

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on February 7, 2008 in Room 136-N of the Capitol.

All members were present.

Senator Barnett, Senator Schmidt, Senator Gilstrap, Senator Brungardt, Senator Haley, Senator Palmer, Senator Journey, Senator Wagle, Senator Jordan

Committee staff present:

Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Sara Zafar, Kansas Legislative Research Department
Nobuko Folmsbee, Revisor of Statutes
Renae Jefferies, Revisor of Statutes
Jan Lunn, Committee Secretary

Conferees appearing before the committee:

Julie Hein, Kansas Pharmacy Coalition
Dan Morin, Kansas Medical Society
Debra Billingsley, Executive Secretary, Kansas State Board of Pharmacy
Verle Carlson, DVM
Jeff Breandau, Special Agent-in-Charge, Kansas Bureau of Investigation
Dana Ketterling
Gary Reser, Executive Vice President, Kansas Veterinary Medical Association

Others attending:

See attached list. There were approximately 32 individuals attending the meeting

Chairman Barnett opened the hearing on **SB 491 - Prescription Monitoring Program**. For clarification, PMP, when used in these minutes, refers to "Prescription Monitoring Program."

Larry Buening, Kansas State Board of Healing Arts, was not in attendance, however, his written testimony was submitted, and therefore, is considered to be part of these minutes and record. (Attachment 1)

Julie Hein, Kansas Pharmacy Coalition, was recognized by Chairman Barnett. Ms. Hein indicated that members of her professional associations support prescription monitoring all over country and are dedicated to success of monitoring programs. However, specific concerns with some of the language contained in the bill were discussed and amendments to the bill were suggested. Ms. Hein submitted detailed testimony related to proposed amendments; testimony is attached and incorporated into these minutes. (Attachment 2)

Dan Morin, representing the Kansas Medical Society, spoke regarding basic support of **SB 491**, noting similar legislation occurs in approximately thirty-five states, with an additional fourteen states in a legislative process. Mr. Morin indicated support of **SB 491**. Mr. Morin offered one amendment that clarifies the intent that administration of a controlled substance or drug of concern as part of treatment is not required to report. Mr. Morin's testimony is attached, and therefore, becomes part of this record. (Attachment 3)

Senator Barnett recognized Debra Billingsley, Executive Secretary from the Kansas Board of Pharmacy, who spoke as a proponent of **SB 491**. Ms. Billingsley indicated support for the amendments, and clarified other points brought up in earlier discussion. Ms. Billingsley's testimony is attached (Attachment 4) and is considered to be part of this record.

Verle Carlson, DVM, representing the Kansas Board of Veterinary Examiners and practicing food-animal veterinary for many years, addressed the committee. Dr. Carlson offered a balloon amendment that would establish a Veterinary Controlled Drug Monitoring Task Force to develop a plan relative to veterinary reporting and work with the PMP Advisory Committee to implement veterinarian reporting should it become necessary. Dr. Carlson's testimony is attached and incorporated into this record (Attachment 5).

Jeff Breandau, Kansas Bureau of Investigation, was recognized to testify on **SB 491**. Agent Breandau offered

CONTINUATION SHEET

MINUTES OF Senate Public Health and Welfare Committee at 1:30 P.M. on February 7, 2008 in Room 136-N of the Capitol

supportive testimony related SB 491, rescheduling of pseudoephedrine, and the inclusion of veterinarians in the prescription monitoring program. Agent Breandau's testimony is attached, and therefore, considered to be part of this record. (Attachment 6)

Dana Ketterling, private citizen and mother of a young person who became addicted to prescription drugs, provided a very poignant testimony regarding her experience. Her testimony included thoughts and insights from her incarcerated young adult. Ms. Ketterling's testimony is attached, and incorporated into this record. (Attachment 7)

Gary Reser, Executive Vice President of the Kansas Veterinary Medical Association, spoke encouraging veterinarian exemption and supporting the proposed balloon amendment previously discussed. Mr. Reser's testimony is attached (Attachment 8) and is incorporated into these minutes as a matter of record.

Questions were heard from Senators Journey, Palmer, Gilstrap, Brundgart and Haley regarding whether access to the PMP data by local, federal, or state law officer enforcement would be more difficult if the bill required a signature from a judge as opposed to a law enforcement supervisor, how the PMP would operate within a hospice environment, whether any conferee knew of veterinarian abuse of controlled substances, whether there was a comfort level from the veterinary constituents with proposed amendments, and whether the bill's sponsors could support veterinary exemptions.

Following thorough discussion, Senator Schmidt moved to include a balloon amendment to establish a methamphetamine precursor scheduling task force, seconded by Senator Journey. The motion passed. Senator Schmidt moved to accept the balloon amendment proposed by the Board of Veterinary Examiners. Senator Wagle seconded the motion. The motion passed.

