

From: [Sunset Advisory Commission](#)
To: [Trisha Linebarger](#)
Subject: FW: SBVME Sunset Review
Date: Monday, November 14, 2016 8:15:45 AM

From: Lori Teller
Sent: Friday, November 11, 2016 1:08 PM
To: Sunset Advisory Commission
Cc: Teller Lori
Subject: SBVME Sunset Review

I would like to personally thank you for taking the time to listen to my public comments with regards to the State Board of Veterinary Medical Examiners (SBVME) during the Sunset Commission meeting yesterday. I deeply appreciate your service to the citizens of Texas and your engagement in the improvement of our state agencies. The SBVME is obviously in crisis and much work needs to be done to bring it up to par.

There were some interesting points brought up by members of the Commission yesterday that I would like to address:

It was stated that in the military a soldier must plan for the worst. Then it was further stated that drug addicts and dealers are irrational. I agree with both statements. So if a drug addict, who we can agree is irrational, intentionally injures a dog and then presents it to a veterinarian for treatment and medication, here's how this hypothetical situation would play out:

Dog present with injury, let's say a hurt leg. The first thing a veterinarian will do is take a history and do a complete physical exam. The veterinarian will then recommend that the dog be sedated and radiographs obtained. This will most likely include using an injectable narcotic administered on the premises. Depending on the radiographic findings, the dog may need a bandage, a cast, or surgery. Treatment options will be discussed with the (irrational) owner. It will also be discussed that the patient will need medication to alleviate pain. These medications will most likely include a non-steroidal anti-inflammatory drug (NSAID), such as carprofen or meloxicam, and possibly gabapentin or amantadine. Some veterinarians may or may not prescribe tramadol for a few days. It is extremely unlikely that a veterinarian would prescribe morphine because it's oral bioavailability is minimal in dogs. A veterinarian is also not likely to use OxyContin because it is not a drug used much in veterinary medicine. Other available opioids for pain relief are generally given by injection and would NOT be dispensed or prescribed for an animal patient.

So to further go with our hypothetical, irrational drug-addicted client, the veterinarian reviews the treatment plan with the client and he agrees to the recommendations. The veterinarian decides to include tramadol and is required to utilize the PMP. The veterinarian looks in the PMP and notices that the client appears to have obtained tramadol a few days ago from another source. Now what? Based on the conversations during the hearing yesterday, the veterinarian is supposed to decline to fill the prescription and tell the irrational drug-addict that he can't dispense tramadol for the pet. The client is going to want to know why? Is it the veterinarian's job to tell the client that based on his controlled drug medical history in the PMP that it appears he has a drug problem? This would be a major HIPAA violation. Not only that, but it would require a veterinarian to make a medical diagnosis of a human which is both highly illegal and unethical. If we are to go ahead and fill the prescription for the patient, and the client is truly a drug-addict, then those drugs are now in his hands to use or sell. So how has the PMP solved this dilemma and kept the drugs off the street? Doctors and other human health care providers are equipped to make diagnoses and recommend interventions for

humans; veterinarians are not.

Finally, because we are supposed to prepare for the absolute worst with our hypothetical, irrational, drug-addicted client, what happens when the veterinarian does refuse to fill the prescription, based on the information obtained from the PMP, and the antsy drug-addict pulls a gun and has a twitchy trigger finger? Now the lives of the veterinarian, staff, and other clients and patients have been endangered. When veterinary practices are preparing for the worst, how should we prepare for this situation? It was also mentioned more than once that veterinarians have no limits to the amount of controlled drugs they can prescribe or dispense. This is a false statement. We must abide by DEA regulations which limit schedule 2 drugs to a maximum of a 30 day supply at one time and schedule 3, 4, and 5 drugs to a maximum of a 90 day supply at one time.

Opioid and controlled drug addiction is epidemic in this country, and people die from it every day. It is a multi-faceted problem that will require many avenues to resolve it. Just because the drug addicts are irrational does not mean our solutions to the problem need to be irrational. Quite the opposite, they need to be measured, thoughtful, rational, and effective. Veterinarians most definitely want to be a part of and actively engaged in the solution. The Texas Veterinary Medical Association most definitely appreciates the invitation to have a seat at the table.

