

PA13-230

SB0918

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And if all the members have voted, the machine will be locked and the Clerk will take a tally.

Will the Clerk please announce the tally?

THE CLERK:

In concurrence with the Senate, Senate Bill 327

Total Number Voting 146

Necessary for Passage 74

Those voting Yea 146

Those voting Nay 0

Absent and not voting 4

SPEAKER SHARKEY:

The bill passes in concurrence with the Senate.

Will the Clerk please call Calendar Number 638?

THE CLERK:

On page 24, Calendar Number 638, favorable report of Joint Standing Committee on Public Health, Senate Bill 918, AN ACT CONCERNING THE DUTIES OF VETERINARIANS WHEN PRESCRIBING PRESCRIPTION MEDICATIONS.

SPEAKER SHARKEY:

Representative Gentile, you have the floor, madam.

REP. GENTILE (104th):

Good evening, Mr. Speaker.

Mr. Speaker, I move for acceptance of the Joint Committee's favorable report and passage of the bill.

SPEAKER SHARKEY:

The question is acceptance of the Joint Committee's favorable report and passage of the bill.

Will you remark, madam?

REP. GENTILE (104th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill basically allows the Connecticut Board of Veterinarian Medicine when determining if a veterinarian acted with negligence to simply consider the American Veterinary Medical Association's published standards of care and guidelines, including those for using, distributing, and prescribing prescription drugs.

With that, Mr. Speaker, the Clerk in possession of amendment LCO Number 7141. I ask that he call and I be granted leave to summarize.

SPEAKER SHARKEY:

Will the Clerk please call LCO 7141, which has been previously designated Senate Amendment "A"?

THE CLERK:

Senate Amendment "A", LCO 7141 introduced by
Senator Meyer, et al.

SPEAKER SHARKEY:

Gentlewoman seeks leave of the Chamber to summarize. Is there objection?

Seeing none, you may proceed with summarization, madam.

REP. GENTILE (104th):

Thank you, Mr. Speaker.

And with that, Senate "A" just adds -- inserts language which would require veterinarians to undertake certain review and counseling activities when dispensing medication.

And Mr. Speaker, with that, I would urge -- move for adoption.

SPEAKER SHARKEY:

The question before the Chamber is adoption of Senate Amendment "A".

Will you remark?

Representative Shaban of the 115th -- 135th.

Excuse me, sir.

REP. SHABAN (135th):

Thank you, Mr. Speaker.

I rise in support of the amendment. You know, when this came through the Environment Committee a lot of us were concerned that this might have actually

already be in law; however, with some conversation with some of the folks you see who's names are on the bill it -- I think it's probably a good idea to spell it out and I urge adoption.

SPEAKER SHARKEY:

Thank you, sir.

Do you care to remark further on Senate Amendment "A"?

If not, let me try your minds. All those in favor of Senate Amendment "A", please signify by saying, aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay.

The ayes have it. The amendment is adopted.

Would you care to remark further on the bill as amended? Would you care to remark further on the bill as amended?

If not, staff and guests to the Well of the House. Members take your seats; the machine will be open.

THE CLERK:

The House of Representatives is voting by roll.
The House of Representatives is voting by roll. Will
members please return to the Chamber immediately?

SPEAKER SHARKEY:

Have all the members voted? Have all the members
voted?

Members please check the board and make sure your
vote is properly cast.

If all the members have voted the machine will be
locked, the Clerk will take a tally.

Clerk, please announce the tally.

THE CLERK:

In concurrence with the Senate, Senate Bill 918
as amended by Senate "A".

Total Number Voting	145
Necessary for Passage	73
Those voting Yea	145
Those voting Nay	0
Absent and not voting	5

SPEAKER SHARKEY:

The bill as amended passes in concurrence with
the Senate.

Will the Clerk -- will the Clerk please call
Emergency Certified Bill Number 6705?

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Thank you? Will you remark further? Will you remark further? If not, let me try your minds on Senate "A". All those in favor please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? Senate "A" is adopted. Senator Meyer.

SENATOR MEYER:

Just in -- in brief response to Senator McKinney's remarks, Madam President, through you, I think that next year we will be able to do the oyster program that he is referring to. I think that we've had some communication issues that are being resolved, and I just want to be optimistic with respect to the fact that the Environment Committee will be able to do that next year. So if there's no objection or further comment, may I ask this go on the Consent Calendar.

THE CHAIR:

Are there any objections? Senator Kane -- no, okay. Then seeing no objections, so ordered. It will be placed on the Consent Calendar. Thank you. Will you -- Mr. Clerk.

THE CLERK:

On Calendar page 36, Calendar Number 21, Senate 121, Senate Bill Number 918. AN ACT CONCERNING THE DUTIES OF VETERINARIANS WHEN PRESCRIBING PRESCRIPTION MEDICATIONS --

THE CHAIR:

Excuse me, sir. I'm sorry. Which one was that again? 21. Thank you. Okay. Please -- please proceed.

THE CLERK:

AN ACT CONCERNING THE DUTIES OF VETERINARIANS WHEN PRESCRIBING PRESCRIPTION MEDICATIONS, Favorable Report of

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the Committee on the Environment.

THE CHAIR:

Senator Meyer.

SENATOR MEYER:

Thanks, Madam President.

THE CHAIR:

Everybody triple header.

SENATOR MEYER:

We're doing this pretty well.

THE CHAIR:

Yeah.

SENATOR MEYER:

I move acceptance of the committee's Joint and Favorable Report and move passage of this bill.

THE CHAIR:

Motion is on acceptance and passage. Will you remark, sir?

