

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 28, 2022

3:05 p.m.

MEMBERS PRESENT

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

MEMBERS ABSENT

Representative Tiffany Zulkosky, Co-Chair

COMMITTEE CALENDAR

SENATE BILL NO. 132

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

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

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
 04/26/22 (H) Heard & Held
 04/26/22 (H) MINUTE (HSS)
 04/28/22 (H) HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

TRACY WARD, DVM, President
 Alaska State Veterinary Medical Association
 Juneau, Alaska

POSITION STATEMENT: Gave a PowerPoint presentation during the hearing on SB 132.

HAL GEIGER, DVM, Member
 Board of Veterinary Examiners
 Division of Corporations, Business and Professional Licensing
 Department of Commerce, Community & Economic Development (DCCED)
 Juneau, Alaska

POSITION STATEMENT: Share in giving a PowerPoint presentation during the hearing on SB 132.

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

POSITION STATEMENT: Provided information and answered questions during the hearing on SB 132.

LAURA CARRILLO, Executive Administrator
Alaska Board of Pharmacy
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.

NELSON PRIDDY, DVM
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony during the hearing on SB 132.

JON BASLER, DVM, Medical Director/Owner
College Village Animal Clinic
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony in support of SB 132.

JUDITH MASTELLER, DVM, representing self
Wasilla, Alaska

POSITION STATEMENT: Testified during the hearing on SB 132.

JUDY MONTALBANO
Alaska Veterinary Association
North Pole, Alaska

POSITION STATEMENT: Testified in support of SB 132.

KRYSTAL TODD, Veterinarian Technician
North Pole Veterinary Hospital
North Pole, Alaska

POSITION STATEMENT: Testified during the hearing on SB 132.

DAWN BROWN, DVM, representing self
Salcha, Alaska

POSITION STATEMENT: Testified in support of SB 132.

DEBORAH MERSCH, DVM, Small Animal Veterinarian
Soldotna, Alaska

POSITION STATEMENT: Testified during the hearing on SB 132.

PETER NICHOLSON, DVM, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified during the hearing on SB 132.

JAMES DELKER, DVM
Alaska Veterinary Association
Soldotna, Alaska

POSITION STATEMENT: Testified during the hearing on SB 132.

SUZE NOLAN, Licensed Veterinary Technician, Manager
North Pole Veterinary Hospital
North Pole, Alaska

POSITION STATEMENT: Testified during the hearing on SB 132.

MERCEDES PINTO, DVM, representing self
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of SB 132.

ALLI PEARMINE, Licensed Veterinary Technician, representing self
North Pole, Alaska

POSITION STATEMENT: Testified during the hearing on SB 132.

ACTION NARRATIVE

[3:05:30 PM](#)

CO-CHAIR SNYDER called the House Health and Social Services Standing Committee meeting to order at 3:05 p.m. Representatives Prax, McCarty, Spohnholz, Fields, and Snyder were present at the call to order. Representative Kurka arrived as the meeting was in progress.

SB 132-CONTROLLED SUB. DATA: EXEMPT VETERINARIAN

[3:06:41 PM](#)

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

[3:08:18 PM](#)

TRACY WARD, DVM, President, Alaska State Veterinary Medical Association (AKVMA), addressing SB 132, began a PowerPoint presentation, titled "Why It Makes Sense to Exempt Veterinarians from the Prescription Drug Monitoring Program" [hard copy included in the committee packet]. She told the committee that ASVMA supports SB 132 [as stated on slide 2]. She directed attention to an overview of the history of the Prescription Drug

Monitoring Program (PDMP) on slide 3, which read as follows [original punctuation provided]:

2008: Alaska's PDMP established by SB 196.

2017: In reaction to growing opioid epidemic, the PDMP was amended by via HB 159 to include all DEA permit holders, including veterinarians.

Neither AKVMA nor BOVE were consulted regarding this amendment.

PDMP reporting is required for all actively licensed practitioners who hold a Federal Drug Enforcement Agency registration number and who prescribe, administer, or dispense federally scheduled II - IV controlled substances in the state.

