

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 *June 2, 2021*

9  
10  
11 *These are DRAFT minutes by the staff of the*  
12 *Division of Corporations, Business and Professional Licensing (CBPL).*  
13 *These minutes have not yet been reviewed or approved by the Board.*

14  
15 *By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.61, Article 6,*  
16 *a scheduled meeting of the Board of Veterinary Examiners (BOVE) was held by*  
17 *teleconference.*

18  
19  
20 ***Agenda Item 1a***

***Call to Order/ Roll Call***

***Time 9:00 a.m.***

21  
22 *The meeting was called to order by Acting Board Chair, Dr. Hal Geiger, at 9:00 a.m. Dr.*  
23 *Berngartt's absence was excused.*

24  
25 ***Board Members present, constituting a quorum:***

26 Hal Geiger, PhD- public member- Juneau  
27 Chris Michetti, DVM- Anchorage  
28 Scott Flamme, DVM- Fairbanks  
29 Denise Albert, DVM- Denali Park

30  
31 ***Division Staff present:***

32 Ilsa Lund, Occupational Licensing Examiner (Hereafter denoted OLE)  
33 Sara Chambers- CBPL Division Director  
34 Dawn Bundick- Investigator III  
35 Michele Hearn- Investigator II  
36 Amber Whaley- Senior Investigator  
37 Lisa Sherrell- Prescription Drug Monitoring Program Manager

38  
39 ***Members of the Public Present:***

40 Greg Grajew  
41 Rosemarie Lombardi  
42 Ashley Morgan  
43 Bert Gore  
44 Rachel Cole

45 Christina Hansen

46

47 In accordance with AS 44.62.310(e) and AS 44.62.175, this meeting of the Alaska Board of  
48 Veterinary Examiners was public noticed in the Alaska Online Public Notice System (OPNC) on  
49 April 14<sup>th</sup>, and in the Anchorage Daily News on April 15<sup>th</sup>. Notification was also posted on the  
50 board webpage and sent to interested parties via the board ListServ. Notice regarding the oral  
51 comment period of the meeting was also published in the OPNC on April 22<sup>nd</sup>.

52

53 Dr. Geiger began the meeting by reading the mission statement of the Board of Veterinary  
54 Examiners:

55 **To protect the health, safety, and welfare of Alaskans by ensuring that**  
56 **veterinarian practitioners possess and maintain a level of skill and knowledge**  
57 **necessary to provide safe, competent professional veterinary services to consumers**  
58 **and to protect the public from veterinary practitioners who pose a risk to the**  
59 **public's health, safety, and welfare.**

60

61 *Agenda Item 1b* Review Meeting Agenda *Time 9:02 a.m.*

62 **On a motion duly made by Dr. Michetti, seconded by Dr. Albert, and with unanimous**  
63 **approval, it was:**

64 **RESOLVED to APPROVE the agenda for this meeting as written.**

65

66 *Agenda Item 1c* Review Past Meeting Minutes *Time 9:03 a.m.*

67 **On a motion duly made by Dr. Flamme, seconded by Dr. Michetti, and with unanimous**  
68 **approval, it was:**

69 **RESOLVED to APPROVE the March 9, 2021 meeting minutes as written.**

70

71 *Agenda Item 1d* Ethics *Time 9:04 a.m.*

72 The board members had no ethics disclosures to make.

73 *Agenda Item 2* Public Comment *Time 9:09 a.m.*

74 Being ahead of schedule, the board took time to review written public comments received  
75 regarding proposed changed to regulation on the record. Dr. Geiger asked OLE Lund to read  
76 aloud specific sections of comments received. Board members acknowledged that they had  
77 reviewed the received comments from the public prior to the meeting.

