



## **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](mailto:dianematt@colovma.org).



**SB19-228 Issue Brief  
Joint Stakeholder Meeting on Substance Abuse Disorder Training**

**To: The Colorado Department of Regulatory Agencies (DORA)  
The Colorado State Board of Veterinary Medicine**  
**Date: August 15, 2019**

The Colorado Veterinary Medical Association 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 as they determine policy for veterinarians related to SB19-228. Colorado veterinarians are acutely aware and gravely concerned that we are amid an opioid epidemic. CVMA and its member veterinarians want to be an active partner in an effective strategy to combat this problem.

The Colorado Veterinary Medical Association appreciates the opportunity to provide comments related to SB19-228. We want the training requirements for veterinarians to be effective, equitable, and reasonable, and look forward to working with you toward that outcome. We would be pleased to respond to any questions or comments regarding this issue.

CVMA convened its Commission on Advocacy to respond to the questions presented by DORA, and both the questions and CVMA's responses are shown below:

**CVMA's Responses to Questions from DORA**  
**SB19-228 Prescriber Training Requirements**

**Training Providers**

1. What providers offer - or may be able to offer - training in each of the required topics?
  - a. Best practices for opioid prescribing, according to the most recent version of the Division of Professions & Occupations' (Division's) Guidelines for the Safe Prescribing and Dispensing of Opioids.
  - b. Recognition of substance use disorders.
  - c. Referral of patients with substance use disorders for treatment.
  - d. Use of Colorado's electronic Prescription Drug Monitoring Program (PDMP).

**CVMA response:**

The Colorado Veterinary Medical Association is the leading provider of veterinary continuing education for veterinarians licensed in the state. CVMA is regarded as a highly experienced, well-positioned provider of CE. CVMA is fully prepared to present training specific to the practice of veterinary medicine as required by SB 19-228 on a continuing basis. The Veterinary Policy for Prescribing and Dispensing Opioids adopted by the State Board of Veterinary Medicine is a very useful resource that recognizes and is tailored to the specific needs of the veterinary profession. It can serve as a curriculum for the training.

Of the four required topics set out in SB19-228, the first is clear and relevant to veterinary practice. The remaining three pose various training challenges for veterinarians whose patients are animals that do not have substance use disorders:

- The requirements that veterinarians demonstrate competency in recognition of human substance use disorders, as well as referral of humans with substance use disorders for treatment are outside the scope of practice for veterinarians who are not trained in human medicine. CVMA is concerned that these requirements could constitute the practice of human medicine without a license. We urge the SBVM not to put veterinarians at risk of such a violation.
- CVMA is ready to tailor training on recognition of substance abuse disorders so that it is relevant for veterinary practitioners as it relates to animal owners and clinic staff and to provide training to veterinarians in effective ways to respond once a substance use disorder is recognized.
- The requirement that veterinarians demonstrate competency in the use of the PDMP should be thoughtfully addressed in order to meet the unique characteristics of veterinary medicine, and not simply reflect the competence requirements for human prescribers. Three issues are of concern – relevance to veterinarians of information available in the PDMP, barriers in connecting PDMP with veterinary practice software, and HIPAA liability.
  - The human-focused design and structure of the PDMP limits its effectiveness for veterinarians. However, the PDMP Q&A document prepared by the SBVM provides useful guidance for training requirements.
  - Second, veterinary practice management software that is currently available does not easily communicate with existing PDMP systems – in contrast to software systems that are available for human medicine that communicate well with PDMP systems. These issues mean that veterinarians will have an overall challenge in using the PDMP system, and that training will need to be tailored to the needs of the veterinary profession.
  - Third, CVMA members remain concerned about the possibility of violating HIPAA by searching for clients or other citizens in the PDMP, and potential liability issues that may arise by searching the PDMP. While DORA has asserted that accessing information in the PDMP by veterinarians is not a HIPAA violation, CVMA requests an authoritative analysis for clarification and confirmation to licensed veterinarians.

### **Number of Training Hours**

2. Should substance use prevention training be a part of any currently required continuing education or continued competency hours, or in addition to any such currently required hours?

3. How many credit hours of substance use prevention training should be required per renewal cycle?

4. How many credit hours (or what portion of credit hours) of substance use prevention training should be required for the renewal cycle that licensees are currently in (if not the total credit hours required for a renewal cycle)?

### CVMA response:

- The substance use prevention training hours should be part of the current 32-hour requirement for relicensing of veterinarians.
- Two hours of training should be required for each renewal cycle. Veterinarians infrequently prescribe opioids and while there is a concern about diversion, the extent and content of information needed by veterinary prescribers will differ in some respects from their human healthcare counterparts. The requirement to provide training on best practices for opioid prescribing, recognition of

substance abuse disorders, and prescriber awareness and addressing suspected diversion can be effectively met in approximately 2 hours of training.

- The total of two hours is in line with the average number being required by other states for veterinary prescribers.
- Two hours of training can be provided for Colorado veterinarians during the current licensing period which ends on October 31, 2020.

### **National Board Certifications**

5. Which national board certifications require equivalent substance use prevention training, that should allow an exemption to the training requirements in SB19-228?

