

January 13, 2022

Eva Carey, MD

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907-440-2436

Representative Zack Fields, Co-Chair
Representative Ivy Spohnholz, Co-Chair House Labor
and Commerce Committee

State Capitol

Juneau, AK 99801

Dear Co-Chairs Fields and Spohnholz:

I am a board certified emergency medicine physician with more than 30 years of practice at Providence Alaska Medical Center, Anchorage, Alaska. I am writing in support of HB 91 exempting veterinarians from the PDMP requirements. Thirty four states have determined that a PDMP is unworkable for animals and have exempted veterinary practice. Alaska should do the same.

PDMP requires consulting a database, but there is no such animal database to consult. In practice, veterinarians access the personal prescription history of the owners. This raises major privacy concerns. I would certainly not wish for my patients' medical records to be accessed for this purpose.

One letter opposing this bill suggested that people might intentionally injure their pets to obtain prescriptions. This is impractical for several reasons. Unlike humans, animals cannot "doctor shop" by complaining about pain. An injury or illness severe enough to require opioids, would require a complete diagnostic work-up, a stay in the veterinary hospital, and likely surgery. This would be very expensive since pets do not have insurance. Since opioid dose is based upon body weight, this would only result in a prescription for a much smaller dose than for a human.

Of course, everyone is concerned about opioid abuse. The state of Alaska should put its resources to work on the major causes of this problem and its most effective solutions. In my more than 30 years of

emergency medical practice in Alaska, I have never encountered a single case of diversion from a veterinary prescription.

Sincerely, Eva Carey, MD

February 1, 2022

The Honorable Senator Holland
State Capitol Room 115
Juneau AK, 99801-1185

RE: SB 132- Exemption for veterinarians from Alaska's Prescription Drug Monitoring Program.

Dear Senator Holland,

I am one of your constituents and have been practicing veterinary medicine for 37 years. I have been practicing in Alaska since 1986. In that time, I have been an associate veterinarian at 2 locally owned practices, a staff veterinarian and administrator at Pet Emergency Treatment, and worked at Anchorage Animal Care and Control as well as operated a house call practice which provided services to Girdwood for many years. I volunteered on the Iditarod for several years in the late 1980's and early 1990's and returned to it in 2021 and again this year. I have also done veterinary mission work in the Kingdom of Tonga. I have served on various veterinary boards for most of my years in Alaska, most recently the Alaska State Veterinary Medical Board until 2020. I thank you for sponsoring SB 132.

I maintain a DEA license which regulates the use and dispensing of controlled substances. In the last few years, we are also required to adhere to a Prescription drug Monitoring Program (PDMP). This PDMP is not working. It is unusable in our situation.

- **The PDMP database was established for human medicine.** We cannot inquire about prescriptions for an animal patient. If we go into the system, we get information on the person who's name we are putting in. It may or may not be the same person who brought that pet in previously. Pet's do not have unique identifiers. They may be listed under several owners, roommates, spouses, or friend bringing it in. They may be called different names by different people. The next time someone brings that pet in for a refill, it doesn't show up under the pet's name. That is not visible. But we can get a lot of confidential health information on the person's name we input. I have never taken a HIPPA class and am certain my clients do not want me knowing about their confidential health information. **This is an invasion of privacy.**
- **I already am licensed through Drug Enforcement Agency (DEA).** This carries a significant level of accountability, record keeping, and medication storage requirements. Distributors of controlled substances monitor utilization patterns of veterinarians. Data collected by distribution companies are required by DEA to monitor and report unusual purchase patterns a veterinarian may have. This oversight is to control/prevent diversion from licensed professionals to drug dealers and users.
- **Veterinarians have not been shown to be a significant source of diversion for drugs.** Veterinarians in Alaska from 2015-2018 prescribed .3% to 1% of total Morphine Milligram Equivalents (source: Board of Pharmacy). Opioid medications prescribed by veterinarians were only 0.34% of the total opioid prescriptions that were dispensed by U.S. retail pharmacies in

2017 (source: American Veterinary Medical Association). There have been **no identified cases of veterinary shopping in Alaska.**

- **The cost of obtaining a professional license to practice veterinary medicine in Alaska is the highest in the nation.** Add to that the cost of our DEA license, it is significantly detracting veterinarians from coming to Alaska to practice. There is a significant shortage of veterinarians in Alaska. Call around and see how many places are taking new clients and you will need to make many calls to find someone. With the current requirement that the Board of Veterinary Examiners investigate veterinarians that fail to use a non-usable database correctly, and the costs associated with forcing use of an unusable database, our licensing fees are expected to escalate. This is a waste of resources in an already overburdened sector. It has become a vicious cycle of lack of veterinarians practicing medicine and making it difficult to find veterinarians willing to volunteer to be on the Board of Veterinary Examiners. We simply cannot attract new veterinarians.

