

Ken Levine, Director  
Texas Sunset Advisory Commission  
PO Box 13066  
Austin, TX 78711

October 30, 2016

Dear Mr. Levine,

As a licensed veterinarian in Texas as well as a member of the Texas Veterinary Medical Association, I would like to provide feedback on the Commission's report on veterinary medicine. I currently serve on the board for my local veterinary medical association and feel compelled to share not only concerns on my behalf but veterinarians in my local area.

**Issue 1: The State has a Continuing Need to Regulate the Practice of Veterinary Medicine, But the Agency Struggles Administratively.**

Of utmost importance is that veterinarians continue to be regulated by a board of licensed veterinarians.

Veterinarians are uniquely qualified in many areas. First, veterinarians are trained to work on multiple species. Veterinarians play a vital role in the safety of the food chain. Military veterinarians ensure the health and well-being of deployed dogs. Search and rescue dogs in times of national or local crisis are also cared for by veterinarians. Veterinarians are charged with zoonosis control (diseases that can be passed from animals to people). For the safety of Texans, I fully support continuing to only recognizing rabies vaccines administered by or on the order of a licensed veterinarian. Animals do not talk; therefore, veterinarians are charged with both acting in the best interest of the animal as well as communicating and ensuring the owner/agent understands the treatment plan, illness, etc. Veterinarians also must adhere to requirements by the Texas Animal Health Commission to report diseases that could be devastating to production animals (cattle, sheep, goat, chicken, etc). A large majority of veterinarians work in private practice; a practice is a self-contained hospital-acting as the doctor, the nurses, the pharmacist, the dietician etc. Therefore, often medications are filled while the animal is at the veterinary practice. A general practitioner must act as the animal's prevention medicine specialist, internal medicine specialist, dentist, dermatologist, cardiologist, surgeon, ophthalmologist, etc.

**Issue 2: The Agency's enforcement Processes Cannot Ensure Fair Treatment of Licensees and Complainants**

I 100% agree with the stated issue. With previous boards, a cost-effective way to check on licensed veterinarians was to mail out compliance request letters. However, this clearly did not work well because it was discontinued. I know of a case of veterinarian that received a compliance request three (3) times in an 18-month period; many veterinarians never received a letter. These compliance letters required proof of continuing education, current licenses and three examples of recent medical records. This could be implemented again, with structure in place to ensure fair monitoring. Restoring this process of monitoring compliance, would allow monitor more veterinarians in Texas for a much lower cost.

I believe a practice should NOT be inspected if the practice owner is not available-illness, out of town, due to emergency, at continuing education meeting, etc. In nearly twenty-two (22) years of practice I never saw a TBVME investigator. Within a 6-month period between August 2015 and March 2016 I saw 2 different investigators at 2 different veterinary practices. Structure to the inspection, consistency in how investigators handle a complaint on a veterinarian versus allow

correct action, further training of investigators so they understand different roles of veterinarians as well as veterinary medicine are just a few of the needed improvements.

### **Issue 3: The State Has an Ineffective and Inconsistent Approach to Monitoring Potential Diversion of Controlled Substances by Veterinarians**

I do not support any requirement for all veterinarians to use the Prescription Monitoring Program. While I understand the need to monitor for controlled substance diversion, this is not the solution. The PMP is not designed for the day to day uses of veterinarians regardless of the type of practice a veterinarian works.

