



Position of the Maryland Veterinary Medical Association (MDVMA) - Favorable with Amendments

RE: SB0235 Prescription Drug Monitoring Program - Dispensers - Veterinarians

For the past 10 months the Maryland Veterinary Medical Association has worked with representatives of the Maryland Department of Health to develop a practical approach to including veterinarians in the PDMP. After much discussion the MDVMA cannot support the current proposal as written. The MDVMA believes it is in the best interest of public health and state regulatory officials to maintain the veterinary exemption from the PDMP. We recognize the Maryland Department of Health's obligation to fulfill the statutes within the PDMP and protect public health. As veterinarians with a sworn oath to protect the health of the public we take seriously our commitments to the same. We disagree that the statute requires inclusion of veterinarians within the PDMP to be effective and after much review we do not believe veterinary exclusion was either an oversight or unintentional.

The MDVMA supports objectives that help address the national opioid epidemic and it is why we spent a significant amount of time working toward a joint resolution with MDH following the 2023 proposed legislation to include veterinarians. What we have determined, however, is the exemption of veterinarians from the start was purposeful and for good reason.

The PDMP System is Designed for Humans, Not Animals

The PDMP system is not designed to record drug dispensation for animals, it is a system designed to report and detect inappropriate drug use among humans. While we appreciate the MDH has excluded in its proposal an obligation of veterinarians to access HIPPA protected, human healthcare information (like prior controlled substance prescriptions) veterinarians don't treat human patients. The information that veterinarians submit to the PDMP as proposed by MDH will be misleading and inaccurate to state regulatory officials seeking to identify misuse of controlled substances. Animals, unlike people, do NOT have unique identifiers (like a social security number) therefore tracking usage of medications for animals is inaccurate, especially if an individual is intentionally seeking drugs for illicit use. Veterinary reporting to the PDMP system using human information does not circumvent this inherent limitation. Multiple individuals may present animals to a veterinarian for care. Reporting the usage under various names (animals often have many owners or care providers) will not allow the PDMP to identify abuse if it were to occur.

Inclusion in the PDMP system will constitute a disproportionate burden on veterinary practitioners and small business owners. Veterinary clinics do not have access to the standardized reporting systems available to human healthcare providers. The MDVMA discussed with MDH these limitations and after significant inquiry it is our assessment that any belief that standardized reporting systems do exist or are available is incorrect.

After surveying all major veterinary point-of-care software providers none of them indicated an intention to integrate these systems with the PDMP. We appreciate the efforts of the MDH to create a platform that would

reduce the time of reporting by veterinarians if mandated but the system still requires a considerable amount of input for each patient and the platform created does not align with the applicable DEA standards applied to veterinarians in our state creating even more confusion and potentially additional regulatory burden for DEA and state officials already struggling with limited financial resources for enforcement. It's an additional burden to veterinarians already struggling to provide enough access to their care.

Data Shows Veterinarians Do Not Contribute to the Controlled Substance Diversion and Abuse

We have received no data to indicate reporting is necessary. Most states (35) specifically exempt veterinarians from PDMP requirements. Eleven (11) states including: Alabama, Alaska, Arizona, Idaho, Illinois, Kansas, Kentucky, Louisiana, New Mexico, West Virginia, and Wyoming formerly mandated veterinarian inclusion in the PDMP and have since repealed that legislation because it created reporting and enforcement problems and because there was no identified benefit to inclusion of veterinarians within the system. Kentucky law enforcement officials went even further to indicate veterinary medicine was an insignificant source of abuse or drug diversion and veterinarian inclusion created so many regulatory issues for the state it was preventing them from allocating enforcement measures to appropriate areas.