SENATOR MEYER:

Yes, Madam President, there is a strike-all amendment. It's LCO 7141 and may the Clerk please call it.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 7141 Senate Amendment "A" offered by Senators Meyer and Chapin.

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Senator Meyer.

SENATOR MEYER:

I move the amendment.

THE CHAIR:

Motion is on adoption. Will you remark, sir?

SENATOR MEYER:

Yes. Colleagues, this was a much different bill at one point and through the initiative of Senator Chapin, it was narrowed with respect to its scope, and I would like to yield to Senator Chapin to -- to describe this narrowed amendment, if I might.

THE CHAIR:

Senator Chapin, will you accept the yield, sir?

SENATOR CHAPIN:

I do, Madam President, thank you. Madam President, this isn't an issue that's new to this Chamber. A similar bill actually brought forward by the same constituent several years ago that approached me this year. The issue arose when their dog was treated by a local vet, and they felt that the veterinarian didn't provide proper care and advice. My predecessor, Senator Roraback was successful in passing legislation or -- legislation in this Chamber, at least, but it wasn't taken up in the House several years ago. So the issue persisted, let's say.

In this particular case, the language that the Environment Committee had the hearing on was really the -- I believe it was verbatim the same language that passed out of this Chamber. But it -- I would like to personally thank Senator Meyer for providing some forewarning that it faced some challenges in getting through both Chambers again this year as it did several years ago. The veterinarians were in opposition to the bill when it did go to the hearing. I did rewrite this in a way that I think accommodated the concerns that were raised during the public hearing. I did speak to the person who represents

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the veterinarians in this building and was assured that this felt that it was a much better product.

In essence what it does is it helps clarify what negligence means in the statutes where a person can bring an action against a veterinarian. As you may know, the process is such that if you do have a complaint, you file a complaint with the Department of Public Health. It's investigated by an investigator there. And if they believe there's probable cause as it relates to one of the twelve items in this statute. It goes before the examining board, a board of five, including three veterinarians on that board.

In this particular case, in my constituents case, it did not rise to the level of probable cause, and their concern was that there was really no way for them to know exactly what it was they were supposed to be trying to file, how that complaint should look. And I think it becomes very clear through this new language that, at least in their particular case, where the issue involved an alleged prescribing of medication without -- perhaps without properly informing the owner as to contraindications and side effects and things of that nature, that this makes it a little clearer that negligence could mean some breach of the standards that the American Veterinary Medical Association adheres to.

Again, I looked actually to the veterinarian's testimony during the public hearing where they admit, and rightfully so, that they followed these standards. So perhaps some people might think this is a little redundant, but I think -- I view it as a clarification to the existing statute, and it should make it easier for all of our constituents who unfortunately may find themselves in a similar situation. Again I think it's an excellent compromise, and I would encourage my colleagues to support it. Thank you, Madam President.

THE CHAIR:

Thank you, will you remark? Senator Frantz.

SENATOR FRANTZ:

Thank you Madam President. And good afternoon to you. I have a question of Senator Chapin through you, Madam

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President.

THE CHAIR:

Please proceed, sir.

SENATOR FRANTZ:

Thank you. Senator Chapin, I think I heard you say before that -- that the actual language and the structure of this particular amendment was what was presented during the public hearing, is that correct, through you, Madam President?

THE CHAIR:

Senator Chapin.

SENATOR CHAPIN:

Thank you, Madam President. Through you, no, the underlying bill was what was presented at the public hearing.

SENATOR FRANTZ:

Okay.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Okay, thank you, Madam President. What I'd like to do then is because I always get a little bit nervous when there's a strike-all amendment, I want to make sure that substantially all of the underlying tenets and important points of a bill have met the test of the legislative process around here where there has been adequate public hearings related to those specific concepts. And through you, Madam President, Senator Chapin, are you satisfied that that is the case here?

THE CHAIR:

Senator Chapin.

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SENATOR CHAPIN:

Thank you, Madam President, and again through you, I am satisfied. The underlying bill really put standards of care right in statute. That is something, I think, that this body generally tries to avoid. I think the way it's been rewritten in the strike-all amendment references kind of the outer limits of prescribing medications and what would be -- can -- what could possibly be considered negligence in not informing the pet owner of things such as contraindications or side effects. Through you, Madam President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you, and thank you for those answers through you, Madam President. It looks like a terrific amendment and a terrific underlying bill. Just one thing, Madam President, that comes to -- to my attention here is in the Amendment line 9, "failure to keep veterinary premises and equipment in a clean and sanitary condition." Number 10, "physical and mental illness, emotional disorder, loss of motor skill, and on abuse of drugs and chemicals and failure to comply with continuing education requirements," just seems like it's fairly -- fairly harsh, and I want to make sure that once again, through you, Madam President, that Senator Chapin and Senator Meyer, for that matter, feel that all of these, what would strike me on a very good bill as being pretty, pretty harsh conditions to perhaps lose a license to practice in the veterinarian field, veterinary field, that you're satisfied that through the public hearing process they have seen these conditions.

THE CHAIR:

Senator Chapin.

SENATOR CHAPIN:

Thank you, Madam President, and again through you, those 11 conditions are already in statute, as is the 12th that

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we're amending here. We're just clarifying number 2. But the other ones that you referenced are in existing statute, and we did not hear testimony from anyone that found them to be inadequate. Through you, Madam President.

THE CHAIR:

Senator Frantz.

SENATOR FRANTZ:

Thank you, Madam President. Sometimes it gets a little confusing, because you got the black and you got the blue text, and you don't know how many iterations it's been since the existing language became something -- or new language became the existing language. So I needed that clarification. Through you and thank you Senator Chapin. This seems like a good amendment and I'll be in favor of it. Thank you, Madam President.