78 *Recess: Off record 9:12- 9:18 a.m.*

79 Oral Public Comment *Time 9:20 a.m.*

80 *Greg Grajew-* Good morning everyone. I'm up in Moose Mountain. I'm a Siberian Husky  
81 owner. I have got –in this particular instance as with aging dogs –I've got one particular one in  
82 mind that has immune mediated polyarthritis, which is kind of rare. But, my little girl is on  
83 Tramadol as well as Prednisone and a number of other drugs for her condition, and this is a drug  
84 that she will be on for her pain for the rest of her life. She is eight years old. I cannot ask Jeanne  
85 Olson, my vet, every three days to go and renew my prescription. It's really... I'm beyond  
86 myself to think that this is the answer you can come up with to our opioid epidemic. If the fact  
87 that we are, essentially, diverting Tramadol or Rimadyl, or whatever, and this is feeding the self-  
88 cushioning drug problem. This law will force the closure of small practices –from dentists to  
89 veterinarians. They don't have the means to do this kind of reporting. Remote veterinarians  
90 already have tenuous internet connections. They're also not particularly internet-savvy. They  
91 are not going to be able to provide you with daily numbers that nobody is going to read or be  
92 able to interpret. I find it is just... I don't know how to explain what you are going to  
93 accomplish with this, because all it's going to do is force vets to go out of business, or spend  
94 more and more time filling out useless forms at the expense of care. Veterinarians are not  
95 policemen. They are not DEA agents. They have neither the time, nor the training to decide  
96 whether this patient or that patient is on the verge of being suspect of stealing drugs that are  
97 earmarked for their pets. Complying with this daily requirement –even if no drugs are dispensed  
98 –that they still have to provide feedback saying, “No, I didn't give any Tramadol today, or  
99 Rimadyl, or whatever controlled substance you're talking about.” Is this really the best use of  
100 their time? Dosages for horses are different than dosages for my Siberian Huskies. Is this going  
101 to be flagged because they're giving three-times the amount that is considered normal? Under  
102 what? Are you going to review each case that is submitted? Is this really the best we can come  
103 up with? I respectfully suggest that –as many, many other states have done –stop with this  
104 nonsense and just issue a waiver to veterinarians to do this. Many states have done so. Please  
105 emulate them and stop coming up with more nonsensical little rules. Thank you for allowing me  
106 to testify today.

107 *Dr. Bert Gore-* I got the kids to help me on this. This is my first time. Anyway, I wanted to  
108 make a comment that concerns my letter. And, what exactly are you trying to accomplish with  
109 this client-patient relationship? As I explained in my letter, many times I've had to ship  
110 medication out to the bush when people called in with a problem –be it dog, cat, porcupines in  
111 your horse, porcupines in your dog. Apparently, I have violated all of these rules at one point in  
112 time or another. And, I don't think that it benefits the animals to include this patient-client  
113 relationship that you have in here. I mean, after all, we are veterinarians and supposed to be  
114 taking care of the animal not to prevent treatment of the animal unless you can make a buck on  
115 it. And that's what it seems to me, is more of a protectionist racket right here than taking care of  
116 the animal. So, that would be my comment on the patient-client relationship. The other thing  
117 that I really didn't understand was the second part where you couldn't use the farm as an office.  
118 Well, if you're going to treat large animals, you have to go to the farm. So, I'm not sure what  
119 your intent is on this, but most of the time, if you're working on dairy cows –as I've done as well  
120 as other animals –you're always out on the farm working. So, you have to have some loophole  
121 or whatever you want to call it so people can go out to treat an animal. And, that just has been  
122 done. Another thing, going back to your client-patient relationship is, the insurance companies

123 right now are sending out brochures for “Call a Doc” or Teladoc where you can call up the  
124 physician and get a prescription. If you need gout medicine –at my age at 78 –you know, you  
125 need gout medicine, you can call up and get that. You can get ED medicine over the phone now.  
126 I don’t see why we are restricting the treatment of animals when humans can get a treatment over  
127 the phone. And, with that, I’ll close it up.

128  
129 No other members of the public present wanted to participate in public comment.  
130 **On a motion duly made by Dr. Michetti, seconded by Dr. Flamme, and with unanimous**  
131 **approval, it was:**

132 **RESOLVED to AMEND the agenda to move on to discussing the Annual Report.**  
133

134 *Agenda Item 8* *Board Business* *Time 9:30 a.m.*

135 *8a- Annual Report*

136 During the course of discussion to schedule upcoming meetings for FY22, Dr. Flamme  
137 announced that he is resigning from the board because he will be moving out of state to  
138 Montana. This meeting was to be Dr. Flamme’s last meeting with the board. He stated that it  
139 was a joy serving on the board and he learned a lot.

