our regulatory authority over these products and seek input from a broad range of stakeholders and examine a variety of approaches and considerations in the marketing and regulation of cannabis or cannabis-derived products, while continuing to protect the public's health and safety.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.