

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 26, 2022

4:53 p.m.

MEMBERS PRESENT

Representative Liz Snyder, Co-Chair
Representative Tiffany Zulkosky, Co-Chair
Representative Ivy Spohnholz
Representative Zack Fields
Representative Ken McCarty
Representative Mike Prax
Representative Christopher Kurka

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE BILL NO. 382

"An Act relating to insurance coverage for pharmacy services."

- MOVED CSHB 382 (HSS) OUT OF COMMITTEE

SENATE BILL NO. 132

"An Act exempting veterinarians from the requirements of the controlled substance prescription database."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 382

SHORT TITLE: INSULIN COVERAGE:INSURANCE;MEDICAID

SPONSOR(S): REPRESENTATIVE(S) SNYDER

02/22/22	(H)	READ THE FIRST TIME - REFERRALS
02/22/22	(H)	HSS, L&C
04/21/22	(H)	HSS AT 3:00 PM DAVIS 106
04/21/22	(H)	Heard & Held
04/21/22	(H)	MINUTE (HSS)
04/26/22	(H)	HSS AT 3:00 PM DAVIS 106

BILL: SB 132

SHORT TITLE: CONTROLLED SUB. DATA: EXEMPT VETERINARIAN

SPONSOR (s) : SENATOR (s) HOLLAND

04/28/21 (S) READ THE FIRST TIME - REFERRALS
04/28/21 (S) HSS, L&C
02/03/22 (S) HSS AT 1:30 PM BUTROVICH 205
02/03/22 (S) Heard & Held
02/03/22 (S) MINUTE(HSS)
02/08/22 (S) HSS AT 1:30 PM BUTROVICH 205
02/08/22 (S) Moved SB 132 Out of Committee
02/08/22 (S) MINUTE(HSS)
02/09/22 (S) HSS RPT 4DP
02/09/22 (S) DP: WILSON, REINBOLD, BEGICH, HUGHES
02/23/22 (S) L&C AT 1:30 PM BELTZ 105 (TSBldg)
02/23/22 (S) Heard & Held
02/23/22 (S) MINUTE(L&C)
03/02/22 (S) L&C AT 1:30 PM BELTZ 105 (TSBldg)
03/02/22 (S) Moved SB 132 Out of Committee
03/02/22 (S) MINUTE(L&C)
03/04/22 (S) L&C RPT 2NR 1DP
03/04/22 (S) NR: COSTELLO, REVAK
03/04/22 (S) DP: GRAY-JACKSON
03/04/22 (S) FIN REFERRAL ADDED AFTER L&C
03/17/22 (S) FIN AT 9:00 AM SENATE FINANCE 532
03/17/22 (S) Heard & Held
03/17/22 (S) MINUTE(FIN)
03/22/22 (S) FIN AT 9:00 AM SENATE FINANCE 532
03/22/22 (S) Moved SB 132 Out of Committee
03/22/22 (S) MINUTE(FIN)
03/23/22 (S) FIN RPT 7DP
03/23/22 (S) DP: STEDMAN, BISHOP, HOFFMAN, WILSON,
WIELECHOWSKI, OLSON, VON IMHOF
03/28/22 (S) TRANSMITTED TO (H)
03/28/22 (S) VERSION: SB 132
04/04/22 (H) READ THE FIRST TIME - REFERRALS
04/04/22 (H) HSS, L&C
04/14/22 (H) HSS AT 3:00 PM DAVIS 106
04/14/22 (H) Scheduled but Not Heard
04/19/22 (H) HSS AT 3:00 PM DAVIS 106
04/19/22 (H) -- MEETING CANCELED --
04/26/22 (H) HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

COLEMAN CUTCHINS, PharmD, Clinical Pharmacist
Office of Substance Abuse & Addiction Prevention
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 382.

LORI WING-HEIER, Director
Division of Insurance
Department of Commerce, Community & Economic Development
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 382.

LAURA KELLER, Managing Director of Advocacy
American Diabetes Association
Phoenix, Arizona

POSITION STATEMENT: Answered questions during the hearing on HB 382.

SENATOR ROGER HOLLAND
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented SB 132.

NIKKI ROSE, Staff
Senator Roger Holland
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented the sectional analysis of SB 132 on behalf of Senator Holland, prime sponsor.

