

# DEAN KNUDSON

30TH ASSEMBLY DISTRICT

February 13, 2013

Thank you, Mr. Chairman and members of the committee.

The Prescription Drug Monitoring Program is an important tool to identify and prevent the intentional misuse of narcotics and other controlled substances. Last month, Wisconsin joined 47 other states when our PDMP law went into effect. As one of the last states to adopt PDMP, Wisconsin can learn from the experience of other states. That experience has revealed that the inclusion of veterinarians in the program does nothing to protect public health and safety while imposing unnecessary costs. AB 3 simply exempts veterinarians from participation in the PDMP.

Most other states that have similar programs exempt veterinarians. Several states that originally included veterinarians have since taken steps toward their exemption. Why?

### **Not Necessary**

There is no evidence that significant drug diversion or "doctor shopping" involving veterinarians exists. This is probably because the person seeking a prescription would have to present an animal with a condition justifying the prescription.

### **Economic Impact**

Veterinary practices are small businesses that will bear an economic burden of over \$7 million per year. This unjustified additional expense will be passed along in increased cost to farmers and clients with no benefit to the public health or safety.

### **Urgent Action**

The regulation went into effect on January 1<sup>st</sup> with the first required report due after 90 days. Action by the legislature before the end of March will prevent the unjustified expenditure of thousands of hours in the preparation of reports.

Over the last 100 years, Wisconsin has developed tens of thousands of pages of rules and regulations. Recently members of the Assembly have embarked on the first ever complete review of all Wisconsin's regulations. We will strengthen and modernize those rules by retaining those necessary to protect the environment and public health. When we find regulations that impose an unjustified burden on our citizens, or unnecessary costs on small businesses, we should carefully consider repeal of those rules.

AB 3 is a common sense bill with broad, bi-partisan support. The repeal of this rule by passing AB 3 will in no way jeopardize public safety. I ask for your support for AB 3. Working together we'll protect public safety while moving Wisconsin forward toward economic growth, job creation and a more prosperous future.

## MEMORANDUM

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TO: Members of the Senate Agriculture Committee

FROM: Kim Brown Pokorny, Executive Director of the WVMA  
Jordan Lamb, DeWitt Ross & Stevens

DATE: February 11, 2013

RE: Support for Passage of Senate Bill 7, Repeal of the  
PDMP for Wisconsin Veterinarians

The Wisconsin Pharmacy Examining Board (PEB), housed at the Department of Safety and Professional Services (DSPS), has promulgated new administrative rule called Phar 18, which creates a statewide Prescription Drug Monitoring Program (PDMP) that applies to health care practitioners, pharmacists *and veterinarians*. Senate Bill 7, authored by Representative Knudson, Representative Pasch, Senator Moulton and Senator Vinehout, would repeal the application of the PDMP to veterinarians. On behalf of the 2,400 members of the Wisconsin Veterinary Medical Association, we ask that you support SB 7 today and recommend this legislation for passage.

### A. Background – PDMP Rule Required by 2009 Act 362

The proposed PDMP rule was created by the PEB under the supervision of the DSPS (formerly the Department of Regulation and Licensing) as directed by the Wisconsin Legislature in 2009 Wisconsin Act 362. Act 362 directed the Board to create a PDMP that requires "... a pharmacist or practitioner to generate a record documenting each dispensing of a prescription drug and to deliver the record to the board, except that the program may not require the generation of a record when a drug is administered directly to a patient." Wis. Stat. § 450.19(2)(a) (2011) (*emphasis added*). The inclusion of the word "practitioner" in the statute applies the monitoring rule to veterinarians.

*PDMP Applies to Controlled Substances and Tramadol.* The PDMP collects and maintains data regarding the prescribing and dispensing of monitored prescription drugs. "Monitored prescription drugs" include federally controlled substances in Schedules II-V, state controlled substances in Schedules II-V and Tramadol, a drug identified by the Board as having a substantial potential for abuse. A controlled substance that can be legally dispensed without a prescription order is not a monitored prescription drug under the proposed rule.

