



March 15, 2022

Senator Click Bishop, Chairman
Senate Finance Committee
State Capitol, Room
Juneau, AK 99801

RE: SB 132 Exempting Veterinarians From PDMP Requirements

Dear Co-Chair Bishop:

The Alaska Chapter of the American College of Emergency Physicians opposes Senate Bill 132 as it is written. We see daily the devastating impacts of opioids, and feel that all sources of opioids in our communities should be captured by the PDMP in order for it to be the best tool possible to help identify patients suffering from Opioid Use Disorder.

Notably, the current PDMP use requirements have exceptions for reporting for administering opioids in a healthcare setting for acute pain, which would encompass Veterinary facilities. There also is already an existing exemption to dispense short term (<24 supply), to a patient upon discharge from inpatient care and from emergency care. These exceptions minimize the burden of the PDMP, and allow patients to have acute pain treatment when established pharmacies are closed. An exemption could be added for veterinary clinics in statute for these ultrashort courses for an acute painful condition, and if a longer term prescription is needed one should be written, and can be dispensed by an established pharmacy.

We recognize that Veterinarians will face different challenges than physicians in implementation of these requirements. But the concerns we have heard about difficulties in PDMP usage for vets speak to the need for thoughtful implementation not exception from participation. For example, we have heard even when they do not prescribe opioids, vets need to log in and attest to this. We agree this is onerous, and is not required of human providers.

As you know, animal clinics not only prescribe but dispense opioids. Veterinarians have noted that this increases the difficulty of compliance. Please remember that it also increases risk for misuse and diversion — a risk that will increase if animal clinics are granted a wholesale exception. If these clinics are not able to enter dispensing data into the PDMP, they should not be allowed to dispense opioids for courses > 24 hours as suggested above. We have discussed this with a pharmacy stakeholder, and indeed

this already occurs. The example given to us was for phenobarbital, a controlled substance used to treat seizures in both humans and animals. Pharmacies have already been dispensing this medication for use in animals. The other example the pharmacy director we spoke with cited, was that there is already a mechanism in place when the individual filling the prescription is not the patient, such as for a child. For either children, or pets, the pharmacist will check the driver's license of the person filling the prescription, and enter that information into the PDMP.

PDMP Data

Data on morphine milligram equivalents (MMEs) prescribed by professionals 2016-2018 demonstrate the veterinarians in Alaska now surpass dentists in prescribing opioids with 5 million MME prescribed in 2018 for animals and 2.9 million to dentists. This is a clear and substantial opioid contribution to the community.

Peer Reviewed Published Data

Opioid prescription rates have been increasing nationally and are now recognized as a significant public health issue that is resulting in tragic loss of life and deep damage to communities. A 2019 article published in JAMA Network Open found the field of animal medicine also had a *"parallel trend of escalating opioid prescriptions and potency between 2007 and 2017. The substantial and increasing volume of opioids prescribed highlights analogous concerns about excessive opioid prescribing in humans."*¹ The authors concluded that there is opportunity to *"assess the risk associated with veterinarian opioid prescriptions and develop mitigation strategies, including expanding veterinary PDMP reporting nationally to safeguard public health."* These authors suggest Alaska is on the right track in requiring PDMP compliance.

Taking on new regulations always presents challenges. But, as we consider those challenges we cannot forget the opportunity here: saving lives and preserving communities. Though it may be uncomfortable to implement, we must remember that we are on the right track. We need to keep moving forward to finalize implementation of that participation. We need to keep saving lives.

A study in the state of Colorado illustrates that veterinarians may not understand the extent of this problem.² The study reported that *"seventy-three percent of respondents indicated that their veterinary medical school training on opioid abuse or misuse was either fair, poor, or absent."* Additionally, *"13% of surveyed veterinarians were aware that an animal owner had intentionally made an animal ill, injured an animal, or made an*

¹ Clarke DL, Drobatz KJ, Korzekwa C, Nelson LS, Perrone J. Trends in Opioid Prescribing and Dispensing by Veterinarians in Pennsylvania. *JAMA Netw Open*. 2019;2(1):e186950.

² Derek S. Mason, Liliana Tenney, Peter W. Hellyer, and Lee S. Newman, 2018:

[Prescription Opioid Epidemic: Do Veterinarians Have a Dog in the Fight?](https://doi.org/10.2105/AJPH.2018.304603)

American Journal of Public Health 108, 1162_1163, <https://doi.org/10.2105/AJPH.2018.304603>

³Trends in the number of patients linked to potential vet-shopping behavior in the United States (2014-2019) *Am J Vet Res* 2022 Jan 21;83(2):147-152.

<https://pubmed.ncbi.nlm.nih.gov/34941568/>

animal seem ill or injured to obtain opioid medications; 44% were aware of opioid abuse or misuse by either a client or a veterinary practice staff member; and 12% were aware of veterinary staff opioid abuse and diversion."

Many vets may not feel adequately trained to handle these situations and the study authors had the same conclusion that we would advocate for Alaska:

"Steps should be taken in the veterinary medicine community to align with other DEA license holders in prevention measures, leading to congruent efforts by all prescribers of opioids in the United States. This should include setting expectations for veterinarians to meet the same levels of compliance required of other prescribers for logging prescriptions of scheduled drugs into state PDMP systems."

A more recent article released in 2022 in the veterinary literature also supports continuing capturing opioids dispensed to pets in the PDMP. It shows that in a query of PDMP's where veterinary reporting was required, the incidence of "vet shopping" (one pet obtaining a prescription from 4 or more different vets) tripled during the study period of 2014-2019.³

Summary

All providers with DEA licenses who prescribe controlled substances need to be held to the same standard. Opioid prescriptions from Veterinarians are a contribution to the presence and availability of opioids in our communities. Our review of public health literature suggests that the veterinarian community may not be aware of the degree of their contribution to risk for the human population. Alaska has an opportunity to save lives by establishing a consistent practice of PDMP usage; repealing the requirement for Veterinarians to participate should not be considered. Instead we should work on a solution that removes undue administrative burden on veterinarians and their patients.

1. Veterinarians are already exempted from reporting to the PDMP under current statute for acute pain when their patient is in their clinic. [Sec. 2 (t) (2), (A) (i) health care facility.]
2. An exemption could be added for veterinary clinics for very short courses (<24 hours) of opioids for acute pain. [Sec. 2, (t), (B), add bullet iii. Veterinary medical practices].
3. If a longer term prescription is deemed necessary, a prescription should be written by the treating veterinary provider, and filled at an existing pharmacy under the name of the responsible adult, with designation that it was for their pet, in the PDMP. Our preliminary research suggests this is already occurring. The PDMP report would then be filed by the filling pharmacy, who already have mechanisms in place to do so without the administrative burden currently being experienced by vets.

Thank you for the opportunity to put our comments regarding SB 132 on the record.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Papacostas', with a stylized flourish at the end.

Nicholas Papacostas MD, FACEP
President, Alaska ACEP

cc: Senator Roger Holland
Members of Senate Finance Committee
Dr. Anne Zink, State Chief Medical Officer