THE CHAIR:

Thank you. Will you remark? Senator McKinney?

SENATOR MCKINNEY:

Thank you, Madam President, if I could, through you a few questions.

THE CHAIR:

Please proceed, sir.

SENATOR MCKINNEY:

On the amendment to Senator Chapin. Thank you, Madam President. Senator Chapin, through you, as I read the language in determining a claim of negligence, this language doesn't require that they look at the American Veterinary Medical Association, it just says that they may look at that. Is that a correct reading, through you, Madam President?

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Senator Chapin.

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SENATOR CHAPIN:

Thank you, Madam President, through you, that is correct.
Thank you, Madam President.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Madam President. And I have a friend who is a large animal doctor, and it's my understanding, just to confirm for the record, that veterinarians do already take an oath and adhere to principles of a veterinary medical ethics, which I believe is prescribed by the American Veterinary Medical Association, is that correct, through you, Madam President?

THE CHAIR:

Senator Chapin.

SENATOR CHAPIN:

Thank you, Madam President. Through you, I believe that the testimony provided by the CVMA during this hearing did indicate both of those things are true. That they prescribed to these ethics as well as these guidelines.

SENATOR MCKINNEY:

Thank you.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you, and I want to thank Senator Chapin, having not been as intimately familiar with this bill when he and Senator Roraback worked on it, perhaps last year. But knowing a number of vets in my area, I think that this is -- and knowing that they opposed the underlying bill, I certainly read this as an amendment that would be one

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that they would accept. They obviously take their jobs and their oaths very seriously. They do follow an American Veterinary Medical Association guidelines, and this simply puts in the language that that is something that should be looked at with respect to negligence in the individual instances that Senator Chapin talked about. And so therefore I rise in support of the amendment.

THE CHAIR:

Thank you, sir. Will you remark further? Will you remark further? If not, I'll try your minds on Senate "A". All those in favor please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed. Senate "A" is adopted. Senator Meyer?

SENATOR MEYER:

Madam President, if there's no further comment, may I request this go on the Consent Calendar?

THE CHAIR:

Seeing no objections, so ordered. sir. Mr. Clerk.

THE CLERK:

On Calendar page 37, Calendar Number 138, substitute for Senate Bill Number 886, AN ACT CONCERNING AGING IN PLACE as amended by Senate Amendment Schedule "A", Favorable Report of the Committee on Aging.

THE CHAIR:

Senator Ayala. Good afternoon, sir.

SENATOR AYALA:

Good afternoon, Madam President. Madam President, I move acceptance of the Joint Committee's Joint Favorable Report and urge passage of the bill.

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Mr. Clerk.

THE CLERK:

On page 3, Calendar 202, Senate Bill 979. Calendar 215, Senate Bill 912. On page 15, Calendar 466, House Bill 5602. Page 35, Calendar 106, Senate Bill 916. Page 36, Calendar 120, Senate Bill 803 And Calendar 121, Senate Bill 918. On page 37, Calendar 132, Senate Bill Number 79, and Calendar 138, Senate Bill 886. On page 38, Calendar 196, Senate Bill Number 961. On page 39, Calendar 233, Senate Bill 995. On page 42, Calendar 301, Senate Bill 1015. Page 44, Calendar 385, Senate Bill 1070. Page 47, Calendar 504, House Bill 5345. And on page 48, Calendar 367, Senate Bill 804.

THE CHAIR:

I apologize. At this time, Mr. Clerk, seeing no objection, will you call for a roll call vote and the machine will be open.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber.

THE CHAIR:

Have all members voted? All members have voted? The machine will be closed. Mr. Clerk, will you call a tally please?

THE CLERK:

On today's Consent Calendar,

Total number voting	36
Those voting Yea	36
Those voting Nay	0
Absent and not voting	0

THE CHAIR:

The Consent Calendar passes. Senator Looney, you have

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SENATOR MEYER: Okay, thank you, commissioners. We can't -- the Committee can't let you go, though, without thanking you for the very conscientious and competent services of your legislative liaison, Rob LaFrance. We appreciate all he does for us.

COMMISSIONER DANIEL C. ESTY: Thank you. We accept with gratitude that comment and his service.

SENATOR MEYER: Okay. We have consumed more than the first hour, so, we're going to be jumping back and forth between the public officials and members of the public and lobbyists.

Our next witness is going to be Dennis Steiger, and he's going to be followed by Michelle Noehren. Dennis Steiger, are you here?

DENNIS STEIGER: Yes.

SENATOR MEYER: Yes, good morning.

DENNIS STEIGER: Good morning. I'd like to thank you for the opportunity to testify in support of Raised Bill Number 918. I feel it is critical that veterinarians provide the same standard of care to our pets as doctors and pharmacists provide humans when prescribing and dispensing medication. Current Connecticut statutes governing the veterinary practice do not provide this protection. My wife and I had the unfortunate experience of losing our golden retriever Sidney. Shortly afterwards, it came to our attention that the Rimadyl prescribed was a likely contributor. We learned that Rimadyl has the potential for serious adverse reactions. Dog owners should be warned to watch for symptoms and that the dog should be carefully monitored. None of this was done.

We filed a petition with the Connecticut

Department of Public Health regarding our concerns and we received a response that the vet did not violate any statutes governing veterinary practice. We made a second request, clarifying our concern specifically regarding the standard of care, and received the same response. This indicated that there was a serious gap in Connecticut statutes that needs to be corrected.

