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Board Member Info



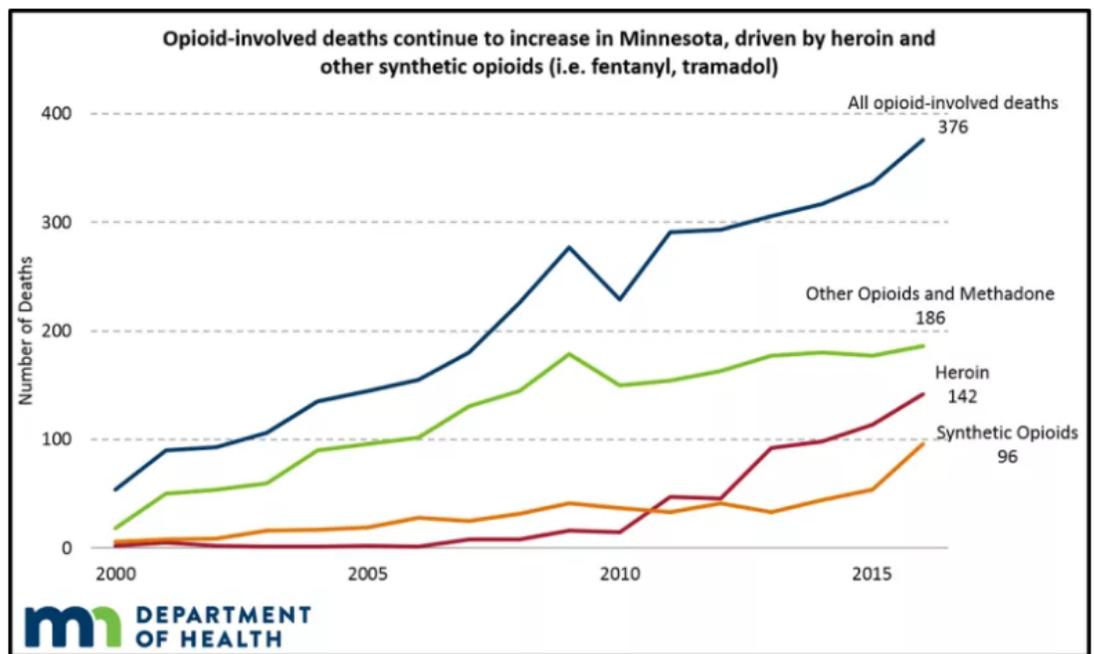
Tips: Who to Call?



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[Veterinary Practice Act](#)

Can the Risk of Client Opioid Shopping be Reduced?

Minnesota has more opioid-involved deaths than traffic deaths, and the opioid death numbers climbed even higher in 2017. Nationwide, one of ten babies is born with opioids in his or her system, leading to long term effects, termed neonatal abstinence syndrome. What can veterinarians do?



In Minnesota, veterinarians with a Drug Enforcement Administration registration can prescribe and dispense controlled substances. Many veterinary clinics stock medications that have abuse potential for opioid-dependent people. As health care providers for people are increasingly mandated to limit the amount of prescribed and dispensed opioids, more people are trying to fraudulently obtain controlled substances from veterinarians. Pain management medications such as tramadol and hydrocodone are most commonly sought.

Prescription monitoring programs (PMPs) in all 50 states provide a database that allows human health care providers with a DEA registration to look up all controlled substances that have been prescribed to a patient over the last 12 months. In some states, looking up the patient before prescribing is mandatory. The same database allows the prescriber to look up

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The mission of the Minnesota Board of Veterinary Medicine is to promote, preserve, and protect the health, safety and welfare of the public and animals through the effective control and regulation of the practice of veterinary medicine.



all prescriptions that were filled under their DEA registration number. How does the information get into the database? All pharmacies enter the patient and prescription details electronically into the database. The dispensing pharmacist must additionally look up the patient to check their number of prescriptions. Direct dispensing reports for human patients by a healthcare provider are also required.