Chairman Barnett adjourned the meeting at 2:30pm.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: February 7, 2008

NAME	REPRESENTING
<i>Mike Klein</i>	<i>KS Pharmacy Coalition</i>
<i>Deb Billingsley</i>	<i>KS Board of Pharmacy</i>
<i>Jeanne Gaudin</i>	<i>KFL</i>
<i>Bob Kraft</i>	<i>Self (Doc of the Day)</i>
<i>Carolyn Smith</i>	<i>VC HS</i>
<i>David Zischner</i>	<i>Ks. Optometric Assoc.</i>
<i>Dan Morin</i>	<i>KS Medical Society</i>
<i>CATHERINE CLARK</i>	<i>NURSING STUDENT</i>
<i>Susan Zalamski</i>	<i>g + g</i>
<i>Richard S. Santiago</i>	
<i>Kevin Robertson</i>	<i>KS Dental Assn</i>
<i>Darby Cochran Wilson</i>	<i>ESU - Newman Division of Nursing</i>
<i>Karen Seaman</i>	<i>ESU-NDN</i>
<i>Joni White</i>	<i>ESU-NDN</i>
<i>Megan Dreiling</i>	<i>ESU-NDN</i>
<i>Lorie Davison</i>	<i>ESU-NDN</i>
<i>Megan Brening</i>	<i>FHSU - BSN Student</i>
<i>Brett Bonds</i>	<i>KDA</i>

Tanner Adams
Jeff Brandau

Shering Plough
KBI

NAME

REPRESENTING

Dirk Han

Kansas Board of Veterinary Examiners

Wesley D. Carlson DVM

Kansas Board of Veterinary Examiners

Gary Reser

Kansas Veterinary Medical

Bob Williams

Assn. Ks. Assoc of Osteopathic Medicine

Michelle Peterson

Capitol Strategies

Nicholas Borden (interim)

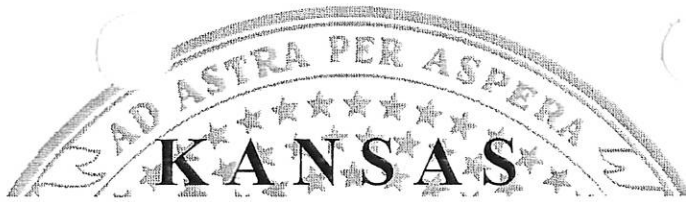
Sea Pyle

Bruce Witt

Preferred Health Systems

Paul Jelski

UHG




KATHLEEN SEBELIUS
GOVERNOR

STATE BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

MEMORANDUM

TO: Senate Public Health and Welfare Committee

FROM: Lawrence T. Buening, Jr. 
Executive Director

DATE: February 4, 2008

RE: Senate Bill No. 491

Thank you for the opportunity to appear before you on behalf of the State Board of Healing Arts in support of S.B. No. 491. The bill strikes a balance among a number of different interests by providing: (1) protection of patient privacy; (2) a diagnostic and treatment tool for physicians; and (3) access by state regulatory bodies to potential practice act violations.

Initially, the Board expresses its appreciation to the Controlled Substances Monitoring Task Force for its hard work and willingness to receive input from a diverse group of individuals and organizations that were not formal members of the Task Force. As a result, S.B. No. 491 will result in substantial protection to the health and safety of Kansans.

The case in Haysville that was discussed with you on January 22, 2008, is an extraordinary example of the benefits that can be derived from a prescription monitoring database. This case involves patients receiving prescriptions from a number of prescribers and from more than 40 pharmacies located in the vicinity of Haysville. Board investigators have been required to obtain, through subpoena, prescription information from pharmacies that maintain the data in a number of different formats. As a result, Board staff has been required to manually sort through the prescription records and then input the data into a readily accessible and searchable format. The prescription monitoring program database would eliminate this tedious process and allow investigators to obtain pharmacy data from multiple locations involving multiple patients and prescribers without the need to issue subpoenas and obtain the information from every pharmacy. Certainly an argument can be made that the existence of a controlled substances database may have prevented some of the deaths that occurred.

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BOARD MEMBERS: BETTY McBRIDE, Public Member, PRESIDENT, Columbus - VINTON K. ARNETT, D.C., VICE PRESIDENT, Hays - MICHAEL J. BEEZLEY, M.D., Lenexa
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MERLE J. "BOO" HODGES, M.D., Salina - SUE ICE, Public Member, Newton - M. MYRON LEINWETTER, D.O., Rossville - MARK A. McCUNE, M.D., Overland Park - CAROLINA M. SORIA, D.O., Wichita
ROGER D. WARREN, M.D., Hanover - NANCY J. WELSH, M.D., Topeka - RONALD N. WHITMER, D.O., Ellsworth

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Ronald R. Hein
Attorney-at-Law
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Testimony re: SB 491
Senate Public Health and Welfare Committee
Presented by Julie Hein
on behalf of
Kansas Pharmacy Coalition
February 4, 2008

Mr. Chairman, Members of the Committee:

My name is Julie Hein, and I am representing the Kansas Pharmacy Coalition (KPC). The Kansas Pharmacy Coalition is an ad hoc coalition comprised of the Kansas Pharmacists Association (KPhA) and the Kansas Association of Chain Drug Stores (KACDS).

On behalf of the Independent and Chain Pharmacist and Pharmacy members across the state, we thank you for considering our comments today.

Senate Bill 491 establishes a program to monitor controlled substances dispensed to Kansas residents. The Kansas Pharmacy Coalition is committed to curbing prescription drug diversion and abuse and we support implementation of prescription drug monitoring programs as a tool to accomplish this goal.

We have specific concerns with the bill language but will support SB 491 if our amendments are adopted.

1. Insert language into Section 3 (b) to ensure that “the board shall promulgate rules and regulations specifying the nationally recognized telecommunications format to be used for submission of information that each dispenser must submit to the board...”