The issue was first raised in 2008 as Senate Bill 580 by Senator Roraback. On March 12, 2008, I testified before the Public Health Committee and submitted signed petitions from other dog owners, including one veterinarian in support. Senate Bill 580 passed the Committee, it passed the Senate, but it didn't make it through the House Calendar due to timing as far as I know. The following year it was raised again as Senate Bill 6396, but did not get out of Committee.

The Connecticut Veterinary Medical Association testified against it. The basis of their argument was that guidelines already cover the objectives of the bill, including consequences, and passing the bill would just be redundant. The bill was rejected. I do not believe this to be correct since on at least two occasions I was told by the Connecticut Department of Public Health that the petition we filed could not be acted on since there are not any statutes governing the standard of care required of veterinarians.

Additionally, when I testified in 2008 before the Public Health Committee, they questioned me quite a bit about the existence of the standard of care for veterinarians. When I told them that I was -- Department of Public Health did not know of any, I was told that they would check. Since the bill passed through the

Committee, I believe they also found none to exist. I urge you to pass this bill. The CBMA did not oppose the concept, only arguing that it was not necessary. Obviously, if the requirements do exist, they must be somewhat gray. Passing this bill will only serve to clarify or create the needed requirements.

Additionally, I believe that veterinarians should be held to a somewhat higher standard since they serve a dual role of a doctor and a pharmacist. A veterinarian diagnoses, prescribes, and sells the medication to the pet owner. They are not required to provide any warnings or information. I have been given the explanation that since veterinarians purchase the medication in bulk, it is not practical to give warning sheets to each patient. I cannot accept this. With the technology of copiers, computers that exist in all offices today, and that many drug manufacturers will provide tear-off pads, I don't feel there is any excuse not to provide this information. Pharmacies for humans also purchase in bulk and do not seem to have a problem providing information with each prescription even when you get a refill.

Additionally, this bill is revenue neutral and I don't feel it should be a concern to pass even in this difficult year. Thank you for your time and consideration.

SENATOR MEYER: Thank you, sir.

Any questions by the Committee? Yes, Senator Chapin.

SENATOR CHAPIN: Thank you, Mr. Chairman.

So, first let me begin by thanking you for your persistence. It does take a number of years sometimes in this building to move policy along,

but it sounds like your experience has been that this is something you hope to see enacted. The vets are saying, we already do it so there's no reason to put it in statute. But the Department of Public Health kind of disagrees with that and says there really is no standard of care outlined anywhere. Is that an accurate assessment?

DENNIS STEIGER: It's very accurate, yes.

SENATOR CHAPIN: Thank you very much. And again, I appreciate you taking the time to come up today.

SENATOR MEYER: Thank you, Senator. Any further questions?

Thank you, sir.

DENNIS STEIGER: Thank you.

SENATOR MEYER: Our next witness is Michelle Noehren, the Permanent Commission on the Status of Women. Hi, Michelle.

MICHELLE NOEHREN: As Senator Meyer just indicated, my name is Michelle Noehren from the Permanent Commission on the Status of Women. We are here today in support of Senate Bill 16, An Act Requiring the Labeling of Food and Drink Products That are Packaged in Materials That Contain BPA.

PCSW supports this new labeling requirement as a measure to protect the health of women who are particularly sensitive to BPA exposure. According to a national institute for environmental health sciences study, people are exposed to BPA when it leaches out of the coatings of canned foods and from plastic products with the highest estimated daily intakes of BPA occurring in infants and

SENATOR MEYER: You should know that there are, there are people including the witness here that I spoke to this morning who believe that Bisphenol-A is not toxic at all. And, therefore, we can have some questions of fact here and we need to be factual and scientific in our conclusions.

MICHELLE NOEHREN: Absolutely. I would be happy to get you that.

SENATOR MEYER: That would be great.

Any questions by members of the Committee?

Thanks.

MICHELLE NOEHREN: Thank you.

SENATOR MEYER: Okay. Our next from the public is Dr. Chris -- Chris, you're going to have to help me with your last name. I can't read it here.

CHRIS GARGOMELLI: Gargomelli.

SENATOR MEYER: Gargomelli. Dr. Gargomelli will be followed by Representative Elissa Wright who I don't see here.

Good morning, Doctor.

CHRIS GARGOMELLI: Good morning. Senator Meyer, Senator Chapin, Representative Shaban, thank you for the opportunity to speak this morning.

My name is Dr. Chris Gargomelli and I represent the Connecticut Veterinary Medical Association which includes the majority of Connecticut licensed veterinarians. We oppose Senate Bill 918, An Act Concerning the Duties of Veterinarians When Practicing Prescription -- Prescribing Prescription Medication. This

proposal is redundant. It will not improve the communication between veterinary client and veterinarian. The Department of Public Health licenses veterinarians specifically to ensure that they are competent and that they have the requisite professional judgment.

Existing Connecticut laws governing the practice of veterinary medicine provides a standard for the professional conduct of veterinarians which includes implied guidance for and consequences of inadequate veterinary-client communication. The Connecticut Department of Public Health, through its Board of Veterinary Medicine and its investigatory and disciplinary processes, already provides for a method with which the public may make complaints about the quality of veterinary care and with which errant veterinarians may be required to remediate or receive discipline.

Connecticut General Statute 20-202 requires that veterinarians maintain themselves professionally competent and skillful. In recent years, a requirement for regular continuing education was added, initiated by the Connecticut Veterinary Medical Association itself. We recognize and acknowledge that our members must maintain and enhance their skills throughout their careers for the benefit of the public and our animal patients. We are not a profession seeking to minimize our responsibilities to our patients or misinform our clients, quite the contrary.

