

1 State of Alaska  
2 Department of Commerce, Community and Economic Development  
3 Division of Corporations, Business and Professional Licensing  
4

5 BOARD OF VETERINARY EXAMINERS  
6

7 MINUTES OF THE MEETING  
8 Monday, February 24, 2020

13  
14 **By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article**  
15 **6, a scheduled meeting of the Board of Veterinary Examiners was held by video conference**  
16 **in Conference Room A in the State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor,**  
17 **Juneau Alaska, and in Suite 1550 of the Atwood Building, 550 W. 7<sup>th</sup> Avenue, 15<sup>th</sup> Floor,**  
18 **Anchorage Alaska.**

19  
20 **Agenda Item 1** **Call to Order/ Roll Call** **Time 9:04 a.m.**

21  
22 The meeting was called to order by Board Chair Dr. Jim Hagee at 9:04 a.m.  
23

24 Board Members present, constituting a quorum:

25 Jim Hagee, DVM (*in Anchorage*)  
26 Rachel Bergartt, DVM (*in Juneau*)  
27 Scott Flamme, DVM (*Via Teleconference*)  
28 Hal Geiger, PhD- public member (*in Juneau*)  
29 Chris Michetti, DVM (*in Anchorage*)  
30

31 Division Staff and State Employees present:

32 Ilsa Lund, Occupational Licensing Examiner (Hereafter denoted OLE)  
33 Marilyn Zimmerman, Paralegal II  
34 Sher Zinn, Regulations Specialist II (Hereafter denoted RS)  
35 Ashley Brown, Department of Law  
36 Bob Gerlach, DVM- State Veterinarian  
37

38 Members of the Public present:

39 Sarah Coburn, DVM -President of the AKVMA  
40 Mary Ann Hollick, DVM -Board Member of the AKVMA  
41 Adriana Fisher, DVM  
42 Leslie Strobe, DVM  
43 Dale Atkinson, Attorney for the American Association of Veterinary State Boards  
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47 **Agenda Item 2** **Review/ Approve Agenda** **Time: 9:06 a.m.**

48  
49 Several of the board members needed to leave the meeting by 1:00 p.m., so it was requested that  
50 agenda items be addressed by priority. The only agenda item specifically cited to be moved up  
51 was appointing a board chair; otherwise, the agenda was unanimously approved by the board as  
52 written.

53  
54 **Agenda Item 3** **Review/ Approve Past Meeting Minutes** **Time: 9:08 a.m.**

55  
56 **On a motion duly made by Hal Geiger, seconded by Rachel Bergartt, and passed**  
57 **unanimously, it was:**

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59 **RESOLVED to APROVE the minutes from the January 10, 2020 Board of**  
60 **Veterinary Examiners meeting as written.**

61  
62 **Agenda Item 4** **Ethics Reporting** **Time: 9:09 a.m.**

63  
64 Dr. Hagee stated that he received a personal phone call from a veterinarian who had some  
65 questions about a veterinarian that was shipped in from out-of-state –wondering if it was legal  
66 for him to practice for a few days before going home. Dr. Hagee reviewed with the inquiring  
67 veterinarian what the statutes and regulations call for. Dr. Hagee stated that the individual in  
68 question is licensed in the State of Alaska to practice.

69  
70 Dr. Michetti stated that she attended the Alaska Veterinary Medical Association (AKVMA)  
71 Town Hall meeting regarding HB184 (exempting veterinarians from the AK Prescription Drug  
72 Monitoring Program (PDMP)), but did not speak at the meeting.

73  
74 Dr. Bergartt stated that she also attended the AKVMA Town Hall. She did address the  
75 attendees of the meeting and there is public record of that. Furthermore, Dr. Bergartt attended  
76 the Board of Pharmacy meeting and spoke to those individuals regarding HB184.

77  
78 Dr. Geiger stated that he spent about an hour with a veterinarian in Juneau reviewing how  
79 veterinarians maintains their DEA records, how they look up patients on the PDMP, and other  
80 things having to do with record keeping and use of narcotics. He said that he also spent about an  
81 hour and a half on the phone with a DEA agent about what they do as far as reviewing  
82 veterinarians in the DEA records. He has also met with several legislators regarding the PDMP  
83 and HB184.

84  
85 Dr. Flamme stated that he met with the heads of PDMP in the states of Texas and California. He  
86 forwarded documents to OLE Lund who put them in the board book. He also stated that he has  
87 talked with at least a dozen legislators since the last meeting, including Representative Talerico,  
88 regarding HB184.

89  
90 Dr. Hagee also mentioned meeting with Dr. Jim Delker, Legislative Liaison of the AKVMA,  
91 who informed Dr. Hagee that he would be flying to Juneau on Wednesday, February 26<sup>th</sup>, to visit  
92 with legislators about HB184.



139 pharmacy, the client must be queried. If a prescription is administered via direct dispensation  
140 from the clinic, it does not have to be reported. Dr. Flamme said that Texas' PDMP regulations  
141 mandate that all practitioners and even some delegates be fingerprinted and require mandatory 2-  
142 hour CE every two years relating to opioids. Also, Texas does a lot of outreach to train  
143 prescribers how to use the PDMP database. They have a 1.6-million-dollar budget to oversee  
144 11,000 practitioners in the state. Illinois is a state that recently exempted veterinarians from their  
145 PDMP –last April. Arizona is the only state that mandates a 2-hour online CE for veterinarians.

146  
147 Dr. Bergartt stated that she participates in a regulatory policy taskforce through the AAVSB.  
148 Last week she spoke with board members from VA, OK, and AR who all have mandatory PDMP  
149 requirements for veterinarians. She asked them some simple questions like: “How does one  
150 define who an owner is?”, and “What about animals who have multiple owners?” She said that  
151 they didn't have any good answers. She asked about corruption of their databases because they  
152 don't know who owners are and they don't have animal identifiers. She said they were very  
153 open and that yes, the system is not working for them, but it's what they are doing anyway.  
154 While other states may seem like they have the PDMP figured out, there are still the same issues.  
155 Her impression is simply that other states have more money to throw at this issue than Alaska  
156 does.

157  
158 Dr. Geiger said that, through his experience with talking to legislators, it is important to have  
159 documentation on hand to back up the information one is trying to get through. It would be  
160 better to have documents on official board letterhead that could be handed out to individuals.

161  
162 Dr. Flamme said that there is one thing he would like added to the letter. The DEA has a  
163 safeguard called the Automation of Reports and Consolidated Orders System (ARCOS) where  
164 the DEA is monitoring each drug distributing company –looking at the controlled substances that  
165 are going into a practice. This makes the PDMP redundant. Law enforcement and boards can  
166 consult with the DEA if they are worried about diversion.

167  
168 Dr. Geiger stated that he is concerned that the longer the letter is, the less likely people will be to  
169 study it carefully. He suggested that the first three paragraphs be condensed into one topic that  
170 Dr. Flamme had just mentioned. He said that is the exact sort of information that legislators  
171 were asking for.