Currently, the American Society for Automation in Pharmacy (ASAP) standard is the *only* industry standard for prescription monitoring programs. Of the over 30 states currently operating prescription monitoring programs, all use either the ASAP 95 or ASAP 2005 standards. Adding language to clarify that the Board shall use a “nationally recognized telecommunications format” for data submission will ensure that chain pharmacies operating in multiple states do not have to unnecessarily expend resources to purchase and undergo software and hardware changes in order to meet a new and unfamiliar standard. This change in language would not prevent the Board from adopting a different data submission standard should another nationally recognized standard be developed in the future.

Requested Amendments to S.B. 491

- 1. Insert language into Section 3 (b) to clarify that “the board shall promulgate rules and regulations specifying the nationally recognized telecommunications format to be used for submission of information that each dispenser must submit to the board...”**

Sec. 3. (b) Each dispenser shall submit to the board by electronic means information required by the board regarding each prescription dispensed for a substance included under subsection (a). The board shall promulgate rules and regulations specifying the **nationally recognized telecommunications format to be used for submission of** information that each dispenser shall submit to the board. Such information may include, but not be limited to:

- 2. Strike Section 3(b)(14), and renumber section (b) accordingly.**

Sec. 3 (b) (14) ~~the person who receives the prescription from the dispenser, if other than the patient, and~~

- 3. Strike the Section 9 in its entirety, and renumber the remaining sections accordingly.**

~~Sec. 9. For every prescription for a controlled substance dispensed in this state or dispensed to an address in this state, notice shall be provided to the patient that information regarding their prescription has been submitted to the prescription monitoring program and that the patient may obtain such information from the board upon request. The board shall promulgate rules and regulations specifying the form of such notice.~~



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To: Senate Committee on Public Health and Welfare

From: Dan Morin
Director of Government Affairs

Date: February 4, 2008

Subject: SB 491; An act concerning controlled substances; enacting the prescription monitoring program act

The Kansas Medical Society appreciates the opportunity to submit the following comments in support of SB 491 which would enact the prescription monitoring program for the State of Kansas. The time is probably right for such a system. Thirty-five states currently have prescription monitoring programs or have enacted legislation to initiate the process and 14 additional states, including Kansas, are in the process of proposing and/or considering legislation. In addition, the Kansas Medical Society House of Delegates in 2006 approved a resolution supporting the establishment of a statewide controlled substances prescription monitoring program.

Let me say at the outset, that like all Kansans, we believe that law enforcement goals of identifying and investigating illegal drug use and diversion is an important priority. We do believe inappropriate use of prescription drugs should be identified; however, we hope it will not impede access to clinically appropriate patient treatment or have a negative impact on a physician's ability to help patients manage their pain. One concern we do have is the potential to mistakenly identify high-frequency, high-volume use or prescribing of controlled substances as inappropriate leading to increased regulatory or law enforcement oversight activity. A well formulated program should primarily focus on providing a useful and valuable tool to physicians and other clinicians as they assess the appropriateness of prescribing and dispensing controlled substances, particularly for unfamiliar patients and also for monitoring the prescription histories of long-term patients.

It is important to note that health care providers, law enforcement officials, and regulatory boards should not be privy to any additional information than they are already able to receive. The only difference will be that an effective monitoring program should provide such clinically useful information in a ready accessible and user friendly way. The Kansas Medical Society would like to commend the efforts of the Controlled Substances Monitoring Task Force and its work in drafting the legislation now before you, especially the inclusion of important safeguards to protect patient confidentiality, appropriate access to controlled substance prescription information, and the timely destruction of unnecessary data.

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One of the strong points we see in the current bill has to do with the creation of an advisory committee which will be responsible for monitoring operation of the program subject to oversight of Kansas State Board of Pharmacy. It is vital that a committee made up of professionals participating in any monitoring program be made up of qualified individuals who are in the same, or similar, professions and have the appropriate education and training to review the effectiveness of the monitoring program and whether program goals are being met.

We do have one suggested amendment to SB 491. We respectfully urge the committee to add the following language to line 30, page 1 of the bill.

(2) **A medical care facility as defined in KSA 65-425(h)**, or practitioner or authorized person who administers such a substance.

The amendment is to clarify the intent that administration of a controlled substance as part of treatment should not be required to report.

Thank you for the opportunity to submit these comments.

KANSAS

KANSAS BOARD OF PHARMACY
DEBRA BILLINGSLEY, EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

Testimony concerning SB 491: Controlled Substance Monitoring Program
Senate Public Health and Welfare
Presented by Debra Billingsley
On behalf of
The Kansas State Board of Pharmacy
February 4, 2008

Mister Chairperson, Members of the Committee:

My name is Debra Billingsley, and I am the Executive Secretary for the Kansas State Board of Pharmacy. Our Board is created by statute and is comprised of six members, each of whom is appointed by the Governor. Of the six, five are licensed pharmacists and one is a member of the general public. They are charged with protecting the health, safety and welfare of the citizens of Kansas and to educate and promote an understanding of pharmacy practices in Kansas.

The Board of Pharmacy participated in the task force creating the system whereby anyone dispensing controlled substances in schedules II, III, and IV submit electronic information to a database maintained by the Board of Pharmacy. The Act would also permit the Board to add any other abused drug to the list should they deem it necessary. The Board would currently recommend making pseudoephedrine, ephedrine, and phenylpropanolamine (PPA) a Schedule III or IV drug so that it could be included in the reporting process.

