



Input on Proposed Changes to Rule 1.2 to Implement SB19-228 Substance Use Disorders Prevention

To: Department of Regulatory Agencies, State Board of Veterinary Medicine
Date: September 20, 2019

Introduction

The Colorado Veterinary Medical Association (CVMA) represents 1,500 licensed Colorado veterinarians and an additional 800 veterinary professionals. CVMA is pleased to provide the following comments to the Department of Regulatory Agencies and the State Board of Veterinary Medicine on the proposed changes to the Veterinary Medicine Rules and Regulations related to the implementation of SB19-228 Substance Use Disorders Prevention.

CVMA has previously provided input on SB19-228 during the 2019 legislative session, at several meetings of the State Board of Veterinary Medicine, and at the Joint Stakeholder meeting held on August 19, 2019. Copies of documents presented to these groups are attached.

CVMA General Input on Changes to Rule 1.2

CVMA cannot support the draft rule as promulgated, and is registering significant concerns about the draft rule.

This appears to be a rule that was prepared for prescribers of medicine for human patients. Veterinarians' patients are animals, not humans. Veterinarians do not diagnose or prescribe medication for humans. Veterinarians are not educated or licensed to treat the humans who own or care for animal patients.

The draft rule does not reflect these realities. It does not appear to take into account the verbal comments or written testimony that CVMA has made on behalf of Colorado's veterinarians.

To be useful in a veterinary context, the rule should address which requirements in the law are not applicable or only partially applicable to veterinary prescribers. For example, veterinary patients will not be referred for substance use disorder treatment, and veterinarians should not refer owners – who are not their patients – for such treatment. The bill does not clarify the use of opioids in the clinic vs. opioids that are prescribed for pets. Likewise, veterinarians should not be required to use the PDMP in the same way that prescribers of medication for humans are. The proposed rule makes no reference to the Veterinary Policy on Prescribing Opioids, rather it references the guidelines that were written for prescribers of human medicine.

Comments on Specific Sections of Rule 1.2

Section 1.2 (G.)(7.) CVMA's recommendation for 2 hours of CE devoted to education required by SB19-228 per licensing period, was included in the draft, and we believe that is appropriate. We strongly believe the 2 hours of CE should be applied to the minimum continuing education hours required in Section (F). The inclusion of a

separate approval process is unnecessary and is inconsistent with the newly – implemented Criteria for Continuing Education.

Section 1.2 (G.)(2.) Please include in this list of training options: live, interactive distance, or non-interactive distance learning modes. Note a possible typo in peer review~~ed~~ proceedings.

SB19-228 includes four topic areas for the Continuing Education it requires. CVMA's comments are shown in track changes mode below:

- best practices for opioid prescribing for animals, according to the most recent version of the State Board's Veterinary Policy for Prescribing and Dispensing Opioids ~~Division's Guidelines for the Safe Prescribing and Dispensing of Opioids~~;
- recognition of human substance use disorders;
- ~~referral of patients with substance use disorders for treatment; Exempt veterinarians from this requirement. It puts veterinarians at risk of losing their license to practice, or violating laws and Rules.~~
- use of the electronic Prescription Drug monitoring Program created in Part 4 of Article 280 of this Title 12 as described in Section 4 of the State Board's Veterinary Policy for Prescribing and Dispensing Opioids.

Section 1.2 (G.)(3.) and (5.) The requirements in 12-30-114(1)(b), C.R.S. appear to be written for prescribers of medicine for human patients. To avoid confusion, please ensure that the Board's requirements for exemption fit the common practices for prescribing opioids used in veterinary clinics.

Veterinarians appreciate the intent of SB19-228 and wish to be part of the solution to the opioid crisis. Veterinary medicine is different from human medicine, and some requirements of the law clearly do not fit veterinary medicine, as we have conveyed. The profession needs clear guidance on what specifically applies to veterinarians and what does not. Without such guidance, the Board puts veterinarians at risk of violating SB19-228, practicing human medicine without a license, or putting their own licenses at risk for violating the Rule.

CVMA cannot support the draft rule as promulgated. CVMA's purpose is to support the adoption of a rule that is effective, equitable, and reasonable. We will be happy to respond to any questions. Please direct inquiries to Diane Matt, CEO, CVMA at dianematt@colovma.org.