As of January, 2018, an AVMA review found that 16 states and the District of Columbia have laws or regulations requiring veterinarians to report DVM-dispensed controlled substances to a prescription monitoring program. The amount of time between dispensing and reporting varies widely, from within 24 hours to at least every 6 months. Mandatory reporting to a PMP is likely in more states as the opioid crisis continues to escalate. Minnesota's PMP program is available to Minnesota-licensed veterinarians with DEA registrations, but restricted to look-up of the animal's prescribing history, not the owner's. This limits its usefulness to detect doctor shopping.

Veterinarians can implement a number of safeguards, some listed below, that may reduce the risk of the use of a pet to illicitly obtain controlled substances.

1. Call law enforcement if there are reasons to be suspicious.
2. Increase staff awareness of signs and ploys that a client may use. The patient may be an older dog with chronic pain such as arthritis. The history provided by the client may be questionable and change over the course of the visit. The client may be nervous or look ill with dark circles under their eyes. Previously prescribed tablets may be reported as lost, accidentally thrown out or left at the cabin. The client may insist on tramadol, claiming nonsteroidal anti-inflammatory drugs are ineffective. (The dose of tramadol for humans is significantly lower than in dogs.)
3. Require staff to check more client details. This can include review and record/copy of the client's driver's license before controlled substances are dispensed or prescribed. If using an electronic database for medical records, search for other pets under the same owner, and the same phone number. An addict using multiple aliases and/or multiple pets will often have the same phone number.
4. Promote a microchip for every patient, explaining that in addition to helping find a lost pet, a microchip helps veterinarians become part of the solution for the opioid epidemic. Insist that every patient prescribed or dispensed a controlled substance have a microchip, including horses. Keep the microchip number easily accessible in the medical record. Similarly, keep an easily located list of all patients that have received these medications or prescriptions at the time of discharge. The list could also track refills. Microchip numbers, rather than confidential medical record's patient-specific information, may help adjacent practices, and encourage a call to law enforcement.
5. Limit the quantity of prescribed and dispensed controlled substances, as well as refills. A patient reassessment can be required before further drugs are authorized.
6. Strengthen oversight of the clinic's controlled substance orders, inventory, and dispensing logs.

Regulatory Oversight of Rescue Organizations

Veterinarians have crucial roles in the health of animals that are accepted by a rescue or shelter organization. However, fulfillment of these roles can be very challenging. Are there any solutions?

In Minnesota, many rescue organizations are not directly regulated by the state, so there may be no quality control. Almost always well intentioned, a small subset of these organizations make poor choices that may harm the animals in their care or create zoonotic risks. At least four common issues for this subset may come to the attention of regulatory agencies. Many shelters may fall under the legal definition of “kennel”, which are regulated by the Board of Animal Health: [Minn. Statute 347.31](#): *“Kennel” means any place, building, tract of land, abode, or vehicle wherein or whereupon dogs or cats are kept, congregated, or confined, if the dogs or cats were obtained from municipalities, pounds, auctions, or by advertising for unwanted dogs or cats, or dogs or cats strayed, abandoned, or stolen. “Kennel” does not include a pound owned and operated by any political subdivision of the state or a person’s home where dogs or cats are kept as pets.*

A kennel requires an annual license and periodic inspection by the Board of Animal Health (Minn. Rule 1721.0520): <https://www.revisor.mn.gov/rules/?id=1721.0520>. A list of licensed kennels is not available for the public. A veterinarian may contact the Board of Animal Health to inquire as to whether or not a facility is licensed.



The first common health issue is too many animals for the size or budget of the facility. This can develop into hoarding and animal neglect, which meet the definition of cruelty. If the rescue has a relationship with a veterinarian and the veterinarian is aware of such a situation, client education is an important first step. If education and advice fail, the veterinarian is legally required to report the owner of the rescue to

either law enforcement or a humane officer ([MN Rule 9100.0700, subpart 1\(S\)](#); and [MN Statute 346.37](#), subdivision 6). Veterinarians may also become part of the investigation and be paid for their professional service. Prompt reporting and cooperation with law enforcement is essential, because animal neglect or abuse may accompany domestic abuse.