6. Should a board allow an exemption to the substance use prevention training requirements of SB19-228 if the licensee maintains a national board certification that:

- a. does not provide training specific to the Division's Guidelines for the Safe Prescribing and Dispensing of Opioids (the training for the certification is instead about general best practices for opioid prescribing), AND/OR
- b. does not provide training specific to use of Colorado's PDMP (the training for the certification is instead about using PDMPs in general)?

### CVMA response:

CVMA is not aware of any veterinary board certifications that require equivalent substance use prevention training that should allow an exemption to the training requirements in SB19-228. CVMA recommends that all Colorado licensed veterinarians have the same requirement for training in response to SB19-228.



## SB19-228 Issue Brief on Veterinary Opioid Use

To: The Colorado Senate

Date: April 19, 2019

The Colorado Veterinary Medical Association is pleased to provide you with information concerning veterinary medicine as it relates to SB19-228. CVMA respectfully requests that if the legislature decides to adopt additional rules and regulations for the education of opioid prescribers that such requirements be effective, equitable, reasonable, necessary, and not unduly burdensome. Please let Leo Boyle, CVMA's lobbyist know at (303) 377-5469 if you have any questions.

### 1. Veterinarians are acutely aware and gravely concerned that the U.S. is in the midst of an opioid epidemic.

Veterinarians want to be an active partner in an effective strategy to combat this problem.

- Veterinarians are highly trained in the appropriate selection, use, handling and prescribing of medications for their (animal) patients, and this includes opioids.
- The drugs and formulations used in veterinary practice and the dosing parameters for opioids differ widely from species to species, and between animals and humans. Some human doses are much smaller than those for animals, and opioids are not effective for some animals.
- Veterinarians are not trained to evaluate the appropriateness of a human opioid prescription.

### 2. Colorado has taken many steps to effectively address the opioid epidemic.

Colorado is among 11 states that have already adopted laws that limit most opioid prescriptions to 7 days' supply.

- CVMA supported SB18-022 in 2018 and is proud to be part of this constructive step in addressing the opioid crisis.

The State Board of Veterinary Medicine, endorsed the Colorado Department of Regulatory Affairs Guidelines for the Safe Prescribing and Dispensing of Opioids revised on March 1, 2014 and March 16, 2018. Adopted on October 15, 2014.

The State Board of Veterinary Medicine approved a revised Veterinary Policy for Prescribing and Dispensing Opioids on December 14, 2017 in response to SB 17-146.

- If a veterinarian is authorized to prescribe controlled substances for animals and suspects a client has committed drug abuse or mistreated an animal, the veterinarian now may access the PDMP to inquire about a current patient or client.
- Previously, the veterinarian could query only the (animal) patient's record.

### 3. U.S. veterinarians write a tiny fraction of the total opioid prescriptions written by all prescribers, and the use of non-opioid pain relievers is increasing.

In 2017, veterinarians wrote 1/3 of 1%, or .0034 of total opioid prescriptions,

- 728,000 prescriptions were written by veterinarians out of a total of 214,000,000 opioid prescriptions written by all prescribers.



- Veterinary sales of opioids, were less than 1% of all opioid sales -- \$66 million out of \$8 billion in the U.S.

Veterinary use of NSAID and non-opioid pain relievers has increased significantly, while opioid use has declined. At the same time, companion animal patient visits to veterinarians have increased.

- Over 4 years from 2015 to 2018, the value of prescriptions written for NSAIDs increased 36%.
- Over the same period, the value of prescriptions written for non-opioid pain relievers increased 23%.
- During those years, the value of prescriptions written for opioids declined by 4%.
- Overall, the dollars spent on non-opioid veterinary pain relievers was 200% or twice the amount spent on opioids: \$136,690,000 for non-opioid pain relievers vs. \$66,421,885 for opioids.

**4. Evidence that “veterinary shopping” is a significant contributor to the opioid epidemic is lacking.**

A 50-state survey of PDMPs by Robert Simpson<sup>1</sup> in 2014 identified fewer than 10 “veterinary shoppers” per year nationwide.

- Media reports of this behavior repeatedly describe the same pets and owners, which does not validate an epidemic of “veterinarian shopping.”

Obtaining the opioid from a veterinarian is not a fast or simple process.

- A veterinary visit must occur with the establishment of a Veterinarian Client Patient Relationship (VCPR).
- The veterinarian must determine if opioids are part of the appropriate treatment.
- The opioid must be secured via prescription at a pharmacy or dispensing from the veterinarian.

**5. Education about the PDMP and its use by veterinarians is complicated by several structural factors and may not be productive.**

Colorado Veterinarians were authorized to query the PDMP by SB17-146, yet effective use of the PDMP currently poses a number of challenges:

- HIPAA violations are a concern, as veterinarians do not have a patient relationship with the owner.
- Veterinarians do not have uniform access to the PDMP, because they are not eligible for National Provider Identification numbers, and not all veterinarians have DEA numbers.
- Animal identification is problematic: not all animals have microchips or tattoos, and animal names can be variable, such as Canine Smith or Fluffy Smith.
- Pets can have multiple owners and be owned by multiple households.
- Pet owners can authorize others such as groomers and pet sitters to take the pets for veterinary care which expands the field of individuals to be researched.
- Some software used by PDMPs does not accommodate veterinary patients.

<sup>1</sup>Robert Simpson, Prescription Drug Monitoring Programs: Applying a One Size Fits All Approach to Human and Veterinary Medical Professionals, Custom Tailoring is Needed. Journal of Animal & Environmental Law (2014).