172  
173 **TASK: Dr. Hagee assigned Dr. Bergartt to revise the letter as needed.**  
174 **OLE Lund will put the letter onto division letterhead and post it onto the board**  
175 **webpage.**

176  
177 **On a motion duly made by Hal Geiger, seconded by Chris Michetti, and passed**  
178 **unanimously, it was:**

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180 **RESOLVED to send the revised letter to the governor and legislators.**

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**PDMP Disciplinary Matrix**

It is not the desire of the board to pass down a maximum penalty to licensees that are having trouble using an unusable system. There are so many ways to make minor mistakes within the PDMP database. The situation and discipline would be different for a clinic not properly maintaining their controlled substance prescription records.

Dr. Hagee stated that he recently received his personal prescriber report. It was an 11-page document with a whole bunch of zeros on it. Because of the PDMP, Dr. Hagee has stopped prescribing and dispensing controlled substances. He injects them into or administers them directly to patients. He was dismayed by the amount of time it must have taken someone and the resources wasted to send him an 11-page report with nothing in it to report.

After the meeting and all tasks from the meeting are concluded, OLE Lund will be going through all veterinary licensee files to check for DEA and PDMP registration. One courtesy email will be sent out to licensees out of compliance. Failure to respond to and resolve issues from the courtesy email will result in being reported to Investigations.

Dr. Flamme inquired as to what an action may be for a practitioner who is over prescribing -i.e.: writing a prescription for 40-50 days of medication.

Dr. Bergartt responded that the board can act and make decisions on a case-by-case basis if something like that were to come up. She stated that she sincerely hopes an Alaska veterinary licensee would not be conducting practice in such a way. However, the board is aware of a number of PDMP related issues with registering, querying and reporting that need to be addressed now. She suggested moving forward with the issues known to be present.

**On a motion duly made by Rachel Bergartt, seconded by Hal Geiger, and passed unanimously, it was:**

**RESOLVED to ADOPT the following as an initial PDMP disciplinary matrix.**

<b>PDMP Complications</b>	
<b>Discipline:</b>	
Failure to register	Letter of advisement: 90 days to comply
Failure to query	Letter of advisement: 90 days to comply
Failure to report	Letter of advisement: 90 days to comply
<b>Aggravating Factors:</b>	
Failure to register	

218

219 Dr. Hagee wanted to add that there was a phrase included in some of the disciplinary matrix  
220 information in the board packet that jumped out at him- moral turpitude. He said that, many  
221 years ago, one of the cases that was presented to the board involved moral turpitude of a  
222 veterinarian who wanted to practice in Alaska. The board denied the license.

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225 **Agenda Item 7** **Regulations Projects** **Time: 10:06 a.m.**

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**Veterinarian- Client- Patient Relationship (VCPR)**  
**And Telemedicine**

228  
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230 OLE Lund brought the board's attention to a regulations questionnaire that she provided for them  
231 in the board book. This resource is meant to help staff during the time that regulations are open  
232 for public comment. She encouraged board members to fill out the form.

233

234 The board received a letter from the AKVMA back in September of 2019 detailing their wishes  
235 for the state VCPR regulations. Other documentation was provided to the board by OLE Lund,  
236 citing examples of other states' regulations regarding VCPR.

237

238 Dr. Geiger recommended using the Virginia regulations as a jumping off point for drafting the  
239 Alaska regulations. He stated that the VA regulation contains modern and appropriate wording  
240 that is relevant to Alaska. He said the board should make provisions for a VCPR to be  
241 established or maintained through electronic means. Telemedicine is cited in the VA  
242 regulations. He also wanted to draw the board's attention to the similarity in VA's wording and  
243 the wording provided by the AAVSB.

244

245 Dr. Hagee mentioned that the event that started the board on the path to drafting VCPR  
246 regulation was about two years ago when Dr. Gerlach, the State Veterinarian, started asking  
247 questions about salmon farming and antibiotics used by the salmon farmers. The requirement of  
248 an onsite visit caused a conundrum.

249

250 Dr. Michetti stated that she would like to mandate an onsite visit in the VCPR. She said that she  
251 believes that a practitioner cannot give a proper examination over the computer or telephone.  
252 Having an onsite visit would just be cost-of-business for having herd health taken care of.

253

254 Dr. Geiger responded by saying that everything that is a good idea does not necessarily need to  
255 be spelled out in regulations. The proposed regulation does not impede a veterinarian who feels  
256 that an onsite visit is important. It should be left up to the veterinarian to decide if an onsite visit  
257 is necessary.

258

259 Dr. Michetti said that, from a public health standpoint, she would want to ensure that the fish  
260 were being cared for appropriately. She would like to see a regulation mandating an onsite visit  
261 within a timeframe.

262

263 Dr. Geiger said that, as a practical matter, all state hatcheries are inspected by PhD level fish  
264 pathologists and extensive records are kept about the disease history of the important diseases for

265 fish hatcheries. He also said that, for remote hatcheries, it costs thousands of dollars to bring a  
266 veterinarian out to a remote site. He would not feel comfortable mandating that people spend  
267 their money in that way. In some cases, it may be that a veterinarian should go out to the site,  
268 but he stated that he does not think the board should make that a requirement for every facility.  
269

270 Dr. Bergartt said that, even if board regulations do not require a site visit in the VCPR, through  
271 the Veterinary Feed Directive (VFD), all of the salmon farms will still be required to have a site  
272 visit by a veterinarian. She said that, if the state definition of a VCPR falls short of what the  
273 federal government considers an acceptable VCPR for animals that are under the VFD, then the  
274 federal rule would still apply.  
275

276 Dr. Hagee said that he thinks the Alaska VCPR should contain some soft wording that would  
277 allow a veterinarian to send a vial of medicine to a remote community to treat a disease without  
278 having the animal come in at great expense for a very minor illness. The VCPR should be  
279 worded so that the veterinarian can make the call on whether or not an onsite visit is necessary.  
280 Dr. Hagee asked the board if any of the members noticed a VCPR from another state, provided  
281 in the material, that would fit Alaska regarding some of the logistical challenges that  
282 practitioners would face in this state.  
283

284 Dr. Flamme stated that he liked OK and TN's VCPR regulations. Dr. Michetti concurred about  
285 OK's regulations. Dr. Hagee said he appreciated the wording "medically necessary and timely  
286 visits."  
287

288 Dr. Bergartt mentioned that she was just able to access the fda.gov federal vs. state VCPR list.  
289 As a point of note, she stated that OK is on the list of where the state definition may apply for a  
290 VFD. If the board moves forward in adopting OK's regulations, then the feds would defer to the  
291 state.  
292

293 Dr. Geiger asked if VA was on that list and Dr. Bergartt confirmed that it is.  
294

295 Dr. Bergartt stated that she liked how VA added bees to the regulation, specifically. She would  
296 like to see language for fish hatcheries added into the AK regulations. Dr. Geiger agreed.  
297

298 RS Zinn asked for some clarification. Was it the board's intent to adopt the regulation by  
299 reference, or to put it into regulation? The board asked for her recommendation. RS Zinn  
300 advised the board to not adopt regulation by reference. That way, if VA were to change their  
301 regulations, AK would have to change the regulation as well. RS Zinn suggested that the board  
302 vote to approve the regulation to be put into their own regulations to be drafted by the  
303 Regulations Specialist.  
304

**305 On a motion duly made by Hal Geiger, seconded by Rachel Bergartt, and passed**  
**306 unanimously, it was:**  
307

**308 APPROVED to send Virginia's definition of the VCPR to the Regulations Specialist**  
**309 for drafting.**  
310

311 The following is a draft of the regulation to be sent to the board’s Regulations Specialist:

312  
313 **12 AAC 68.075.** A bona fide veterinarian-client-patient relationship is one in which a veterinarian, another  
314 veterinarian within the group in which he or she practices, or a veterinarian with whom he or she is consulting:

- 315  
316 1. Has assumed the responsibility for making medical judgments regarding the health of and providing medical  
317 treatment to an animal, other than an equine, a group of agricultural animals, fish, or bees;  
318 2. A client who is the owner or other caretaker of the animal, group of agricultural animals, fish, or bees has  
319 consented to such treatment and agreed to follow the instructions of the veterinarian.