DR. WARD added that participating in the PDMP requires two main duties: querying the system to examine the controlled substance prescription history for a patient (both humans and animals); and entering controlled substance prescriptions made by the practitioner. She argued that the PDMP is not an effective database for veterinarians with reasons given on slide 4, which read as follows [original punctuation provided]:

The PDMP was established for human medicine. Querying of PDMP data for animals is not possible with the PDMP (and reported drugs for an animal are not visible in the PDMP database).

A query is made on the individual(s) that bring the animal to the veterinarian and human data is obtained, not animal data.

Human data obtained from the PDMP query is not usable for the veterinarian. Veterinarians are not trained in human medicine to understand what the dosages mean.

DR. WARD emphasized that animals lack any unique identifying data, and because veterinarians are not trained in human pharmacology, the human data within the PDMP cannot be properly interpreted to make prescription decisions around medications for animals, and vice versa for physicians. She explained that veterinarians are not bound to Health Insurance Portability and Accountability Act (HIPAA) guidelines because their patients are animals; therefore, giving veterinarians access to this

information via the PDMP would be a violation of the owner's medical privacy. She asked the committee to consider whether they would want someone who was not their medical practitioner to have access to a list medications they were on, which include those listed on slide 5, which read as follows [original punctuation provided]:

Examples of some common medications seen include, but are not limited to: Adderall, Ritalin, anabolic steroids such as testosterone, postpartum depression medications, sex hormones, Xanax, Klonopin, Valium, Ativan, Domar, and sleep aids like Ambien and Lunesta.

DR. WARD mentioned that a common concern was how veterinary prescriptions of controlled substances would be monitored if the PMDP exemption was granted. She answered this question on slide 6, which read as follows [original punctuation provided]:

Veterinarians who prescribe or dispense controlled substances are licensed through Drug Enforcement Agency (DEA). There is already a significant level of accountability, record keeping, and medication storage requirements that veterinarians must adhere to.

Distributors of controlled substances monitor utilization patterns of veterinarians. The Suspicious Order Monitoring System is in place and data is gathered by distribution companies who are required by the DEA to monitor and report unusual purchase patterns a veterinarian may have. Distributors are required to flag purchases that fall outside of norms for either previous purchase history or the norms for practices of similar size/type. DEA oversight is to control/prevent diversion from licensed professionals to drug dealers and users.

DR. WARD, reporting that Alaska is not the only state to consider exempting veterinarians, referred to slide 7, which read as follows [original punctuation provided]:

34 other states have exempted veterinarians from participating in the PDMP.

10 states formerly mandated veterinary reporting but repealed their inclusion due to the problems experienced, lack of identified benefits to veterinary participation, and demonstration that exempting

veterinarians does not decrease protection of public healthy [sic] and safety. These states are Alabama, Arizona, Idaho, Illinois, Kansas, Kentucky, Louisiana, New Mexico, West Virginia (2021), and Wyoming.

Missouri implemented the PDMP in 2021 but did not require veterinarians to participate.

DR. WARD reported that veterinarians do not prescribe the main drugs of concern, such as oxycontin, Vicodin, and methadone, and opioids that are prescribed are either used only in hospital or have a very low potential for abuse. She further illustrated that veterinarians are not a primary concern as a source of drugs, as shown on slide 8, which read as follows [original punctuation provided]:

The Board of Pharmacy reported that veterinarians in Alaska from 2016–2018 prescribed .3% to 1% of total Morphine Milligram Equivalents (MMEs).

Opioid medications prescribed by veterinarians (728,223) were only 0.34% of the total opioid prescriptions (214 million) that were dispensed by U.S. retail pharmacies in 2017.

There is a natural barrier to vet shopping since costs for veterinary care are paid up front by the pet owner.

There have been no identified cases of veterinary shopping in Alaska.

DR. WARD continued to argue that veterinarians are not a primary source of drug misuse, as shown on slide 9, which read as follows [original punctuation provided]:

There are numerous letters and testimony on file from veterinarians, medical doctors (including ER physicians), and animal owners supporting SB 132, for all of the reasons enumerated previously

There is one letter of opposition, from the Board of Alaska's ER Physicians. The literature cited in the letter of opposition is primarily an Editorial (not a research trial) in a medical journal, and a paper citing an increase in "possible" veterinary shopping behavior from 0.19% to 0.64%

We do not believe that Alaska should be governed based on the precautionary principle, i.e., that something MIGHT happen in the future, and so we should legislate to prevent this possibility.

