

Dear FTC Pet Medication Workshop, Project No p12-1201

I am a mixed animal veterinarian, small business owner and the President of the Arizona Veterinary Medical Association. I speak with many veterinarians around the state and country and have not met one yet who thinks the concept of the "Fairness for Pet Owners Act" or HR 1406 is needed legislation. The clever name makes it hard to be against, however the new law may weigh heavy on veterinarians.

This single piece of legislation will change how veterinarians practice medicine more than any I have ever seen. Its passage will change the profession, how we as veterinarians practice, prescribe medication and may even harm pets. Traditionally, veterinary practices rely on the sales of medication to augment practice revenues and offset medical care expenses. I see that as veterinary practices lose revenue from their in-house pharmacy, the cost of medical care will be rising. The cost of running a small business and a veterinary education continue to rise, and the need for veterinarians to be more frugal continues.

The law may already exist in many states. In the State of Arizona, it is required by the veterinary state statute to offer the client an option of a written prescription. All practices post a notification and provide the client a written prescription when requested.

For me one of the major reasons for my objection to the law is the dispensing of human medication, by human pharmacist for my veterinary patients. The American Veterinary Medical Association code of ethics requires veterinarians to prescribe name brand, animal tested and FDA animal approved medications. Generics and compounded medications are considered "off-label use" and only acceptable if an animal approved drug is not available.

Veterinarians and patients enjoy the relationship that is built when they come to the practice. Having clients fill medication in our practices, gives us the opportunity to hear how our favorite pets are doing. I believe it is this ongoing surveillance and relationship that help foster long and healthy pet lives. It also gives us the chance to be sure that appropriate tests and regular examinations are done on appropriate time lines. I am afraid that once a prescription request leaves the practice that patient may only return years later to fill it again. This is not in the best interest of the medical care of the pet.

Human pharmacists are not trained in veterinary medications. There are many drugs in many dosages that greatly differ from human prescriptions. I do not believe the human medical profession understands the usage of "off-label" medications, as required by veterinarians in practice daily.

After speaking to a colleague of mine, who happens to be a veterinarian and a human pharmacist we discovered a few new problematic issues to my attention. First, human pharmacists are not usually going to understand s.i.d or b.i.d. as a sig, these are veterinary terms and were never widely used in human medicine. There has been a move in human medicine to require directions in English without abbreviations and Latin phrases. Also, a requirement by the pharmacy community is being considered to require the diagnosis on the prescription so as to clarify the use of the medication (especially to help with differentiating meds with similar names and spellings). This concept of placing diagnosis on the prescription seems problematic to pharmacist and veterinarians.

Secondly, electronic transmission of prescriptions (more than faxing) is becoming more mainstream in human medicine. This helps avoid the handwriting confusion that comes with handwritten prescriptions, and the goal of doctors is to implement it 100% in the future. Today, due to the huge array of veterinary practices in this county, most veterinarians are unable to submit electronic scripts.

I would like to thank you for your thoughtfulness in reviewing this legislation so thoroughly. Thanks again for considering everyone's opinion.

Respectfully submitted.

Kenneth C Skinner, DVM

Owner