320  
321 Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and  
322 providing medical treatment to an animal, group of agricultural animals, fish, or bees shall include evidence that the  
323 veterinarian:

- 324  
325 A. Has sufficient knowledge of the animal, group of agricultural animals, fish, or bees to provide a general or  
326 preliminary diagnosis of the medical condition of the animal, group of agricultural animals, fish, or bees;  
327 B. Has made an examination of the animal, group of agricultural animals, fish, or bees, either physically or by the  
328 use of instrumentation and diagnostic equipment through which images and medical records may be transmitted  
329 electronically or has become familiar with the care and keeping of that species of animal, fish, or bee on the  
330 premises of the client, including other premises within the same operation or production system of the client,  
331 through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals,  
332 fish, or bees are kept; and  
333 C. Is available to provide follow-up care.

334  
335 “Telemedicine services,” as it pertains to the delivery of health care services, means the use of electronic technology  
336 or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with  
337 other health care providers regarding a patient’s diagnosis or treatment.

338  
339 “Telemedicine services” does not include an audio-only telephone, electronic mail message, facsimile transmission,  
340 or online questionnaire.

341  
342  
343 OLE Lund reminded the board that this regulation will need to have a specific oral commenting  
344 period while it is open for public comment. Since this regulation is still in the very earliest  
345 stages, OLE Lund will keep the board and the public informed of whenever that event will take  
346 place as that information becomes available.

347  
348 RS Zinn also mentioned that, since the regulation was just sent to the Regulation Specialist for  
349 drafting, she will have to bring them back to the board to make sure that the draft complies with  
350 the board’s intent. At which time, the board could make any additional changes before the  
351 regulation is able to go out for public comment. If this is something the board would like to get  
352 done as soon as possible, she recommended that the board hold a special short teleconference to  
353 review the draft regulations after they have been drafted. After which time, the regulations will  
354 go out for public comment.

355  
356 Dr. Bergartt asked RS Zinn what the turn-around time would likely be to get the regulation to  
357 the Specialist, have them drafted, and then brought back to the board -weeks or months. RS Zinn  
358 responded that she could get them done as quickly as possible if the board wanted to hold a  
359 special teleconference –a minimum of three weeks.

360

361 OLE Lund asked that the floor be opened up to Dale Atkinson of the AAVSB to see if he had  
362 any comment about adopting the VCPR regulation.

363  
364 Mr. Atkinson said that, so far, he had very little to add. He noted that the board members had a  
365 lot of material in front of them and commended them on the progress made during the meeting  
366 thus far. He made a comment that the VA language is quite cumbersome. He said there may be  
367 room for the language to not be so specific. He recommended, once the draft comes back to the  
368 board for review, members look into shortening that regulation, if need be, but have it still meet  
369 the intent of what the board is seeking.

370  
371 The board thanked Mr. Atkinson for his feedback.

372  
373 Dr. Bergartt wanted to put on the record that the State of Alaska has a Telemedicine Business  
374 Registry. She asked if veterinary services fall under telemedicine services according to the State,  
375 or are veterinary telehealth services different from human telemedicine services. Will veterinary  
376 telehealth providers be required to register with the State's Telemedicine Business Registry, or  
377 are they not required and if not, how can the board make it so they are required to register and  
378 how would that be tracked?

379  
380 OLE Lund explained that, to the best of her knowledge, anyone who is conducting business via  
381 telemedicine in the State of Alaska is required to register with the Telemedicine Business  
382 Registry. There is a \$50 registration fee and the application does include the veterinary  
383 registration code of VET.

384  
385 Dr. Michetti asked for clarification. She stated that she works in a practice with five other  
386 veterinarians. Would each veterinarian have to register, or would it be sufficient for the practice  
387 to have one registration.

388  
389 OLE Lund confirmed that just the business or practice would need to register –not each  
390 individual practitioner. The form requests information for the business name and business  
391 license number –not the professional license number.

392  
393 Dr. Michetti asked if registration would be necessary for follow-up care. For example, if  
394 someone brings their animal into the practice in Anchorage from the bush and then the  
395 veterinarian requests that the client call if anything were to go wrong with the patient, would that  
396 fall under telemedicine?

397  
398 **Sec. 44.33.381. Telemedicine business registry.** (2) telemedicine services means the delivery of health care  
399 services using the transfer of medical data through audio, visual, or data communications that are performed over  
400 two or more locations by a provider who is physically separated from the recipient of the health care services.

401  
402 Despite there being no exception stated in the statute, OLE Lund interprets the statute to not  
403 include standard follow-up care (a courtesy call after treatment) performed by veterinarians, but  
404 would apply to business that is initiated and solely being conducted electronically. RS Zinn and  
405 Dr. Geiger agreed.

406

407 Many veterinarians in larger cities in Alaska provide services to bush communities. What sort of  
408 burden is on veterinary practices to register for telemedicine services if they have a client who is  
409 in the bush? If the pet is sent in for treatment and then is sent back out to the bush, the client in  
410 the bush would provide the veterinarian with pictures, video or phone conversations –is that  
411 telemedicine if the veterinarian has physically seen the animal? Is it telemedicine when a  
412 veterinarian has not physically seen the animal but receives a phone call, email, videos, etc. and  
413 then provides care? Another scenario could be that the veterinarian saw the animal several years  
414 ago and now the patient has something new going on. Historically, there was a site visit or  
415 physical exam, but the veterinarian is addressing a new health concern.

416  
417 Dr. Bergartt asked Ashley Brown, an attorney with the Department of Law, to weigh in on the  
418 discussion. Ms. Brown said that, in order to answer the question, she would like to take a look at  
419 the legislative history of the statute to figure out the intent of the law. She will work with the  
420 board to get an answer to their questions and present the findings at the next meeting.

### 421 **Unfinished Regulations**

422  
423  
424 Moving on, OLE Lund informed the board that some of the regulations the board worked on last  
425 year have been in a state of limbo due to the fact that oral public comment was taken on the  
426 regulations as the board was trying to adopt them at the October 4, 2019 meeting. Therefore, the  
427 regulations now need to be adopted by the board again and then will have to go out for public  
428 comment with a mandatory oral commenting period.

429  
430 RS Zinn recommended that the board move to send the regulations out for public comment at the  
431 same time as other regulations. That will save the board publishing fees. She also suggested that  
432 one oral comment event be held for all regulations now requiring oral comment to help reduce  
433 cost to the board. RS Zinn also clarified that some of the regulations were rejected due to  
434 changes made by the board that were not statutorily allowed. Only after the statute change, if  
435 SB179 is passed, would the board have the authority to make those changes.