The Department of Public Health's oversight process already takes into account all form of veterinary treatment, including medication recommendations, and puts the onus of defending one's professional conduct and clinical judgment squarely on the licensed veterinarian. The responsibility to perform at an appropriate standard of care remains as a check on any

casual or careless professional behavior and serves to reinforce the ordinary exercise of conscience in the licensee. This includes prescribing or recommending medications.

Inherent in each of these aspects of oversight is that clear and open communication with our clients, the consumer of veterinary services, is essential. Thus, Senate Bill 918, while seemingly well intentioned, is redundant and unlikely to improve client-veterinarian communication. The consequences and penalties for the licensee exist, and are effective whenever imposed. We urge you to reject Senate Bill 918. Thank you.

And in response to the previous testimony in question, as a veterinarian, you know, in my dealings with the Department of Public Health and seeing other colleagues, they do regulate all aspects of veterinary medicine. You know, we rely on the Board of Veterinary Medicine, which is composed of both veterinarians and lay people to make proper decisions in terms of standard of care. Thank you.

SENATOR MEYER: Thank you, Doctor. Any questions, members of the Committee? Senator Chapin.

SENATOR CHAPIN: Thank you, Mr. Chairman. So, under existing practice or law, are you required to advise the owner of an animal about contraindications or interactions between -- from one drug to another?

CHRIS GARGOMELLI: We are required to maintain the standard of care in part of -- actually, a key component of the standard of care is adequately discussing all risks and benefits of all treatments, including medications with the owner.

SENATOR CHAPIN: I think the testimony we heard earlier indicated that the Department of Public Health really, in looking for a standard of care, couldn't really identify this. Is this something that's general practice or is there something in law or regulations that defines what a standard of care is?

CHRIS GARGOMELLI: So, and that's a very interesting question in that the standard of care is the judgment of what a reasonable professional veterinarian would do. And that's what the Board of Veterinary Medicine is there for. They're there to decide, you know, what is reasonable standard practice. So, this legislation tries to pick a particular aspect of that, focus on one particular aspect and say, we're going to legislate this particular aspect, which is, you know, in our opinion, you know, redundant because, you know, the Department of Public Health's Board of Veterinary Medicine is already supposed to do that.

And then I think the particular case that always comes up with this legislation, you know, they're trying to legislate past the Board of Veterinary Medicine's discretionary power. Thank you.

SENATOR CHAPIN: And can you tell me the makeup of the examining board? Is it all veterinarians? Is it represented by consumers as well?

CHRIS GARGOMELLI: It is a combination of veterinarians and lay people.

SENATOR CHAPIN: Thank you.

Thank you, Mr. Chairman.

SENATOR MEYER: Representative Shaban.

REP. SHABAN: Thank you, Mr. Chairman. Thank you, sir, for your testimony.

I was trying to find the statutory section you cited and then you said 20-202. I did -- I found it.

CHRIS GARGOMELLI: Yeah, (inaudible).

REP. SHABAN: Following up on what the Senator was just asking you, I mean, the standard of care, to your knowledge, is there inability of a wrong pet owner or is it sue, I guess, a vet for doing something wrong, bad drugs, bad medicine, bad advice?

CHRIS GARGOMELLI: Oh, yes.

REP. SHABAN: I mean, does that happen?

CHRIS GARGOMELLI: Yes, that's just like medical doctors, veterinarians maintain liability insurance just for that reason. It's an expense we incur every year. It actually has two components. It has a component that, you know, they would pay the damages should we get sued. And it also pays for our defense in court and with the licensing board. So, there -- it is a very -- part of our daily reality to deal with, you know, making sure we practice conscientiously and follow what we feel is the standard of care.

REP. SHABAN: But in those events, surely just because it's an animal, just the fair market value of the animal is the loss, right? Whatever the dog, the horse, whatever?

CHRIS GARGOMELLI: That's the way the legislation is right now. And also for the cost of treatment that's been incurred.

REP. SHABAN: Is there a national board or national association of veterinarians? I seem to remember hearing one. I can't remember what the acronym was.

CHRIS GARGOMELLI: Yes, the American Veterinary Medical Association, very similar to the American medical association.

REP. SHABAN: Do they have a best practices manual with respect to prescriptive drugs?

CHRIS GARGOMELLI: So, what the American Veterinary Medical Association has we call the model veterinary practice act. And what that is -- and it's very clearly defined -- it is a resource to the State. This is something that the national association is very conscientious about. This is a state-by-state issue for the State to determine how they regulate and legislate veterinarians.

REP. SHABAN: Thank you, Mr. Chair.

Thank you.

SENATOR MEYER: Representative Ziobron.

REP. ZIOBRON: Thank you, Mr. Chair.

I'd like to get back again to the standard of care. The last person who was testifying spoke about, you know, why not be able to give, you know, some piece of paper with a description of the drug or something that they can take with them, much like a regular doctor would give a prescription. And I try to put myself in their shoes for a moment. I have two dogs. They get very rambunctious in the vet's office. You know, there's a lot of things going on. And if you have a dog that's very sick, it's a very emotional and trying time for the owner. Why

not just be able to give them something they can take with them that describes what the prescription does and how it may affect if taken with other drugs and different kinds of food?

CHRIS GARGOMELLI: The answer to that question is good veterinarians do that already. If a client's veterinarian has been doing something like that, they should probably find another veterinarian, or they should file a complaint with the Department of Public Health. It's -- because good veterinarians -- I don't want to call myself a great veterinarian. I do my job very well, I feel. But when I discharge a client, every client I discharge gets a written discharge instruction. There is a specific set on a discharge instructions for medications and their interactions. So, it's being done by good veterinarians already.

REP. ZIOBRON: So, if that's the case and it's already being done by good veterinarians, shouldn't we have something in line so that the bad veterinarians also are compelled to do the same thing?