*Collection of Dispensing Data.* Each time a monitored prescription drug is dispensed, dispensers must compile and submit the following data to the Board: dispenser's full name; the dispenser's identifier (*i.e.*, dispenser's DEA registration number, license number, NPI number, etc.); the date dispensed; prescription number; NDC number or the name and strength of the monitored prescription drug; quantity dispensed; estimated number of days of drug therapy; practitioner's full name; practitioner's identifier; date prescribed; quantity prescribed; patient's full name; patient's address, including street address, city, state and ZIP code (if an animal patient, the owner's address); patient's date of birth (if an animal patient, the owner's DOB); and the patient's gender. Wis. Admin. Code § Phar 18.04(3).

Electronic Reporting is Required. Dispensers are required to create accounts with the Board and electronically submit the data to the Board in the format established by the version and release of the American Society for Automation in Pharmacy's (ASAP's) Implementation Guide for Prescription Monitoring Programs "or other electronic format identified by the Board." Wis. Admin. Code § Phar 18.05.

Veterinarians Do Not Have Electronic Medical Records. Most veterinarians do not currently use electronic records systems and, when they do, they are not consistent with the ASAP standards or any particular standard patient record format. There are multiple reasons for this. One is the fact that there is no health insurance, Medicaid or Medicare system for animal patients. As a result, there isn't the necessity for having consistent electronic medical records as there is in the human patient population.

In addition, electronic record keeping systems are expensive. For most veterinary clinics, it is more cost effective to develop their own recordkeeping systems, which usually involve paper medical records combined with electronic billing software.

As a result, our members will have to either invest in electronic medical records systems or create their own paper record equivalent in order to collect the required PDMP data. Then, once collected, they will have to either manually upload the required dispensing information into the PDMP system or request permission from the PEB to file paper records. See Wis. Admin. Code § Phar 18.05(3), *allowing a waiver request to file paper forms.*

## **B. Estimated Economic Impact on Wisconsin Veterinarians**

As discussed about, the vast majority of Wisconsin veterinarians do not have electronic patient records. Therefore, to comply with this rule as it is proposed, they will retype the information requested for each monitored substance into a reportable form or electronic database to send it to the DSPS.

Based on the WVMA's records, there are **719 veterinary clinics** in Wisconsin. Based on DSPS's records, there are about **3,000 licensed veterinarians** in Wisconsin. Therefore, the average number of veterinarians per clinic is 4.17.

The WVMA interviewed a representative clinic with 6 veterinarians and a representative clinic with 3 veterinarians – both using veterinary recordkeeping software, but different software in each clinic. We asked them to *retroactively* pull out the information listed in the rule from their records. The average time per week spent to collect this information was 4.5 hours for a week's worth of records. This estimate assumes that a clinic has some kind of electronic records management tool. If a clinic lacks electronic records software, then these estimates would rise. This estimate does not include the time or costs associated with securing the state vendor's platform software or any additional software/hardware purchase.

In response to criticism from DSPS on pulling the information retroactively, we also asked a clinic using paper records to pull out the information *prospectively* throughout one week. It took about 4 minutes per appointment to go through the patient file and collect the required information. A veterinarian on average has 14 appointments per day. That equates to **about 56 minutes per day to extract the information prospectively**. However, the clinic would have to upload the information manually into the selected electronic software. It is unclear how long that would take, but additional time would be required.

It costs about \$24/hour to pay a veterinary clinic staff member to collect and upload this information.

If a clinic spends 1 hour per day, 5 days a week to pull out the information and then 2 additional hours uploading that information, and pays its staff person \$24/hour, the clinic will spend **\$168/week or \$8,400 per year** (assuming 50 weeks) complying with the rule. (Note: This estimate is only wages paid and does not include an estimate for lost revenue.)

**Therefore, if each of our 719 veterinary clinics in Wisconsin spent an average of \$8,400 per year complying with this rule, the total compliance cost for Wisconsin veterinarians would be at least \$6,039,600 per year.** If you included an estimate for lost revenue, that number would rise.

### **C. The Public Policy Behind the PDMP**

Wisconsin's PDMP was created to assist law enforcement with the identification and prosecution of human prescription drug abusers who seek controlled substances from multiple health care sources (*i.e.*, "doctor shop.") The WVMA wholly supports the public policy behind the creation of this system and the application of the PDMP to human health practitioners. We do not, however, believe that there is evidence that human prescription drug abusers have or will start seeking controlled substances from animal clinics. There are three reasons for this. First, in order to get a veterinarian to dispense a controlled substance for animal, an animal must be presented with an injury or set of documentable symptoms that would warrant the dispensing of such a drug. Unlike humans, an animal cannot tell a doctor that they feel chronic pain and, therefore, need continuous pain medication.