436  
437 Dr. Bergartt asked RS Zinn, since SB179 is still in the legislative process, would the board be  
438 able to do anything with the regulation except to withdraw it?

439  
440 RS Zinn clarified that original changes to the regulation are acceptable –the bold and underlined  
441 wording, but changes to acceptable qualifications for foreign veterinary graduates are not  
442 allowed at this time because of statute. She went on to say that the board had two options: send  
443 out the regulation as it was originally noticed, or wait to see if the statute gets changed. If the  
444 statute does get changed, the board would then be able to add the programs that they want to  
445 allow for foreign veterinary graduates. RS Zinn said that the original intent of the regulation  
446 change was to allow for transcripts as acceptable documentation for temporary licenses and  
447 permits rather than just a copy of the applicant’s diploma.

448  
449 OLE Lund requested, for the sake of making the licensing process easier, the board move  
450 forward with sending the regulation, as written, out for public and oral comment.

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**On a motion duly made by Rachel Bergartt, seconded by Chris Michetti, and passed unanimously, it was:**

**APPROVED to send 12AAC 68.045(a)(3) and 12AAC 68.046(a)(3) out for public and oral comment.**

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 68.045(a)(3) is amended to read:

(3) a notarized copy of the applicant’s veterinary school diploma **showing graduation from an accredited veterinary school, or official transcripts from an accredited veterinary school, or official records showing completion of the Educational [EDUCATION] Commission for Foreign Veterinary Graduates certification process required by AS 08.98.165(a)(1) [CERTIFICATE];** and

(Eff. 10/21/92, Register 124; am 8/13/2000, Register 155; am 5/30/2015, Register 214; am

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_ )

**Authority:** AS 08.98.050 AS 08.98.080 AS 08.98.180

12 AAC 68.046(a)(3) is amended to read:

(3) a notarized copy of **the applicant’s veterinary school [A]** diploma showing graduation from an accredited veterinary school, **or official transcripts from an accredited veterinary school,** or official records showing completion of the Educational Commission for Foreign Veterinary Graduates certification process required by AS 08.98.165(a)(1); **and**

(Eff. 1/1/2000, Register 152; am 4/9/2005, Register 174; am \_\_\_\_/\_\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

**Authority:** AS 08.98.050 AS 08.98.186

### **Veterinary Medical Facilities**

Ashley Brown attended this meeting to explain to the board why the regulation regarding veterinary medical facilities was rejected by the Department of Law.

Dr. Bergartt said that, from her understanding of the situation, the regulation was kicked back with the reason being cited that the board does not have the authority to regulate veterinary medical facilities –the board only possesses the authority to regulate veterinarians and licensed veterinary technicians. So, even though “veterinary medical facility” has appeared in regulations since the mid-nineties, the board does not have the statutory authority to define that term. Dr. Bergartt said that, in previous conversations with Ms. Brown about this topic, the board withdraw the regulations project on the veterinary medical facility and seek statutory change next session to allow the veterinarians to manage a veterinary medical facility.

Ms. Brown said the Department of Law had not formally rejected the regulations but she did want to bring the situation to the board’s attention. In the January 25, 2019 board meeting with

503 AAG Auth, Mr. Auth pointed out that one of the problems with the board adoption 12AAC  
504 68.940 was that the board would not have enforcement authority over a veterinary medical  
505 facility. Ms. Brown recommended to the board that they readopt the regulations packet from that  
506 meeting without that regulation and the definition (12AAC 69.990). If the board wishes to  
507 pursue authority to regulate veterinary medical facilities, it will have to go through statute.  
508

509 **On a motion duly made by Rachel Bergartt, seconded by Chris Michetti, and passed**  
510 **unanimously, it was:**

511  
512 **RESOLVED to WITHDRAW 12AAC 68.940 and 12AAC 68.990(6) from the adopted**  
513 **regulations packet.**

514  
515 **Right-touch Regulation**

516  
517 **On a motion duly made by Rachel Bergartt, seconded by Scott Flamme, and passed**  
518 **unanimously, it was:**

519  
520 **APPROVED to send out for public comment the change to 12AAC 68.015(c) as**  
521 **proposed by OLE Lund.**

522  
523  
524 **12 AAC 68.015. EXAMINATIONS.**  
525

526 (c) The state written examination is an open book examination. The examination and study materials  
527 will be **provided electronically or** mailed directly to each applicant. Completed examinations must  
528 be returned to the department within 30 days after mailing **or provided electronically**, as shown by  
529 the **electronic or** postmark dates. The passing score on the state written examination required by (b)  
530 of this section is 90 percent or above.

531  
532 (Eff. \_\_\_\_/\_\_\_\_/\_\_\_\_, Register\_\_\_\_)

533 **Authority:** AS 08.98.050 AS 08.98.165 AS 08.98.180

534  
535 OLE Lund requested authority from the board to approve VTNE applicants for the national  
536 examination. Certain thresholds would need to be met –for example, turning in an initial  
537 application and verification of training with the division, registering for the exam through  
538 AAVSB, and submitting at least one reference. There is no procedure for this in regulations but,  
539 historically, documents were compiled and then submitted to the board for approval. OLE Lund  
540 would like to remove some of the burden from the board by using her experience and best  
541 judgment to approve individuals. The board had previously stated that they did not wish to  
542 impose undue financial hardship onto veterinary technicians. In the past, if VTNE applicants  
543 had not submitted all required documents for review, the application packet was not submitted to  
544 the board and the individual was not approved to take the exam in this jurisdiction. Failure to  
545 gain exam approval causes applicants to lose \$200 or more.

546  
547  
548  
549

550 **On a motion duly made by Hal Geiger, seconded by Chris Michetti, and passed**  
551 **unanimously, it was:**

552  
553 **RESOLVED to APPROVE the delegate authority to OLE Lund for VTNE exam**  
554 **approvals.**

555  
556

557 **BREAK:**

558 *Off the record: 11:25 a.m.*

559 *On the record: 11:30 a.m.*

560  
561

562 **Agenda Item 8**

**Public Comment**

**Time: 11:30 a.m.**

563

564 Dr. Mary Ann Hollick (VETV261) addressed the board. She said that she had enjoyed listening  
565 to the excellent and thorough discussion of the board. She wished to reiterate a few things: a  
566 VCPR would be superseded by a VFD. The state definition cannot be more lenient, especially  
567 when it comes to agricultural animals and off-label use of prescription medications. Farm  
568 animals, including bees and fish, are the ones where the VFD will supersede anything that the  
569 board defines more liberally. She thinks it would be interesting to look and see what regulations  
570 will come back. As she understands it, the regulations will go to the regulation specialist, back  
571 to the board, and then open for public comment. She said that she looks forward to that and  
572 thinks there will be some good points brought. In respect to sending things out to the bush for a  
573 companion animal, she stated that a veterinarian does not need to see the animal, particularly if  
574 something is being sent out for emergency aid. There are certain risks that people run for living  
575 out in the bush. It is a bit different with ongoing treatment, but veterinarians are allowed to send  
576 out medications, even if the animal has not been seen. She went on to state that the town hall  
577 meetings held by Dr. Flamme in Fairbanks and Dr. Coburn in Anchorage were very successful.