There is NO credible evidence to support that veterinary drugs are contributing to the opioid crisis and significant evidence to suggest that they are not.

DR. WARD, in concluding her portion of the presentation, emphasized that AKVMA urges a yes vote on SB 132 and skipped to slide 12, which lists reasons and read as follows [original punctuation provided]:

An Exemption of Veterinarians from participating in the PDMP:

Will allow veterinarians to provide the appropriate, timely, medical management appropriate for each patient.

Will increase the efficiency of the PDMP system for its intended purpose, by allowing for accurate interpretation of data and trends in human medicine.

Will allow continued judicious use of controlled substances that is already practiced by veterinarians.

Will eliminate unnecessary and disproportionate business burdens for veterinarians.

[3:20:18 PM](#)

HAL GEIGER, DVM, Member, Board of Veterinary Examiners, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community & Economic Development (DCCED), gave part of the PowerPoint presentation begun by Dr. Ward. He first shared that he is a retired biostatistician and has served as the public member on the Board of Veterinary Examiners (BOVE) for two terms. He stressed that he is not and has never been a part of the veterinary profession but has had a lot of experience with databases and how they work. He reported that the PDMP "is not working, has not been working, and we're not able to make it work" for veterinarians. He explained that the board has repeatedly found the information in the database to be incomplete, corrupted, and unreliable, and there is no way to

extract a summary of information that would actually be useful for veterinarians. He emphasized that the purpose of tracking and monitoring the prescription of opioids is already being met through U.S Drug Enforcement Administration (DEA) oversight.

DR. GEIGER opined that there is no logical connection between tracking the diversion of drugs from a veterinary hospital and the PDMP. He referred to the bar chart on slide 10 of the PowerPoint that illustrates the "BOVE Investigative Costs for Veterinarians" and shows that the amount of money going into PDMP investigations has more than tripled in five years. He reported that during his time on the board the amount of PDMP investigations has grown to be "pages and pages" worth, the majority of which ended up being coding errors or violations of unknown origin. He shared that the requirement for veterinarians to log in to the database every day and report that they did not prescribe any controlled substances led to veterinarians receiving superfluous violations, such as the woman who received a violation for not logging in every day during her maternity leave.

[3:25:51 PM](#)

The committee took a brief at-ease. [During the at-ease, Co-Chair Snyder passed the gavel to Representative Spohnholz.]

[3:25:55 PM](#)

DR. GEIGER reported that the veterinarian license in Alaska is the most expensive in the nation, and he described putting these funds towards maintenance of the PDMP and its many investigations as wasteful. He addressed the concerns of "vet shopping," or harming a dog to receive painkillers from a veterinarian, by sharing a personal anecdote about the \$300 bill he received when he took his dog to be treated after an accident. He compared that to the street price of heroin, which he stated is about \$15-20, and posited that in this case a drug seeker would "just go buy the drug" [off the street].

DR. GEIGER reported that the PDMP system had not identified a single case of drug diversion or misconduct and described the PDMP protocols as a waste of time and money for veterinarians and BOVE. He referred to previous testimony from Sara Chambers and clarified that while the department had facilitated conversations about how to use the PDMP, he and other members of BOVE believe that the current system is a complete failure and cannot be made "workable." He acknowledged DCCED's efforts to

make the system work but opined that the many conversations between the department and BOVE have not "born fruit," citing a conversation he had with a veterinarian who said the PDMP was a factor in their retirement. He asked the committee to consider what its goal is for requiring veterinarians to use the PDMP and whether there is a simpler and less expensive way to achieve the same outcome.

[3:31:15 PM](#)

REPRESENTATIVE FIELDS stated that he wanted to address other statutory requirements for veterinarians and asked whether there are veterinarians who acquire opioid prescriptions for their patients through pharmacies.

[3:32:04 PM](#)

DR. WARD explained that most prescriptions veterinarians make would be filled at a pharmacy, but the veterinarian is still required to make an entry into the PDMP for every prescription.

