



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and
Economic Development

BOARD OF VETERINARY EXAMINERS

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The Honorable Mike Dunleavy
Governor of Alaska
P.O. Box 110001 Juneau, AK
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Dear Governor Dunleavy,

On behalf of the Alaska Board of Veterinary Examiners, I am writing to let you know about concerns with the Alaska Prescription Drug Monitoring Program (PDMP). Your predecessor, Governor Bill Walker, identified the opioid epidemic as a crisis in Alaska. In response, the law now requires participation in the PDMP by all holders of a DEA license, regardless of their professional discipline. Veterinarians fall within this group, specifically identified in the statute governing the PDMP. All fifty states plus the District of Columbia track controlled substance dispensing through a PDMP, but notably **37** of those states have already exempted veterinary participation. PDMPs are grossly inappropriate for veterinary use with respect to medical privacy of the human client, the fact that animals have no unique identifiers such as Social Security numbers, and that animals may have multiple owners at one time or different owners over their lifespan. Additionally, the Alaska PDMP is set up in such a manner that querying someone identified as an owner and reporting an **animal prescription** under that owner results in a change to that **owner's** PDMP score. This mixing of human and animal information completely destroys any data integrity of the information in the database. Furthermore, veterinary prescriptions of opioids account for only **0.34%** of opiate prescriptions in nationwide pharmacies, which makes the violation of privacy and ruining of databases even more absurd in a failed attempt to track a mere fraction of opiate prescriptions.

Veterinary medicine, while possessing some similarities to human medicine, is vastly different in one key way: veterinarians work under a veterinarian-client-patient relationship while human practitioners work under a doctor-patient relationship. Identification of the end-point patient is an insurmountable conundrum in veterinary medicine, whereas in human medicine people have unique dates of birth, social security numbers, and other unique medical record identifiers. The PDMP is required to have a database for animal identification, but it does not, and it is this Board's opinion that it is impossible to construct a reliable animal database. Frequently an animal is presented to a veterinarian with multiple owners involved. On whom should veterinarians be querying and reporting? The dog? The husband who dropped off the pet? The wife who picked up the pet? What are vets supposed to do when an entire family attends the veterinary visit - query every human owner for one animal prescription? Randomly pick one owner to query? What if the

owner is away for two weeks and the animal is presented by a boarding kennel? Should veterinarians deny treatment or report under the boarding kennel staffer? What if "Fluffy" Johnson of Soldotna is known as "Duke" Johnson of Kenai at another clinic? While some animals may be identified by microchip, only a small percentage of animals are chipped in Alaska. Most animals do not have unique identifiers and even if they did, they do not simply have "one owner" that veterinarians can reliably query under and report.

In one national survey of drug monitoring programs, regulators and veterinary associations found that in a typical year, fewer than 10 people were "doctor shopping" at veterinary clinics and that **"veterinarians are a de minimis source of controlled substances"** (Simpson, R.J., 2013, Prescription drug monitoring programs: Applying a one size fits all approach to human and veterinary medical professionals, custom tailoring is needed. *J. Animal & Environmental Law.*, 5, p.1.). The author also reported, "When the known cases were adjusted based on state populations, there was an estimated one case per 30 million people, or 6.5 cases per year, in the United States." He went on to say that the incidence of **veterinary prescription drug diversion is "infinitesimal" and requiring reports from veterinarians is "superfluous"**.

Dr. Larry Stutts, an Alabama state senator who worked in mixed animal practice before becoming a human physician, proposed the legislation that removed reporting requirements for Alabama's dispensing veterinarians, effective Aug. 1, 2016, stated **"I felt it was an unnecessary interference with the private veterinary practitioners in the state,"** and "The nation has an opioid abuse epidemic and I'm not so naive to think no veterinarians were involved. But as a whole, **veterinarians play a very minor, insignificant role in diversion of narcotics,**" he said (J. American Veterinary Medical Assoc. February 2017).

Dr. Brad Fields, assistant executive director of the Alabama Veterinary Medical Association, also said the data collection on veterinary drugs was an undue burden. "It wasn't valid or valuable data to the Department of Public Health and the PDMP program," he said. **"There hasn't been any doctor shopper identified in the veterinary world through the PDMP."** Veterinarians were required to report prescriptions issued, starting with the database's implementation in April 2006. Dr. Fields said veterinary clinics lack the standardized software used by physicians and pharmacists to report dispensing, so veterinarians' reports were more labor-intensive. In addition, "Alabama's database lacked unique identifiers for veterinary patients." Dr. Fields pointed out that prescriptions for humans are tied to Social Security numbers, but information on animal patients is tied only to pet names out of concern that adding information to an owner's medical records could violate federal privacy laws. Dr. Fields also contends that seeking drugs from veterinary clinics requires bringing in an animal with clinical signs and the money to cover examination fees. "I think the potential certainly exists," he said. "I mean, anybody would be a fool to say it doesn't happen in the veterinary world, but it's much more difficult" (JAVMA News, January 2017).

The New York State Veterinary Medical Society has issued a statement that the 2013 regulations broke a promise that veterinarians would be exempted from reporting requirements. "The NYSVMS continues to maintain, in its most vehement and aggressive manner, that this regulatory change exposes pets in New York State to unnecessary suffering, is **an unnecessary drain on veterinarian's (sic) resources, and increases the regulatory burden** placed on small businesses in rural areas where access to 24-hour pharmacy services is unavailable," the statement reads.

In a March 2013, newsletter, Kansas Veterinary Medical Association president, Dr. Tom Jerrigan, wrote that a five-year government study found **veterinarians should not be included in the state prescription drug monitoring program.** A six-member task force, comprising two representatives each from the Kansas Board of Pharmacy, the Kansas Board of Veterinary Examiners and the Kansas Veterinary Medical Association conducted the study (JAVMA News, Jan. 2017).

Lastly, the cost to investigate veterinarians who fail to correctly use an unusable database is an outlandish waste of very limited resources. The Board of Veterinary Examiners' budget is supported solely from licensing fees and those fees are already some of the highest in the nation. The Board did not receive any appropriations from the Legislature to investigate veterinarians regarding potential PDMP violations. Historically, the Board has spent very little money on investigations and now due to the PDMP's unsuitability, the Board will be forced to squander funds chasing down veterinarians who fail to correctly use an impossible system. This is an embarrassment to the State of Alaska, which is already suffering from veterinary shortages.

The Alaska Board of Veterinary Examiners seeks your support for exemption of veterinarians from participation requirements as outlined by the Prescription Drug Monitoring Program. Many experts have concluded that veterinary participation in the PDMP is a waste of resources in a state's quest to help end the opioid crisis. The current PDMP system was designed for reporting drugs sought through human medical channels. Any possible added value to Alaska's PDMP by veterinarians' participation is at best negligible and at worst violating human privacy to confound any useable data for the State. A smart person learns from his or her experiences...a wise person learns from the experiences of others. More than two-thirds of the states already exempt veterinarians from PDMPs. The Alaska Board of Veterinary Examiners believes that Alaska should join this majority in exempting veterinarians as the best way to maximize the PDMP's role as one tool of many in managing the opioid crisis.

Respectfully and Sincerely,

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