



March 6, 2023

Senate Committee on Health Care / Senate Bill 559 / Oppose

Dear Chair Patterson, Vice-Chair Hayden, and Committee Members:

The Oregon Veterinary Medical Association is opposed to Senate Bill 559.

As you know, the PDMP's purpose is to support access to legitimate medical use of controlled substances as well as to identify, deter or prevent drug abuse and diversion. While it is well-intended, bringing veterinarians into the PDMP is complicated, as the prescription drug monitoring system was developed with human medicine, not veterinary medicine, in mind.

Currently, veterinarians in Oregon are exempt from the PDMP, as are veterinarians in 33 other states. At one time, 10 of these states had required veterinary participation in their respective PDMPs but repealed these mandates for a variety of reasons:

- The well-documented fact that veterinarians prescribe miniscule amounts of controlled substances compared to their human counterparts – *and* that the drugs that are contributing to overdose deaths and most overdoses **ARE NOT** drugs most often used in veterinary medicine.
- Privacy concerns about accessing a veterinary client's personal prescription history.
- Challenges with recording and inputting the required data in to the PDMP – and difficulties with specific animal identification and owner linkage.
- Confusion about whose information should be entered and whose information should be queried.
- And uncertainty about the validity and usefulness of the veterinary information collected by the PDMP – a lack of actionable items from queries.

While it might appear that integration of veterinary data in to the PDMP should be relatively simple and seamless, that isn't the case. Here are two examples of our concern:

1. There are challenges with capturing the required information and entering it into the PDMP that those in human medicine simply do not encounter.

- The PDMP requires that all data be submitted in pharmacy software standards. This presents two problems with veterinary dispensing:
 - Pharmacy software fields are not tailored to veterinary patients; and
 - Automated reporting is not possible for most veterinary practice management systems. The systems used in human medicine and veterinary medicine are different and not compatible.
- As a result, this would require manual input through a web portal, where veterinary practices would have to assign a current employee or hire additional staff to capture and input the 11 different items

the PDMP requires. This would be onerous and labor intensive, require training, and add to the cost of providing veterinary care. All at a time when the veterinary profession is experiencing a significant staffing shortage.

- There is already excessive demand on veterinary teams. And it is estimated that it will take veterinary medicine 10 years to recover from the workforce shortage we currently are experiencing. To give you an idea of the seriousness of this shortage, approximately 3,000 veterinarians left the profession – for various reasons – in 2022. The collective graduating classes of all veterinary schools across the country was 3,200 students. We barely are staying afloat.
- And the numbers are even more troubling when it comes to Certified Veterinary Technicians.

2. We are uncertain about whose information should be recorded in the PDMP, when controlled substances would be dispensed. And there is plenty of confusion as to whose information should be queried.

- The PDMP for human medicine works by uniquely identifying the patient and tracking controlled drug prescriptions to that patient. In veterinary medicine, it is challenging to uniquely identify the patient since birthdates, names, and even sex can be altered (pharmacy software that PDMPs operate on uses binary gender fields without the ability to denote sterilization).
- In addition, animals often have several caretakers which varies human-animal PDMP linkage. Other states have found animal-human PDMP linkage complicated.
 - As an example: Whose information would we record and enter in to the PDMP? Whose information should be queried, if that is required?
 - Animals are often brought in or picked up by various family members. Sometimes it is the husband. Other times it is the wife. But it also can be an adult child, a neighbor, or a friend. There also can be shared custody with the animals living in different households. It's not uncommon for unrelated individuals to share ownership of a cat, a dog or a horse. And every one of these individuals would have access to the dispensed drugs.
 - And how would we handle the dispensing of controlled substances to an individual who isn't the owner but is temporarily fostering a dog or cat for a humane shelter or an animal rescue group?

This Doesn't Mean That We Aren't Concerned

As healthcare providers who administer, prescribe and dispense controlled substances, we recognize that we have responsibility to help address this crisis. And over the past 10-15 years, we have taken a number of measures:

- Our educational programs regularly feature veterinary specialists and experts on controlled drugs who talk about judicious use of opioids in clinical practice, as well as management of these important medications.
 - In fact, at our conference the end of this month, one specialist will discuss the opioid crisis and red flags to watch for regarding diversion of controlled substances. She also has a session on alternative medications to opioids for patient care.
 - Another specialist in veterinary pharmacology will talk about the judicious use of gabapentinoids in the treatment of animal patients.

- Last year we featured a national consultant who focused a full day on management of controlled drugs in the veterinary setting, including internal and external diversion concerns.
- And we have had DEA agents from the field office in Portland speak at our annual conference about many of these concerns.
- We have developed and distributed resources about opioids and diversion, as well as pharmacy best practices, to veterinarians across Oregon. And we have shared similar information that is accessible through the American Veterinary Medical Association.
- On several occasions, I have worked directly with police officers in Marion County, Multnomah County, and Washington County to distribute information about potential veterinary shoppers – to alert veterinarians about these targeted areas.

When we consider legislation such as Senate Bill 559, we first and foremost must keep in mind how care of our patients might be impacted. We also cannot ignore how the implication of any bill could interrupt the critical Veterinarian-Client-Patient Relationship. And we must always keep in mind any effect on the practice of veterinary medicine.

While we recognize the good intentions of the PDMP, passage of SB 559 will have a detrimental impact on all three of these areas that are vital to providing important and necessary care to animal patients.

We have too many concerns and too many unanswered questions to support this legislation – and we ask that you not move this bill forward.

- Instead, we ask that you “push the pause button,” take a step back, and work with us, and other stakeholders, to address this issue. This could include, among others, the Oregon Veterinary Medical Examining Board, the Oregon Board of Pharmacy, and the Oregon Health Authority.
- In part, this would take a deeper look to determine the prevalence of veterinary drug shoppers and to clarify the degree to which veterinary prescriptions impact the human opioid epidemic.
- This work involving all the various players is critical to get this right, here in Oregon. Otherwise, we risk eroding our current PDMP and having to come back with future legislation to undo or revise the program.

Thank you for your time and consideration.

Sincerely,

Glenn

Glenn M. Kolb, Executive Director
Oregon Veterinary Medical Association