CHRIS GARGOMELLI: So, the concern is, where do you draw the line with legislation? Do you -- you know, good veterinarians when they do surgery triple ligate a vessel. They tie it three times to make sure that it's held, and they have much less problems than anybody else. Are we going to start legislating, you know, that all veterinarians have to do three ligatures because that's what we feel is the best standard of care?

So, our concern is, you know, the Board of Veterinary Medicine already has discretionary power to decide, you know, what veterinarians should and should not be doing as a standard of care. If we get into very specific aspects of

of each individual aspect, there can be a slippery slope.

SENATOR MEYER: Thank you, Representative. Any other questions?

Thanks, Doctor. Appreciate it.

CHRIS GARGOMELLI: Thank you very much.

SENATOR MEYER: Our next witness is going to be Representative Wright, followed by Gwen McDonald.

REP. WRIGHT: Good afternoon, Mr. Chairman. Good to see you, members of the Committee. For the record, my name is Elissa Wright, State Representative from the 41st District in Groton and New London. I'm here today to testify in support of House Bill 6438, An Act Restricting the Use of Resmethrin and Methoprene.

Long Island Sound is, as we all know, an ecological and economic treasure of the state and our entire region. Unfortunately, however, for more than 13 years now following the catastrophic lobster die off in the fall of 1999, that corresponded with the application of pesticides for the control of mosquitoes that carry West Nile virus. That summer, which was a new emerging disease at the time, subsequent to that event lobsters in the Sound, particularly in the central and western basins, have continued to suffer steady declines in population threatening this commercially-important species and our generations-old commercial lobster fishing industry.

The results of laboratory studies suggest that methoprene is acutely toxic to stage 2 lobster larvae. At one part per billion it

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SB 918**Attachment 1****Raised Bill No. 580 AN ACT CONCERNING THE DUTIES OF VETERINARIANS
WHEN PRESCRIBING PRESCRIPTION MEDICATIONS**

Testimony of Dennis Steiger

March 12, 2008

Honorable Members of the Public Health Committee:

Thank you for the opportunity to testify in support of Raised Bill No. 580. I feel it is critical that veterinarians provide the same standard of care to our pets as doctors and pharmacists provide humans when prescribing and dispensing medication. Current CT statues governing the veterinary practice do not provide this protection.

My wife and I had the unfortunate experience of losing our golden retriever, Sydney. Shortly afterwards it came to our attention that the Rimadyl prescribed by Dr Stuart was a likely contributor. We learned that Rimadyl has the potential for serious adverse reactions, that the dog owners should be warned to watch for symptoms, and that the dog should be carefully monitored. Dr Stuart did none of this.

The Rimadyl was prescribed by Dr Stuart based on a superficial exam claiming to be able to "feel a lot of arthritis". When my wife asked about potential side effects she was told to only watch for diarrhea and bring her back for a blood test in several weeks. When we brought Sydney back for the blood test additional Rimadyl was prescribed and dispensed prior to receiving the results. When Dr Stuart called several days later with the blood test results she reported they were OK. Sydney's liver values were elevated, likely a result of her age, to continue with Rimadyl and come back in 3mos for another blood test.

Several weeks later we contacted Dr Stuart about Sydney's condition. She had trouble standing, was not eating, and could not drink water without vomiting. Dr Stuart said not to worry dogs can go several weeks without eating, and the vomiting is likely a result of drinking too much too fast. She switched her medication to Etogesic that she said was more indicated for spinal issues that Sydney had. She had my wife come in to pick it up without asking to see Sydney. When my wife picked up the Etogesic she was also given Robaxin a muscle relaxer and was told to start the new medication that evening and see how she does in 48hrs. Sadly, Sydney did live another 48hrs.

Shortly after Sydney's death I was alerted to the dangers of Rimadyl and advised to inform Pfizer of the death. It was in this process I learned that; elevated liver values are key indicator of intolerance, that a baseline blood test should be done, that follow up blood test should be done frequently during the initial phase. When I supplied results of a blood test done 2 years earlier to Dr Lavin at Pfizer I learned Sydney's liver values were elevated then and she should not have been considered a candidate for Rimadyl treatment. He also suggested that I look at the information sheet available on the Internet in Pfizer's web site. When I read the following portion of the information sheet I got sick. Had I known

this we would have taken Sydney off Rimadyl immediately since she exhibited many of the symptoms.

INFORMATION FOR DOG OWNERS: Rimadyl, like other drugs of its class, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the clinical signs associated with drug intolerance. Adverse reactions may include decreased appetite, vomiting, diarrhea, dark or tarry stools, increased water consumption, increased urination, pale gums due to anemia, yellowing of gums, skin or white of the eye due to jaundice, lethargy, incoordination, seizure, or behavioral changes

Serious adverse reactions associated with this drug class can occur without warning and in rare situations result in death (see Adverse Reactions). Owners should be advised to discontinue Rimadyl therapy and contact their veterinarian immediately if signs of intolerance are observed.

The vast majority of patients with drug-related adverse reactions have recovered when the signs are recognized, the drug is withdrawn, and veterinary care, if appropriate, is initiated. Owners should be advised of the importance of periodic follow up for all dogs during administration of any NSAID.

All dogs should undergo a thorough history and physical examination before initiation of NSAID therapy. Appropriate laboratory tests to establish hematological and serum biochemical baseline data prior to, and periodically during, administration of any NSAID should be considered

We filed a petition (No. 2005-0420-047-011) with the CT Dept of Public Health regarding our concerns. We received a response that Dr Stuart did not violate any of the statutes governing veterinary practice. We made a second request clarifying our concerns and received the same response. That is why I am here today, to request what I consider a serious gap in the existing statutes be corrected.