140 **On a motion duly made by Dr. Albert, seconded by Dr. Michetti and with unanimous**  
141 **approval, it was:**

142 **RESOLVED to hold the board’s next meeting in person in Anchorage on Friday,**  
143 **October 8, 2021.**

144 The board tentatively planned the other FY22 board meetings for January and April.

145 **On a motion duly made by Dr. Albert, seconded by Dr. Michetti and with unanimous**  
146 **approval, it was:**

147 **RESOLVED to send board representatives to the American Association of**  
148 **Veterinary State Boards (AAVSB) Annual Conference in Denver, CO from September 30-**  
149 **October 2, 2021.**

150 **On a motion duly made by Dr. Albert, seconded by Dr. Michetti and with unanimous**  
151 **approval, it was:**

152 **RESOLVED to send a board member and staff representative to the AAVSB Board**  
153 **Basics and Beyond Training in Kansas City, MO in April of 2022.**

154 **On a motion duly made by Dr. Michetti, seconded by Dr. Albert and with unanimous**  
155 **approval, it was:**

156 **RESOLVED to maintain membership with the AAVSB by paying the annual dues.**

157 **On a motion duly made by Dr. Albert, seconded by Dr. Flamme and with unanimous**  
158 **approval, it was:**

159           **RESOLVED to continue efforts for veterinary exemption from the PDMP and for**  
160 **the board to name an appropriate program to establish foreign veterinary training**  
161 **equivalency through legislative change.**

162 **On a motion duly made by Dr. Albert, seconded by Dr. Michetti and with unanimous**  
163 **approval, it was:**

164           **RESOLVED to AMEND the agenda to move on to discuss Correspondence.**

165 **9b- Correspondence** *Time: 9:58 a.m.*

166 The board reviewed correspondence received from the AAVSB regarding various aspects of the  
167 upcoming Annual Conference this fall.

168 **On a motion duly made by Dr. Michetti, seconded by Dr. Flamme, and with unanimous**  
169 **approval, it was:**

170           **RESOLVED to try to send board Investigator, Dawn Bundick, to the AAVSB**  
171 **Annual Conference under the new Legal Counsel Funding Program.<sup>1</sup>**

172 *Recess: Off record 10:20- 10:30 a.m.*

173

174 ***Agenda Item 3*** **Regulations** *Time 10:30 a.m.*

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

178

179 **On a motion duly made by Dr. Flamme, seconded by Dr. Michetti, and with unanimous**  
180 **approval, it was:**

181           **RESOLVED to ADOPT 12 AAC 68.010(b) as public noticed.**

182 12 AAC 68.010(b) is amended to read:

183           (b) An application for licensure by examination and all supporting documents must be  
184 received by the department at least **15** [120] days before the **deadline to register for the exam**  
185 **as set by the International Council for Veterinary Assessment (ICVA)** [NEXT  
186 SCHEDULED EXAMINATION].

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<sup>1</sup> After the meeting, discussing this matter further with the AAVSB Member Concierge, Lainie Franklin, it was concluded that Investigator Bundick does not qualify as board legal counsel.

187 Authority: AS 08.98.050 AS 08.98.165

188 **Editor's note: The International Council for Veterinary Assessment (ICVA)**  
189 **described in 12 AAC 68.010(b) is administered by ICVA, P.O. Box 1356, Bismarck, ND**  
190 **58502; Telephone: (701) 224-0332; website at <https://www.icva.net/navle/>.**

191 **On a motion duly made by Dr. Michetti, seconded by Dr. Albert, and with unanimous**  
192 **approval, it was:**

193 **RESOLVED to AMEND 12 AAC 68.215(e) to clarify that all requirements to**  
194 **establish a VCPR are still applicable.**

195 **On a motion duly made by Dr. Michetti, seconded by Dr. Albert, and with unanimous**  
196 **approval, it was:**