REPRESENTATIVE FIELDS asked whether eliminating the requirement for the veterinarian to query the system if the drug was going through a pharmacy would relieve the burden.

DR. WARD replied that it would, but questioned who would be required to do the querying instead.

REPRESENTATIVE SPOHNHOLZ clarified that pharmacists are responsible for making a query when a controlled substance is prescribed to their pharmacy but asked for more information from the department.

[3:33:32 PM](#)

SARA CHAMBERS, Director, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community & Economic Development, prefaced her remarks by stating that the administration does not have a position on SB 132, and her division "works to implement statute."

REPRESENTATIVE FIELDS restated his question on whether shifting the responsibility of queries from veterinarians to pharmacies would allow adequate government oversight.

LAURA CARRILLO, Executive Administrator, Alaska Board of Pharmacy, Division of Corporations, Business and Professional

Licensing, Department of Commerce, Community & Economic Development, explained that current statute requires the prescriber of the controlled substance to make the query; moving that responsibility to pharmacists would require a statute change.

REPRESENTATIVE SPOHNHOLZ asked whether the pharmacist is also responsible for checking the PDMP.

MS. CARRILLO answered that pharmacists are not required by statute to check; however, the majority have reported that they do query the PDMP [when controlled substances are prescribed].

[3:35:38 PM](#)

REPRESENTATIVE MCCARTY asked what has been done to make the system work.

MS. CHAMBERS opined that all parties involved believe the statute is "clunky" in how it has been applied to veterinarians.

MS. CARRILLO explained that there have been a series of meetings between the Board of Pharmacy and BOVE to address the many questions regarding how veterinarians should use the PDMP, and opportunities to address these questions were ongoing.

REPRESENTATIVE MCCARTY used the metaphor of placing a police officer in the Gulf of Alaska to prevent traffic accidents to explain the [in]effectiveness of preventing opioid misuse through requiring veterinarians to use the PDMP. In response to Representative Spohnholz, he clarified that his metaphor was intended to scrutinize the statute put into law by a previous legislature and not the department's actions in enforcing that statute. He asked whether the DEA had any input on the issue.

MS. CARRILLO reported that the DEA had given feedback to BOVE that it is helpful to have veterinarians participate in the PDMP because registration with DEA allows veterinarians to prescribe scheduled drugs.

REPRESENTATIVE MCCARTY asked whether veterinarians are required to have a DEA registration.

MS. CARRILLO explained that only veterinarians that choose to prescribe a controlled substance are required to register with the DEA.

REPRESENTATIVE MCCARTY asked whether the DEA was reporting a problem with the controlled substances veterinarians prescribe.

MS. CARRILLO explained that the PDMP is meant to be a tool used in conjunction with other measures to promote judicious prescribing and to serve as a support for existing regulations that help veterinarians detect "doctor shopping." She stated that the information in the PDMP could be used to help veterinarians report to law enforcement if they suspect a client to be at risk for opioid abuse, but that the system itself is not currently linked to DEA access.

[3:42:34 PM](#)

The committee took a brief at-ease.

[3:43:24 PM](#)

REPRESENTATIVE SPOHNHOLZ noted that she was the only legislator in the room who voted on House Bill 159 in 2017, and she provided insight into the intent of requiring participation in the PDMP. She clarified that the initial focus of the legislation had been to prevent overprescribing of scheduled substances and identify practitioners who may be prescribing "outside of best practices." She contextualized the importance of the PDMP within the opioid crisis affecting Alaska at the time of the legislation and explained that implementing the PDMP wasn't just about preventing diversion of controlled substances but understanding the roots of the epidemic and providing education to prescribers about best practices. She opined that the DEA was not effective in preventing the issues with opioids and asked whether there had been any substantive changes in DEA regulation of controlled substances since the PDMP legislation was put into place in 2017.

MS. CARRILLO replied that she did not have any feedback from the DEA on PDMP requirements or specific schedules to query. She explained that the DEA agent who spoke to the department did bring up the issue of Tramadol being highly diverted in rural Alaska.

