



TO: House Appropriations Committee; Representative Waymaster, Chair

FROM: Megan Kilgore, Kansas Veterinary Medical Association

RE: Testimony in opposition of HB 2759 – Requiring Veterinarians to Participate in K-TRACS Reporting

DATE: March 17, 2018

Mister Chairman and members of the Committee, on behalf of the Kansas Veterinary Medical Association (KVMA) I want to thank you for the opportunity to provide testimony opposing HB 2759 today. KVMA is the only statewide professional membership organization dedicated exclusively to veterinary medicine and the interests of the veterinary team.

Veterinarians support efforts to reduce prescription opioid abuse and are committed to their role in preventing individuals from using their pets to fraudulently obtain narcotics. However, this legislation would be illogical, extremely burdensome and totally unproductive.

Currently fewer than one-third of states with Prescription Drug Monitoring Programs (PDMP) require veterinarians to report. There are good reasons that so many states do not. The same rationale applies to why some states that have previously included veterinarians in these programs are now exempting them. In 2008, Kansas legislators mandated a task force to study the need for including veterinarians in K-TRACS, the state's PDMP. The five-year task force concluded at the end of 2012 and reported back to the legislature in the January legislative session. The report determined that veterinarians should not be reporting to the PDMP. We would ask why, at this time, would legislation be introduced to pull our exemption without reviewing the trends?

According to a 2014 article by Dr. Robert Smith, a fifty state survey of PDMPs indicates the data show that vet shopping is essentially non-existent. PDMPs that require veterinarians to report identify less than four vet shoppers per 100 million individuals annually. Hence, vet shopping in the United States is not statistically significant. When one compares the total number of prescription diversions that occur with human patients to the handful that occur with veterinary patients, one can see that the incidence of veterinary prescription drug diversion is infinitesimal. Thus, inclusion of veterinary reporting to PDMPs is absolutely unnecessary. In addition to the lack of need for veterinarians to report to PDMPs, the inclusion of veterinary data in PDMPs can lead to concern and a decreased efficacy of the PDMP. PDMP data for a veterinary patient may be entered into the system identical to that of the owner, which can be challenging for a medical provider to differentiate the veterinary data from that of the owner and possibly lead to the deprivation of the appropriate therapy for a patient, be it human or animal. There is no compelling reason to require veterinarians to report to PDMPs.

Furthermore, a doctor can verify the identity of a human patient. A veterinarian cannot do the same with an animal. Animals obviously don't have a driver's license, and most pet owners don't know their pets date of birth.

In fact, in 2016 Kansas shelters adopted out 17,826 pets, all which birthdates would be unknown. Veterinarians are uncomfortable guessing on a government document. This just shows how futile the program is when apparently it is ok to guess the input required.

We are concerned about the medical privacy breach that will occur. It is our understanding that enhancements, albeit costly to the KBVE, K-TRACS would enable a veterinarian to report animal prescriptions. However, owner information must be included as the system will not support animal specific data. Therefore, a veterinarian accessing the system will have access to ALL human prescription data associated with the client. This is potential HIPPA violation and a source of liability and major work flow disruption for the veterinarian. Veterinarians are not subject to HIPPA privacy laws and do not need or want the responsibility of accessing federally protected medical data of human clients.

Veterinarians frequently practice outside of the confines of brick-and-mortar practices. This is especially the case in rural Kansas and for large animal practitioners. Mobile practices and rural practitioners are incredibly important to the health and well-being of our rural communities. These veterinarians may spend entire days away from their practices while traveling around caring for patients in various communities, farms and ranches. Internet and cellular service is often limited, making it difficult for these practitioners to meet the 24-hour reporting requirement.

Many states initially mandated veterinary reporting but eventually eliminated the requirement after law enforcement indicated that controlled substances dispensed by veterinarians were not a significant source of abused or diverted drugs. The Kentucky Cabinet for Health and Family Services, charged with administration of the PDP, supported the change finding that the cost of compliance was greater than the advantages of having that data and the pet data sometimes showed up in the owner reports.

The high cost of compliance would be especially heavy on veterinarians and pet owners. Compared to human medical practitioners, veterinarians will find the overhead associated with implementing the legislation much more cumbersome. All associated activities will ultimately be realized at the consumer level where veterinarians will have no choice than to pass the expense on to their clients. Unfortunately, increased prices will cause more clients to forgo medical care for their pets.

In closing, requiring veterinarians to report through the Prescription Monitoring Programs adds additional complexities that would result in unintended negative consequences adversely affecting the health and welfare of pets. Consequently, Kansas Veterinary Medical Association opposes HB 2759 and urges the committee to reject this legislation. Thank you for the opportunity to provide testimony today, we will stand for questions at the appropriate time.