SARA CHAMBERS, Director
Division of Corporations, Business and Professional Licensing,
Department of Commerce, Community & Economic Development
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on SB 132.

MICHAELA DICK, DMV, Past President
Alaska Veterinary Association
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on SB 132.

LAURA CARRILLO, Administrator
Board of Pharmacy
Department of Commerce, Community, and Economic Development
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on SB 132.

ACTION NARRATIVE

[4:53:47 PM](#)

CO-CHAIR TIFFANY ZULKOSKY called the House Health and Social Services Standing Committee meeting to order at 4:53 p.m. Representatives Zulkosky, McCarty, Spohnholz, Snyder, Prax, Fields, and Kurka were present at the call to order.

HB 382-INSULIN COVERAGE:INSURANCE;MEDICAID

[4:55:07 PM](#)

CO-CHAIR ZULKOSKY announced that the first order of business would be HOUSE BILL NO. 382, "An Act relating to insurance coverage for pharmacy services."

[4:55:44 PM](#)

CO-CHAIR SNYDER refreshed the committee on the purpose of HB 382, stating that the bill focused on the importance of preventative care and improving access to affordable healthcare. She explained that over the past few decades, the growth rate of insulin costs had greatly outpaced that of inflation and become incredibly expensive, with no generic versions of insulin available. She reported that there were 50,000 Alaskans diagnosed with diabetes, and that number increases every year. In conclusion, she explained that the legislation would cap the co-pay for insulin at \$100 a month.

[4:57:40 PM](#)

REPRESENTATIVE MCCARTY, acknowledging that he had missed the previous hearing, asked what the price of insulin is to the pharmacies and whether this bill would cause a negative impact in their ability to procure insulin. He mentioned that some states have had to "go out of country" to buy medicine and questioned whether those states were doing the same for insulin.

CO-CHAIR SNYDER explained that insulin currently costs \$200 per vial, in comparison to \$20 a vial in 1994. She shared that while the typical usage for a diabetic patient is two vials a month, this can go up to as many as five a month depending on a variety of factors including severity and the ability to manage the condition through diet and other lifestyle choices. She

stated that the question of going out of country for insulin was not brought up in the previous hearing.

[5:00:14 PM](#)

REPRESENTATIVE PRAX voiced his understanding that HB 382 would alter the co-pay of existing policies and questioned whether the bill would also affect future policies.

CO-CHAIR SNYDER confirmed that HB 382 would cap the price of current and future policies.

[5:00:51 PM](#)

REPRESENTATIVE MCCARTY inquired about utilizing the ability of the Department of Health and Social Services (DHSS) to purchase large quantities of medication to reduce the cost of insulin for the state.

REPRESENTATIVE FIELDS suggested that Representative McCarty refer to a letter from DHSS [included in the committee packet] which addressed this topic and then direct any further questions to Lori Wing-Heier, Director of the Division of Insurance, within the Department of Commerce, Community & Economic Development.

[5:01:38 PM](#)

The committee took a brief at-ease.

[5:01:47 PM](#)

CO-CHAIR ZULKOSKY asked Representative McCarty to restate his question and directed it to Coleman Cutchins from DHSS.

REPRESENTATIVE MCCARTY noted that the state buys large quantities of other medications, such as hepatitis treatments, and asked whether the department could do the same with insulin.

[5:02:42 PM](#)

COLEMAN CUTCHINS, PharmD, Clinical Pharmacist, Office of Substance Abuse & Addiction Prevention, Department of Health and Social Services, explained that insulin is a refrigerated and sterile product, meaning it requires more effort to store and transport than other drugs. He noted that it requires extra personnel to maintain those sorts of medicines and the

department is experiencing staffing issues that could be a barrier to proper maintenance. He mentioned that there are some generic versions of insulin available to the state at prices of \$25 a vial when buying in bulk quantities of at least 1,000 units.

REPRESENTATIVE MCCARTY posited that because COVID-19 vaccinations have storage requirements similar to those for insulin, mainly refrigeration, Alaska had provided employee training and built up "a lot" of refrigerated facilities, which he believes put the state in the position to be able to buy insulin in bulk to reduce costs.

DR. CUTCHINS explained that there are 12-13 types of insulin on the market which would present the department with the challenge of deciding which types to carry. He emphasized that implementing a system to purchase insulin would be complex.

CO-CHAIR ZULKOSKY asked Lori Wing-Heier to share her perspective on Representative McCarty's question.

