

From: [Sunset Advisory Commission](#)
To: [Trisha Linebarger](#)
Subject: FW: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Monday, October 31, 2016 8:01:14 AM

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

From: sundrupal@capitol.local [mailto:sundrupal@capitol.local]
Sent: Sunday, October 30, 2016 2:25 PM
To: Sunset Advisory Commission
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: STATE BOARD VETERINARY MEDICAL EXAMINERS

First Name: Elizabeth

Last Name: Templeman

Title: DVM

Organization you are affiliated with:

Email:

City: Garden Ridge

State: Texas

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

I am a small animal practitioner and small animal hospital owner in Comal County. I have read the Summary of Sunset Staff Recommendations for the State Board of Veterinary Medical Examiners. I agree with their recommendations on issues 1,2,4, & 5, but I do have concerns about the recommendations for issue 3.

I understand that diversion of controlled substances is a serious problem, but I am not sure that relying on the PMP is an appropriate solution. First, the PMP system is not without flaws. I was contacted several years ago by an out-of-state psychiatrist, who alerted me to the fact that my DEA number had been used to prescribe a controlled substance to one of her human patients.

She noticed it as she was checking her prescriptions on the PMP. I found it alarming that a mistake like this was made, and I question the system's accuracy.

Second, the PMP system does not take into account the fact that our patients are animals, not humans. The report states that we would have to provide the birthday of the person for which we are dispensing medication. We dispense for animals, not persons, so whose birthday are we to provide? We often don't know a true birthday for our patients. Will we be reprimanded or punished if there is a birth date discrepancy? Are we supposed to collect personal data from our clients? If we are supposed to provide the client's birthday, how do we deal with multiple owners?

Third, we already keep meticulous controlled substance records at my hospital. We take our DEA licenses very seriously. We are prepared for an inspector to examine our records at any time. It would add more of a burden on us to report each controlled substance dispensing within 5 minutes. If a version of this recommendation becomes law, please consider giving us a longer time window. Surely weekly reporting would be sufficient.

Fourth, I am not sure that the reporting to PMP would fix the problem of diversion. Yes, we did have a theft in our

hospital years ago. Thieves broke into our building and then removed our drug safe. Our controlled substances were secured as the law required, but the theft did occur.

Fifth, no mention was made about reporting what we administer to patients, only what we dispense. We use multiple controlled substances for balanced anesthesia/analgesia in our surgery patients almost every day. If administration of controlled substances is not included in the reporting, most of the controlled drug usage at my hospital would not be included. We have already shifted to prescribing most of our phenobarbital, and I can guarantee you that we will start prescribing instead of dispensing most of our pain medications if this recommendation is made into law. If we are also required to report our administration of our anesthetics, the burden will be overwhelming. It has been an uphill struggle to provide adequate pain relief to our patients, and I hate to think that we would be less likely to use pain medication such as buprenorphine because we don't want to bother with reporting it. Animals in the state of Texas will suffer.

Lastly, if we are limited to dispensing one week's worth of medication, I would like the commission to think about the difference in scope of what one week of pain medication would be in animals versus humans. We generally need to use higher doses of tramadol in dogs and cats than humans use. I might dispense 56 tramadol tablets to a 50# dog, if I want it to be given an appropriate dose every 6 hours for pain. I do not practice on horses, but I can imagine the equine amounts would be even more. Who will be telling us how many tablets we are allowed to dispense?

Thank you for taking my opinions into consideration.

Any Alternative or New Recommendations on This Agency: All my comments are listed above.

My Comment Will Be Made Public: I agree