As a medical provider it is important to me that the PDMP is used correctly to track trends of human's opioid shopping. **I thank you for your sponsorship and urge you to promote and support SB 132 and join thirty-four other states that have exemptions for their veterinarians from participating in the PDMP.** The exemption of veterinarians from the PDMP will increase the efficacy for the systems intended purpose, by allowing for accurate interpretation of data and trends in human medicine. A Veterinarian exemption will allow veterinarians to continue to provide appropriate care and medical management for our patients while eliminating additional business burdens and costs that do not provide an effective solution for the intended purposes of the PDMP. Sincerely,

Michelle Leibold DVM
19025 Villages Scenic Parkway
Anchorage, AK 99516
(907)250-73421

To Senator Holland and Representative Wool,

I am Will McKenna, an obstetrician/gynecologist practicing in Fairbanks AK. I am writing this letter in support of SB 132 and HB 91, the Exemption of Veterinarians from the Prescription Drug Monitoring Program (PDMP). As the owner of two dogs, I have been in and out of veterinary hospitals for wellness care, illnesses, and emergencies.

For starters, veterinarians see animals NOT people. I do not expect my veterinarian to investigate my medical records let alone medications prescribed in the PDMP. As an MD I find it alarming that veterinarians have access to the owners' records when they are not bound by HIPPA regulations. This violation of privacy is worrisome. In addition to privacy issues, I am not trained in animal dose ranges and if medications prescribed by the veterinarian are visible when querying the PDMP (data is often not visible due to the different systems) I am unable to interpret them in a meaningful fashion and I assume the veterinarian who is not trained in human medicine cannot interpret my medications either.

Second, what I can say from my personal experience is it that veterinarians require payment at the time of service. They don't have the luxury of billing insurance making them a difficult and unlikely route of diversion.

Third, veterinarians are overseen by the Drug Enforcement Agency (DEA), their Board of Veterinary Examiners, and they work closely with their local Animal Control. Exempting them from the PDMP is simply removing a defective tool from the toolbox while they continue to adhere to a significant level of accountability, record keeping, and medical storage requirements.

Lastly, 34 states have exempted their veterinarians; this is clearly not an unreasonable ask. Exempting veterinarians from the PDMP will allow the PDMP to work as it was intended and remove the incumbrance that the PDMP has placed on their profession and their clients.

Sincerely,



J. William McKenna, MD

. William McKenna, MD 466
Slater Dr.
Fairbanks, AK 99701

February 1, 2022

The Honorable Senator Holland
State Capitol Room 115
Juneau AK, 99801-1185

January 27, 2022

RE:HB91 – Exemption for veterinarians from Alaska’s Prescription Drug Monitoring Program.

Dear Alaska State Veterinary Medical Association, Alaska State House and Senate Representatives ,

I am writing this letter in favor of HB-91 and request your support this bill making veterinarians exempt from reporting the prescription of controlled drugs to the Prescription Drug Monitoring Database (PDMP) in Alaska. I have practiced in Fairbanks Alaska at Mt. McKinley Animal hospital over 19 years, providing emergency, surgical referral and general veterinary services to Fairbanks and outside areas (Barrow, Kotzebue, Nome and Tok etc). I have also had the honor serving on the Alaska State Veterinary Board.

Veterinarian’s are very supportive of efforts to decrease the epidemic of opioid abuse and the diversion of controlled dugs, however our mandated reporting requirements are not leading to a positive contribution. The use of a human database used for veterinary patients whom do not have a Social security number, driver’s license or any permanent identifiers making it impossible to accurately track their prescriptions. While serving on the Alaska State Veterinary Board this point was brought up many times to the Pharmacy board. All the Boroughs’ do not have an animal database or mandated registration programs, let alone keeping track of rehomed animals, animals presented to veterinary clinics by the friends or family members this just compounds the problem. Look at the mandated requirement for Veterinarians to query personal information, medical history for the individual presenting the patient in need of care. This is something that Veterinarian community is not qualified, or trained to evaluate a human’s medical history in relation to a medication we are dispensing for the animal we are treating, let alone running the risk for HIPPA violations.