197 **RESOLVED to AMEND 12 AAC 68.215(a) to clarify the meaning of the term**  
198 **“associate”.**

199 **On a motion duly made by Dr. Michetti, and seconded by Dr. Albert, it was:**

200 **RESOLVED to ADOPT 12 AAC 68.215 as AMENDED in accordance with public**  
201 **comment received.**

Board Member	Yes	No	Absent
Rachel Bergartt			x
Hal Geiger		x	
Chris Michetti	x		
Scott Flamme	x		
Denise Albert	x		

202

203 12 AAC 68 is amended by adding a new section to read:

204 **12 AAC 68.215. Veterinarian-client-patient relationship.** (a) A person may not  
205 practice veterinary medicine unless a veterinarian-client-patient relationship exists. “Patient” and  
206 “client” are defined in 12 AAC 68.990. A veterinarian-client-patient relationship exists if the  
207 licensed veterinarian or an associate **veterinarian in the same veterinary practice** of the  
208 licensed veterinarian **with access to the medical records:**

209 (1) has assumed responsibility for making clinical judgements for the health of the patient  
210 and the need for medical therapy, has instructed the client on a course of therapy appropriate to  
211 the circumstance, and that client has agreed to follow the veterinarian’s recommendations;

212 (2) has sufficient knowledge of the patient to initiate at least a general or preliminary  
213 diagnosis of the medical conditions; sufficient knowledge means the veterinarian has seen the  
214 patient for a physical examination within the last 12 months, or is personally acquainted with the  
215 keeping and care of the patient through medically appropriate visits to the premises where the  
216 patient is maintained within the last 12 months;

217 (3) provides oversight of treatment and is readily available to provide, or has provided  
218 for, follow-up medical care in the event of adverse reactions or failure of the treatment regimen;

219 (4) maintains patient records.

220 (b) A veterinarian-client-patient relationship cannot be established solely by telephone or other  
221 electronic means; however, an established veterinarian-client-patient relationship as defined in  
222 (a) of this section may be maintained by electronic or telephonic means during a 12-month  
223 period.

224 (c) Both the licensed veterinarian and the client have the right to establish or decline a  
225 veterinarian-client-patient relationship.

226 (d) A licensed veterinarian who in good faith engages in the practice of veterinary medicine by  
227 rendering or attempting to render emergency or urgent care to a patient when a client cannot be  
228 identified, and a veterinarian-client-patient relationship is not established, shall not be subject to  
229 penalty based solely on the veterinarian's inability to establish a veterinarian-client- patient  
230 relationship.

231 (e) In remote regions of this state that are without access to the road system, where there is no  
232 locally available veterinarian, it may be logistically impossible for the patient or veterinarian to  
233 immediately travel for in-person consultation. In these cases, an emergency exists and the patient  
234 is at risk of going untreated. In this situation, an evaluation of the patient or premises may be  
235 initially conducted through electronic or telephonic means, as long as the veterinarian requests  
236 that the patient be presented for an in-person examination or that the veterinarian conducts a  
237 medically appropriate visit to the premise when reasonably achievable. The veterinarian acting in  
238 this manner must be licensed in this state at the time the electronic or telephonic evaluation is  
239 conducted. **All other requirements in establishing a VCPR are still applicable.** The  
240 veterinarian must provide the client with the veterinarian's identity, location, licensure status,  
241 and any privacy or security issues involved in accessing veterinary services through electronic  
242 means.

243 **Authority:** AS 08.98.050

244 **On a motion duly made by Dr. Michetti, seconded by Dr. Flamme, and with unanimous**  
245 **approval, it was:**

246 **RESOLVED to ADOPT 12 AAC 68.315(b) as public noticed.**

247 12 AAC 68.315(b) is amended to read:

248 (b) An application for examination or reexamination must be received by the department  
249 at least **15** [45] days before the **deadline to register for** [DATE OF] the next examination **as set**  
250 **by the American Association of Veterinary State Boards.** Applicants who fail the  
251 examination may retake the examination within one year from the date of their application. After  
252 the expiration of one year from the date of application, applicants who wish to retake the  
253 examination must reapply for it.