The second issue is unlicensed practice of veterinary medicine. The legal definition of veterinary medicine is broad but clear ([MN Statute 156.12, Subdivision 1](#)). Only a veterinarian, not a rescue owner or staff, may diagnose, treat, relieve, prevent disease or render advice or recommendations with regard to any of these actions. Further, the rescue may not use or dispense prescription medication that was not prescribed or recommended under the veterinarian’s “herd” protocol. The question of who legally owns an adopted animal needs clarification. Technically, the rescue owner may own the animal, and can “care for and administer” to their animal ([156.12 subdivision 2\(d\)](#)), which would include prescribed medications. This exception is extended to bona fide employees, allowing for administration of medications and care that does not fall under the direct supervision of the “herd” veterinarian. Adoption contracts that, for example, prohibit vaccinations for a cat, because the vaccines are “very likely to harm the cat”, can be construed as offering veterinary advice. If the adopter legally owns the animal, the rescue cannot provide medical treatment or medical advice.

A third issue that has arisen is importation of unhealthy animals. Interstate transportation of rescue or shelter animals without health certificates is illegal. For example, following a natural disaster, Minnesota rescues and shelters imported animals waiting for adoption from other shelters to make room for displaced pets. Not all had health certificates.

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Very contagious infectious diseases were identified in some of the animals brought to Minnesota. What is the veterinarian's role if the rescue owner refuses to inform people that are fostering an animal, of a medical illness? (MN Statute 35.06). <https://www.revisor.mn.gov/statutes/?id=35.06> In this situation, medical records are the physical property of the hospital or proprietor, and must be released, even without owner permission, if requested by law (MN Rule 9100.0800 Subpart 4(F)). <https://www.revisor.mn.gov/rules/?id=9100.0800>

Fourth, for rescues that work with a veterinarian, financial constraints may tempt a veterinarian to cut corners and fall below minimum standards of practice (MN Rule 9100.0800). If the Board receives a complaint, the investigation process is unchanged. Deficiencies identified in past investigations include failure to record recommended treatment that was declined, incomplete medical records, questionable dispensing of medications (expired, returned, or excessively large quantities), and inadequate, if any, pain medications for routine surgeries. The veterinarian may also face the ethical quandary of the needs of the animal when effective treatment is readily available but unaffordable, or when the organization has a "no kill" policy but the animal is clearly suffering. Veterinarians could lead efforts to establish readily available "angel" funds for those cases and meet their ethical obligations.

Veterinarians are ethically responsible for the use of their scientific knowledge and skills for the relief of animal suffering, and should be part of solutions to these issues.

Office of the Attorney General and the Board of Veterinary Medicine

The Office of the Attorney General provides legal counsel pertaining to Minnesota's statutes and rules to the Board of Veterinary Medicine and all other state government agencies. Assistant Attorneys General are assigned to different divisions within that office. A division may provide legal services to multiple agencies. In the Health Occupations Division, two attorneys share the assignment of representation for the Board of Veterinary Medicine, and for several other health-licensing boards. Assistant Attorneys General guide the Board's discussion of Statutes and Rules in multiple ways.

Three important examples of complicated laws for which their opinions were needed are [Chapter 13, Government Data Practices](#); [Chapter 214, Examining and Licensing Boards](#); and [Chapter 319B, Professional Firms](#). These three chapters apply to all of Minnesota's health-licensing boards, so questions that arise at one board may provide answers based on the same question that was already posed by another board.

The Board's Assistant Attorney General represents the complaint review committees, a subset of Board members, in many roles including: preparation and serving of complaint-related legal documents, communication with the attorney of the subject of the complaint, and guiding the board members in contested case hearings before an independent administrative law judge. For example, our Assistant Attorney General that also serves the Board of Nursing may help a complaint review committee be aware of effective options for disciplinary orders for a veterinarian with a chemical impairment. Should a more in-depth analysis of an issue be needed, or if an issue affects multiple health-licensing boards, the Health Occupations Division managing attorney will lead the analysis and discussion.



The Office of
MINNESOTA ATTORNEY GENERAL
LORI SWANSON

Inactive vs. Voluntary Retirement vs. Suspended for Non-Payment

During each renewal season, the Board often receives questions regarding the difference between **Inactive** status and **Voluntary Retirement**.

