

The American Veterinary Medical Association (AVMA)'s code of ethics and public stance has long encouraged veterinarians to 'write a prescription' when requested.

Individual veterinarians, and many state associations' objections, are for the most part unsupportable, based on very shaky points, some of which hint at avarice, others infused with a tone of hubris so common in our profession, especially generation X veterinarians ("there is only one way, the best way and I know it"). Increasingly, veterinarians are suggesting a semester of pharmacology, a veterinary degree, and small animal hospital veterinary software, gives Joe DVM not only superior drug knowledge, and dispensing skills, as compared to people who have completed a 6 year pharmacy degree and have sophisticated computer networks, but veterinarians are also - innately - more ethical than pharmacists.

Most statements from my profession are antiquated poppycock, promulgated by people who haven't routinely prescribed drugs to human pharmacies, as I have since I graduated in 1975! For 35 years I have prescribed medications thru "human" pharmacies for the 99.9% of drugs which do not have any veterinary equivalent, or where the human brands offer more options of strength and form -or are significantly cheaper. I have always been willing to prescribe to a licensed-in-the-state pharmacy, in-state or on-line, "human" or "pet" pharmacy, any drug I would dispense. Years ago, I would give a prescription when the cost of a medication was high and varied considerably, so the client could do the price shopping. Otherwise, I 'called it in', so they could pick it up on the way home. Now I make sure they know the name, strength, and number, and let them investigate...but with the change in the pharmacy industry, 95% of the time I know whose cheapest. I have the current Wal Mart and stop and shop lists.

(see end for my feelings as to the real reasons most in the profession are fighting this bill)\*\*

Mistakes happen everywhere – but chain pharmacies, in-state, and the few on-line pet and human (licensed by the state) I deal with, I've found to be as, or more, trustworthy than the average veterinary hospital. I am embarrassed to admit, I have worked at hospitals where I chose to prescribe drugs (even inexpensive ones) because repeatedly -- daily-- prescriptions were inappropriately filled and refilled – by receptionists who didn't pay attention, or off handedly approved by other veterinarians –without changing the prescriber name. The internet pharmacies licensed to sell in my state, have alerted me to more pets which need to be examined and or tested, than many receptionists – who dispensed and refill without taking the time to confirm information. Safeguarding my patients, and insuring necessary follow-up, sometimes necessitated prescribing drugs to an outside source.

When dispensing a "human drug" to an animal, it is the veterinarians' responsibility to add appropriate additional warnings or information, as it is a physician's when their patients have conditions which may affect their response to a drug.

I have no problem with requiring signage that you can *request medication be prescribed* vs. buying there (See below). I think having a client sign a waiver is unnecessary – as long as HR 1206 allows me confine my prescribing to licensed, reputable pharmacies.

**MY ACCEPTANCE OF BEING WILLING TO PRESCRIBE DOES NOT MEAN I SUPPORT HR 1406 – A TERRIBLE (AND THERE IS NO BETTER WORD –) STUPID BILL, WRITTEN BY SOMEONE WITH NO CONSULTATION WITH A MEDICAL PROFESSIONAL, WITH INDEFENSIBLE RIDICULOUS REGULATIONS.**

(A) “ whether or not requested by the pet owner, provide to the pet owner a copy of the veterinary prescription and a written disclosure that the pet owner may fill the prescription through the prescriber (if available), or through another pharmacy determined by the pet owner; “

I am personally most concerned about this law’s emphasis on “written” prescriptions. When I queried the RI Board of Pharmacy , several years ago, I was told being willing to prescribe a drug, does not require giving the client a written script. I would hope any bill passed would have language which allows - EITHER - electronically transmitted prescribing- which is preferred in human medicine, OR a written prescription.

Increasingly , I refuse to offer a written Rx -- because of the explosion of unlicensed internet pharmacies, to prevent illegal filling and refilling, saves me and the client time . Instead - For in-state human pharmacies. I know where the best price is for most medications –I keep updated Wal-mart and CVS 4 \$ lists, or have the client call for prices. Then I call the RX in. If the client is interested in ordering on the internet. I give clients a list of internet pharmacies licensed in the state (short list) and my fax number, when they order, if it’s a legal pharmacy I approve by fax.

I find this faster, easier for both the client & myself, errors are reduced. I do not have to make a copy of the RX to file, and I can confirm its being filled by a licensed pharmacy. In addition, I do not have paper floating around which has my RI license and my DEA number on it. I don’t have to order tamper-proof prescription forms \*\* (see below) to prevent prescriptions being copied and used fraudulently. This also prevents a prescription being filled –maybe innocently, but illegally--, by another animal hospital.

reiterating :

1. Having to write and provide a prescription, even if a client wants to get the drug from the veterinarian--this is blatantly ridiculous. The law as written, requires taking the time to write an RX, even if the client is going to get it at the veterinarian.

