### Controlled Substances Reporting System Submission of Data from the Practice of Veterinary Medicine

Session Law 2017-74, Section 14



**Report to the** 

### Joint Legislative Oversight Committee on Health and Human Services

By

### North Carolina Department of Health and Human Services

**February 1, 2018** 

#### INTRODUCTION

Pursuant to Section 14 of Session Law 2017-74 (the "STOP Act"), the Department of Health and Human Services (DHHS) shall conduct a study, in consultation with the Office of the Attorney General and the North Carolina Veterinary Medical Board, on how to implement the provisions of this act pertaining to electronic prescriptions and the submission of data to the Controlled Substances Reporting System as they relate to the practice of veterinary medicine. The Department shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services no later than February 1, 2018.

#### BACKGROUND

In North Carolina, as in the United States, deaths due to medication and drug overdoses have been steadily increasing since 1999, and the vast majority (~88%) of these deaths are unintentional. Much of the epidemic of medication and drug overdose is driven by opiates, specifically prescription opioids. Historically, prescription opioids (drugs like hydrocodone, oxycodone, morphine) have contributed to an increasing number of medication/drug overdose deaths. More recently, other synthetic narcotics (heroin, fentanyl, and fentanyl analogues) are resulting in increased deaths. The number of deaths involving cocaine is also on the rise.

In 2016, an average of 4 people a day died from opioid overdose in North Carolina. Unintentional opioid deaths have increased from just over 100 deaths in 1999 to over 1,380 deaths in 2016. These numbers include deaths from both prescription and illicit opioids.

The American Veterinary Medical Association (AVMA) reported that as of September 1, 2017, 34 states exempt veterinarians from participating in state Prescription Drug Monitoring Programs and 16 states (and the District of Columbia) have laws or regulations requiring veterinarians to report to the state's prescription drug monitoring program (PDMP).

The Division of Mental Health, Developmental Disabilities and Substances Abuse Services in consultation with the Office of the Attorney General, North Carolina Veterinary Medical Board, and North Carolina Veterinary Medical Association, studied the viability of electronic prescriptions as well as the diversion and dispensing of controlled substances for outpatient use as they relate to the practice of veterinary medicine.

The purpose of this report is to provide recommendations regarding the inclusion of veterinarians in reporting the dispensing of controlled substances to the NC Controlled Substances Reporting System (CSRS), the exemption of veterinarians from reviewing the CSRS, and the continued exemption of veterinarians from the requirement to use electronic prescriptions.

# INCLUSION OF DISPENSING DATA TO THE CONTROLLED SUBSTANCES REPORTING SYSTEM

There have been various news reports around the US regarding pet owners harming their animals in an effort to obtain opioids, specifically Tramadol (Edelman, 2017 and Morgan, 2017). Currently, it is unknown how widespread the problem is in North Carolina, like many other states, because there is no veterinarian dispensing data readily available. North Carolina's law exempted veterinarians from the definition of a "dispenser" prior to the STOP Act and the STOP Act continued to exempt veterinarians from that definition. Controlled substances such as Ketamine, Tramadol, and Valium, which are sometimes prescribed to animals, are also mis-used by people suffering from substance use disorders. Unfortunately, at this time there is no concrete way to know how wide spread "vet shopping" or animal harm for opioids is unless the prescribing data is entered into the CSRS when the veterinarian dispenses the controlled substance. Veterinarians are also "practitioners" who prescribe medications that are then dispensed by pharmacies and reported by pharmacies to the CSRS.

There has been discussion regarding veterinarian reporting requirements at the national level with Dr. John Kuehn (large animal veterinarian and Nebraska state senator) being one of the strongest supporters of veterinarian dispensing data being added to the PDMPs. In a recent article with the Journal of the American Veterinary Medical Association (JAVMA), he was quoted as saying "The opioid problem nationwide only serves to reinforce our role in ensuring that opioids don't enter inappropriately into the community." He went on to highlight that those in the large animal veterinarian profession have been dealing with the issue of diversion for years with the drug ketamine (Cima, 2017). Reporting requirements vary from state to state. Alaska, Connecticut, and Virginia have recently put veterinarian prescribing limits on opioids (Mercer, 2017). The STOP Act already limits a veterinarian's initial prescription for acute pain for targeted controlled substances in the same manner as for human medicine.