MS. CHAMBERS stated that she would reach out to the DEA to inquire about how its enforcement regulations have changed in Alaska since 2017.

REPRESENTATIVE SPOHNHOLZ commented that the information from the DEA would add important context to the discussion.

REPRESENTATIVE MCCARTY said he supports the use of the PDMP for human patients and questioned whether the increase in Tramadol diversion in the Bush is being attributed directly to veterinarians.

MS. CARRILLO explained that the increase is being seen for Tramadol generally and not specifically in veterinary prescriptions of it.

[3:49:06 PM](#)

REPRESENTATIVE KURKA expressed that he had a question for the veterinarians.

REPRESENTATIVE SPOHNHOLZ continued with questions for the department, stating that the committee would return to the veterinarians for questions after.

[3:49:48 PM](#)

REPRESENTATIVE PRAX referenced the department's statement that there had been biweekly meetings to address the issues with the PDMP over the past five years. He then referred to Dr. Gieger's testimony that there had not been a single case of drug diversion from a veterinarian in that time and questioned whether fixing the problems for veterinary participation in the PDMP were even possible since a solution had not been reached by this point.

MS. CHAMBERS reported that the inability to fix the PDMP after constant work to do so has been a large contributing factor to the frustration many stakeholders are expressing. She said that there are multiple responsible parties involved that have had to implement what was laid out in statute, and she listed the many ways the department has collaborated with the different boards to find workable solutions, including making recommendations to the legislature. She argued that all involved parties have spent "quite a bit of time" trying to find ways to fix the PDMP so that the statute can be implemented as currently written. She posited that now they are faced with the existential question of whether or not veterinarians should be included at all and, if so, how statute needs to be changed to make the system usable and fluid. She stressed that unless a policy call is made by the legislature to remove veterinary participation, the department will have to continue working on ways to implement the current statute. She noted that the department is

working actively on a request for a third-party analyst to speak with all of the stakeholders for the purpose of preparing a detailed report for the legislature. She stated that the various parties responsible for implementing participation in the PDMP needed to know whether the legislature intended the PDMP to be a tool used for education, enforcement, or both.

[3:55:24 PM](#)

REPRESENTATIVE PRAX shared his understanding that while some of the PDMP violations from veterinarians have been from "providers not using the system correctly," the majority of the issues stem from the fundamental differences in treating humans versus animals. He posited that even if the system were made more convenient to use, the underlying issues would remain, and he asked for the administration's opinion on that.

MS. CHAMBERS reiterated that the department worked with the boards to create instructions to make veterinary use of the PDMP more straight forward. She explained that the purpose of the PDMD was to create a link between drugs being prescribed to animals and the humans picking up the prescriptions. She acknowledged that the system was not "perfect, smooth, or ideal," but that it was usable for veterinarians with the instructions the department created. She posited that the tools worked only if practitioners used them but that the discussion around whether the tools were being used or whether the tools were useful had created an impasse.

[3:58:51 PM](#)

REPRESENTATIVE SPOHNHOLZ asked whether [prescriptions for] testosterone and sex hormones are required to be entered into the PDMP.

MS. CARRILLO confirmed that they are schedule 3 drugs and that any prescriber of those drugs would have to make a query.

REPRESENTATIVE MCCARTY mentioned the large number of board meetings that have been held and \$200,000 in investigations, and he commented on a need for additional funding. He asked whether these costs were covered by licensees through additional licensing fees.

MS. CHAMBERS noted that PDMP board meetings only started a year ago.

REPRESENTATIVE MCCARTY restated his understanding that a lot of meetings had been held.

MS. CHAMBERS confirmed that there had been a lot of meetings and emphasized that the complexity of the issue required a lot of discussion and the ability to join together when making legislative recommendations. She addressed the \$200,000 spent on investigations, stating that this number reflects all investigations; PDMP violations are a subset of that. She explained that the increase in investigations was due to veterinarians incurring violations by not following statute, but that they were not paying for the investigations through their licenses because the state was able to find federal funds for that purpose. She opined that the high cost of licensing fees for veterinarians was because of the nature of Alaska's economy.