254 **Authority:** AS 08.98.050 AS 08.98.080 AS 08.98.167

255 **Editor's note: The American Association of Veterinary State Boards (AAVSB) described in**  
256 **12 AAC 68.315 is administered by AAVSB, 380 W. 22nd Street, Suite 101, Kansas City,**  
257 **MO 64108; Telephone: (816) 931-1504; website at <https://aavsb.org/vtne-overview/the-online->**  
258 **[application.](https://aavsb.org/vtne-overview/the-online-application)**

259 **On a motion duly made by Dr. Albert, seconded by Dr. Michetti, and with unanimous**  
260 **approval, it was:**

261 **RESOLVED to ADOPT 12 AAC 68.910(e), 12 AAC 68.930, 12 AAC 68.935, and 12**  
262 **AAC 68.990 as public noticed.**

263 12 AAC 68.910(e) is amended to read:

264 (e) Unless released to the patient's owner, patient medical records must be retained by the  
265 veterinary medical facility or licensed veterinarian for a minimum of five years. Records may be  
266 disposed of by tearing, shredding, [OR] burning, **or other method for electronic disposal** so  
267 that the records are totally destroyed.

268 12 AAC 68.930 is amended to read:

269           **12 AAC 68.930. Registration with the prescription drug monitoring program**  
270 **controlled substance prescription database. (a)** A licensed veterinarian who has a federal  
271 Drug Enforcement Administration registration number must register with the prescription drug  
272 monitoring program (PDMP) controlled substance prescription database under AS 17.30.200,  
273 **not later than 30 days after initial licensure or registration with the Drug Enforcement**  
274 **Administration (DEA), whichever is later.**

275           **(b) A veterinarian may delegate PDMP responsibilities to another veterinarian or**  
276 **veterinary technician within their practice who holds a current license under AS 08.68 and**  
277 **this chapter. (c) The veterinarian’s delegate must be registered with the PDMP using a**  
278 **separate login, and shall register using the name of the delegating veterinarian. The**  
279 **veterinarian may not give their login to a delegate.**

280 **Authority:** AS 08.98.050 AS 17.30.200

281 12 AAC 68 is amended by adding a new section to read:

282           **12 AAC 68. 935. Compliance with the prescription drug monitoring program**  
283 **controlled substance prescription database. (a)** Unless excused under AS 17.30.200(t) and (c)  
284 of this section, a veterinarian or the veterinarian’s delegate must review the information in the  
285 PDMP database to check a client’s prescription records before dispensing, prescribing, or  
286 administering a schedule II or III controlled substance to the client.

287           (b) Unless excused under AS 17.30.200(t) and (c) of this section, a veterinarian who  
288 dispenses a schedule II, III, or IV controlled substance must submit the information as required  
289 by AS 17.30.200(b), to the prescription drug monitoring program (PDMP) daily including days

290 when no controlled substances are dispensed. When reporting a dispensed controlled substance  
291 under this subsection, the veterinarian shall use the name of the client.

292 (c) A veterinarian is not required to review the client's information in the PDMP database  
293 before prescribing, administering, or dispensing a controlled substance if

294 (1) the patient is receiving treatment

295 (A) in an inpatient setting;

296 (B) at the scene of an emergency;

297 (C) in an emergency veterinary hospital;

298 (D) immediately before, during, or within the first 48 hours after surgery  
299 or a medical procedure; or

300 (2) the prescription is non-refillable and is written for a quantity intended to last  
301 for not more than three days.

302 (d) In this section

303 (1) "reporting" means inputting prescription data for the client's animal patient;

304 (2) "client" has the meaning given in 12 AAC 68.990(1);

305 (3) "emergency veterinary hospital" means a veterinary hospital or emergency service  
306 with the primary function of receiving, treating, and monitoring of emergency patients during its  
307 specified hours of operation. A veterinarian must be in attendance at all hours of operation and  
308 sufficient staff must be available to provide timely and appropriate care. A veterinary emergency

309 service may be an independent, after-hours service; an independent 24-hour service; or part of a  
310 full-service hospital.