I have spent countless hours on the phone with other boards like Illinois to find out how they can make these human based databases work..... they couldn’t and the state of Illinois passed the same type of bill that is before you making Veterinarian exempt from reporting. California has tried a hybrid human database for animals, I have talked to the company that designed it..... but it is funded by 11 million dollars and they have a huge veterinary licensee base unlike Alaska. What do they do with the data? Nothing, because Veterinarians DO NOT DISPENSE LARGE QUANTIES OF CONTROLLED SUBSTANCES (0.3-1 % total morphine equivalents) data from 2015-2018.

I have spent time talking to local drug enforcement as well as the new DEA task force Alaska Special Agent Tarentino in regards to “Operation Engage”. Recent statistics released by

the Centers for Disease Control show an alarming rise in drug overdose deaths, with synthetic opioids driving record-high fatalities. The vast majority of deaths involve illicitly manufactured fentanyl, including fentanyl analogs. These drugs are not coming from Veterinary clinics they are coming in from outside sources (mail, airports and smuggling from the Mexican US border).

I have been practicing for almost 20 years. The bulk of my controlled drug dispensing is for phenobarbital, an anticonvulsant medication than has low abuse potential. I do a lot of orthopedic procedures and extensive soft tissue procedures, the bulk of controlled substances are used during anesthesia as well as for 48-72 hrs post op which is when patients are under hospitalized care. If I do dispense controlled substances for pain control, patients have severe trauma like fractured legs, thermal burns (frost bite included) or terminal illness. This program has deterred my ability to provide the best possible care for our patients especially after hours which is when the bulk of emergencies occur and pharmacies are closed. Please be mindful how big Alaska is (Not everyone lives in Anchorage) and the extreme weather conditions (freezing rain, snow, extreme cold temperatures). The caregiver or owner of the animal has to get necessary medications for their pet and they can get only get a limited supply. This program puts owner at risk for travel and can prevent the timely access for pain relief for their pet. Another misconception is that people "doctor shop" for drugs or break their pets leg to seek out drugs..... not true in Veterinary medicine. Veterinary care costs money... Lastly the economic burden on the state's privately owned small veterinary practices. The hours of PDMP reporting requirements for Veterinary practioners costs money as well as PDMP investigative costs of the Board of Veterinary Examiners. Alaska already pays this highest Veterinary license fees in the United States.

Please support HB91 this will increase the efficiency for the intended purpose for accurate, purposeful data for a human medicine.

Respectfully,

Dr. Scott Flamme DVM.

April 11, 2022

The Honorable Representative Tiffany Zulkosky
State Capitol
Juneau AK, 99801-1185

RE: HB 91 - Exemption for veterinarians from Alaska's Prescription Drug Monitoring Program.

Dear Representative Tiffany Zulkosky:

I am writing to you as someone who grew up in Bethel and now is a local business owner. I am currently the veterinarian in Bethel and support for HB-91 would positively support my abilities to continue to provide affordable vet care to our local community.

Currently there is a law in place that requires Alaskan veterinarians to participate in the Prescription Drug Monitoring Program (PDMP). The problem is that the PDMP was not designed to be used by veterinarians but was in fact created for human medicine. There are multiple problems with this program for veterinarians such as:

1. I am treating pets and not their owners:

- When I log in to report controlled drugs for a pet the program requires they are entered under a human's (owners) name; animals don't have a common identifier and any reported drugs to the PDMP for a pet are not visible in the PDMP. Reporting to the PDMP does not take into account that most of the time animals live in a household with multiple humans/owners or may be brought into the vet by a friend or family member. In Bethel this is often the case for pets flying in from the surrounding villages.
- Human Data within the PDMP is confusing for me as a veterinarian to understand as I am not trained in human medicine dosages. So even if I were to be searching the correct human I will not be qualified to understand their medication and current dosages.
- The PDMP does not help increase the quality of care I give to local pets or the confidence I have when prescribing a controlled substances. As I mentioned above, how can I be sure I am looking up the correct person?

2. Querying of human PDMP information is extremely invasive into a person's medical history:

- To participate in the PDMP, veterinarians have to have the owner's full name, DOB, address, and phone number. Many owners are confused why I as their vet need to have this personal information.
- When I login in to the PDMP I am then supposed to look up the owner and look into their medical information about prescription meds they may be on. These drugs consist of many human medications that I never use on animals such as: Adderall, Ritalin, anabolic steroids like testosterone, postpartum depression medications, sex hormones, Xanax, Klonopin, Ativan, Domar, and sleep aids like Ambien and Lunesta. As a vet this feels like I am invading owner's personal privacy without any benefit to their pet or other people in our state.

- A current example of how the PDMP affected my ability to practice good veterinary medicine in Bethel last month is this:

I had a husky in from a nearby village with chronic seizures. The owner was very interested in getting the dog on medication to stop the seizures. Because of the already controlled nature of these drugs and the close monitoring and recording I go through as a DEA license holder I am extremely judicious in prescribing controlled drugs. In the last few years all of the controlled drugs I have prescribed have been for pets with seizure disorders.