[4:04:09 PM](#)

REPRESENTATIVE KURKA questioned what percentage of the total amount of "problem opioids" being prescribed were coming from veterinarians.

[4:05:16 PM](#)

DR. WARD stated her understanding that the main opioids of concern for human addiction were oxycontin, Vicodin, methadone, fentanyl, and heroine, which she clarified that no practitioners were prescribing. She explained that the only opioid used in veterinary practice was fentanyl and that it was almost exclusively used in hospital. She stated that in the past there had been occasional use of take-home fentanyl patches which have become very rare since fentanyl overdoses have become a national concern. She did not know a precise percentage of prescriptions made for fentanyl by veterinarians, but anecdotally shared that she had never done so during her career and hypothesized that most general veterinary practitioners would say the same. She stated that fentanyl was only ever prescribed in hospital for very specialized surgeries and emphasized that the occurrence of prescriptions for problematic opioids from veterinarians was so rare that the percentage would be "infinitesimal."

[4:07:03 PM](#)

DR. GEIGER commented on the concerns raised about the diversion of Tramadol and stated that it is "nearly never used" in veterinary practice. He further explained that because it is a schedule 4 drug, it is not required to be entered into the PDMP

and as such cannot be tracked by the PDMP, underscoring his point that there needs to be a better connection between the goal for PDMP participation and the requirements in statute.

[4:08:11 PM](#)

REPRESENTATIVE FIELDS mentioned a provision in the bill that would remove the requirement to report to the PDMP every day, and he suggested another step that could be taken would be to allow veterinarians to specify when they had not prescribed a controlled substance, and that would decrease the regulatory burden.

DR. WARD explained that only veterinarians who are dispensing the drug directly are required to make daily reports to the PDMP, which she described as a small percentage of veterinarians.

REPRESENTATIVE FIELDS asked whether exempting those veterinarians who are required to make a daily report would be a viable option.

DR. WARD confirmed that it could be possible, but stated her concern that the focus of the questions has been on how to make the system easier for veterinarians to use, which addresses only one of the many reasons veterinarian participation did not make sense. She stated that this approach of trying to "fix" the system by creating fewer entry and query requirements would not solve the many other issues with using the PDMP, such as physicians and veterinarians being unable to interpret each other's data. She reiterated that veterinarians make a very small contribution to the total number of controlled substance prescriptions, arguing that making the system less onerous but maintaining the participation requirement will not have any positive benefit to public health.

[4:11:23 PM](#)

REPRESENTATIVE KURKA shared his understanding that there has been no evidence of drug abuse through "vet shopping" and asked whether there had ever been any deaths linked to veterinarian scoured opioids.

DR. WARD explained that fewer than ten examples of veterinarian shopping nationwide were recorded annually and none of these cases occurred in Alaska. She reported that there have been no

instances of which she was aware where someone died from opioids obtained through a veterinary prescription.

DR. GEIGER shared that there have been instances of veterinarians who had committed suicide using opioids obtained through their practice, but participation in the PDMP could not track or prevent those kinds of incidents.

REPRESENTATIVE FIELDS sought confirmation that amendments would not be brought forward in this meeting.

REPRESENTATIVE SPOHNHOLZ confirmed that is correct.

[4:13:47 PM](#)

NELSON PRIDDY, DVM, began his invited testimony by sharing his background. He shared his worry that the facts of the issue are being ignored and stated that veterinarians are not and have never been a source of addictive opioids. He summarized his position, saying that the participation requirements for veterinarians in the PDMP do a poor job of solving a problem that does not exist. He argued against Director Chamber's previous claim that some veterinarians agree the PDMP could be made workable, reporting that in his daily experience working with veterinarians across the state he has never come across one practitioner who believes the PDMP is workable for veterinarians. He relayed a conversation he had with a practicing emergency care physician with extensive experience in the opioid crisis who reported that knowing the source of drugs would help and cited their concern for fentanyl tablets and tramadol.