578

579 Dr. Sarah Coburn (VETV655), President of the AKVMA, wanted to give a quick summary of  
580 where the AKVMA is at in regard to HB184 and some of the progress they have made to that  
581 end in support of exempting veterinarians from the PDMP. Later this week, Drs. Delker and  
582 Coburn will be flying to Juneau for the first House Health and Social Services committee hearing  
583 of the bill. Dr. Coburn also has several meetings set with committee members on Wednesday.  
584 Dr. Delker informed her this morning that they have been invited to provide testimony during the  
585 hearing. They have also contacted Juneau clinic trying to round up at least one person from each  
586 clinic to attend the hearing, even though they will not be able to testify, as a visual show of  
587 support for this issue. The AKVMA has contacted a number of other clinics to encourage  
588 veterinarians to call in, or at least watch the hearing on akleg.gov, and several of them have  
589 asked for the opportunity to provide public comment as well. The AKVMA will inform  
590 legislators that there is interest in that and hopefully encourage them to make public comment  
591 available. There have been well over 1,000 who signed the AKVMA petition in support of  
592 HB184. About 980 of those signatures have already been provided to the sponsoring legislator  
593 and the additional signatures will be presented this week. Dr. Coburn stated that she was told by  
594 one of the representatives that the AKVMA should expect to answer questions about DEA audits,  
595 the measures that are already in place that practitioners often take for granted –all the things that

596 veterinarians do in the clinic to keep track of every tablet, the keys to the cabinet, the records  
597 kept, etc. The representative said that, especially on the Health and Social Services committee,  
598 they hear an awful lot about opioid abuse, the PDMP, and substance abuse. The hurdle the  
599 AKVMA may have would be to have confidence in exempting veterinarians, confidence of what  
600 is already in place in oversight and regulations. Expect comments and be able to provide  
601 information to describe those steps taken. The AKVMA should also expect follow-up questions  
602 about the 0.34% statistic that is being used, since it is one of the few statistics available, and it is  
603 a very compelling number –that 0.34%, nationally, of all the opioids prescribed and dispensed  
604 from retail pharmacies in 2017, were by veterinarians. The follow up question will be: what is  
605 that percentage in Alaska? Will it be similar or even less than that? Dr. Coburn said that she  
606 would try to find that answer, but is not sure if that data is available.

607  
608 Dr. Flamme stated that he received an email from Rep. Talerico's office. As the bill sponsor, his  
609 office is not responsible for scheduling testimony. For anyone who is interested in testifying to  
610 the Health and Social Services committee, they need to contact Katie Giorgio, the legislative  
611 assistant to the HSS Chair (Rep. Zulkosky), at (907)465-4942 and leave a message about  
612 testifying as a veterinary professional.

613  
614 Dr. Bergartt stated that, even though the upcoming hearing of HB184 will not be open for  
615 public comments, it is still imperative that members of the public contact people like Kate  
616 Giorgio, Rep. Zulkosky, Rep. Talerico, because all of those contacts are recorded. So, even  
617 though an individual may not be able to testify, it is absolutely worth making those calls.  
618 Additionally, even though individuals may not be able to testify at this initial hearing, having  
619 people show up and have a presence in the room is also worthwhile. It sends a not-so-silent  
620 signal to legislators that this is an issue that people care about.

621  
622 Dr. Bergartt went on to ask Dr. Coburn if the AKVMA will also be commenting on HB242.  
623 Dr. Coburn responded that she was going to ask the board about that topic –wondering what the  
624 board is doing with that. She stated that, at this point, when calling people, the AKVMA has  
625 solely been focused on HB184. Dr. Coburn does have a meeting scheduled with Rep. Josephson,  
626 the sponsor of the bill, to help better understand where that bill is coming from, but as of now,  
627 the AKVMA has not provided a formal statement on that bill.

628  
629 Dr. Hagee asked for some background information on Rep. Josephson's bill. Dr. Coburn  
630 explained the HB242's main focus is to standardize all opioid dosages in Morphine Milligram  
631 Equivalents (MMEs). She is unclear as to whether that would be mandated on the reporting end.  
632 She asked a practitioner of hers about it and was informed that the software used in human  
633 medicine already translates everything into MMEs for their review, so human practitioners have  
634 no concern about the bill at all because they already think in those terms. She is not sure what is  
635 behind the bill or what particular problem that bill is trying to solve.

636  
637 Dr. Bergartt said that she thinks the board should develop a position statement about HB242. If  
638 HB184 passes, opposing HB242 is a moot point, but there is no guarantee that bill will pass. She  
639 said that, in almost 20 years of practice, she doesn't ever recall thinking in standard MME terms  
640 for her veterinary patients. She encouraged the board to get ahead of the issue.

641

643

644 The floor was given back to Dr. Coburn. She stated that the AKVMA held a town hall in  
645 Anchorage in January. Forty-six people attended –thirty-six in person and then the rest on the  
646 phone. The vast majority of attendees were veterinarians or licensed vet techs. A lot of the same  
647 themes of the PDMP that have continually been discussed by the board and the association’s  
648 board were discussed: pets have no unique identifier, the NDC numbers don’t always match so  
649 how is one supposed to enter a drug into the system, the veterinary software does not integrate  
650 with the database, veterinarians received no training so they don’t know what they are supposed  
651 to be looking for when querying client data, and that the general public is not aware that any of  
652 their medical data is available to their veterinarian. When that last point comes up, clients are  
653 uncomfortable with that. Some clinics have tried asking for driver’s licenses as a way to verify  
654 clients’ identities and DOB and that did not go over well. This led clinics to stop asking for that  
655 information due to the response from the clients –wanting to know why the clinic needed that  
656 information and what they are doing with it. It is very inconsistent whether vets are querying  
657 under the animal or owner’s name.

658

659 Dr. Coburn recently spoke with the Executive Administrator of the PDMP, Laura Carrillo, to  
660 verify what the intent was. Ms. Carrillo stated that the legal intent was that the owner’s name  
661 and DOB be queried. In gathering data, Dr. Coburn has been informed that different  
662 practitioners have been given different information which lead to all of the inconsistency. The  
663 general sentiment by veterinarians is what they are doing in regard to the PDMP is not  
664 constructive. Veterinarians understand that opioid abuse is an issue and they are happy to  
665 participate in a meaningful way, but the PDMP is not meaningful, is a waste of time, and is  
666 extremely frustrating. It’s hard to justify putting in the time to do it when there is no way to do it  
667 right.

668

669 At the town hall, one of the veterinarians expressed frustration because, when entering data, they  
670 were asked for a pharmacy license number, which veterinarians are not legally allowed to have.

671

672 There was a very interesting discussion on zero-reporting. Some clinics had been told they  
673 needed to report zeros. A lot of people had no idea that was an option or a requirement. When  
674 Ms. Carrillo was asked about this, she said that if a veterinarian never dispenses controlled  
675 substances, they are not required to record zeros, but they still have to be registered. If a  
676 veterinarian occasionally, ever, dispenses a controlled substance, they are required to report  
677 zeros on all other days. One of the veterinarians said that when she informed the State that she  
678 was going to be out on maternity leave, she was told that she had to report zeros during that time  
679 –daily.

