

**Veterinarians support the public policy efforts of drug monitoring, however, including veterinarians would not benefit or enhance the monitoring program and would cause significant damage to the veterinary profession and their patients**

Clinical Points for Testimony PDMP Legislation:

- 1) **Concern that it is viewed that veterinarian's do not provide adequate drug monitoring of human drug shopping:**
  - a. Veterinarians are a much smaller community than human medical professionals in the United States. There were, as of May 2022, **1,464,942 human medical professionals** with human controlled drug prescribing privileges in the United States (1,073,616 physicians, 362,326 nurse practitioners, and 129,000 physician assistants.) In vast contrast, there were **77,260 veterinarians** in the United States.
  - b. Due to the nature of our profession, we have had to be much more adept at interpersonal communication and monitoring of charts/records. Because of the lack of third party insurance and the small nature of our community, we are in constant communication about our patient's condition, where it has been for treatment, follow ups for treatment, and the monitoring of all medications. We have been aware of drug seeking behavior since the inception of veterinary medicine – ahead of the curve, so to speak, and as such have incorporated “monitoring” of a client's and their pets' usage into our relationships.
  - c. PDMP's are most effective at altering prescribing behavior to work towards more judicious use of controlled drugs. The vast majority of opioids in veterinary medicine are administered in hospital (i.e., during or post surgery, in ICU, in urgent or emergency care, etc.) Veterinarians make up a tiny percentage of the individuals dispensing “morphine milliequivalents” – and one of the reasons is that the drug dosages sent home are tiny in amount and short in duration. For example, five days of buprenorphine – a full post op post surgical course for a cat --- is 0.3 mg. That dose is equal to one tablet of the lowest dose of sublingual Suboxone. And unlike human patients, veterinary patients are more commonly prescribed anti inflammatories (as opposed to opioids) for long term chronic pain.
  - d. If a new client comes in for their pet's condition which requires pain medication, we always seek the most effective with the least side effects – so often non-steroidal anti inflammatory drugs are the first line. Also, if a client requests a reportable substance (opioids, benzo's, etc) as their “pet doesn't do well with the other drugs”), the first thing we ask is “how do you know” and “where is the record of that?” Not only for drug seeking reasons but also for the sake of the patient. The same goes with an owner presenting a different pet to same veterinarian, a different veterinarian at the same clinic seeing the pet, etc.
  - e. The PDMP has limited value when it comes to inclusion of veterinarian and has no defined benefit for our animal patients; **controlled drugs prescribed by veterinarians only represent 0.34% of the controlled drug prescriptions.** No one has stated how such information is to be utilized.

- 2) **Dosage Differences: Human pharmacists and human physicians do not appreciate / understand the vast differences between species with regard to drug metabolism (nor should they be expected to)**
- a) Dosages are significantly different in human medicine and veterinary medicine. Human physicians are not trained and educated as to the dosages veterinarians prescribe for the multiple animal species they treat. What they think they might know, they likely would not know or understand – and nor should they. And conversely, if veterinarians were to query the PDMP and the personal prescription history of our clients are displayed, veterinarians don't have the training in human medicine to fully understand and recognize what dosages mean.
- b) Currently veterinarians are challenged on their dosages by pharmacists for insulin, thyroid medication and epilepsy medications, just to mention a few. And it is not in their job description for human pharmacists to understand /know/stay up to date on the appropriate dosages in various species. Just consider that while humans can certainly vary in size, they do not vary in size from Chihuahua (less than 5 pounds) to Mastiff (150 to 200 pounds).
- 3) **Reason for prescription:**
- a) One drug may work one way in a person and another way in an animal. For example, valium (benzodiazepines) are often administered to cats for appetite stimulation in cases of chronic diseases or cancer rather than for their anxiety-curbing reasons as occurs in human medicine. Again, it is not in the job description for human pharmacists to know/understand/keep up to date on the varying uses of drugs in all the species to which veterinarians attend (horses, dogs, cats, ferrets, rabbits, guinea pigs, rodents, cows, sheep.....just to name some of the domesticated animals, let alone the exotics that people own such as large birds, snakes, turtles, lizards, and so on and so on.)
- b) Privacy Issues/HIPAA**
- a. The bill represents a glaring violation of HIPAA privacy rules. We have concerns about HIPAA privacy issues with the inclusion of veterinarians in Oregon's PDMP. "Patients" in human medicine are our "clients" in veterinary medicine—not our patients. Veterinarian's and their teams should absolutely not have access (intentionally or unintentionally) to view their client's – or one of their team members—personal prescription history.
- c) Concern for suffering of veterinary patients in exchange for a regulation that doesn't fulfill its intention:**
- a. While there are many concerns and issues with the bill put forth as it is, one of my main concerns is for my patients. Veterinarians (who are already overburdened, overwhelmed, and understaffed to the crisis point) when presented with having to hire someone to deal with the paperwork may opt to administer less effective but non-reportable pain meds or forego pain meds altogether.
- b. With the pandemic, MANY pets were adopted and filled an incredibly important role in the human animal bond when people needed them most. However, their socialization suffered and now with many humans going back to the office, their new pets are needing assistance with separation anxiety and other behavioral issues. At this time, Humane Societies are not seeing a large influx of people giving up their pets for euthanasia (as was the case in recession 2008-2013) but an increase in pets requiring behavior altering medication (such as Prozac, Xanax, etc) alongside behavioral training in order for humans to keep their pets with them. If large and unnecessary barriers to

acquiring the medication help they need are created, concern for influx of people relinquishing their pets to be euthanized.

**d) Recommendations at this time:**

Better and more continuing education to veterinarians highlighting pain management/controlled substance prescribing, the judicious use of opioids, and red flag drug seeking behavior, amongst others, could be beneficial in quelling vet shopping.

A complete and thorough examination of the issue at the Oregon State level to determine what is happening in our state. This would involve querying veterinarians from ALL areas without bias – rural and urban, small and large animal practice, emergency and general practice, specialty practices, and all age groups of veterinarians. This factual data collection should be done before any legislation is applied to our state.

If information is obtained that deems that a regulation would help veterinarians assist in the issue of human opioid crisis, then money/efforts/time should be put forth to aid in creating and providing a veterinarian accessible prescription drug monitoring program that aligns with our current PDMP. We would request that all the various stakeholders be included in the conversation and creation of legislation.