The data base would be maintained by the Board of Pharmacy. The majority of information would be transmitted electronically although there is a system for waivers to reporters who do not have access to a computer. The Board would collect the reports and provide data to prescribers, individuals requesting their own information, designated representatives from other professional licensing or regulatory agencies; local state, and federal law enforcement or prosecutorial officials, the KS Health Policy Authority, persons authorized by grand jury subpoena or court order in a criminal action; personnel of the Prescription Drug Monitoring Program, and lastly, personnel of the Board for purposes of administration and enforcement of the uniform controlled substance act. The Board could also run reports with redacted personal information to be used for statistical purposes.

There is an educational component that would require all prescribers to be educated on their responsibilities regarding how this program will work. Prescribers will be educated to help them to identify at-risk patients, drug abusers, doctor-shoppers, or any other type of patient who may be involved in diversion or abuse of prescription drugs.

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The bill also creates an advisory committee made up of representatives from both healthcare and law enforcement that would be responsible for oversight of the program. The Board would then be responsible for reporting the program's effectiveness to the legislature. The Board would be responsible to collect and monitor any specific information to measure the program's effectiveness.

The Board of Pharmacy endorses this legislation as an effective means to combat prescription drug diversion. It will also help physicians identify patients who have addiction problems and need specific help in that area. The Board realizes that there are still a few challenges involved in creating this system but they support the bill and the intent behind it.

Thank you very much for permitting me to testify and I will be happy to yield to questions.

THE KANSAS BOARD OF VETERINARY EXAMINERS
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1003 LINCOLN STREET
WAMEGO, KANSAS 66547-0242
Phone: 785.456.8781
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**Testimony to the Kansas Senate Public Health and Welfare Committee
Hearing on SB491 - February 7, 2008**

Chairman Barnett and Members of the Committee,

Good afternoon.

My name is Verle Carlson. I serve as President of the Kansas Board of Veterinary Examiners. I am a veterinary practitioner in Lyons, Kansas working daily with food animal production medicine. I appreciate this opportunity to address you and request an amendment to SB491.

The Kansas Board of Veterinary Examiners' mission is to promote public health safety and welfare relative to veterinary services offered to Kansans. On behalf of our Board, I am pleased to testify to you today that we have reached an agreement with Senator Vicki Schmidt regarding an amendment to SB491 that furthers that mission.

The amendment we have agreed to shall exempt veterinarians from reporting requirements established in SB491 and shall establish a Veterinary Controlled Drug Monitoring Task Force. This Task Force shall be comprised of three members, consisting of one representative of the Prescription Monitoring Program Advisory Committee, one representative of the Kansas Board of Veterinary Examiners, and one representative of the Kansas Veterinary Medical Association. Appointments shall be made within 120 days of the effective date of this act. This Task Force shall convene its initial meeting within 180 days of the effective date of this act, and shall develop and implement a plan to determine the potential for promoting public health, safety and welfare by requiring veterinarians to report to the Kansas prescription monitoring program. This Task Force shall utilize resources afforded by such national organizations as the American Association of Veterinary State Boards and the American Veterinary Medical Association's State Legislative and Regulatory Affairs Committee. This task force will report its progress and findings to the Prescription Monitoring Program Advisory Committee no less frequently than once each year, and may report to the Kansas Senate Public Health and Welfare Committee and the House Health and Human Services Committee within five years of the effective date of the bill and upon any request for reporting made by either Committee.

Further, it is agreed that should the Veterinary Controlled Monitoring Task Force determine that the potential for promoting public health, safety and welfare does exist by requiring veterinarians to report to the prescription monitoring program, legislation shall be introduced removing the exemption of veterinarians from reporting. Should the foregoing occur, it is agreed the Veterinary Controlled Monitoring Task Force, working in consultation with the Prescription Monitoring Program Advisory Committee shall develop a plan for implementation of such reporting in a manner which captures the necessary database field information while preserving the ability to interface the Kansas PMP database with other state PMP databases.

We appreciate the efforts of Senator Schmidt in helping the Board develop this amendment which we agree is best for Kansas. We respectfully ask that you vote yes to amending SB491 as agreed to by Senator Schmidt and the Kansas Board of Veterinary Examiners, and to passing this bill favorably out of committee.

At this time, I am happy to stand for any questions you may have.

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Kansas Bureau of Investigation

Robert E. Blecha
Director

Stephen N. Six
Attorney General

TESTIMONY
BEFORE THE JOINT COMMITTEE ON HEALTH POLICY OVERSIGHT
JEFFERY BREANDAU, SPECIAL-AGENT-IN-CHARGE
KANSAS BUREAU OF INVESTIGATION
February 7, 2008

Senator Barnett and Members of the Committee:

I am Jeffery Brandau and I am a Special-Agent-in-Charge of the Topeka Region Special Operations Division of the Kansas Bureau of Investigation. I am here today representing the Kansas Bureau of Investigation and giving our strong support for SB 491.

Overdoses, deaths and injuries from illicit use of prescription medication continue to climb at an alarming rate. Actor Heath Ledger died just last week from an overdose of prescription medications that included valium and oxycontin. In fact more than 20 million Americans-almost 7 percent of the population- abused prescription drugs in 2007, based on the National Survey of Drug Use and Health.