[5:05:37 PM](#)

LORI WING-HEIER, Director, Division of Insurance, Department of Commerce, Community & Economic Development, explained that the state had supplied a letter to the committee to look into a similar question brought up in the last hearing concerning Utah's insulin distribution program, and that multiple departments would be looking into whether or not a similar program would be viable for Alaska. She reported that another option the state was investigating was whether the Vaccine Assessment Council could be amended to provide insulin. She explained that both courses of action would require answering the many logistic issues Dr. Cutchins discussed and specifically the challenge of transporting a refrigerated medication from a central distribution location to the far reaches of Alaska. She acknowledged that the state had done this for the COVID-19 vaccines; however, those vaccines were frozen at -80 degrees Fahrenheit while insulin required less intense refrigeration. She emphasized that there would need to be statute changes if the state were to amend the Vaccine Assessment Council and that the state would be looking into the options for possible insulin distribution.

REPRESENTATIVE MCCARTY asked whether any of the amendments that Ms. Wing-Heier mentioned could be added to HB 382 to expedite the overall process.

MS. WING-HEIER explained that it could be possible to amend HB 382, but stated that based on previous testimony, this bill would affect only the 15 percent diabetic Alaskans who are insured. She shared her understanding that the committee would want to include the uninsured in any state-wide insulin distribution programs.

[5:08:11 PM](#)

REPRESENTATIVE KURKA asked whether HB 382 would cause premium increases for all those with health insurance or would be localized to only those who have diabetes.

MS. WING-HEIER explained that any increase to premiums would be negligible and that there had been no reports of increased insulin costs from insurance companies dealing with this same issue in other states.

CO-CHAIR SNYDER shared findings from studies on similar legislation passed in other states that showed negligible premium increases of 7-24 cents per person. She noted that a study on the Washington co-pay cap saw a 2 percent decrease in premiums. She argued that the initial increase across all beneficiaries would improve access to insulin and allow diabetic patients to better manage their health, leading to a cut in cost overall as hospitalizations and complications associated with poorly managed diabetes decrease.

[5:10:43 PM](#)

REPRESENTATIVE PRAX asked why the price of insulin had gone up so much and posited that for a drug that has been around for so long, a generic version should be available.

CO-CHAIR SNYDER explained that individuals with diabetes must take insulin to live and, with no alternatives available, companies "can charge whatever they want" for insulin to fill that demand.

REPRESENTATIVE PRAX referred to the various forms of insulin previously mentioned and sought confirmation that there were no alternatives to insulin on the market.

CO-CHAIR SNYDER explained that the varied types of insulin were due to differences in how patients administered it, as well as

who was producing and supplying it. She deferred to invited expert Laura Keller for a more detailed explanation.

5:12:55 PM

LAURA KELLER, Managing Director of Advocacy, American Diabetes Association, stated that there are no other replacements for taking insulin for Type 1 diabetics such as herself. She explained that the "generic" form of insulin mentioned previously is a separate type called regular insulin that is not used by most diabetic patients. She reported that the most common type of insulin is analog, which had been out for decades but has seen a massive jump in cost from \$21 to over \$300. She mentioned that the current standard of care recommends insulin pumps which require analog insulin and are covered by Medicare, making them the most common devices in use in Alaska. She acknowledged that regular insulin is available to patients but has not received Federal Drug Administration (FDA) approval for use in insulin pumps.

REPRESENTATIVE PRAX opined that the problem seems to be regulatory and that it is "odd" that the FDA is preventing other companies from producing insulin.

DR. CUTCHINS said that before working for the state he had worked as a practitioner in diabetes care. He explained that regular insulin can be used in a pump but newer drugs are longer lasting and protect against low blood sugar, which is why they are preferred for Type 1 diabetes patients. He explained that insulin, especially the analog types, is an expensive drug to manufacture and that the lower profits mean many companies are not interested in creating generic forms of the drugs. He posited that even when a generic drug is made, it is often "not much cheaper" than the brand name version.

5:17:18 PM

REPRESENTATIVE SPOHNHOLZ moved to adopt Amendment 1 to HB 382, labeled 32-LS1494\A.1, Marx, 4/22/22, which read as follows:

Page 2, line 6:
Delete "\$100"
Insert "\$35"

CO-CHAIR ZULKOSKY objected for the purpose of discussion.

