

January 31, 2022

The honorable Senator David Wilson
State Capitol Room 121
Juneau AK 99801
(907)-465-3878

Re; SB 132 – Exemption for veterinarians from Alaska’s Prescription Drug Monitoring Program.

Dear Senator Wilson,

My name is Dr. Amanda Taylor. I am a veterinarian that has been practicing in Alaska since 2010 in the field of emergency veterinary medicine. I grew up in Eagle River Alaska and returned home after obtaining my doctorate degree from Oregon State University in 2009. I currently reside in Wasilla and am one of your constituents. Currently, I practice at Midnight Sun Animal Hospital and Emergency Services as an associate emergency veterinarian. In addition to clinical practice, I am also the alternate delegate for the state of Alaska in the American Veterinary Medical Association and an active board member for the Alaska Veterinary Medical Association. The professional organizations I volunteer with are nonprofit organizations that serve to preserve and protect the best interests of both the veterinary community and society both statewide and at a national level.

I am writing today to let you know that I am in support of Senate Bill 132 and I am asking for you to support this bill by voting YES on SB 132. The prescription drug monitoring program (PDMP) is a very important program in fighting the opioid epidemic in our community. Unfortunately, the utility and practical implementation of this program does not extend into the field of veterinary medicine. There are fundamental aspects of this program that do not extrapolate to my profession. The inclusion of veterinary professionals in this program has caused significant challenges to our small professional community and our participation has not yielded a meaningful contribution to the PDMP program. I would like to explain how this program does not work for veterinarians by means of a realistic narrative in day-to-day clinical practice.

I am presented with an 11-year-old overweight black lab named “Lucky” Jones for examination. The client reports Lucky has been limping since Christmas eve on the right hind leg. I perform a physical exam and identify a firm, painful swelling near the knee on the right hind leg. I recommend radiographs of the leg to the owners, a pleasant older woman named Ms. Jones and her adult son. The radiographs reveal a very aggressive and extremely painful condition on Lucky’s leg called Osteosarcoma, a form of bone cancer. I explain to the owners that this condition is terminal and that it has likely already metastasized based on the nature of this disease. We discuss the options including chemotherapy, amputation, as well as palliative care for pain. The owners elect to keep Lucky comfortable, and we set out to formulate a pain control plan until the

owners are ready to let Lucky go. Now, enter the practical reality of the PDMP mandates and implementation. I must now decide which client I would like to query in the PDMP database prior to prescribing the controlled pain medication for Lucky, Ms. Jones or her adult son. You see, Lucky is a dog. He has no unique identifiers like a date of birth or a social security number. Consequently, **I am required to query his OWNERS personal medical information prior to dispensing the pain medication.** I must choose which owner to query as **there are often numerous individuals that own or present animals for care at a veterinary clinic.** I choose to ask Ms. Jones for her ID and information so I may query her in the PDMP database. Ms. Jones is understandably distraught with the news and is quite frankly agitated and confused as to why her dogs doctor needs her personal information. Now, I proceed to enter her personal information into the database where I learn she has numerous previous prescriptions including pain medications, hormone replacement therapy, sleep aids and anti-anxiety medications. I noted she was using a cane in the exam room, I suspect she has some previous orthopedic issues, but I am not her doctor and feel uncomfortable with the personal information that I now have for my client, as she is not my patient. I feel as though I have violated her personal privacy rights in adhering to the mandates that affect my licensing in the state of Alaska. I do not have the knowledge or training in HIPPA that my human counterparts do, additionally, I am not familiar with all the medications listed in her query as only a small fraction of these medications are used in my profession. I decide that regardless of her personal query, Lucky is still in tremendous pain and needs his pain medication, so I prescribe his medications for two weeks and instruct her to follow up with her primary veterinarian in 2 weeks as we have seen her on an emergency basis today. I am required to report into the PDMP database the prescription for Lucky that I dispensed which takes a significant amount of time to navigate while the current wait time at the ER today is 8 hours to see a veterinarian.

One week later, Ms. Jones slips on the ice and tears her ACL . She sees a human ER provider who queries the same PDMP database prior to dispensing pain medication for Ms. Jones. . This provider has extensive HIPPA privacy training as well as the medical knowledge to critically evaluate her history of drug prescriptions, interactions and abuse potential. **There is no information available to this ER physician that a veterinarian prescribed her Labrador Retriever pain medication a week ago.** The information that I have provided and contributed to the PDMP database is nonexistent in a query and does not help that practitioner with his care of Ms. Jones and in preventing opioid abuse.

Two weeks after I see Lucky and Ms. Jones, he is rechecked at his primary veterinary clinic. He is doing great on the pain medication the owner reports. Mr. Jones presents Lucky at this visit as Ms. Jones is home with a painful knee. The veterinarian that sees Lucky today decides additional pain medication is needed. Following the PDMP requirements, they now query Mr. Jones in the database. A new owner, with new information, completely independent of the query and prescriptions that I provided a week ago. **It is not possible to look up Lucky in the database as animals cannot be queried.** Even if we were able to query an animal, His last name and date of birth at the

second clinic is likely not the same as the information that I had at my appointment in the original presentation.

This story is meant to highlight an example of why the PDMP mandates are not relevant to the veterinary industry and have no practical utility in the fight against the opioid crisis.

Veterinarians are conscientious and caring individuals. We care about the health and wellbeing of the community and we would truly like to be able to make a meaningful contribution in the fight against addiction, diversion and abuse involving opioids. The PDMP requirements and mandates are not allowing veterinarians to provide a meaningful contribution by the sheer nature of being designed for human health care.

Please join the other 34 states that have exempted veterinarians from the PDMP mandates. The data shows that we are responsible for a very small percentage of all controlled substance prescriptions in both Alaska and nationwide (between 0.34 and 1 % of all morphine equivalents prescribed). Additionally, these mandates are leading to expensive investigations by the Board of Veterinary Examiners that has effectively doubled their investigative costs in the past few years. This cost will be passed on to the veterinary professionals by way of increases in their professional licensing dues. Currently, our professional licensing dues are the highest in the nation. Further increases in these dues will become more of a deterrent to recruiting professionals to our state in a time of a severe shortage of veterinarians in Alaska.

If you have any questions, concerns or would like clarification on any of these issues, please reach out. I am happy to discuss this on the phone, via zoom or to answer any questions via email.

Thank you for your time and support.

Sincerely,

Amanda Taylor, DVM

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