



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and
Economic Development

BOARD OF VETERINARY EXAMINERS

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The Honorable Tiffany Zulkosky
State Capitol Room 416
Juneau AK, 99801

March 24, 2020

Dear Representative Zulkosky,

I am writing on behalf of the Alaskan Board of Veterinary Examiners in response to a letter written by Dr. Nathan Peimann about House Bill 184. Dr. Peimann's letter was on behalf of the American College of Emergency Physicians. While we are sure that Dr. Peimann is a thoughtful and caring physician, he has not taken a careful and complete look at the current situation. While we do not have the space to address all of the points Dr. Peimann raised, we want to contrast some of Dr. Peimann's points with the actual practical problems with the current PDMP.

First, the current law (i.e., AS17.30.200) is written for human medicine. The law states that it "...relates specifically to the current **patient of the practitioner**...(emphasis added)." In veterinary medicine the animal is the patient—not any human that presents the animal. So, the first practical problem is that a literal reading of the law requires veterinarians to enter information into the PDMP for an animal patient—not a human drug seeker. This animal has no unique identifier, such as a social security number; the animal has a name that can change at any time for any reason; the animal's birthdate is often not known by anyone; and so on. While we can all agree with the goals Dr. Peimann describes in his letter, the law simply does not say what he seems to think it says.

Dr. Peimann and his colleagues in human medicine take for granted that physicians can routinely ask highly personal questions of people that are completely inappropriate in other settings. If a veterinarian queries the PDMP database and finds that a client has received many prescriptions for high doses of opioids in the past, is the veterinarian supposed to jump to the conclusion that client is seeking recreational drugs? What if the client is a hospice patient dying in pain from cancer, and the client has a small dog with a chronic cough that brings her great joy? Should that client's dog not get appropriate care just because the client is dying? Is the expectation that the veterinarian will consult with the client about her pain level, the appropriateness of medications she is taking, or other highly personal matters? Counseling humans about their illnesses, pain levels, and medications is clearly outside of the scope of veterinary practice.

Dr. Peimann appears to make some possibly incorrect assumptions about veterinary medicine based on an inadequate summary of the evidence he cites. He, for example, cited a JAMA Network Open journal article to make this point: "...the field of animal medicine also had a 'parallel trend of escalating opioid prescriptions and potency between 2007 and 2017.'" The inference in the letter is that this article shows a definite national trend in veterinary opioid use. The article he cited refers to one, single veterinary facility in Pennsylvania. Granted, this was a large teaching facility, but that just further helps make the point that this one, single facility may have been treating a more difficult patient population, they may have been using more experimental treatments, or in many ways not have been typical of veterinary practice in Pennsylvania or anywhere else. This article does not document a national or Alaskan trend in escalating opioid prescriptions and potency in veterinary use.

Dr. Peimann wants a monitoring of controlled drugs in veterinary practice. If House Bill 184 were to pass, all relevant veterinary prescriptions would still be recorded in the PDMP by dispensing pharmacies and the DEA will still be monitoring all opioids going into veterinary facilities in Alaska. This seems to be what Dr. Peimann is calling for, but these are points he does not seem to understand.

Currently the PDMP is creating an unreasonable invasion of privacy. There are a number of problems translating the wording of the law intended for human medicine to veterinary practice. The PDMP use for veterinarians in Alaska is far costlier and more wasteful than what people outside the veterinary field realize. As far as we can tell, the PDMP for veterinarians has not identified any diversion of veterinary drugs or brought about any other concrete benefit in Alaska or elsewhere.

After carefully considering the points made by Dr. Peimann, and with the greatest respect for what he and his colleagues are trying to do, we have concluded that Dr. Peimann's letter is not based on a well-informed understanding of the problems of the veterinary use of the PDMP in Alaska.

Sincerely,

Rachael Bergartt, DVM
Chair, Alaska Board of Veterinary Examiners

cc. Dr. Nathan Peimann