REPRESENTATIVE SPOHNHOLZ reported that diabetes is one of the most expensive health conditions in the country, leading to 27 percent of patients with diabetes rationing their insulin, which can result in various complications that are even more expensive in terms of health care. She explained that regular use of insulin prevents issues like kidney failure, dialysis, and amputations, as well as reducing the number of hospital visits by 29 percent. She stated that the American Diabetes Association (ADA) recommends a co-pay cap of \$35 per month, a figure that has been successfully adopted in legislation by several states with varying "operating environments." She opined that amending the cap from \$100 to \$35 monthly would allow "average working Alaskans" better access to their needed medication.

[5:19:09 PM](#)

REPRESENTATIVE KURKA asked how much the average premium cost would increase with a \$35 cap in comparison to the original \$100 cap.

REPRESENTATIVE SPOHNHOLZ explained that in other states with a cap of \$35 there are increases as high as a dollar, but there are also states, like Washington, that had a decrease in overall cost. She explained that this was because the cost of any acute care, such as a surgery or long term care [associated with a diabetes complication], is also borne by all [policy holders on the same plan].

REPRESENTATIVE KURKA asked whether there are any other factors in the 1.8 percent decrease of premium costs in Washington.

REPRESENTATIVE SPOHNHOLZ confirmed that the co-pay cap is the only factor.

CO-CHAIR SNYDER added that the State of Washington passed a second bill to lower the cap to \$35 after the success of the first cap. She also mentioned that there are 20 other states who have instituted a cap between \$35-\$100 a month.

[5:21:54 PM](#)

REPRESENTATIVE MCCARTY asked whether there are any states that passed this legislation that had similar demographics to Alaska in terms of population and diabetic residents. He also questioned whether there could be a threat of insurance

companies deciding not to provide insulin in Alaska due to the cut in co-pay, therein cutting off Alaska's supply of insulin.

REPRESENTATIVE SPOHNHOLZ explained the demographic information available is about states like Kentucky, Washington, and Utah, which passed similar legislation. She stated that she could not make a direct comparison to a "like state," but studies have shown minimal increase to premiums. In regard to the insurance companies, she reported that the loss of income from the reduced premium is offset by a reduction of [expensive] high acuity of care cases. She opined that instituting a cap is a way to incentivize the companies to use their "significant market position" to negotiate better manufacturing and distribution costs.

[5:24:48 PM](#)

REPRESENTATIVE PRAX asked whether the committee had heard any testimony from insurance companies.

CO-CHAIR SNYDER replied that there is a letter from one company that had been delivered to committee members' offices.

REPRESENTATIVE SPOHNHOLZ referred to a report from the Healthcare Cost Institute (HCI) on Type 1 diabetes and the increasing costs of insulin. She explained that the HCI is an insurance industry funded organization with the purpose of examining health care costs in America.

REPRESENTATIVE PRAX shared that in his experience working in insurance sales, companies and employers invest in preventative care, such as buying memberships to a gym, because they believe that doing so saves money in insurance payouts overall. He posited that if putting a co-pay cap in place decreases costs, insurance companies would have done so before. He said he wished to hear directly from insurance companies for that reason.

CO-CHAIR SNYDER voiced her opinion that the path of least resistance for insurance companies is going with "the status quo," and she explained that the legislation would add positive pressure for those companies to address the problem directly with insulin manufacturers. She referred to a statement from America's Health Insurance Plans (AHIP), a national insurance organization, that suggested many other forms of cost reduction with which she agreed. However, she stated that [AHIP's] argument that insurance premiums would rise substantially cited

an out-of-date study from Kentucky, which gave her pause when considering how much stock to put into that testimony.

[5:29:17 PM](#)

REPRESENTATIVE FIELDS recapped part of the conversation held during the previous hearing by stating that the cost savings from reducing hospital visits and expensive, long term complications through the proper use of insulin are harder to quantify than immediate premium costs, which could account for why they have not been quantified yet.

[5:29:38 PM](#)

REPRESENTATIVE KURKA asked what is currently in statute to regulate the cost of co-pay and how the split of who would pay for what portion of prescriptions is structured.

[5:30:42 PM](#)

MS. WING-HEIER explained that there is not anything in statute other than what was directed by the federal government in the Affordable Care Act, and that the amount of co-pay depends on the specific plan. She explained that the purpose of this bill is to rectify that.