When my doctor prescribes medication for me I am advised of possible risks, told what symptoms to watch for, and receive fully detailed information from the pharmacy. When we went to Dr Stuart, Sydney was examined and we were given medication to administer. Dr Stuart did not provide information about possible adverse reactions or what to watch for even when asked. The fact that veterinarians are allowed to prescribe and sell prescription medications without being required to provide appropriate information regarding the risks is a serious gap in Connecticut statutes. I have been given the explanation that since veterinarians purchase the medications in bulk it is not practical to give warning sheets to each patient. I cannot accept this with the technology of copiers and computers available today in all offices I've been in and that pharmacies for humans also purchase in bulk and do not seem to have a problem providing information with each prescription and even with refills. Also, I was told by Pfizer that tear off pads of the insert sheets are available for the veterinarians to give out.

To this day my wife and I feel guilty for administering the medication we believe killed Sydney even though it was done with the best intentions at the advice of our vet. Please pass this bill to help prevent any other pets from dying unnecessarily.

Thank you for your time and consideration in this matter.

Attachment 2

**CONNECTICUT VETERINARY MEDICAL ASSOCIATION
TESTIMONY TO THE CGA ENVIRONMENT COMMITTEE REGARDING SB
6396 AN ACT CONCERNING VETERINARIANS AND DRUG PRESCRIPTIONS**

March 9, 2009

Messrs. Chairmen and Members of the Environment Committee

We represent the Connecticut Veterinary Medical Association, which includes over 95% of Connecticut licensed veterinarians as its members.

We believe that HB 6396 is an unnecessary and redundant proposal that will do nothing to alter the relationship that exists between veterinary client, animal patient and veterinarian and that that relationship is as it should be. Existing guidelines and laws already provide a framework for the veterinarian's professional behavior, which includes guidance for, and consequences of, veterinarian - client communication.

The Veterinarian's Oath reminds us we must use our professional skills to benefit society and relieve animal suffering, conscientiously, with dignity, and in keeping with the American Veterinary Medical Association's Principles of Veterinary Medical Ethics. Our professional motto, Primum Non Nocere, "first do no harm", further highlights our responsibility to both our patients and clients.

The American Veterinary Medical Association's Principles of Veterinary Medical Ethics requires that we first consider the needs of the patient, that we abide by the Golden Rule, that we be honest and fair and obey the law. These Principles also require that we inform our client of the expected results, risks and costs of a proposed treatment regimen

Finally, Connecticut law (CGS 20-202) requires that we maintain ourselves professionally competent and skillful in our work or we may face disciplinary action by the Board of Veterinary Medicine, which operates under the auspices of the Department of Public Health. The broad oversight by both the Board and the Department, takes into account all forms of treatment whether medical or surgical, and puts the onus of defending one's conduct and clinical judgment onto the licensed veterinarian. This responsibility to maintain an appropriate standard of care remains as a check on any casual or careless behavior that might occur and serves to reinforce the ordinary exercise of conscience in the licensee.

Inherent in each of these dictums is that clear and open communication with our client, the consumer of veterinary services is essential. Communication within the context of the client - animal - veterinarian relationship is the coin-of-the-realm of veterinary practice. Using it effectively enables us to assist our clients to make good choices with respect to their care of their animals, as well as maximizes our potential to assist them to do so. Conversely, using it poorly makes a skilled clinician mediocre. There is just no substitute for good client communication.

A failure to communicate then, especially as to the merit or hazard of a given course of action, is inherently understood to be a negative influence on the client - animal - veterinarian relationship and our ability to maintain it. Clients who feel inadequately informed are quick to notice and quicker still to move on to a veterinarian with better communication skills. Thus the maintenance of the client - animal patient - veterinarian relationship requires effective, complete and honest communication, and this is a powerful motivator to the professional veterinarian to ensure it occurs

HB 6396, a seemingly well-intentioned proposal requiring "complete" risk communication with respect to prescribing medication is therefore redundant and unlikely to improve client - veterinarian communication or further motivate poor communicators to do better. The hazards and penalties for the licensee already exist and need not be further repeated.

Every practicing veterinarian knows they are expected to provide reasonable and appropriate information about the potential risks and benefits of any given course of treatment. This assessment of risk is, by its very nature, a product of the synthesis of textbook knowledge and practitioner experience and judgment. This element of judgment, while fraught with the vagaries of human error, cannot be removed from this equation, nor should it be, as much remains unclear in medicine. Experience and judgment then, are the other coins-of-the-realm in veterinary medical practice. Trust in a veterinarian by a veterinary client must be earned by the provider, but cannot be legislated. HB 6396 will not change this.

We urge you to reject HB 6396

Thank you.

Sincerely,

Eva Ceranowicz DVM
Arnold L. Goldman DVM, MS
Co-Chairs, Government Affairs Committee
Connecticut Veterinary Medical Association

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Raised Bill No. SB 918 AN ACT CONCERNING THE DUTIES OF
VETERINARIANS WHEN PRESCRIBING PRESCRIPTION MEDICATIONS
Testimony of Dennis Steiger
February 25, 2013

Honorable Members of the Environment Committee:

Thank you for the opportunity to testify in support of Raised Bill No. SB918. I feel it is critical that veterinarians provide the same standard of care to our pets as doctors and pharmacists provide humans when prescribing and dispensing medication. Current CT statutes governing the veterinary practice do not provide this protection.

My wife and I had the unfortunate experience of losing our golden retriever, Sydney. Shortly afterwards it came to our attention that the Rimadyl prescribed by Dr Stuart was a likely contributor. We learned that Rimadyl has the potential for serious adverse reactions, that the dog owners should be warned to watch for symptoms, and that the dog should be carefully monitored. Dr Stuart did none of this.