311 **Authority:** AS 08.98.050 AS 17.30.200

312 12 AAC 68.990 is amended by adding a new paragraph to read:

313 (6) "veterinary facility" or "veterinary medical facility" means any premises or facility  
314 where the practice of veterinary medicine is performed, including but not limited to a mobile  
315 clinic, temporary clinic, outpatient clinic, veterinary hospital or clinic, emergency facility,  
316 specialty facility, referral facility, or veterinary center, but shall not include the premises of a  
317 veterinary client, research facility, or a federal military base.

318 **Authority:** AS 08.98.050

319 ***Agenda Item 4***

**Division Update**

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

320 *Director Sara Chambers joined the meeting.*

321 The report for fiscal year (FY) 21 through the end of the third quarter was presented to the board<sup>2</sup>.

	FY20	FY21- 1 <sup>st</sup> –3 <sup>rd</sup> Quarter
Total Revenue	\$59,262	\$283,395
Non- Investigation Expenditures	\$90,710	\$61,046
Investigation Expenditures	\$48,627	\$49,461
Indirect Expenditures	\$68,687	\$51,515
Cumulative Surplus (Deficit)	(\$71,595)	\$49,778

322

323 Dr. Geiger expressed concern, again, about the sharp increase in investigative expenditures. He  
324 asked Director Chambers to clarify how the PDMP directly correlates to that since the board has  
325 not yet seen the manifestations of the increase in cases. Director Chambers responded by  
326 explaining that, while the initial referral of PDMP related cases is covered by grant funding,

<sup>2</sup> Full fiscal reports for all CBPL boards and programs can be found here:  
<https://www.commerce.alaska.gov/web/cbpl/DivisionReports.aspx>

327 since the board's statutes and regulations mandate that a veterinarian with a DEA registration  
328 must register with the PDMP, any investigative expenditures regarding non-compliance are  
329 charged to the board<sup>3</sup>. She went on to say that the division is taking a closer, multi-layered look  
330 at resources by triaging PDMP non-compliance complaints. Investigators are still in the process  
331 of vetting cases, so there haven't been any presented to the board.

332 Dr. Geiger mentioned that, at a previous meeting, information was presented to the board  
333 indicating that very few queries were made on clients before prescribing; however, contradictory  
334 statements were given during public comment. Several veterinarians declared that they had  
335 personally queried more times than was reported to the board regarding the entire Alaska  
336 veterinarian licensee base. The board is concerned that the PDMP database is not providing  
337 accurate data and board resources are being squandered. Dr. Geiger said that there should be  
338 discretion in how the law is enforced and resources are used.

339 Director Chambers stated that she fully agrees and that is why she lead the effort within the  
340 division –from the PDMP side and on the investigative side, including executive management of  
341 the division –to look at resources and priorities within the division to direct staff on how cases  
342 should be prioritized. Particularly with veterinary cases, referrals were made to investigations  
343 before the data pulled was refined. This lead to myriad cases being closed with “no action- no  
344 violation.” The division is working out the kink with Appriss, the PDMP vendor, to ensure that  
345 this does not continue to happen. Not to say that anything was done incorrectly, but division  
346 staff is learning as they go and finding ways to be less impactful. She said that the division  
347 understands the board's concern about the PDMP and the industry's disposition toward the  
348 program.

349 Dr. Flamme told Director Chambers that the cart was put way before the horse with the PDMP.  
350 He said, talking with other veterinary boards –Texas, California, Illinois, etc. –that have huge  
351 licensure bases and lots of money have been having difficulty putting this square peg in a round  
352 hole. He's been monitoring the evolution of the database in Alaska. The practitioners at his  
353 current practice have been diligent about entering the same information and putting in the  
354 patient's medical record that a query was made in the database, and then seeing that no  
355 information is coming up under the client when another query is made at a later date. He said,  
356 possibly due to COVID, that he was unable to reach any division staff regarding the matter. The  
357 program is frustrating, to say the least, and is not in the best interest of the public.