This comes at a high cost to our State and our Citizens. Drug Diversion drains health insurers of up to 72.5 billion a year. "This loss includes the insurance schemes, plus the larger hidden costs of treating patients who develop serious medical problems from abusing the addictive narcotics they obtain" This costs our citizens through increased health care premiums and the State through lost productivity and Medicaid payments.

Prescription drugs are the second most commonly abused category of drugs¹ in our society. Marijuana is first and prescription drugs are followed by cocaine, methamphetamine and heroin. Only cocaine has a higher number of treatments in drug treatment facilities than prescription medications.

Obviously, our first priority is to protect our citizens. What makes this problem unique, though, is that we have to balance legitimate access to controlled substance prescription medication with prevention, education and enforcement against the abuse of these quality of life medications².

¹ National Institute on Drug Abuses (NIDA) research report Prescription Drugs: Abuses and Addiction

² Office of National Drug Control Policy, Synthetic Drug Control Strategy: A focus on Methamphetamine and Prescription Drug Abuse, May 2006

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One of the goals to curb this widespread problem of illicit prescription drug use should be to establish statutory safeguards and regulations that effectively stem this rising problem. These safeguards and regulations should limit the need for enforcement by the criminal justice system. The establishment of a PMP is the first step in establishing these safeguards, but more will need to be done in the future.

Senator Vicki Schmidt proposed that pseudo ephedrine be considered for rescheduling to a schedule III and would then be monitored via the PMP. The KBI strongly supports looking at this rescheduling. With the success Oregon has had with rescheduling pseudo ephedrine with a 98% drop in methamphetamine labs, Kansas would be dollars ahead. A cost versus benefit analysis will strongly support the rescheduling.

A second question that has been raised is the inclusion of Veterinarians into the PMP. I have attached several articles from Ark City Kansas where in 2007 a veterinarian clinic diverted controlled substances. The PMP only monitors controlled substances, **not** legend drugs. To say that diversion has not occurred with Veterinarians is not correct. The KBI would suggest inclusion of Veterinarians, to look at the data and after data is reviewed then determine the efficiency of continued inclusion. It is a privilege to dispense and have access to controlled substances, and to have that privilege, regulations need to be established and followed that protect our citizens.

I would be happy to answer any questions at this time.

Ark City Thursday, October 4, 2007

Winfield Vet loses license

By JOSHUA AMES
Staff Writer

The Kansas Board of Veterinary Examiners has suspended the license of Dr. Tamara J. Zimmerman who, until last month, practiced medicine at the TLC Veterinary Clinic, 19789 91st Road, Winfield.

An investigation was conducted by the board's investigator-compliance officer and the Drug Enforcement Agency in September when the board discovered that Zimmerman, using a valid registration from the U.S. Department of Justice and the DEA, had purchased significant amounts of different controlled substances, including but not limited to, morphine sulfate, along with tablet form and injectable hydromophone, according to Kansas open records obtained from the board of veterinary examiners by the Courier.

Dirk Hanson, of the board, said the investigation was straightforward, and state records show there were no difficulties in the investigation.

"The document speaks for itself," said Hanson.

According to the record, during an audit of Zimmerman's medication stock, investigators found that large quantities of the various controlled substances were missing and unaccounted for. During the investigation, Zimmerman was unable to account for the medications and their delivery to the TLC premises.

Moreover, two purchase orders for controlled substances were filled out in April and August of 2007 by Zimmerman's husband, Dr. Edward Zimmerman, and signed by Tamara Zimmerman. Edward Zimmerman runs a family practice in Arkansas City.

Co-workers and other licensed veterinarians reported to investigators that Tamara Zimmerman frequently displayed the behavioral characteristics and appearance of an individual under the influence of narcotic medication, the report states.

These included "chronic and prolonged absenteeism from work; negligent and incompetent work performance, where previously she was competent and efficient; mood swings; excessive sleep."

Cowley County Sheriff Bob Odell said the situation was sudden. "We were notified by the Kansas Board of Veterinary Examiners that they would, temporarily, be suspending the license of Mrs. Zimmerman and the premise registration," said Odell Wednesday afternoon.

Odell said there is no criminal investigation pending through his office at this time.

Attempts to contact Tamara Zimmerman for comment were unsuccessful.

A hearing will take place in the office of the Board of Veterinary Examiners in Wamego at 10 a.m. Oct. 31.

Currently the TLC clinic is still open, and is providing grooming services and pet food.

Local veterinarian closing her Winfield clinic

By Shane Farley

December 31, 2007 - 4:04:08 pm

Winfield veterinarian Tamara Zimmerman has announced the closing of TLC Veterinary Clinic south of Winfield. The decision was made public through an open letter Zimmerman wrote to the community and sent to various news media outlets Monday.

The state ordered an emergency closing of the clinic in September after an investigation revealed unaccounted for narcotic level painkillers. A colleague and employees who worked with Zimmerman told the state that the veterinarian appeared to be taking the painkillers.

The clinic will remain open for boarding and grooming through Jan. 7 but animals are not currently receiving medical treatment.

Zimmerman was eventually allowed to retain her license under a settlement reached with the Kansas State Board of Veterinary Examiners in October. Though she admitted no wrongdoing, Zimmerman did agree to hire a managing doctor for her clinic and submit to random drug testing.

She announced the clinic had reopened in November but said in her most recent letter that she felt the financial toll of being closed for 10 weeks.

Zimmerman hopes the clinic will sell and reopen under new ownership.