DR. PRIDDY explained that the prescription of fentanyl tablets by veterinarians is non-existent and that the most widely used drug formulary for veterinarians did not even create an oral form of fentanyl. He also emphasized that tramadol is used infrequently by veterinarians, referencing recent studies that showed the ineffectiveness of tramadol for animal patients. He said that the requirement to report to the PDMP was "literally rammed down the throat of veterinarians," and he shared that he was a member of BOVE when the statute was changed in 2017. He stated that the primary concern was to prevent drug diversion from veterinarians, but there have been no examples in Alaska of drug diversion from animals to humans in the last five years of data. He expressed his frustration with the legislative process regarding SB 132 and opined that certain committees have been "sitting" on the legislation.

DR. PRIDDY urged for the abolition of the PDMP requirement for veterinarians and stated that the money used to upkeep these requirements could be used instead to fund prevention and treatment techniques for people with opioid addictions.

[4:21:11 PM](#)

JON BASLER, DVM, Medical Director/Owner, College Village Animal Clinic, began his invited testimony by sharing his experience in the field, including work in rural Alaska, and he urged the committee to support SB 132. He spoke to his personal experience reporting to the PDMP and explained that it is the consensus of all the veterinarians at his clinic that the PDMP provided no useful information to veterinarians in the prevention of prescription misuse by their patients' owners. He said there are often discrepancies between what is on an animal's medical record and what can be found in a PDMP search and that, in his experience, the PDMP cannot accurately track controlled substance prescriptions for animals. He shared that the top areas of concern for opioid diversion within veterinary clinics are missing stock, use by staff, and stolen medication sent without approval of a veterinarian, but none of these are prevented by the use of the PDMP. He opined that the DEA regulations already in place for tracking controlled substances are effective and accurate. He argued that the PDMP requirements for "zero day recording" create more work and stress for veterinary technicians, an already understaffed and overworked position in Alaska. He reiterated that the PDMP does not work for veterinarians, their patients, or in preventing drug diversion, and he encouraged the committee to join the 30 states that have already exempted veterinarians. He offered more information to any interested legislators on his day-to-day reality using the PDMP and urged the committee to pass SB 132.

[4:27:04 PM](#)

REPRESENTATIVE SPOHNHOLZ closed invited testimony and commented on the shortage of veterinarians in Alaska.

[4:27:35 PM](#)

REPRESENTATIVE SPOHNHOLZ opened public testimony on SB 132.

[4:27:54 PM](#)

JUDITH MASTELLER, DVM, representing self, stated that she had never seen a veterinarian prosecuted for killing a person through misuse of prescription drugs. She spoke to her history as a veterinarian and shared that she had never prescribed any of the opioids of concern. She described the vast difference in dosage for a small cat or dog with what would be given for human use and opined that addicts seeking drugs through a veterinarian doesn't make sense. She asked why there was such a focus on veterinarians when there was no evidence that they contribute to the opioid problem. She stated that with the severe shortage of veterinarians and technicians, clinics are turning away patients and do not have time to waste on PDMP entries.

[4:31:19 PM](#)

JUDY MONTALBANO, DVM, Alaska Veterinary Association, stated that she was a veterinarian in Alaska for 26 years and now works as a professor in a veterinary medicine program. She underscored the "tremendous" shortage of veterinary staff in the state. She explained that she was often met with hesitancy from Alaska residents to divulge medical records to veterinarians and shared her concern over possible lawsuits from pet owners over illegal access to records. She opined that veterinary participation in the PDMP does not improve human health and puts unfair onus on veterinarians.

[4:34:14 PM](#)

KYRSTAL TODD, Veterinarian Technician, North Pole Veterinary Hospital, stated that the current implementation of the PDMP is unrealistic for the veterinarian field. She emphasized the intensity of the workload already placed on veterinarian technicians and stated that the extra burden of reporting to the PDMP has caused her to consider leaving her career. She expressed her belief that having access to her human clients' medical information is a HIPAA violation and described having that access through the PDMP as an "overreach." She stated that veterinarians should be exempt from the PDMP until it can be rectified to allow participation without having access to human medical records.

[4:35:49 PM](#)

DAWN BROWN, DVM, representing self, agreed with the previous testifier's comments on not being entitled to or even desire to access the medical history of her human clients. She emphasized the infrequency with which she prescribes any drugs that could

be misused. She expressed her sadness and frustration with how long the bill has been in committee and referenced the wide community and bipartisan support for SB 132. She urged committee members to move the bill to a floor vote.