358 Director Chambers replied that the division is aware of the concerns of the veterinary community  
359 regarding the PDMP. Nonetheless, the administration has taken a neutral position regarding the  
360 program. The legislative process is the correct avenue in order to change the statutes requiring

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<sup>3</sup> **Sec. 08.98.050(a)(10)**- The board shall require that a licensee who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(n)  
**12 AAC 68.930. REGISTRATION WITH THE PRESCRIPTION DRUG MONITORING PROGRAM CONTROLLED SUBSTANCE PRESCRIPTION DATABASE.** A licensed veterinarian who has a federal Drug Enforcement Administration number must register with the prescription drug monitoring program (PDMP) controlled substance prescription database under AS 17.30.200.

361 DEA registered veterinarians to register with the PDMP. In the meantime, the division will  
362 continue to explore ways to make the system more useable.

363 Dr. Michetti asked what might happen in the future if PDMP expenditures continue to  
364 overburden the board so that, potentially, an insurmountable deficit is accrued?

365 Director Chambers explained that the division assesses board finances after the end of every  
366 fiscal year. The division will continue to refine how PDMP expenditures are billed so any  
367 anomalies can be identified. The division is advocating for different methods of covering  
368 investigative expenditures. Several attempts have been made through the legislative process to  
369 change the statutes that require programs to be self-supporting.

370 Dr. Albert noted how frustrating it is to see the cost of investigations spiking, only to have an  
371 investigator report that myriad cases were closed because there was found to be no violation. It  
372 doesn't seem right for the board –and in actuality the veterinary licensees –to pay for these  
373 investigations when the division did not perform due diligence before making the referrals to  
374 Investigations. The board is ending up with a pile of debt with no results. Alaska veterinary  
375 license fees are already proportionately high compared with the rest of the country.

376 Dr. Geiger implored for board funds to be used more thoughtfully. Alaska has one of the highest  
377 licensing fees for veterinarians in the country and, during his time on the board, the fees have  
378 continued to increase. The way that the division is throwing money at the PDMP seems  
379 wasteful, and there has not been one single instance discovered through use of this program of a  
380 veterinarian diverting controlled substances.

381 Director Chambers stressed that the urgent health and safety cases are being prioritized. It will  
382 ultimately be up to the legislature to decide if veterinarians should be involved in the PDMP.  
383 Until then, the division shall uphold the current laws. Failure to query is a violation of state law,  
384 so those matters do need to be investigated. The division will continue to refine the process of  
385 investigative referrals. Instances of drug diversion and doctor shopping have been discovered  
386 under other boards, and those cases are being addressed.

387 Dr. Michetti emphasized that, because the licensing fees are already so high, any increase would  
388 not be sustainable. The Alaska veterinary community should not have to bear the brunt of  
389 expenditures while the division troubleshoots how to use and filter the data more effectively.

390 Director Chambers reminded the board that the department sets the fees as is statutorily  
391 required.<sup>4</sup> The division is looking at various mechanisms for funding the cost of the PDMP  
392 including future policy changes that would allow the division to cover the expenses differently.  
393 She agrees with the board that the investigative expenditures have experienced a sharp increase  
394 and this is something the division is looking at trying to mitigate. This is a work in progress and  
395 she values the board's feedback and the opportunity to have this discussion.

396 After ensuring that no board members had further comments, Director Chambers moved on to  
397 legislation of note. The veterinary PDMP exemption bill (HB91) had one hearing. Since this

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<sup>4</sup> Sec. 08.01.065. Establishment of fees. <http://www.akleg.gov/basis/statutes.asp#08.01.065>

398 was the first session of the 32<sup>nd</sup> legislature, the bill will remain where it is until the next session  
399 and will not need to be reintroduces.

400 A bill was passed that will require all licensing programs to offer expedited temporary licenses to  
401 military spouses. This has been an option for boards since 2011, and will now be required.  
402 Director Chambers said that she is working on a plan and guidance for boards to start  
403 implementing this law beginning in January so those temporary licenses can start being issued  
404 next spring.