680

681 When Dr. Coburn spoke with legislators, Tramadol kept coming up. She stated that there is  
682 some confusion as to how much Tramadol veterinarians are using and how much is prescribed.  
683 It is assumed, based on the Anchorage Daily News article from last year, that Tramadol is a drug  
684 commonly used in veterinary medicine. Representatives or their constituents have picked up on  
685 that and are under the impression that veterinarians are a huge source of the drug; however, Dr.  
686 Coburn was unable to find any actual evidence on that. Another misconception that came up is  
687 that owners will or have harmed their animals to obtain opioids from veterinary clinics. Dr.

688 Coburn said that she has talked to veterinarians who have had a client come into the clinic who  
689 appeared to be seeking a controlled substance, but they had not harmed their animal. Any abuse  
690 that is noticed by a veterinarian would be reported to the proper authorities because animal abuse  
691 is illegal.

692  
693 At the town hall a lot of questions came up centered around concern about enforcement and how  
694 that will trickle down to the veterinarian. They are afraid they will be punished or have actions  
695 taken on their license, even though they are trying to use the unusable system. There is an  
696 underlying anxiety about what that may mean for their license. Dr. Bergartt did address some  
697 of those concerns during the meeting.

698  
699 Dr. Flamme stated that he recently spoke with the Vice Chair of the Board of Pharmacy, Dr.  
700 Holm. The BOP is aware that this is a huge problem, even though they took a neutral stance on  
701 HB184. There has been no education for the pharmacists to enter data into the PDMP. What  
702 veterinarians see in their PDMP portal versus what pharmacists see is completely different. If a  
703 veterinarian fills a script at a pharmacy, the pharmacist is supposed to use an animal field even  
704 though the prescription information goes under the owner's name. Mr. Holm said that, without  
705 State funding and education, nobody knows how to be on the same page about utilizing the  
706 PDMP.

707  
708 Dr. Coburn said that, when she spoke with the PDMP coordinator and asked about that, she said  
709 that there are a few things that may be happening to help solve that. Zero reporting goes into a  
710 separate database and then there is a data dump at the end of the day to connect the two. So,  
711 zeros have to be reported in a different place than the main database. Apparently, pharmacists  
712 are the only ones that can change or make corrections to an entry, which explains their slightly  
713 different platform. Then, one has to take into account the software they are already using, which  
714 is HIPPA compliant, and all of those things that help them interface with the PDMP. When she  
715 went to see her personal doctor, Dr. Coburn said her doctor informed her that the human  
716 reporting software automatically enters in data into the PDMP. No veterinary software would be  
717 able to do that because of HIPPA compliance issues.

718  
719 Dr. Michetti stated that she is happy to see that the BOP has softened a bit to this issue. She said  
720 that, when she attended a BOP meeting two years ago, they seemed very hostile about comments  
721 from veterinarians against the PDMP and were adamant that it was going to work and no  
722 changes would be made and there was no way that veterinarians were going to get out of it.

723  
724 Dr. Bergartt informed the board that she spoke at the last BOP meeting and answered some of  
725 their questions. After Dr. Bergartt's presentation, the members made a unanimous decision to  
726 remain neutral on HB184; however, there was a noticeable shift in opinion during the dialogue  
727 between her and the board. She said that she appreciated their openness and providing her the  
728 opportunity to speak to them. It was a positive experience for both boards. Ultimately, the  
729 ownership issues are huge and that cannot be understated. It is so easy to say query the owner or  
730 report under the owner, but who is the owner? When talking about security clarity of a database,  
731 when you have, potentially, multiple owners in the same household or, potentially, multiple  
732 owners in different households (for performance animals, sled dogs, show dogs, etc.), who is  
733 "the owner." Plus, there is not a readily identifiable legal way to obtain someone's driver's

734 license to obtain that person’s prescription history. There might be six other people in the  
735 household that are also “owners.” Are veterinarians supposed to query and report under all of  
736 the owners?

737  
738 Dr. Geiger spoke with the BOP a few years ago and, at the time, they were very dismissive of the  
739 issues that veterinarians face with the PDMP. They expressed that the BOVE just needed to  
740 handle it. He said that he is very pleased to hear that there is some movement on their part.

741  
742 Dr. Flamme stated, one conclusion he drew from his conversation with Dr. Holm, was that if  
743 veterinarians become exempt from the PDMP, it would be recommended that veterinarians be  
744 required to attend some sort of opioid training. Dr. Flamme agreed that veterinarians could use  
745 some more training regarding drug seeking behavior, etc.

746  
747 Dr. Michetti agreed. She said that the veterinarians that she works with agree with that too –  
748 getting rid of the PDMP and requiring continuing education centered around opioids. Dr.  
749 Michetti said that, as a veterinarian, she is very naïve when it comes to drug seekers and drug  
750 users. Some education centered around that would be fantastic.

751  
752 Dr. Bergartt said that, when she spoke with the BOP, the comment also came up about the fact  
753 that mandating continuing education on opioids may bolster the board’s case in seeking  
754 exemption from the PDMP. She noted that an item was on the agenda for the board to talk about  
755 putting something into regulation regarding making opioid CEs a requirement.

756  
757 Dr. Bergartt went on to say that she has concerns about addressing opioid education specifically  
758 directed towards PDMP use. She said she thinks the board should focus on signs of opioid  
759 addiction, what veterinarians’ roles can be in general health and welfare issues for their staff,  
760 practice, clients, communities, and steer away from any mandatory PDMP training at this point.

761  
762 OLE Lund informed the board that the PDMP program has received grant funding to create short  
763 training videos for showing prescribers how to effectively use the system. As of now, those have  
764 not gone into production, but will eventually be available as a resource through the PDMP  
765 website.

766  
767 Due to scheduling time constraints of a few board members, the board skipped to:

768  
769 **Agenda Item 12** **Legislative Progress** **Time: 12:06 p.m.**

770  
771 **HB242 Position Statement**

772  
773 As previously discussed, if HB242 passes, it would mandate that veterinarians report controlled  
774 substance prescriptions in the dosage standard of MMEs.

775  
776  
777 Dr. Bergartt encouraged the members of the board to oppose HB242. She said, generally  
778 speaking, the basis of standardizing veterinary opioid prescriptions based on MMEs is not  
779 language that veterinarians currently nor historically use in veterinary practice.

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**On a motion duly made by Rachel Bergartt, seconded by Hal Geiger and passed unanimously, it was:**

**RESOLVED to APPROVE that the Board of Veterinary Examiners is opposed to HB242, mandating that veterinarians prescribe opioids based on Morphine Milligram Equivalents.**

**TASK: Dr. Bergartt will draft an official board document regarding the board’s position on HB242.**

The following is a general position statement drafted by the board, which Dr. Bergartt will use when drafting the official document.

Standardizing opioid prescriptions based on MMEs is not a standard currently nor historically used in veterinary medicine and its use is inappropriate regarding veterinary medicine. The board has no basis in science or technology to develop that standard.

Dr. Geiger wanted to inform the board that, when meeting with the Executive Administrator of the BOP, he was informed that there is a form that may assist veterinarians in reporting to the PDMP –a waiver of electronic submission. The veterinarian board members were not aware of the forms existence. The form does not exempt veterinarians from reporting, it only assists practitioners who may not have access to the internet. Dr. Hagee asked what the point was if submitting the waiver just created more work for veterinarians. Dr. Geiger clarified that his intent was, if HB184 does not pass, potentially the form could be revised to help ease the burden on veterinarians for reporting dispensations of opioids.