[4:37:23 PM](#)

DEBORAH MERSCH, DVM, Small Animal Veterinarian, described veterinarians as compassionate and well-educated individuals who deserve respect from their clients and elected officials. She expressed her frustration with the legislative process and the perceived disrespect shown by legislators in regard to veterinarians' concerns about the PDMP, and specifically with the delays in public testimony. She acknowledged the seriousness of the opioid epidemic in Alaska but stated that veterinarians should not be held solely responsible and that their participation in the PDMP did nothing to curb abuse.

REPRESENTATIVE SPOHNHOLZ reminded everyone that the committee was actively hearing the bill and apologized for the delay in public testimony.

[4:40:24 PM](#)

PETER NICHOLSON, DVM, representing self, highlighted the main problem of veterinary participation in the PDMP is that they are tracking individuals with no legal identification. He compared the process to a hypothetical scenario where someone is asked to run a Department of Motor Vehicles (DMV) without birth certificates or vehicle identification numbers. He alluded to other issues with pet identification, such as name changes, that make the accurate tracking of patients through a database difficult. He stated that veterinarian participation in the PDMP is well-intentioned but had been shown to be ineffectual in practice. He reiterated that there was a fundamental inability for the PDMP to function as intended for veterinarians.

[4:42:52 PM](#)

JAMES DELKER, DVM, Alaska Veterinary Association, reported that he had letters of support for SB 132 from several physicians, including ones with experience in the opioid crisis, who state that they have never treated an overdose from opioids received through a veterinarian. He expressed his frustration with the legislative process and opined that the facts of the situation are being ignored. He cited two senators who support the removal of veterinarians from the PDMP. He expressed additional

frustration with the lack of veterinarian input in the implementation of the PDMP from the beginning and claimed that association members are left out of collaborative efforts from the DCCED. He emphasized that the problem being "solved" by PDMP participation does not exist and characterized money spent on these investigations as a waste.

REPRESENTATIVE SPOHNHOLZ explained that the postponement of public testimony on SB 132 resulted from the House of Representatives being called to a floor session during the usual meeting time for the House Health and Social Services Standing Committee; it was not the intent of the chairs or any committee members to delay the bill. She expressed her interest in the testimony that was being brought forth and reminded those listening that at the end of a session, floor meetings can run long. She emphasized that the co-chairs had not delayed the hearing on SB 132 in the spirit of obstructionism.

[4:47:03 PM](#)

SUZE NOLAN, Licensed Veterinary Technician, Manager, North Pole Veterinary Hospital, explained that veterinarians are regulated by multiple systems designed to address misuse of controlled substances and stressed that the drugs with the most abuse concern are not used in the veterinary profession. She described the PDMP as meaningless for use with non-human patients and stated that because veterinarians cannot meaningfully use the data in the PDMP, they should be exempt from participation.

[4:47:55 PM](#)

MERCEDES PINTO, DVM, representing self, stated that she recently left private practice and cited PDMP compliance as part of the reason for her transition to working at an animal rescue. She explained that she does not have training in human medicine and cannot interpret the data within the PDMP; therefore, the information about the human clients' drug history has no impact on her decisions in terms of what she prescribes her animal patients. She reported that as a shelter veterinarian, there are no humans associated with her patients to query, which causes her to unintentionally violate the system, and she reported that as a result, she is now under investigation by the board. She reiterated that the system does not work and urged the committee to support the exemption of veterinarians.

[4:50:05 PM](#)

ALLI PEARMINE, representing self, stated that in her 17 years of experience as a veterinary technician she had never seen drug seeking through veterinarians. She underscored previous comments that participation in the PDMP does not make sense for veterinarians and stated that the passage of SB 132 would allow veterinarians to better fulfill their duties.

[4:51:09 PM](#)

REPRESENTATIVE SPOHNHOLZ, after ascertaining that there was no one else who wished to testify, closed public testimony on SB 132.

[4:51:24 PM](#)

REPRESENTATIVE SPOHNHOLZ announced that SB 132 was held over.

[4:51:35 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:51 p.m.