405 *Director Chambers left the meeting at 11:53 a.m.*

406 ***Agenda Item 5*** **Lunch** ***Time 11:53 a.m.***

407 *Off record: 11:53 a.m.*

408 *On record: 1:00 p.m.*

409 *It was established that a quorum of the board was present through a roll call.*

410 ***Agenda Item 6*** **Investigations** ***Time 1:00 p.m.***

411 *Amber Whaley, Dawn Bundick and Michele Hearn joined the meeting.*

412 *Dr. Flamme joined the meeting at 1:08 p.m.*

413 There is currently only one veterinary licensee on probation and no licensees have been released from  
414 probation. The licensee on probation is in compliance with the terms of the consent agreement.

415 The report presented to the board by Investigator Bundick covered the period from February 25  
416 through May 17, 2021. There are currently 43 open cases, and all except for 9 of the cases are  
417 PDMP related.

418 Amber Whaley stepped in to field questions regarding PDMP investigations. She said that the  
419 investigators are aware of the board's concerns regarding PDMP investigative expenditures. A  
420 new investigator was hired to attend solely to alleged PDMP violation cases. The PDMP cases  
421 had been in limbo, but now that the position has been filled, the board should start to see some  
422 forward movement on PDMP cases.

423 Dr. Geiger urged the investigators to use discretion when using investigative resources.

424 *Amber Whaley, Dawn Bundick and Michele Hearn left the meeting at 1:20 p.m..*

425 **On a motion duly made by Dr. Michetti, seconded by Dr. Flamme, and with unanimous**  
426 **approval, it was:**

427 **RESOLVED to AMEND the agenda to move on to discuss Board Business.**

428 ***Agenda Item 8*** **Board Business** ***Time 11:23 a.m.***

429 **8c- Oklahoma State University (OSU)- CE**

430 OLE Lund presented information to the board regarding continuing education courses offered by  
431 OSU that is specifically targeted towards veterinarians. The board requested that OLE Lund  
432 disseminate information regarding OSU CEs to licensees via the board listserv.

433 **8d- Legislative Board Member Confirmations**

434 It was discussed at the last meeting that the board may be required to cure board actions taken  
435 between mid-December 2020 and mid-January 2021 due to a quorum of the board not receiving  
436 timely legislative confirmation. The outcome of the court battle resulted in no further action  
437 being required by the board.

438 **On a motion duly made by Dr. Michetti, seconded by Dr. Albert, and with unanimous**  
439 **approval, it was:**

440 **RESOLVED to AMEND the agenda to move on to discuss scheduling the next**  
441 **meeting.**

442 ***Agenda Item 9*** **Schedule Next Meeting** ***Time 1:32 p.m.***

443 The board would like to hold their next meeting in person in Anchorage, AK to coincide with the  
444 Alaska Veterinary Medical Association (AKVMA) Annual Symposium.

445 **On a motion duly made by Dr. Michetti, seconded by Dr. Albert, and with unanimous**  
446 **approval, it was:**

447 **RESOLVED to hold the next board meeting on Friday, October 8, 2021 in person in**  
448 **Anchorage, AK.**

449 *Recess: Off record 1:36- 1:45 p.m.*

450 *Attendance was established through a roll call.*

451 *Lisa Sherrell joined the meeting.*

452 ***Agenda Item 7*** **Prescription Drug Monitoring Program** ***Time 1:45 p.m.***

453 Ms. Sherrell reported that the new contract with Appriss, the PDMP database vendor, has  
454 officially been renewed and started as of April 1, 2021. There are updated user manuals and  
455 dispensation guides that will be made available on the program webpage<sup>5</sup> and the user platform.  
456 Through additional grant funding, the division will be able to roll out some enhancement features  
457 –communications module, provider outlier, advanced analytics, and integration –for the program  
458 over the next six to eight months.

459 PDMP staff is still working on getting everything ready for license integration. That is expected  
460 to go live, tentatively, in mid-June. This should clean up the database and remove any users that  
461 should no longer be permitted access –for example, if the user no longer holds an active license  
462 in Alaska. Through testing before the launch of integration, the estimated number of  
463 veterinarians whose accounts will be deactivated is about 20.

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<sup>5</sup> <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram.aspx>