If you are not renewing and do not notify the Board, your license will be placed into the status of **Suspension for Non-Payment**.

The table below summarizes the distinctions:

Status Type	Cost to Renew	Window of time to re-activate	How to re-activate
Voluntary Retirement	Payment of the renewal fee in effect on the last preceding regular renewal date, plus all back fees, late fees, and reinstatement fee. Back fees include the regular license renewal fee and late fee for each biennial renewal period.	5 years. If re-activating after 5 years, you will need to re-apply completely, including all application fees, documentation, and criminal background check.	<ul style="list-style-type: none"> • Submit documentation of having met MN CE requirements per year retroactive to the date of license expiration • Submit license verifications from any states in which you'd been actively practicing since your MN license expiration
Inactive	Payment of a fee equal to the full difference between an inactive license if converting during the first year of the biennial license cycle or payment of a fee equal to one-half the difference between an inactive license if converting during the second year of the license cycle.	Unlimited	<ul style="list-style-type: none"> • Either submit documentation of having met MN CE requirements per year retroactive to the date of inactivation OR submit license verifications from any states in which you'd been actively practicing since your MN license expiration
Suspended for Non-Payment	Payment of the renewal fee in effect on the last preceding regular renewal date, plus all back fees, late fees, and reinstatement fee. Back fees include the regular license renewal fee and late fee for each biennial renewal period.	5 years. If re-activating after 5 years, you will need to re-apply completely, including all application fees, documentation, and criminal background check.	<ul style="list-style-type: none"> • Pay renewal fee, back fees and late fees • Either submit documentation of having met MN CE requirements per year retroactive to the date of inactivation OR submit license verifications from any states in which you'd been actively practicing since your MN license expiration

When your license is due to expire (i.e. every 2 years), and you do not wish to renew, please contact the Board to communicate which status you would like your license designated. You may do so via phone (651-201-2844), email (vet.med@state.mn.us), or the renewal form.

Board Member Contact Information

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Tips: Who Else to Call?

Board of Animal Health: reportable diseases, rabies certificates, MN health certificates, animal identification

Board of Chiropractic Examiners: human chiropractors working on animals

Board of Pharmacy: compounding, drug label requirements, pharmacy or pharmacist complaints, license verification

DEA: controlled substances, DEA registration

MVMA: veterinary technician credentials and CE

USDA/APHIS: federal accreditation, health certificate requirements

DNR: wildlife questions

FDA: Veterinary feed directives, AMDUCA

MN Pollution Control Agency: disposal of medications and other substances from a veterinary practice

Contact Information for Related Agencies

Minnesota Board of Animal Health:

625 Robert Street North, St. Paul, MN 55155

<http://mn.gov/bah/>

Phone: (651) 296-2942 Fax: (651) 296-7417

Drug Enforcement Agency:

100 Washington Avenue South, Suite 800 Minneapolis, MN 55401

www.deadiversion.usdoj.gov/index.html

DEA Regional Field Office at (612) 344-4136

National office toll free 1-800-882-9539

Minnesota Board of Pharmacy:

2829 University Avenue SE, Suite 530, Minneapolis, MN 55414

<http://www.pharmacy.state.mn.us/>

Phone: (651) 201-2825 Fax: (651) 210-2837

Minnesota Department of Health:

Joni Scheftel, DVM, MPH, DACVPM State Public Health Veterinarian, 625 Robert St. North St. Paul, MN 55155-2538 651-201-5107 joni.scheftel@state.mn.us

FDA Minneapolis State Liaison:

Ryan Benedict 612-758-7191 ryan.benedict@fda.gov

USDA APHIS Veterinary Services:

608-662-0600

vspswi@aphis.usda.gov

Minnesota DNR:

500 Lafayette Rd., St. Paul, MN 55155

<http://www.dnr.state.mn.us/index.html>

651-296-6157

info.dnr@state.mn.us

MN Pollution Control Agency:

520 Lafayette Rd., St. Paul, MN 55155

800-657-3684

<http://www.pca.state.mn.us>