It had been awhile since I had prescribed controlled meds and we also had an emergency dog get brought in with a broken leg while the husky was in the clinic, so I forgot to get a copy of the owner's license. There is really no other reason a veterinarian should ever keep an owners personal information or copy of their license.

Because of this I tried to call the owner multiple times who was snowmachining with the patient back home to their village. I needed the owner's date of birth so that I could be in compliance with the PDMP program. I was not able to get ahold of the owner till the next morning. When I did get ahold of the owner he told me he was actually just racing the patient this week but his uncle is the real owner who would be bringing the dog in for future visits and refills of seizure medications.

I called the uncle (actual owner) and after multiple tries (thanks GCI) I was able to get through and awkwardly explained why I needed to have his date of birth, full name and more personal info. While on the phone I entered this information into the PDMP and thanked the owner. After hanging up the phone the PDMP asked me to finalize my prescription and the next page failed to save his information and asked me to enter it all again. Because I am not trained in human medical information laws I had not written down his D.O.B because this seemed like something I, as his vet, did not need access to. So to be in compliance I once again had to awkwardly call the owner to ask for his D.O.B. I could tell over the phone he was skeptical that I was actually using his information for his pet's seizure medication.

3. Controlled substances reported to the PDMP for an animal are not visible to veterinarians or human health care practitioners. Only human information is visible with the program.
4. Veterinarians are monitored by the Drug Enforcement Agency and already adhere to controlled substance regulations.
 - Veterinarians who prescribe or dispense controlled substances are licensed through the Drug Enforcement Agency (DEA). There is already a significant level of accountability, record keeping, and medication storage requirements that we veterinarians adhere to.
 - Distributors of controlled substances monitor utilization patterns of veterinarians. Data collected by distribution companies are required by DEA to monitor and report unusual purchase patterns a veterinarian may have.
 - DEA oversight is to control/prevent diversion from licensed professionals to drug dealers and users.
5. Veterinarians have not been shown to be a significant source of diversion for drugs.

- Opioid medications prescribed by veterinarians were only 0.34% of the total opioid prescriptions that were dispensed by U.S. retail pharmacies in 2017 (source: American Veterinary Medical Association).
 - There have been **no identified cases of veterinary shopping in Alaska.**
 - There is a natural barrier to vet shopping since costs for veterinary care are paid up front by the pet owner.
6. Charging veterinarians for the cost of enforcement of an unusable PDMP system, and regulations with which they are unable to comply, is not responsible stewardship of resources and forces vets to increase costs felt by owners.
- The Board of Veterinary Examiners investigative costs (many related to the PDMP) have more than doubled from FY 18-19 to FY 20-21.
 - The Alaska Board of Veterinary Examiners has reported that the PDMP is an unusable database and the cost to investigate veterinarians who fail to use it correctly is a waste of limited resources.
 - Alaska has the highest licensing fees for veterinarians in the country. Fees are expected to increase in the State of Alaska because of PDMP investigations.

As a medical provider in bush Alaska it is important to me that the PDMP is used correctly to track trends of human's opioid shopping. **I urge you to support HB 91 and join 34 other states that have exemptions for their veterinarians from participating in the PDMP.** The exemption of veterinarians from the PDMP will increase the efficacy for the systems intended purpose, by allowing for accurate interpretation of data and trends in human medicine. A veterinarian exemption will allow me to continue to provide appropriate care and medical management for my patients while eliminating additional business burdens and ultimately costs to Bethel's pet owners that do not provide an effective solution for the intended purposes of the PDMP.

Thank you for taking the time to read this letter.

Sincerely,

Jessica Klejka
Bethel, Alaska

April 5, 2022

Dear Representative Zulkosky,

I am writing in support of HB 91. I am a board certified emergency physician practicing on the Kenai Peninsula for over 30 years. I have witnessed with sadness and frustration the rise of the Opioid Epidemic. While I am appalled by the prescribing practices of some of my human physician colleagues, I have found zero instances of human patients overdosing on their pets medications. Nor have I had an addict asking for help tell me he obtained his drugs from a Veterinary clinic. The instances of this nation wide are near zero. While continuing Veterinarians to continue to report to the PDMP may uncover a very rare instance of abuse, it is far more likely to uncover information for a justified prescription and be misinterpreted. I find the PDMP to be very helpful to my practice, but have confidence excluding Veterinary prescribing information will have no impact on the validity of the information in the data base.

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