Second, even if a person were successful in getting a veterinarian to dispense a controlled substance for an animal, the dosage provided for a 10 pound cat would not be very meaningful to a 200 pound man.

Finally, there is no health insurance coverage for veterinary services. Accordingly, the person bringing the animal to the vet would be responsible for both the cost of the doctor's visit and the purchase of the drugs out of their own pockets. That cost, alone, is a significant deterrent to bringing animals to veterinarians in the pursuit of controlled substances to support an addiction.

### **Conclusion**

Thank you for allowing the WVMA to testify today in support of SB 7. If you have any questions, we would be happy to answer them.

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**Dr. Scot Hodkiewicz**

Good morning, Chairman Moulton and members of the Committee. Thank you for allowing me to testify today. My name is Dr. Scot Hodkiewicz. I am a veterinarian from Lake Geneva, Wisconsin, where I live with my Wife who is also a veterinarian, Dr. Mona Hodkiewicz and our 3 kids. I have been practicing for 20 years. I am here today to testify in support of SB 7, which would repeal the PDMP for Wisconsin veterinarians.

We run two hospitals in the Lake Geneva area and employ 25 people. I have 6 full-time veterinarians, including me. We primarily run a small animal practice, but will treat anything that will fit through the door including helping a local wildlife rehabilitation center. We take great pride in the fact that we know our customers well and consider them friends. Most of our customers come from within an 8-mile radius of our clinic. We are a small town/rural area where people know and watch over each other.

I understand the extent of the human prescription drug problem and the intent of the law. A number of years ago I was hit by a drunk driver and in the hospital for months. I was on high doses of Oxycontin for many more months. I understand how powerful these drugs can be. However, I do not believe that including veterinarians in the PDMP will enhance the effectiveness of the program.

Veterinary medicine differs from the human medical field in a number of ways. First, we do not treat chronic pain in the same way as humans. Animals have a shorter lifespan and so they do not need years or even months of prescription pain meds. Instead, we use non-steroidal anti-inflammatory drugs (NSAID), acupuncture, and laser treatments for pain control. Animals in more intense, chronic pain are usually euthanized for humane reasons not kept alive on high dose narcotics.

Second, animals being treated are generally much smaller and require smaller doses of medication than that prescribed for a human. One of the controlled substances we prescribe is Buprenex, a narcotic almost exclusively used for cats, not dogs, after surgery. In people, the recommended dose is five times the cat dose and is given as an injection. We send a few days worth to be given orally. I could find no evidence that humans can even take it orally. We generally only send two or three days of medication so it would be the equivalent of about one dose for a human.

I have practiced for twenty years, do a lot of surgery, and consider myself very aggressive at pain management in animals. But, of the list of about 350 drugs on the controlled substance list, I have only ever prescribed 5 of them for use outside my hospital; three of those, Xanax, Valium, and Buprenex are only for short term or intermittent use and only two, phenobarbital and tramadol for long term use. Phenobarbital is a common seizure medicine and tramadol is a non-narcotic pain medicine not even on the list of controlled substances but added to the PDMP. To have thousands of veterinarians collecting personal information including birthdates from their

clients and spending hours submitting page after page of forms four times a year to watch over two drugs seems like overkill. The biggest concern is that by doing this is that it will generate reams of data that nobody will look at and we will swamp the system, making it more difficult to battle the problem the law is intended to address - people who are seeking these drugs for personal use.

The result of including veterinarian in this law will be longer waits and higher costs for our clients, and poor gathering of the information needed to solve the drug-seeking problem in the first place.

In the end, veterinarians tend to know their clients and patients better than human doctors and use fewer controlled substances making inclusion of veterinarians in this monitoring program unnecessary and overly burdensome.

Thank you for allowing me to testify today. I would be happy to answer any questions.