Below is the text of the letter provided to NewsCow. You can follow the links at the bottom of the page to read past stories related to the TLC clinic.

LETTER:

To Whom It May Concern:

Although this is the time of year that I typically send out a letter stating our accomplishments of the past year and the hopes and changes the clinic looks forward to in the coming year, unfortunately this letter is not such a letter.

I am sure that most of you have heard or read about the troubles that TLC has had the past several months. While there were some issues that needed addressed, as with most things, there are two sides to every story. However, I will not go into detail on the events that occurred at this time. If you have specific questions or concerns, please feel free to

contact me personally. As I have stated from the beginning, I have nothing to hide. Nor do I feel I have done anything for which I feel put any of your beloved pets in danger.

During the investigation, TLC was closed temporarily for approximately ten weeks. Being a small business and a relatively new business at that, ten weeks is a very long time to have no regular income coming in. Also, we had to let a majority of our employees go. As a result, we have had to struggle financially just to be able to stay open at all.

To make the situation worse, my husband, although completely innocent of any wrong doing (regardless of what was stated in the documents), was asked to leave Ark City Clinic. His last day is February 1, 2008. He is currently looking for another job, including jobs out of state.

Initially we had hoped to keep the clinic open until we could find a buyer or at least until the end of the school year. Unfortunately, financially, that will not be the case. I regret to inform you that although we will stay open for boarding and grooming temporarily, TLC Veterinary Clinic will close on or about January 7, 2008. This allows those of you who have made arrangements over the holidays to still board your pets without having to find another place to board them. Also, we will still honor the groom appointments through this date, as well. Although I still retain my license to practice veterinary medicine in the State of Kansas, we have decided due to the short time in which we need to sell our home, find new jobs, and prepare to move, I feel it best to focus on my family at this time.

I wish to thank those of you who have continued to believe in me and shown me support during an extremely difficult time. I still hope to find a veterinarian for TLC who will practice the type of quality medicine that I have strived to practice. I truly believe that God has other plans for me and my family. I also believe that TLC Veterinary Clinic will soon reopen under new ownership.

We will be able to send copies of your records to you if you so choose. Please contact the clinic at 221-9247 or 441-9613 as soon as possible. Please leave a message if you need to. When a new buyer is found, your records and reminders will remain available at the clinic under new ownership. Furthermore, any auction certificates obtained from KSOK will be honored.

Again, thank you to those of you who have stood by me in this most difficult time, and I am sorry for the inconvenience this has caused.

Sincerely,

Tamara J. Zimmerman, DVM

To: Senate Public Health and Welfare
Senator Barnett, Committee Chairman
Senator Vicki Schmidt, Vice Chair

From: Dana Ketterling

Re: Support for SB 491

Date: February 7, 2008

Chairman Barnett and Committee Members:

Thank you for the opportunity to appear before this committee as a strong proponent of SB491. I'm submitting my testimony as a mother who has a son with a serious prescription drug addiction and I've seen first-hand the urgent need for a prescription drug monitoring system in Kansas. I witnessed my son, fill with ease, addictive medications; doctor "shop" without difficulty; as well as experience the horrors of witnessing him overdose and nearly lose his life on multiple occasions. Until now, I've felt absolutely helpless to make a difference.

Pain and anti-anxiety medications are readily available in our schools. My son was first exposed in his senior year in high school and his addiction started with medications such as Xanax, Valium and Hydrocodone/Oxycontin. My son had never been in any kind of trouble until he began experimenting with prescription drugs, along with many of his friends. Not only do our kids experiment with these medications taking them by mouth, but, as their addiction progresses, they can even begin to inject these, such as Oxycontin; one of the most difficult medications to break free of once you become Opiate-dependent. My son asked for help long before ever entering the legal system, recognizing his need for treatment to save his own life. In the past two years, he has entered and completed treatment programs trying to break the chain of addiction. He also now suffers from severe depression, further complicating his recovery.

Through personal funds, insurance costs and reimbursements, the investment in his recovery from prescription drug addiction to date is already in excess of \$100,000. As you can see, one family's cost could begin to rival the state-wide annual operating cost for this safeguard. My son's life is at stake and my situation is not isolated. I've seen the devastation of addiction in literally a hundred families I've come in contact with. With no system in place, addiction will grow out of control for generations to come unless we do something now to stop it.

My son wanted to be here himself to give you his personal testimony, but, he is incarcerated at the age of 20 which began a little over a year ago with attempted prescription drug fraud, a misdemeanor charge. My son wants to use his own experience to demonstrate the need for a monitoring system and wanted to also give you his testimony, which I obtained last night during a visit with him at his detention center.

Following are his own words and he thanks you for the opportunity to hopefully make a difference. He will address what he has observed as "loop holes" during his journey. If he were here today he would present himself as a young man with incredible potential and you'd never suspect that he suffered from addiction. I now offer his thoughts and insights.

"The gaps between the privately owned and operated pharmacies need to be closed. They need to electronically link the pharmacies together so you can't go to three pharmacies in Kansas and then cross the state line into Missouri and hit two or three more the same day. If you do it all in one day, they have no clue what's hitting them. Pharmacies should also require I.D.'s, but, they don't. A mom I know was prescribed Oxycontin. All her daughter had to know was her birthday and she picked up the entire prescription. I've known parents who actually fill these types of prescriptions and give it to their kids, who have also become addicts."