Thank you again for your time and service on to the citizens of the Great State of Texas.
Lori

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From: [Sunset Advisory Commission](#)
To: [Trisha Linebarger](#)
Subject: FW: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Monday, November 07, 2016 8:09:42 AM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Sunday, November 06, 2016 5:03 PM
To: Sunset Advisory Commission
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: STATE BOARD VETERINARY MEDICAL EXAMINERS

First Name: Lori

Last Name: Teller

Title: DVM

Organization you are affiliated with:

Email:

City: Houston

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

Thank you for the opportunity to comment on the sunset review of the State Board of Veterinary Medical Examiners. They most definitely have some internal administrative issues that need to be addressed and corrected. I do have some concerns with regards to Issue #3 regarding diversion of controlled substances. There is most definitely a problem with drug addiction in this country, especially to controlled substances and illicit drugs that may have similar adverse effects without the beneficial therapeutic effects. All health care providers should be informed of the problem and play a role in alleviating it. That being said, burdening small business owners, such as veterinarians, with the requirement of reporting into the PMP is most likely not the most effective route to solving the drug crisis in Texas or the US.

On page 12-13 of the Texas Medical Board (TMB) Staff Report, the Sunset Commission states the following:
Physicians and Physician Assistants Among the Top 300 Prescribers

Category of Controlled Substance

Number of Physicians and Physician Assistants Out of Top 300

PMC Prescribers

Non-PMC Prescribers

Barbiturates

166 out of 300

0

166

Benzodiazepines

280 out of 300

4

276

Carisoprodal

249 out of 300

41

208

Opioids

287 out of 300

61

226

Physicians and Physician Assistants prescribe the most controlled substances, by far, in every category, except barbiturates, where veterinarians come close, with 124 of the top 300 prescriptions in this category, as noted on page 24 of the SBVME Staff Report. This tells me that veterinarians are very appropriate in their prescribing of controlled substances. Phenobarbital is still the drug of choice for the treatment of epilepsy in veterinary medicine. It is a reasonably safe drug for animals to take, it is usually an effective single-agent therapeutic choice, and it is cost-effective for owners to obtain. Other medications on the human side have replaced phenobarbital for the control of seizures. While sedation is a tolerable side-effect of phenobarbital in dogs, cats and horses, it is not ideal for humans, who must go to work or drive a car or otherwise function in the bigger world. The newer drugs available for humans are also much more expensive, and the cost is frequently covered, or at least offset, by insurance. As less than 2% of pet owners have insurance for their animals, these alternative anticonvulsants are frequently out of reach for pet owners because of cost. Dosing in animals is also extremely different than that of humans. The maintenance dose of phenobarbital in an epileptic horse can be up to 500 mg twice daily, whereas in humans the maximum for maintenance of seizure control is typically 200 mg once daily or divided into two doses. An epileptic Labrador retriever can easily take a similar dose to a human, if not more. This is not information that would be reflected in PMP data.

Furthermore, on page 25 of the SBVME report, there is a statement that veterinarians reported over 30,000 lost or stolen units of tramadol from 2012-2016. However, tramadol only became a schedule IV drug on August 18, 2014, so thousands of those lost units may have occurred before the drug became controlled. Recent studies are also showing that tramadol is a less effective pain killer in dogs than was previously thought because they are lacking the enzyme that converts tramadol to a mu-agonist in the brain, unlike humans. As word gets out that there are better options for pain control in animals that are not controlled substances, the use of tramadol in veterinary practice will decrease.

In 2012, there were 18 states that required veterinarians to report into their state's PMP. Since that time both Alabama and Kentucky have discontinued the requirement for veterinarians to report. Two states that border Texas, Louisiana and New Mexico, do not require veterinarians to report into their PMPs. Nebraska currently has a task force studying if veterinarians should report into their PMP. A task force studying this issue in Nevada determined

that data obtained from veterinarians would not justify the burden to veterinary practices, particularly the many small rural practices. The Minnesota Board of Pharmacy had a joint task force with the Minnesota Board of Veterinary Medical Examiners that came to the same conclusion.

I think much of the information cited in the SBVME Sunset Staff Report comes more from a lack of education on the part of the veterinary profession and not from willful diversion or misuse. I think the more appropriate recommendations are for the SBVME to proactively monitor the PMP for medications that licensees are prescribing that are filled by pharmacists, as well as proactively gather information from the DEA. Using this information, they can do focused inspections of veterinarians who appear to be at higher risk for diversion or abuse. I also think that providing adequate continuing education and regular updates on the topic of controlled substances to licensees will make significant inroads with the current concerns. If the Sunset Commission does not see adequate improvement when it re-evaluates the SBVME in 6 years, then I think that would be a more appropriate time to consider mandatory reporting by veterinarians into the PMP.

Again, thank you for the opportunity to provide comments and for your service to the State of Texas.

Any Alternative or New Recommendations on This Agency: See comments above.

My Comment Will Be Made Public: I agree