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On Behalf Of:
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Measure: SB559

The PDMP is designed for tracking human prescriptions, not animal prescriptions. Being able to view a client's prescription information in the PDMP raises concerns about HIPAA violations. Because we are not our client's physician, it is inappropriate for veterinarians to gain access—intentionally or unintentionally—to their personal prescription history.

Whose information should be entered in the PDMP? Who should we look up, when that is required? In human medicine, the patient is standing before the doctor. In veterinary medicine animals are often brought in or picked up by various family members, friends, or neighbors. There also can be multiple owners of animals living in shared households of the animal.

The PDMP provides no identified benefit for the animal patient. But there is the possibility that harm could come to animal patients. This could actually cause clinics to avoid the appropriate use of opioid drugs due to the additional work needed, and the already short handedness of overworked staff, leading to less effective pain management for our patients.

Clients could even put off or delay bringing their animals in for an examination and/or treatment because they are offended by the intrusion of privacy.

The drugs contributing to the opioid crisis ARE NOT the drugs most often used in veterinary medicine. According to the Center for Disease Control, the most common drugs involved in the prescription opioid overdose deaths include: Methadone, Oxycodone (such as OxyContin) and Hydrocodone (such as Vicodin). And an increasing number of overdoses are now associated with Heroin and illicitly manufactured Fentanyl.

Some of the most purchased opioids by veterinary clinics (2014-2018) are Buprenorphine, Butorphanol, Hydromorphone, and Tramadol. Gabapentin is a drug of interest that also is used in veterinary medicine.

The PDMP creates an additional and disproportionate burden for veterinarians with no identified benefit to the public or the animal patient. Veterinary facilities lack the standardized software used in human healthcare facilities, and data captured by veterinary PIMS is not automatically portable into the PDMP's format. Entering the required data 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.

For those of us that work in smaller clinics, with a limited budget, and are already short staffed, this could create a significant hurdle to providing appropriate care to our

patients. We could be forced to choose between providing sub-par care and closing due to rising expenses.