- It is important to note the differences of how drugs are dosed in animals versus humans. While many of the drugs used in humans are also used in animals, the drug dosage varies due to differences in how drugs are metabolized and eliminated by the body.
- A commonly prescribed drug, cephalexin is a good example. While most adults will be prescribed cephalexin 500 mg twice daily, an 80-pound dog will be prescribed 1000 mg two to three times daily.
- Labradors are a breed that get hypothyroidism, lack of function of the thyroid gland. A typical Labrador will take 700 micrograms (0.7 milligrams) twice daily. A human with hypothyroidism may take at *maximum* of 125 to 200 micrograms (0.125 to 0.2 milligrams) twice daily.
- Differences in doses do not exclude controlled substances.
  - The dose for tramadol in dogs is 4 to 10 mg every 8 hours; a 66-pound dog would need a *minimum* of 120 mg tramadol every 8 hours. Most humans are only prescribed 50 mg every 12 hours.
  - There are a few different types of euthanasia solutions. To only look at the active ingredient and usage by veterinarians is a huge mistake. All approved euthanasia solutions contain pentobarbital. Some companies have added dyes to deter people from mistakenly using the drug for something other than euthanasia. These drugs are a level II controlled substance. The leading drug combination in euthanasia solutions is a combination of drugs: pentobarbital/phenytoin. The dose of pentobarbital is designed to overdose the brain; the phenytoin is to stop the heart. This combination reduces the level of controlled substance to a III. Most dose this combination at 1 milliliter per 10 pounds of body weight. The combination drug comes in 100 ml bottle. There are days that you don't euthanize; then there are days when you euthanize 3 or more pets. A factor to consider when dosing euthanasia solution is the reason for euthanasia. I will dose a dehydrated or patient in heart failure higher than the standard dose because you only get one opportunity to get the drug to the brain for a peaceful and merciful euthanasia.
  - Phenobarbital is the most cost-effective seizure control medication in dogs and cats. Dogs have epilepsy far more commonly than cats. When dogs truly have epilepsy, their disease will get worse with age; therefore, their dose of phenobarbital will continue to increase throughout life. Some veterinarians elect to keep phenobarbital in their hospitals; others choose to write a prescription and have the owner get the medication at a local pharmacy. This individual choice of veterinarians will certainly skew how much phenobarbital a veterinarian "uses".

Many pharmacies now offer to fill pet's medications. In my dealings with pharmacists, they are not qualified to educate owners on side effects and differences in dosage of animals versus those for humans. This should help the commission see that clearly what works for human medicine and pharmacies, does NOT work for veterinary medicine.

As a relief veterinarian, I fill in when practice owners have a need for a licensed veterinarian to be on staff in their absence or the absence of a paid associate. All veterinarians are required now to be licensed with the Drug Enforcement Agency. The rules of tracking controlled substance use in a veterinary practice has been the subject of great debate since the Department of Public Safety (DPS) did away with the DPS license. The current board has overstepped their judiciary oversight when it comes to interpreting the federal law. I fully support the need for controlled substance tracking. I do not support the new disciplinary matrix set forth by the board. *It is unfair to associates and relief veterinarians.* In my 22 plus years of practice, associates and relief veterinarians have *very little* influence on how practice owners ultimately conduct their business and their staff. All veterinarians are responsible for preventing diversion and I know that most of the colleagues in my professional and personal circle are very diligent and concerned about diversion.

## **Issue 5: Recent Court Decisions Exempt Animal Shelter Veterinarians from Regulation**

There is no reason any veterinarian should be exempt from adhering to the standard of care of the veterinary practice act. This includes shelter veterinarians, low cost veterinarians, veterinarians that work for "non-profit" groups. If a person is licensed to practice veterinary medicine, they should adhere to the veterinary practice act including and not limited to: reporting requirements of the Texas Animal Health Commission, continuing education requirements, record keeping, best practices when performing "sterilization" procedures and controlled drug rules.

Other issues in my opinion:

Considering today's culture-social media, immediate reporting, etc., veterinarians should have their privacy protected especially when accused of animal abuse/neglect or malpractice. There needs to be rules in place by the board that allows veterinarians to be innocent until proven guilty.

Veterinary medicine changes almost as rapidly as human medicine. Therefore, the veterinary practice act should reflect today's standard of care. All veterinarians regardless of school where they earned their degree and year that they graduated should be held to the same standards. Veterinarians that have practiced large animal exclusive medicine should be required to pass a competency test before becoming small animal veterinarians. And of course, vice versa (although not a likely scenario) should apply.

In my time as a licensed veterinarian in the state of Texas I have never seen as much distrust for the state board as in the most recent years. This is based on conversation with veterinary classmates, veterinary friends, veterinarians that hire me and other colleagues in general. I encourage the Sunset Review Commission to continue to work with the Texas Veterinary Medicine Association to address issues related to veterinarians to protect the animals of Texas and their owners but also to protect the veterinary profession.

Sincerely,

A handwritten signature in blue ink that reads "Mary King, DVM". The signature is written in a cursive, flowing style.

Mary King, DVM