A. And then –what -- take the time to write it and then grab it back ?

B. If in the transition from giving and getting a drug, the Rx still goes with a client – it allows a client to “double-dip”. So they can get twice the amount of Valium or Tramadol.

C. Not giving a written prescription, prevents client from filling the RX from illegal, un reputable sources

D. Giving a written prescription, also provides a way for clients to get medication from other veterinarians in the area –most of which do not realize that unless they obtain a dispensing pharmacy license, it is illegal to fill a prescription .

D 1- letter of the law, should a DVM accept a Rx even from themselves?

D 2 If there are any veterinary facilities, even universities, which are state licensed dispensing pharmacies – they are rare. ( I believe North Dakota has proposed legislation to allow a veterinarian to fill another veterinarian’s RXs when asked by the first veterinarian). In most, if not all states, the letter of the law is a client cannot legally re- present that prescription to that veterinarian, much less another veterinarian. In addition, good and legal medical practice requires prescribing to licensed dispensing pharmacy.

Why would any client in their right mind , want to take a RX to a pharmacy and wait 30 minutes, or come back the next day, when I can call the pharmacy !

E. The bill ignores the explosion of unlicensed internet pharmacies which is why I often refuse to give written prescriptions to a clients <sup>\*\*\*</sup>(see end) , instead, I initiate the process electronically or by phone, or when I receive a fax request from a licensed dispensing pharmacy, I sign it .

F. *The bill ignores the increasing reliance in human medicine, on electronic transmission of prescriptions, which is more secure. Any law affecting veterinarians, should be similar to physicians, i.e., first differentiate between prescribing – which we should be required to do, and providing a physical, written prescription.*

I do agree with RIVMA and AVMA's concerns of the economic impact of the onerous client notification requirements, and the timing of, and emphasis on providing, written prescriptions.

---Client notification of the option of buying the medication elsewhere should come first and could be covered by requiring posted signage "You can request that medications be dispensed thru or by licensed pharmacies in lieu of purchasing here". Posted signs are good enough to inform about HIPPA in human hospitals, workplace safety, No Smoking and Emergency Exits, etc.

The bill's definition of "animal drug" is a drug to be used in an animal. Why not just say prescription drugs? That covers drugs only a licensed veterinarian can dispense or prescribe, as well as "human drugs" all of which (with DEA license for controlled drugs) a veterinarian can dispense or prescribe to their patients.

This wording proves the bill was written by someone with no knowledge of FDA regulations concerning "Veterinary Drugs" <sup>\*\*</sup> (see below) . (Exclusive of parasite control products,) I'd estimate 80+ (in pet birds 100) % of drugs used by small animal veterinarians are "human" drugs which have never been and will never be, "approved" for use in animals, Companies don't spend \$\$\$ and years getting approval for antibiotics which we've used in animals since penicillin was invented .

(B) May require payment of fees for an examination and evaluation before providing a veterinary prescription, but only if the prescriber requires immediate payment in the case of an examination that reveals no requirement for an animal drug.

The last part makes no sense ---Veterinarians can only charge for an examination that reveals the patient DOESN'T need an "animal "drug. Meaning-- we cannot charge for examination if they do need an "animal" drug -- i.e. a prescription drug? Veterinarians, as physicians, can legally only prescribe when there is a "current doctor / patient relationship " and the need is supported by physical, laboratory, radiographic, surgical evidence- which of course we should be able to charge for !

<sup>\*\*</sup> (The real underlying reason for most veterinarians for opposing this is loss of income. The profession thinks its more and more emulating human medicine – it is, of the 1950s. Mark-ups on medications and vaccinations –which were always more reasonable than in the human sphere -- helped to cushion or defray the costs of other services- it was almost internal system insurance.

-----In the 90's the increasing American mentality of entitlement to A+ product at Wal-Mart price – using low cost vaccination clinics, wanting to get medications on line, added to the “dammed be the cost - health care” ( “You mean I have to bankrupt myself to, not save, but extend my child's life 2 months with *extraordinary* care with 150,000\$ worth of medication ? ) \* started eroding the financial footing of the profession, and affordability of the lower classes as animal owners had to face paying the real costs of surgery and hospitalization.

I just read an article where woman's uncovered cancer treatments has left her 1,800\$ in debt. My mother died of breast cancer in 1962 after 4 years, 13 out of the last 14 months in the hospital (no hospices) . My father was the head of one of the 'atomic energy towns' probably a GS16 , making 14,000\$ a year , with what would be really good health insurance. All said and done he was 80,000 in debt – he didn't complain. He worked it off over the next 10-12 years.

-----Where as the human medical profession of the millennium is reassessing cost vs. benefit, (not fast enough or honest enough with the American people ) DVMs are now trained there is only one way, the right way, the most aggressive way, the “standard of care “ which generally is the most expensive way. That is now making the profession unaffordable to the shrinking middle class and will be what destroys the profession (not internet pharmacies).

Dr Patricia Burke (DVM)