**Agenda Item 11** **PDMP Survey Results** **Time: 12:22 p.m.**

At the last meeting the board voted to send out a survey to veterinarian licensees to gather data for use during the legislative session. One hundred licensees responded.

Q1: As a licensee, have you experienced difficulty utilizing the Alaska Prescription Drug Monitoring Program (PDMP)?

85.42%- yes

14.58%- no

Q2: As a practitioner, do you feel that your clients have suffered as a result of the regulations of the PDMP?

73.20%- yes

26.80%- no

827 Q3: Has the PDMP placed significant financial burden onto you or your practice?

828

829 56.70%- yes

830 43.30%- no

831

832 Q4: Do you support veterinarians being exempt from having to utilize the PDMP?

833

834 95%- yes

835 5%- no

836

837 Q5: Do you have any comments regarding Alaska veterinarians' participation in the  
838 PDMP?

839 Sixty-three survey participants of the survey took the time to leave comments. The majority of them  
840 have very strong feelings about veterinarians' participation in the PDMP. For full survey results,  
841 please see the board website.

842 <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofVeterinaryExaminers/PositionStatementsandOtherMaterials.aspx>

843

844  
845 **On a motion duly made by Scott Flamme, seconded by Hal Geiger and passed**  
846 **unanimously, it was:**

847

848 **RESOLVED to send the results of the survey to Rep. Talerico's office to be**  
849 **presented to the House HSS committee and to make the results publicly available.**

850

851

852 **Agenda Item 12**

**Legislative Progress**

**Time: 12:30 p.m.**

853

854 **HB 184**

855

856 Since Drs. Flamme and Bergartt have been in contact with legislators regarding this bill, they  
857 were asked to update the other members of the board so that everyone is on the same page.

858

859 Dr. Bergartt said that she had previously contacted Rep. Wilson and spoke directly with her  
860 before she resigned. Dr. Bergartt was then pointed in the direction of Rep. Talerico whom she  
861 met with. She presented him with the board position statement that was discussed at the  
862 previous meeting. Since, Dr. Bergartt has been assisting Dr. Flamme, behind the scenes, by  
863 drafting letters and other documents to present to the HSS committee and by speaking with the  
864 BOP.

865

866 Dr. Flamme said that he also spoke with Rep. Wilson and Rep. Talerico. He has been in contact  
867 with Rep. Talerico's office multiple times. He has had local legislators call him at his practice to  
868 ask questions about the bill. Senator Kawasaki's office wanted to know what the board was  
869 trying to accomplish and why. Dr. Flamme said that he explained the situation to them. Senator  
870 Bishop called Dr. Flamme and voiced his agreement to veterinarians being exempt from the  
871 PDMP and would like to sponsor the bill if it makes it to the senate side. Sen. Bishop has said  
872 that he will speak with Sen. Giessel, the senate president and member of the senate HSS  
873 committee, about the bill. Dr. Flamme has gathered bipartisan support for this bill on both sides

874 of the legislature. He also stated that he made some posts on social media regarding points from  
875 the highlights document the board approved about HB184 and the contact information of  
876 legislators, trying to garner public support of the bill.

877  
878 Dr. Geiger informed the board that he met with Rep. Zulkosky. He also spoke with the past  
879 president of the Alaska Medical Association who initially was not in favor of HB184, but was  
880 somewhat receptive after talking about it.

881  
882 Dr. Hagee said that he spoke with Sen. Giessel about two months ago regarding the bill and she  
883 was very dismissive of the topic.

884  
885 Dr. Bergartt said that, now the board has the HB184 highlights document which outlines a lot of  
886 the problems with the PDMP, she thinks it is worth revisiting some of the elected officials that  
887 may have been less receptive earlier on. Throughout this process, as a board, she stated that she  
888 feels the arguments have been refined and the board has a much stronger position statement;  
889 whereas, two years ago, the board simply stated that they did not like having to be a part of the  
890 PDMP.

891  
892  
893 **Agenda Item 14** **Appoint a Board Chair** **Time: 12:41 p.m.**

894  
895 Unfortunately, Dr. Hagee will be terming out of his board appointment by the beginning of  
896 March, so while all members were present, the board took the time to appoint a new board chair.

897  
898 **On a motion duly made by Chris Michetti, and seconded by Scott Flamme, it was:**

899  
900 **RESOLVED to APPOINT Dr. Rachel Bergartt to the position of Chair of the**  
901 **Board of Veterinary Examiners.**

902

<b>Board Member</b>	<b>Yes</b>	<b>No</b>	<b>Abstain</b>
James Hagee	<b>x</b>		
Hal Geiger	<b>x</b>		
Rachel Bergartt			<b>x</b>
Scott Flamme	<b>x</b>		
Chris Michetti	<b>x</b>		

903  
904  
905 Dr. Bergartt accepted the appointment and said that she would be happy to serve as board chair  
906 for the duration of her term, but thought, perhaps, it would be appropriate to revisit the topic in a  
907 few years.

908  
909  
910 **Agenda Item 13** **Unfinished Business** **Time: 12:45 p.m.**

911  
912  
913

914 **AAVSB's Board Basics & Beyond**

915

916 At the last meeting, Dr. Michetti was delegated as the board's representative to attend the  
917 AAVSB's Board Basics & Beyond training conference; however, she will be unable to attend.  
918 OLE Lund asked Dr. Flamme if he would be able to attend the conference. Dr. Flamme said that  
919 he would be busy in April and recommended that OLE Lund attend the training on the board's  
920 behalf.

921

922

923 **PDMP Template for VET and PHA RX Submissions**

924

925 This worksheet was originally presented to the board during their August 2018 board meeting. It  
926 was meant as a worksheet for each board member to fill out and the data compiled so the board  
927 had a say in how the PDMP interface looked for veterinarians. At the time, board members  
928 chose to forego responding to the worksheet and instead wrote letters to the governor and BOP.  
929 Addressing the form will help clear up some of the confusion about what data veterinarians are  
930 required to enter into the PDMP.

931

932 Dr. Geiger said, when he spoke with the Executive Administrator of the BOP, the thing that  
933 stuck with him the most was that, in the future, if a veterinarian is under investigation for  
934 misusing the PDMP, there has to be a record of a login. He suggested that the board circle the  
935 required fields, turn in the worksheet and move on. As long as there is a record of a log in, it  
936 will prevent veterinarians from coming under investigation. Dr. Geiger stated that his hang up  
937 about this worksheet in the past was from his impression that the data entered had to make sense.  
938 He has since come to the realization that this isn't the case. He said he has enough experience  
939 with the PDMP now to realize that it is not going to make sense, it just has to be done.

940

941 Dr. Michetti said that, as a practitioner, the only fields she is comfortable entering in is the  
942 animal name and animal DOB. Otherwise she would feel that she would be violating HIPPA.

943

944 OLE Lund clarified that, from her understanding from what she had been told, PDMP is exempt  
945 from HIPPA laws, so it would not technically be a HIPPA violation for veterinarians to query  
946 clients' information when using the PDMP. She has not seen this in writing, so has no  
947 documentation to back this up.