DHHS collaborated with the Office of the Attorney General (OAG) and the North Carolina Veterinary Medical Board (NCVMB) to evaluate the implementation of the provisions of the STOP Act related to the practice of veterinary medicine. After several meetings, it was found that the benefits of being able to access veterinarian dispensing data far outweigh the minimal burden of requiring veterinarians to report the dispensing of controlled substances schedules II through V. To that end, DHHS, OAG, and NCVMB recommend that veterinarians be required to input dispensing information to the CSRS of schedule II through V controlled substances. A veterinarian should be permitted to report both electronically and by other means as the objective is to capture the data. In regard to veterinarian reporting process, it is recommended that the animal owner's first name, last name, home address, and date of birth be reported to the CSRS in order to ensure data quality and integrity. At the same time, it is recommended to include enough animal information (e.g. name, age, type) in order to distinguish among multiple animals belonging to one individual.

#### **REQUIRMENT TO REVIEW THE CSRS BY VETERINARIAN MEDICAL PROFESSIONALS**

It is not recommended that veterinarians be required to review the CSRS prior to dispensing controlled substances for their animal patients. Reviewing the CSRS would involve a veterinarian's access of an individual's medical history in order to make a decision in reference to treatment and prescribing for that person's animal. Review of an individual's medical history involves the Health Insurance Portability and Accountability Act (HIPAA) and an expertise in human medicine. Veterinarians are not required to practice under the auspices of HIPAA and are not trained nor legally permitted to make decisions about human medical conditions (e.g., likelihood of substance use disorders). Requiring them to do so may be contrary to a veterinarian's duty of care to the patient and would put the well-being of the animal patient at risk. Since veterinarians both prescribe and dispense, full and complete data would still be available in the CSRS which can be used by human medical providers to determine whether to prescribe for their patients, and which can be used to guide future policy decisions.

#### **REQUIREMENT FOR A VETERINARIAN TO ELECTRONICALLY PRESCRIBE TARGETED CONTROLLED SUBSTANCES**

The STOP Act exempted veterinarians from the requirement to electronically prescribe targeted controlled substances. The collaborating agencies are not aware of any state that requires a veterinarian to electronically prescribe controlled substances. None of the major vendors of veterinary practice software offer electronic prescription software and none of them are presently planning to develop such software. Veterinary medicine, unlike human medicine, is not subject to electronic health records or connections to health information exchanges.

It is recommended that, veterinarians continue to be exempt from any requirement to use electronic prescriptions. An electronic prescription involves the transmission of encrypted data and a secured file for both the sender and the recipient of the transmission.

Because the primary purpose of electronic prescriptions is to inhibit alteration of a prescription, the use of a fax machine should address this issue. Also, requiring a veterinarian to electronically prescribe may result in more veterinary practices electing to dispense controlled substances from within their own practices.

#### **SUMMARY – RECOMMENDATIONS**

DHHS, OAG, and NCVMB offer the following recommendations to implement the provisions of this act pertaining to electronic prescriptions and the submission of data to the Controlled Substances Reporting System as they relate to the practice of veterinary medicine:

#### REQUIREMENT OF VETERINARIANS TO SUBMIT DISPENSING DATA TO THE CSRS

Require a veterinarian to report to the CSRS the dispensing information for controlled substances schedules II through V.

# REQUIREMENT OF VETERINARIAN TO REVIEW THE CSRS BEFORE DISPENSING OR PRESCRIBING CONTROLLED SUBSTANCES

A veterinarian should not be required to review the CSRS prior to prescribing or dispensing controlled substances for the animal patient.

## REQUIREMENT FOR A VETERINARIAN TO ELECTRONICALLY PRESCRIBE TARGETED CONTROLLED SUBSTANCES

A veterinarian should not be required to electronically prescribe targeted controlled substances.

#### CITATIONS

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Mercer, M. (August 23, 2017) Stateline: War on Opioids Moves to Veterinarians' Offices. *The Pew Charitable Trusts*. Retrieved from <u>http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/08/23/war-on-opioids-moves-to-veterinarians-offices</u>

Morgan, R. (January 16, 2017) People are Now Maiming Their Pets to Score Drugs. *New York Post*. Retrieved from <u>https://nypost.com/2017/01/16/people-are-now-maiming-their-pets-to-score-drugs/</u>.