REPRESENTATIVE KURKA asked whether there are plans available on the market with higher premiums that would cover more of the cost of prescriptions.

MS. WING-HEIER replied that there are plans that cost much more that would have lower co-pays.

[5:32:26 PM](#)

CO-CHAIR ZULKOSKY removed her objection to the motion to adopt Amendment 1.

REPRESENTATIVE KURKA objected.

[5:32:32 PM](#)

A roll call vote was taken. Representatives Sponholz, Fields, Zulkosky, and Snyder voted in favor of Amendment 1 to HB 382. Representatives Prax, Kurka, and McCarty voted against it. Therefore, Amendment 1 was adopted by a vote of 4-3.

[5:33:32 PM](#)

CO-CHAIR SNYDER moved to report HB 382, as amended, out of committee with individual recommendations and the accompanying fiscal notes.

CO-CHAIR ZULKOSKY noted there was an [inaudible] objection.

A roll call vote was taken. Representatives Sponholz, Fields, Snyder, and Zulkosky voted in favor of the motion to report HB 382, as amended, out of committee with individual recommendations and the accompanying fiscal notes. Representatives Prax, Kurka, and McCarty voted against it. Therefore, CSHB 382(HSS) was reported out of the House Health and Social Services Standing Committee by a vote of 4-3.

[5:34:35 PM](#)

The committee took an at-ease from 5:34 p.m. to 5:36 p.m.

SB 132-CONTROLLED SUB. DATA: EXEMPT VETERINARIAN

[5:36:07 PM](#)

CO-CHAIR ZULKOSKY announced that the final order of business would be SENATE BILL NO. 132 "An Act exempting veterinarians from the requirements of the controlled substance prescription database."

[5:38:09 PM](#)

SENATOR ROGER HOLLAND, Alaska State Legislature, as prime sponsor, read the sponsor statement for SB 132 [included in the committee packet], which read as follows [original punctuation provided]:

Alaska's 25th legislature created the Prescription Drug Monitoring Program (PDMP) in 2008. The legislative intent behind the PDMP was to create a database of prescriptions for controlled substances in the state. The PDMP may create obstacles for individuals seeking opioids to obtain multiple prescriptions from registered providers and may be a useful tool for human doctors in combating the opioid crisis. Under the current statutory framework, Alaska's veterinarians are required to participate in the PDMP, despite the irreconcilable differences

between human and veterinary medical practice. PDMPs have been implemented in all 50 states, but 34 states have recognized the unsuitability of veterinary participation in the PDMP and exempted veterinarians. SB 132 would add Alaska to that list.

The majority of states exempt veterinarians from PDMP because they have recognized that PDMPs are designed for use in human medicine; and veterinary exclusion from PDMPs does not increase risk to the public. Alaska's inclusion of veterinarians in the PDMP has produced no identifiable benefit; yet the PDMP has created a multitude of verifiable harms to the veterinary profession and the Alaskans they serve. The PDMP is inappropriate and not effective for use with animal patients, as animals do not have identifiers such as a social security number, and veterinarians must view human owners' private health data before treating an animal.

Alaska has the highest veterinary licensure cost in the United States. Veterinary participation in the PDMP contributes to this unnecessary financial burden on a profession already experiencing extreme staffing shortages, decreasing availability of veterinary services to Alaskans. Moreso, a recent survey found attempted veterinary doctor shopping across the entire United States is essentially non-existent.

Veterinarians are tightly regulated by the Drug Enforcement Agency, the Know Your Customer Act, and the State licensing board. SB 132 seeks to correct an expensive overreach so that Alaskans can have access to treatment for their pets without compromising public safety.

[5:41:24 PM](#)

NIKKI ROSE, Staff, Senator Roger Holland, Alaska State Legislature, on behalf of Senator Holland, prime sponsor, gave the sectional analysis of SB 132 [included in the committee packet], which read as follows [original punctuation provided]:

Sec. 1 AS 17.30.200(o), relating to the controlled substance prescription database, is amended by deleting the Board of Veterinary Examiners from the

list of required notification by the Board of Pharmacy when a practitioner registers with the database.

Sec. 2 Adds veterinarians to the list of practitioners not required to comply with the controlled substance prescription database under AS 17.30.200(t).