948

949 Dr. Bergartt confirmed OLE Lund's statement in that the State has said that PDMP query is  
950 exempt from HIPPA; however, HIPPA is a federal program, so does the State actually have the  
951 authority to say that it is not a violation. She went on to explain that she could not find  
952 documentation of this being challenged anywhere, but other states are making the same claim.

953

954 Dr. Flamme said that, when speaking with the administrator of the TX PDMP, he was told that,  
955 the way the AK PDMP is set up would constitute as a HIPPA violation. He said that he would  
956 really like to hear the State's response to this.

957

958 Dr. Michetti stated that, at this point, the statute clearly states that the patient should be queried.  
959 In her opinion, there is no reason to put the owner name because that would not be who she is

960 prescribing to. If the BOP wants to rearrange things later, if HB184 does not pass, then  
961 hopefully everyone can work together to come up with something that is not so cumbersome that  
962 actually makes sense.

963  
964 Dr. Bergartt wanted to point out that veterinarians consistently have problems with the NDC  
965 numbers –they often don’t match up. So, while it is required and will be circled, she wanted to  
966 make it know that this is a problematic area for veterinarians. Furthermore, first name and last  
967 name are problematic for veterinarians because there is no concrete way to establish who an  
968 owner is.

969  
970 *Drs. Flamme and Michetti left the meeting at 1:00 p.m.*

971  
972 Maintaining a quorum, the board went on to discuss the fee increase for veterinarians mandated  
973 by the division. The increase will affect veterinarians specifically and will increase initial  
974 application fees and biennial renewal fees from \$600 to \$625. As stated previously, the board is  
975 opposed to the fee increase. Public comments must be received by 4:30 p.m. on March 27, 2020.  
976

977 Dr. Hagee asked if the division was aware of how much higher veterinarian licensing fees are in  
978 Alaska compared with all other states. OLE Lund responded that the division is aware of that. It  
979 has been brought to their attention several times. But, that does not change the necessity for the  
980 board to be able to fund their own operations.

981  
982 Dr. Hagee said that he didn’t think it was a concern of funding the board, but the proportion of  
983 veterinary licensing fees that fund division operations as well. If the board was only funding its  
984 own operation expenses, the board would have a lot better handle and control over how the  
985 money is being spent and fee increases. Dr. Hagee pointed out a line item in the board budget  
986 titled “Shared Services.”

987  
988 OLE Lund clarified that veterinary licensing fees do not go to the funding of any other board, but  
989 there are shared division expenses that are taken out of board funds –things like paper for  
990 printing, ink, postage, etc. It does not mean that veterinary board funds are being put into the  
991 general fund of the division.

992  
993 Dr. Hagee said that he is of the opinion that there should be more control over how board funds  
994 are being spent. As he will no longer be on the board, he stated that he was speaking as a private  
995 citizen and practitioner. He said there are way too many high salary people between OLE Lund  
996 and the governor drawing from Veterinary Board funds. He said the State government is really  
997 bloated and could be cut back. You can’t spend money you don’t have.

998  
999 OLE Lund reminded Dr. Hagee that other board members have expressed interest in knowing  
1000 how board funds are spend and why the fees need to be raised. As the examiner, OLE Lund has  
1001 been doing a little investigation around the office trying to find out who is billing time to the  
1002 board and why. She is trying to ensure that the board is not being billed for overtime and that  
1003 funds are not being drafted unnecessarily. OLE Lund is working with the Administrative Officer  
1004 of the division to obtain a more in-depth breakdown of how the funds are being spent. That  
1005 information will be presented to the board at the next meeting. OLE Lund was able to find out

1006 that, as of now, investigations billing is not tracked based on case numbers. Perhaps the board  
1007 could request more detailed billing information for such things.

1008  
1009 Dr. Bergartt said that, finding out how much money is spent, particularly on PDMP related  
1010 investigations could be extremely useful. Tracking case numbers for budgetary reasons is  
1011 imperative. The PDMP provided a set of obligations for the board but offered no appropriations  
1012 to meet those obligations. Her understanding is that, because the board is charged with  
1013 investigating and disciplining, the Board of Veterinary Examiners is going to be paying for the  
1014 investigations.

1015  
1016 **On a motion duly made by Rachel Bergartt, and seconded by Hal Geiger, it was:**

1017  
1018 **RESOLVED to APPROVE that Dr. Bergartt write a letter to the division in**  
1019 **response to the request for public comment about the fee increase.**

1020

Board Member	Yes	Absent
James Hagee	x	
Hal Geiger	x	
Rachel Bergartt	x	
Chris Michetti		x
Scott Flamme		x

1021  
1022  
1023 The letter will include the fact that the board is opposed to this fee increase, as they have stated  
1024 on the record, and they feel they are not being heard. It is felt that they don't get any  
1025 transparency as to where and why the fee increases keep coming and there is nothing the board  
1026 can do about it. The board will propose an alternative fee increase that would minimize the  
1027 impact to licensed veterinarians. A \$15 fee increase is proposed for veterinarians if the division  
1028 will accept that there is no increase, and then a \$25 fee increase for all temporary permits and  
1029 courtesy licenses.

1030  
1031 **TASKS: Dr. Bergartt will draft a letter on behalf of the board to submit to the**  
1032 **division while the regulation change is open for public comment.**

1033  
1034 **OLE Lund will inquire as to how PDMP investigations are billed –whether directly**  
1035 **to the PDMP fund or to the sub program like the Veterinary Board.**

1036  
1037 The board set the dates for the next several meetings:

1038  
1039 **Monday, March 23, 2020 at 9:00 a.m.-** The board will meet for one hour only, specifically to  
1040 follow up on regulations to ensure that the process is moving along.

1041  
1042 **Monday, April 27, 2020 at 9:00 a.m.-** This will be an all-day meeting where the board will  
1043 receive a division update, take public comment, work on regulations, and any other board  
1044 business that needs to be addressed.

1045

1046 The Board of Veterinary Examiners would like to thank Dr. Jim Hagee for his years of service  
1047 on the board. He has brought years of experience and expertise, as well as a sense of humor to  
1048 the meetings. His presence will be missed on the board, but a standing invitation has been  
1049 extended to him to attend any meeting for which he is available to "stir the pot."  
1050

1051 Dr. Hagee responded that it has been an honor to serve on the board. He said there were  
1052 moments of sheer joy and hours of pain. He offered his sincere condolences to Dr. Bergartt in  
1053 her new position as board chair. He said that he thinks she is the perfect person to fill the role  
1054 and bring a fresh perspective.  
1055

1056 Dr. Bergartt responded that she has big shoes to fill and there is a lot of work ahead, but she is  
1057 ready to lead the board and get things done.  
1058

1059 *The meeting adjourned at 1:41 p.m.*  
1060

1061  
1062 **Respectfully Submitted,**  
1063

1064 *Ilsa Lund*  
1065

4/30/2020

1066 **Ilsa Lund, Licensing Examiner**  
1067

**Date**

1068  
1069

1070 *Rachel Bergartt, DVM*  
1071

4/30/2020

1072 **Rachel Bergartt, DVM**  
1073 **Board Chair, Board of Veterinary Examiners**  
1074

**Date**