We filed a petition (No. 2005-0420-047-011) with the CT Dept of Public Health regarding our concerns. We received a response that Dr Stuart did not violate any of the statutes governing veterinary practice. We made a second request clarifying our concerns specifically regarding the standard of care concerns and received the same response. This response indicated a serious gap in the existing statutes that needs to be corrected.

This was first raised as in 2008 as SB580 by Senator Roraback. On March 12, 2008 I testified (Attachment 1) before the Public Health Committee and submitted signed petitions in support. SB580 passed the committee, passed the Senate, but didn't make it on the House calendar. The following year it was raised again as SB6396 but did not get out of committee. The CVMA testified (Attachment 2) against it. The basis of their argument was that existing guidelines already cover the objectives of the bill, including consequences, and passing the bill would just be redundant. The bill was rejected.

I do not believe this to be correct since on at least two occasions I was told by the CT Dept of Public Health that the petition we filed could not be acted on since there are not any statutes governing the standard of care required of veterinarians. Additionally when I testified before the Public Health Committee they questioned me about the existence of a standard of care for veterinarians. When I stated the Dept of Public Health did not know of any, I was told they would check. Since the bill passed committee, I believed they also found none to exist.

I urge you to pass this bill. The CVMA did not oppose the concept only arguing it was not necessary. Obviously if the requirements do exist, they must be somewhat gray. Passing this bill will only serve to clarify or create the needed requirements.

Additionally I believe veterinarians should be held to a somewhat higher standard since they serve a dual role of Doctor and Pharmacist. A veterinarian diagnoses, prescribes, and sells the medication to the pet owner. They are not required to provide any warning or information. I have been given the explanation that since veterinarians purchase the medications in bulk it is not practical to give warning sheets to each patient. I cannot accept this. With the technology of copiers and computers available in all offices today and that many drug manufacturers provide tear off pads, there is no excuse. Pharmacies for humans also purchase in bulk and do not seem to have a problem providing information with each prescription and even with refills.

In addition this bill is revenue neutral and should not be a concern to pass, even in this difficult year.

Thank you for your time and consideration in this matter.



**Testimony of the CVMA Before the Environment Committee
Raised Senate Bill 918 AAC The Duties of Veterinarians When Prescribing Prescription
Medications**

February 25, 2013

Representative Gentile, Senator Meyer, Members of the Environment Committee:

We represent the Connecticut Veterinary Medical Association, which includes over 95% of Connecticut licensed veterinarians in Connecticut. We oppose Senate Bill 918, An Act Concerning The Duties of Veterinarians When Prescribing Prescription Medications. This proposal is redundant and will not improve the communication between veterinary client and veterinarian. We license veterinarians specifically to ensure they are competent and that they have requisite professional judgment.

Existing Connecticut law governing the practice of veterinary medicine provides a standard for the professional conduct of veterinarians, which includes implied guidance for, and consequences of, inadequate veterinarian - client communication. The Connecticut Department of Public Health, through its Board of Veterinary Medicine and its investigatory and disciplinary processes, already provides for a method with which the public may make complaints about the quality of veterinary care and with which errant veterinarians may be required to remediate or receive discipline.

Connecticut General Statute 20-202 requires that veterinarians maintain themselves professionally competent and skillful. In recent years, a requirement for regular continuing education was added, initiated by the Connecticut Veterinary Medical Association itself. We recognize and acknowledge that our members must maintain and enhance their skills throughout their careers, for the benefit of the public and our animal patients. We are not a profession seeking to minimize our responsibilities to our patients or misinform our clients, quite the contrary.

The DPH's oversight process already takes into account all forms of veterinary treatment, including medication recommendations, and puts the onus of defending ones professional conduct and clinical judgment squarely on the licensed veterinarian. The responsibility to perform at an appropriate standard of care remains as a check on any casual or careless professional behavior and serves to reinforce the ordinary exercise of conscience in the licensee. This includes prescribing or recommending medications.

Further, the American Veterinary Medical Association's Principles of Veterinary Medical Ethics requires that we first consider the needs of the patient, that we abide by the Golden Rule, that we be honest and fair and obey the law. These Principles also require that we inform our client of the expected results, risks and costs of a proposed treatment regimen.

Finally, the Veterinarian's Oath reminds us we must use our professional skills conscientiously, with dignity, and in keeping with the American Veterinary Medical Association's Principles of Veterinary Medical Ethics. Our professional motto, Primum Non Nocere, "first do no harm", further highlights our responsibility to both our patients and clients.

Inherent in each of these aspects of oversight is that clear and open communication with our clients, the consumers of veterinary services, is essential. Clear communication within the context of the client - animal - veterinarian relationship is required to build good client relationships, which are how success in veterinary practice is defined. A failure to communicate then, especially as to the merit or hazard of a given course of action, is inherently understood to be a negative influence on the client - animal - veterinarian relationship and our ability to maintain it. Clients who feel inadequately informed are quick to notice and quicker still to move on to a veterinarian with better communication skills. Thus the maintenance of the client - animal patient - veterinarian relationship requires effective, complete and honest communication.

Thus, Senate Bill 918, while seemingly well intentioned, is redundant and unlikely to improve client - veterinarian communication. The consequences and penalties for the licensee exist, and are effective whenever imposed. We urge you to reject SB 918.

Thank you.

Eva Ceranowicz DVM, Chair Government Relations Committee
Chris Gargamelli DVM, President
Arnold L. Goldman DVM, AVMA Delegate
Connecticut Veterinary Medical Association