The findings of veterinarians being an unlikely contributor to controlled substance diversion and abuse was further substantiated by a 2014 publication in the Journal of Anim. Environmental Law which identified less than 10 veterinary drug shoppers nationwide. The PDMP statute requires that de minimus sources of controlled substances should not be monitored, and these findings substantiate the claim that the entire veterinary profession is a de minimus source of controlled substance in the state of Maryland and nationwide. In 2019, only **0.34% of the total opioid prescriptions were prescribed by veterinarians.**

As spending levels at veterinary clinics increase annually, purchases of opioids by veterinary hospitals have declined. The opioid epidemic remains unabated despite the PDMP mandates and the inclusion of veterinarians within it shows no promise of improving the situation and may even make enforcement more difficult. It is impractical to assume the street value of medications commonly dispensed by veterinarians would exceed the cost of obtaining the medication-assuming the individual seeking it were even successful. Furthermore, it is impractical to assume that someone seeking medication for their animal would have the time to effectively shop at multiple veterinarians to procure enough medication to fulfill the needs of a human addict.

Veterinarian Exclusion Does Not Endanger Public Health

We believe the Maryland State Assembly got it right the first time in aligning with the majority of states deciding to exclude veterinarians from the PDMP at its implementation. With eleven (11) states now having formally repealed the legislative mandate to include veterinarians in their state it seems Maryland did the right thing to avoid costly implementation of a system that simply does not work for veterinary providers. We believe Maryland should continue to count itself among the majority of states that specifically exempt

veterinarians from PDMP reporting requirements. It is important to maintain the efficiency of the PDMP reporting, tracking and enforcement program so it can be used for its intended purpose-to protect public health.

Maintaining the exclusion of veterinary prescribers from the PDMP in Maryland will not endanger public health or reduce the judicious use of controlled substances already practiced by veterinarians. Use of controlled substances by veterinarians will continue to be monitored by the DEA which prevents diversion and requires strict standards for recordation, storage and accountability. Additionally, the distributors veterinarians purchase scheduled substances from still have platforms and obligations to monitor and report suspicious use by veterinary providers through the "Suspicious Order Monitoring System" which not only tracks usage at individual hospitals but has the ability to detect anomalies across practice cohorts.

Veterinarian Use of Controlled Substance Occurs Within the Clinical Setting and Rarely Dispensed

Almost all opioid usage in veterinary medicine occurs within the clinical setting to manage perioperative pain and the drugs contributing most to the opioid epidemic in our nation are rarely used at all in veterinary medicine because they have no medically acceptable purpose to veterinarians.

When Maryland veterinarians do dispense it is for a limited period of time and for the majority of instances where controlled substances for longer periods may be required these medications are most commonly prescribed to the patient and filled through reporting pharmacies. The MDVMA did propose to MDH our support of legislation limiting the dispensation of controlled substances to that which would be used within 72 hours' time and our request was denied.

Concerns for Rural Emergency Veterinary Care

The inaccessibility of veterinary care within the state of Maryland has been a topic of discussion during numerous legislative sessions. We are very concerned, especially for rural practitioners attempting to offer emergency veterinary care to their patients, that reporting requirements will detract from the individualized care they are providing. Practices without staff or infrastructure to manage this burdensome reporting requirement will be forced with the decision to stop dispensing altogether which means pain management in emergency settings will be unavailable to many patients or until pharmacies are open to provide the prescription.

Alternatively, during holidays, nights, and weekends when pharmacies are closed, individuals with animals requiring emergency pain management will need to be referred to the already overwhelmed veterinary emergency centers, many of which are likely to be hours away. For smaller hospitals to dispense, it will require updating their computer systems and hiring additional staff to manage the reporting. Increased referrals and increased staffing burdens will increase the cost of care.

We cannot support a reporting requirement that will further limit veterinary care to those who need it, hurt patients, and inhibit appropriate, individualized care when there is no evidence that the reporting requirement is even helpful to abating the opioid epidemic plaguing our communities.

For all the above reasons we feel veterinarians should be exempt from the PDMP reporting requirements, but if the assembly intends to implement PDMP reporting for veterinarians, we urge at least these two following amendments:

1. A permanent exemption for veterinarians who elect not to dispense.
2. A 72-hour exemption for emergency dispensing.

Sincerely,

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President

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Legislative Committee Chair