"Another thing that needs to happen in my opinion, is for doctors to be more careful with their prescription pads, i.e., leaving them in the exam rooms where anyone can just tear some off, or even take the entire pad with them. They also have their DEA numbers printed right on them making it easy. I've known people who have done this. All you have to do is go to "Google," for example, to learn how to write prescriptions. One person can get a prescription pad and sell the individual sheets or copy them."

"There needs to be a system where you can also input a person's name to see if they have any prescription fraud or drug charges and are presently in the legal system; i.e., almost like a background check. They also need to be able to look at their history to see what prescriptions they are filling and when. If you are doctor shopping, then you can literally go from one doctor to get one prescription and then go to another doctor and get a different milligram or different dosage of the same prescribed medicine."

"They also need to be able to link hospitals and emergency rooms together for the same reason. You can literally go from ER to ER and granted you may have a legitimate reason to get the medication, but it is obvious you are addicted to it because you run out early, thus making it necessary to fill it again before you experience the horrible withdrawal (especially from Opiates). Kansas and Missouri need a cooperative effort in this area. They need a bond to say that they are going to both have the system in place (for obvious reasons)."

"I'm focusing a lot of this off of addicts, but there are such bad gaps in the present system that it makes it very easy to fall into addiction and then you are trapped. Anyone can become addicted to prescription medication without even trying to. It has literally ruined my life. I would have loved to tell you this in person, but I'm incarcerated because of my addiction to prescription drugs. I'm fortunate that a pharmacy system did catch me. However, without intervention, it could have cost me my life and I'm only 20 years old."

“My mom has literally spent tens of thousands of dollars on treatment for me, but, I wish the system wouldn’t have made it so easy to become an addict and stay in addiction. The system you are proposing would make a difference and I hope and pray that every state joins in so that kids like me don’t become victims of prescription drug abuse.”

“There also needs to be more community education and help. Parents and/or grandparents who get prescribed these addictive medications leave the unused pills in their medicine cabinets where children and grandchildren have easy access. There should also be consideration given to funding programs for Opiate pain medication dependence because people stay sick because they can’t afford to get well. Medication therapy, such as Suboxone is almost \$300 after insurance coverage. Medication therapy such as this makes Opiate withdrawal more tolerable and your success of breaking free of addiction with this kind of therapy is much more likely. People in the new system need to be able to be flagged if they’ve had a drug charge or prescription fraud charge, so that it can be accessed to help inform pharmacies and doctors. I hope I’m already flagged in the system for my own good.”

He goes on to say, “In my closing thoughts, if this issue is not taken seriously, it is your children and your grandchildren in the next generation who could pay the price, just like me.”

I hope that my son’s own words are valuable in vividly conveying the real life impact of this clear and present danger that exists in our state. Your thoughtful consideration of passing this Bill would mean so much to me as a mother, who loves her son, and who wants to help other people avoid this tragedy in their families.

I’m also providing you with the testimony of Debra Culala, Director of Cypress Recovery, which is attached for your consideration as well.

**To: Senate Public Health and Welfare
Senator Barnett, Committee Chairman
Senator Vicki Schmidt, Vice Chair**

**From: Debra Culala, Director
Cypress Recovery, Olathe, Kansas**

Re: Support for SB491

Date: February 7, 2008

“I am in support of the senate bill regarding monitoring of prescription medications. We, at Cypress Recovery, Inc. have evidenced the pain and devastation of those addicted to prescribed medications, in which these individuals “unknowingly” became addicted to medications that they believed would benefit their lives. As tolerance builds, the need to feed the addiction increases, causing “doctor hopping,” emergency room visits to different hospitals, pharmacy hopping, stealing prescription medications out of family and neighbors medicine cabinets, stealing prescription pads to forge their own scripts, and mixing of medications. The withdrawal from prescription medications causes many individuals to “give up” prior to completing the detoxification process stating, “I felt like I was going to crawl out of my skin, I wanted to die, I couldn’t take it” creating another roadblock in being able to manage prescription medication addiction effectively. Anything we can do as a community and State towards early intervention and recognition of a potential problem, the greater opportunity we have towards a Drug-free Kansas and allowing individuals “a chance for a lifetime...”.

Sincerely,

Debra Culala, Director of Cypress Recovery, Inc.

ACRPS, RAODAC, CADC, SRS/AAPS Regis. a/d counselor, KCGC

Testimony on S.B. 491
Senate Public Health and Welfare Committee
1:30 p.m. Monday, February 4

Sen. Barnett, Sen. Schmidt, and members of the Senate Public Health and Welfare Committee, thank you for the opportunity to be here today and testify on **S.B. 491**.

I am Gary Reser. I am executive vice president of the Kansas Veterinary Medical Association (KVMA), the organization advocating on behalf of the Kansas veterinary profession through legislative, regulatory, educational, communications, and public awareness programs.

The KVMA is not opposed to **S.B. 491** but respectfully asks that you exempt veterinarians from the bill's reporting requirements.

S.B. 491 would require veterinarians to report the dispensing of schedule II through IV drugs in approximately 15 data fields to the Kansas Board of Pharmacy.

There was considerable discussion at Controlled Substance Monitoring Task Force meetings in 2007 when S.B. 491 was developed about the desirability of eliminating "doc hopping" or "pharmacy hopping."