Dr. Mike Wolf

Chairman Moulton, I would like to first thank you and the members of this committee for allowing me to testify today in support of Senate Bill 7. I am Dr. Michael Wolf, veterinarian and owner of Country Doctors Veterinary Service, a four veterinarian mixed animal practice in Menomonie, WI. We also have seven support staff. Our veterinary employee mix is as follows, one associates does strictly small animal practice. Another associate has a mixed species roll, caring for dairy, equine and small animal patients. My third associate focus is dairy and especially equine practice. My professional role is primarily dairy production medicine consulting. As well as serving my local clients, I also am on contract retainer with Pfizer Animal Health Tech Services. Additionally, I am the bio-response research consultant for VES Environmental Solutions, a dairy facility ventilation design and installation firm located in Chippewa Falls, Wisconsin.

I live just west of Menomonie with my wife Muriel, a golden retriever, 4 cats, and two Texas longhorns. The last time I had the opportunity to testify here was nearly 40 years ago as a pre-veterinary student at UW River Falls in support of the construction of a veterinary school in the state of Wisconsin. It was the first air flight by this farm boy, who was asked by the then Dean Dolahan of the Agricultural College, to accompany him to Madison to testify at a similar hearing. At that time Wisconsin had contract positions for students like myself to attend the University of Minnesota if we met the entrance qualifications. I was accepted and graduated in 1979. Little did I realize as a young student the small part I played in getting a veterinary school here in Wisconsin, would pay back to me many fold over the years. From 1997-2000 I was a participant in the second class of the Dairy Herd Health Management Certificate program held at the veterinary school here in Madison. This program helped me retool my professional skills for the rapidly evolving dairy industry here in Wisconsin. I am

thankful for the support legislators have given over the years to the dairy industry and in general the veterinary profession here in Wisconsin. You have helped make UW Madison College of Veterinary Medicine and the Veterinary Diagnostic Lab world class institutions here in Wisconsin.

To address the proposed bill concerning PDMP, let me present its impact on a mixed veterinary practice. Menomonie has a population of approximately 16,000. It is home to the University Wisconsin Stout. We have a mix of urban and rural clientele, whom we come to know as neighbors and friends in our community. We strictly apply the VCPR, veterinary client patient relationship, to our professional interactions with our clients and their animal patients entrusted to our care. If a non client asks for a particular medication, be it an antibiotic or narcotic, it requires an exam of the animal patient to establish the need for such medication. In the case of a request for a prescription refill of medication for a visitor to our community with a pet in need of such medication, we require a faxed prescription order directly from the presenting owner's veterinarian. The types of controlled drugs required to be reported by the current PDMP law are not often used by veterinary practitioners. If a veterinarian were to prescribe substances as designated by the PDMP, the dosages and durations would be greatly different for an animal vs. a human. I have not had a situation in my professional career, where a bogus request for prescription narcotics has been made.

The PDMP will require several hours per quarter to collate and submit the proper paper forms. This would be approximately \$2000 in extra non value added costs to my veterinary practice. With the many challenges the current economic environment brings to small business, we can little afford to add more costs with such low return benefit. Our current software will capture some of the data required by the submission form, but not all. It will still require inspecting the individual patient files. We are collecting the data as required by the current law. Dr. Bauer, my associate, has stated the clients have been understanding of the extra questions being asked for the proper submission. This does add extra unnecessary time to office visits to explain this to the affected client by our doctors. Our policy as a clinic, as well as the WVMA

organization, is if a probable bogus medication request situation should occur, we would refer it to local law enforcement authorities.

Our profession is always on board to fulfill our role of working with our human medical counterparts in advancing public health. We embrace our roles in protecting not only our patients, but the owners and the greater public good through our vigilance of zoonotic disease. We support the greater intent of the PDMP law as it applies to human health care providers to reduce "doctor shopping". That being said, our profession has a very low risk of anyone seeking or successfully "doctor shopping" for prescription controlled substances through veterinary sources. I have greater potential risk from a physical break in to my clinic by someone trying to steal these types of drugs, they think may be in my clinic. Our controlled substances are kept securely in a safe, in a locked room within the clinic. We also keep low inventories of such medications. Our clinic only resorts to using these types of controlled drugs if other alternatives are not available or not appropriate for proper patient care.

In closing, I urge your support of Senate Bill 7 that exempts veterinarians in the state of Wisconsin from the reporting requirements of the current PDMP law. I thank you for this opportunity to share my thoughts through this testimony today. If there are any questions the committee members may have to clarify my testimony I would be happy to respond to the best of my knowledge.

Sincerely;



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