Sec. 3 Adds a definition of "practitioner" to AS 17.30.200(u)

Sec. 4 Repeals AS 08.98.050(a)(10), which obligates the board of veterinary examiners to require licensees to register with the controlled substance prescription database.

[5:42:31 PM](#)

CO-CHAIR ZULKOSKY asked who manages the PDMP.

SENATOR HOLLAND explained that the expert who could answer that question was no longer available.

CO-CHAIR ZULKOSKY directed the question to Sara Chambers from the Department of Commerce, Community & Economic Development (DCCED).

[5:43:35 PM](#)

SARA CHAMBERS, Director, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community & Economic Development (DCCED), replied that the PDMP is monitored by DCCED staff through the Board of Pharmacy which is in charge of PDMP implementation.

[5:44:08 PM](#)

REPRESENTATIVE MCCARTY asked for confirmation of his understanding that when a pet is owned by multiple parties, as in a family pet, whoever brings the pet to the veterinarian would have their identification (ID) number entered into the PDMP.

SENATOR HOLLAND explained that the ID number could come from any person who drops off a pet when the prescription of opioids is necessary; it does not have to be the owner. He stated that the regulations simply require a number to be entered.

REPRESENTATIVE MCCARTY stated that this seems to dilute effectiveness of the PDMP since multiple identifiers could be listed for the same animal.

SENATOR HOLLAND explained that due to time constraints, he had not been able to use the prepared PowerPoint during his presentation, and he noted that it is a valuable resource for answering many of the basics about the bill.

CO-CHAIR ZULKOSKY asked what collaboration has occurred between DCCED and veterinarians to solve issues with PMDP.

[5:46:59 PM](#)

MS. CHAMBERS responded that DCCED has conducted many conversations with the Board of Pharmacy and the Board of Veterinary Examiners to address how regulations should be set to conform with statute and whether or not statute needs to be changed. She said that there have been varying levels of follow through among the different entities that have a responsibility to participate in these discussions. She reported that the department has published instructions on how veterinarians can use the PDMP and that she had received positive feedback from veterinarians that the instructions made using the PDMP possible. However, she mentioned that many veterinarians still have concerns about how to align day-to-day operations with statute.

[5:49:20 PM](#)

REPRESENTATIVE PRAX asked how long the department has been working with veterinarians to fix the issue.

MS. CHAMBERS answered since the legislation passed in 2016.

[5:49:49 PM](#)

CO-CHAIR SNYDER shared her understanding that many of the issues veterinarians have been experiencing with PMDP relate to the navigability of the database itself. She asked what kind of changes have been made to the database to make it more [user friendly].

MS. CHAMBERS voiced her belief that there had been changes implemented but directed the question to Laura Carrillo for more details on PMDP.

SENATOR HOLLAND also referred the question to Michaela Dick, a veterinarian who has had a lot of experience with the PDMP and has been advocating for change.

[5:51:27 PM](#)

CO-CHAIR SNYDER restated her question about what changes, if any, have been made to the database since 2017.

MICHAELA DICK, DMV, Past President, Alaska Veterinary Association, replied that "we haven't really been working on it" and that there has been more of a focus on conversations with the department and the boards due to investigations that have been launched on veterinarians not being able to use the system. She explained that because veterinarians work with animals rather than people, they are unable to look up anything in the database since their patients do not have identification numbers. She opined that any fixes made to the database did not solve the core problem of veterinarians being unable to comply with statute.

[5:53:35 PM](#)

REPRESENTATIVE SPOHNHOLZ asked what changes to regulation have been discussed to make the PDMP more user-friendly for veterinarians while still meeting the public health need of tracking opioids. First, she posited that vets could be required to login only on days that they prescribe opioids. Second, she suggested making the only ID number associated with the animal be connected to the responsible financial party.

[5:55:16 PM](#)

LAURA CARRILLO, Administrator, Board of Pharmacy, Department of Commerce, Community, and Economic Development, explained that the department has had "very fruitful discussions" with the Board of Veterinary Examiners but the discussions have not yet resulted in policy suggestions. She voiced concern about comingling of data and explained that DCCED has adjusted coding within the database to clarify species and published guidelines to help veterinarians know which codes to use. She deferred the question about regulations around discerning pet ownership to the veterinarians.

CO-CHAIR ZULKOSKY announced that SB 132 was held over.

[5:57:48 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:57 p.m.