There has never been a known instance of "vet hopping" or "veterinary hopping" in Kansas. As one veterinary practitioner in Wichita commented, "In my 40 years as a veterinarian I have never known of a case of vet hopping to obtain controlled substances."

Drug dosages for animals are too low to impact humans. If veterinary patients are not receiving prescribed drug dosages, the veterinarian will know it when he or she examines the animal.

Veterinary controlled substance inventories, ledgers, and medical records are already thoroughly and comprehensively regulated by the DEA and the Kansas Board of Veterinary Examiners.

Veterinarians would be required to report to a whole new regulatory authority as outlined in **S.B. 491** and that would dramatically increase the cost of doing business to a profession that operates on a very thin profit margin already and is not really part of the problem.

These additional costs might possibly result in veterinarians forgoing, for instance, pain management treatments and thereby delaying beneficial medications or at the very least inconveniencing veterinary clients.

Ten different schedule II through IV drugs are used in veterinary food animal production medicine. The additional reporting, record keeping, staff time, soft ware and computer upgrades, etc., could very well escalate costs for Kansas agricultural producers.

Increased costs to one and two person veterinary practices all over Kansas is totally disproportionate to any benefit that would be derived from veterinary reporting to any regulatory

authorities outlined in **S.B. 491**.

Virginia generated 17.6 million records in its PMP data base from Nov. 1, 2006 to approximately the first of this year. That is for human medicine only as veterinarians are specifically exempted in Virginia.

Extrapolating those figures to the population in Kansas indicates that more than six million records would be generated in Kansas over the same period of time.

It seems that there will be enough data to be examined without burdening the Kansas veterinary profession with a whole new regulatory authority and its accompanying increased paper work, bookkeeping, and business costs.

Many other states that already have prescription monitoring programs have exempted veterinarians statutorily from its reporting requirements.

Other states have either not required veterinarians to report in regulations or have found enforcement unworkable because of the unique differences in veterinary reports as compared to those gathered for human health care professionals. Oklahoma is an example.

A number of the required reporting fields in **S.B. 491** refer to items such as patient's name, address, identification number, and date of birth. Many veterinarians do not have this information available. How does it apply to several thousand head of cattle in a Kansas feedlot?

The point is that the data does not provide for differences in human and animal patients. The data from veterinarians will not be compatible with the data from human health care professionals, nor will it be compatible with data from other states. The veterinary **-client-** patient relationship is not mentioned anywhere in **S.B. 491**.

Many rural areas of Kansas are already under served by veterinarians. The KVMA has worked with the Kansas State University College of Veterinary Medicine and the Kansas Legislature in addressing these crucial shortages.

It is difficult enough to get young veterinarians committed to a rural Kansas veterinary practice without imposing new, additional reporting requirements that could result in felony sanctions for non compliance.

For all these reasons and more, the KVMA asks that you exempt veterinarians from the reporting requirements of **S.B. 491**.

Respectfully submitted

Gary Reser
KVMA executive vice president

Reasons for Exempting Veterinarians from Reporting Requirements in the Prescription Monitoring Program

- **S.B. 302 (2007)** - establishing the Controlled Substance Task Force that drafted (S.B.) (H.B.) ----did not include veterinarians as practitioners or their regulatory agencies as reporting entities. The task force has exceeded the scope of S.B. 302.
- Problems resulting from "doc hopping" and "pharmacy hopping" are not known to occur in veterinary medicine. There are no known cases of "vet hopping" in Kansas.
- The prescription monitoring program would create a whole new reporting burden for veterinarians that would provide little or no benefit. Veterinarians already report controlled substances to the DEA and the Board of Veterinary Examiners. Law enforcement has access to these reports.
- Veterinary "patients" (animals) do not abuse drugs. Dosages of controlled substances are typically too low to affect humans. Veterinarians typically assess therapeutic response and will know if their patients are ultimately receiving the drugs.
- Animal welfare may ultimately be compromised if veterinarians forgo certain pain treatments because of the cost and burden of additional reporting requirements. Forgoing of such treatments could have an adverse effect on our agricultural economy.
- Thirteen of 35 states passing prescription monitoring programs (PMP) have excluded veterinarians. Many of the other 22 have excluded veterinarians or told them not to report.
- Virginia has 17.6 million records in its PMP data base since Nov. 1, 2007. While there are 2.7 million Kansans as compared to just over seven million Virginians, this projects to more than six million records for Kansas. How will Kansas handle such a response? What will be the cost? There will be a gigantic amount of data to be handled in Kansas without requiring veterinary reporting and the additional veterinary costs.
- Many Kansas veterinary practices are not automated for electronic transmission of data. Electronic transmission of data will cause an economic hardship. Manual reporting will also require additional time and employee expense.
- Acquiring computer hardware and software, technology upgrades, and additional manpower will drive up the cost of veterinary care. This will impact Kansas agricultural producers.
- Items to be reported to the Board of Pharmacy are written with regard to *human* patients, not *animal* patients. Not all of the items for human medicine are germane to veterinary medicine and *vice-versa*, further adding to the cost of the program.
- Veterinarians have become more aware of the need for pain management for their patients in recent years. It would be terribly unfortunate if onerous and unnecessary regulations discourage that practice.
- Necessary technological updates and increased staff time in veterinary practices due to S.B. 491 will result in additional costs being passed on the consumer.
- S.B. 491 will add to the cost of practicing veterinary medicine, inconvenience veterinary clients, and possibly cause some animals to go without beneficial medication.