

Braeden Garrett

From: [REDACTED]
Sent: Sunday, January 29, 2023 6:57 AM
To: Rep. Justin Ruffridge
Subject: FW: Proposed Veterinary exclusion from PDMP
Attachments: AKVMA-2023PDMPFlyer.pdf; AVKMA-2023PDMPWhitePaper.pdf

Hello,

I hope that you know the lay of the land better than I do here. This seems like a common sense idea and one that you have supported on the Board of Pharmacy.

Do you know who the detractors were in the House last year? Hopefully we can get this done.

[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Saturday, January 28, 2023 3:57 PM
To: [REDACTED]
Subject: Proposed Veterinary exclusion from PDMP

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My wife and I are both Veterinarians and small business owners. We have a home in Soldotna and have owned Twin Cities Veterinary Clinic for nearly 20 years now. In fact I believe Ranger has visited our clinic a few times over the recent few years. Thank you for that! You and I have primarily met in passing but you might remember my wife & I having testified along with you regarding the COVID shut down in our local schools. It seemed we shared common concerns at that time regarding some of the inappropriate covid policies and the negative effects it had on our kids. Our children have both since graduated SoHi and are off to college.

Debbie and I have been blessed to have a successful veterinary practice and now employ around 25 awesome staff! As small business owners we occasionally struggle navigating sometime onerous government mandates. One of these mandates has been the inclusion of veterinarians in the Prescription Drug Monitoring Program (AKA the PDMP). The PDMP was initially designed as both a data-gathering and information sharing tool to determine the extent of controlled substances being dispensed by healthcare providers. But this program has morphed from a information gathering tool into a regulatory body. The PDMP is now being used as a disciplinary tool to implement punitive sanctions for health care providers who make clerical mistakes or find it difficult to comply with the mandates of daily reporting.

As veterinarians we realize there is an opioid epidemic and all of us can share a story of someone we know or love who has become addicted. In fact I have personally had a friend and former employee with a chronic back issue who became an addict. She had aggravated an old sports injury and became addicted to opioids after unsuccessful back surgery. The back issue prevented her from returning to work and after unsuccessful drug rehabilitation, she ended up taking her own life leaving a husband and 2 children behind. This is a truly sad story that began with legally dispensed medications from a **human health care provider**. That being said, her addiction neither began nor was aided by any medications she received from our clinic or any veterinary clinic.

In response to the opioid epidemic the state of Alaska (along with every other State in the US) has attempted to find solutions to slow this epidemic. The PDMP was designed to allow pharmacists and doctors to legally share dispensing information such that they could identify shared patients to avoid negative drug interactions as well as identify those who are potentially "Doctor shopping" (ie seeking multiple prescriptions of similar narcotics from multiple providers). To that end it is proven to be a very useful for human health care providers.

Although veterinarians do use opiates in practice, we do not dispense commonly abused opiates to any significant degree. In fact in 2017 veterinarians accounted for only 0.34% of all Pharmacy dispensed opiates in the US. Additionally the types opioids we prescribe as veterinarians are not the most commonly sought after and abused drugs (such as Oxycontin, Percocet, Methadone, Narco, etc). The vast majority of opioids that veterinarians use are for "in clinic" use which is not monitored by the PDMP, but are controlled the DEA (Drug Enforcement Administration) which mandates strict drug tracking by all medical providers. DEA requires documents/logs that track controlled drugs from manufacturing, through distribution, and then delivery to medical providers. Once in the clinic the DEA requires us to maintain controlled drug inventories, as well as tracking each individual dose given to each patient in the clinic setting. These measures ensure proper inventory counts as well as serving as an audit trail for any discrepancies that may occur. Removing Veterinarians from the PDMP will have no reduction in DEA oversight.

There is a long list of reasons as to why the PDMP is not only ineffective, but has proven to be a costly and undue burden for veterinarians (please refer to the attached documents). Firstly there has been zero cases of doctor shopping identified through a veterinarian by the PDMP in the past five years (in fact I am not aware of one case being reported ever). The PDMP software was designed to integrate with human healthcare software systems but does not communicate with veterinary software(which makes the process more onerous and time-consuming for veterinarians compared to human health care providers). As well when veterinarians are accessing the PDMP we are not querying the dog or the cat's drug history-- we are required to look up the **human owner's controlled substance** history which creates significant privacy concerns. Our experience has been even when pet data is entered correctly it does not show up in the database just months later when the same client is queried by a practitioner? Where is the data going and who does it help if it does not appear on the database?

Over two years ago we brought forth a bill in the House HB91 that sat in committee with only one hearing occurring during the final week of the session. Seeing lack of progress in the House, we moved our efforts to the Senate last year and within a few weeks we saw Senate bill (SB132) pass quickly unopposed in the Senate. Again this bill was stalled in the House by only one or two individuals in positions of power in certain committees. Based on our internal "polls," we had enough House votes to pass our bill if it had just made the floor. But the opinion and political gamesmanship of only a few individuals in positions of power, essentially killed our bill in committee by stalling it & not allowing it to come to a vote.

I have been a board member of the Alaska Veterinary Medical Association for nearly 10 years now. During my tenure on this board we have been attempting to work with the State of Alaska and the PDMP providers to share our concerns. And to be brutally honest our concerns have fallen mostly on deaf ears and have been greatly disregarded by those oversee and implement the PDMP. Veterinarians were never engaged in the development of the PDMP, nor have they been truly engaged at any any point along the way. In fact I can provide you a letter from 2016 that details formation of PDMP advisory board in which veterinarians were specifically left off and all other healthcare professions were provided a seat at the table ("**2016 Div. of Corp,Bus, & PL Joint committee on Prescription Guidelines**"--which had no representative from the Board of Veterinary Examiners). I testified before the Board of Pharmacy as far back as November of 2013 sharing the concerns veterinarians had with our inclusion in the PDMP and now we sit almost 10 years later and essentially nothing has changed...except the cost of useless PDMP investigations and cost of veterinary licensing fees which have both gone up (as each professional board has been mandated to be "self funding" by statute, regardless of size or membership numbers). In a time where there is a known veterinary shortage, we now have the highest veterinary licensing fees in the country which is detrimental to the recruitment & retention of new veterinarians & support staff.

The one ray of light is the recent support we received this past year from the Board of Pharmacy, who oversees the PDMP. The Board of Pharmacy provided us an official letter of support exempting veterinarians from the PDMP. Yet even with the written support from the Board of Pharmacy, SB132 was allowed to die in a house committee last year. I know your time is valuable but please review the documents I have attached which may better clarify and support our concerns. Veterinarians are not contributing in any significant way to the opioid epidemic in Alaska and our inclusion in the PDMP has proven to be both onerous and fruitless. There is too much time and too many tax dollars being wasted on veterinary inclusion in the PDMP that could better be spent treating patients and focusing state staff dollars on effective solutions to reducing opioid abuse in our State.

Please consider supporting the veterinarians of our state as we seek exemption from participation in the PDMP. I look forward to following up you regarding this issue and appreciate your time on this.

Regards,

Jim Delker DVM
Twin Cities Veterinary Clinic--Owner

AKVMA (Alaska Veterinary Medical Association) Legislative Liaison

[REDACTED]