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## KENTUCKY BOARD OF VETERINARY EXAMINERS

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February 25, 2026

### *Via email*

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Senator David Givens, President Pro Tempore  
Senate Leadership  
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### **Re: 26RS HB 387 – Adding Veterinarians to the Controlled Substances Prescribing Council**

Dear President Robert Stivers and Sen. David Givens:

Please accept this correspondence as providing comments on behalf of the Kentucky Board of Veterinary Examiners regarding the 26RS HB 387 and the proposal to add veterinarians to the Controlled Substances Prescribing Council.

**Background.** The Kentucky Board of Veterinary Examiners (“Board”) is vested by the General Assembly with the authority to administer and enforce the provisions of KRS Chapter 321 and to set and evaluate the qualifications of applicants for licensure, certification, permitting, and registration for professionals educated and qualified to work on animals<sup>1</sup>. Veterinarians are the only professional licensed in Kentucky to prognose, diagnose, prescribe, and conduct surgeries on animals. Licensed veterinarians are trained to work on more than 700 animal species, although many veterinarians limit their services in some capacity to three (3) primary groups of animals: small animals (e.g., felines, canines, pocket pets, etc.), livestock or food animals (e.g., bovines, swine, sheep, poultry, etc.), and equines. Each of these groups of species require vastly different approaches in medicine and the drugs used in treatment, including appropriate quantities of those drugs to meet an animal patient’s needs.

**Comments regarding 26RS HB 387.** The Kentucky Board of Veterinary Examiners expresses its support for the commendable goal of reducing diversion of controlled substances and the proposed addition of two (2) veterinarians to the Controlled Substances Prescribing Council

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<sup>1</sup> KRS 321.235(1)(a).

(Council), while at the same time excluding veterinarians from reporting to the Commonwealth's electronic prescription drug monitoring program (PDMP) known as the KASPER system.

As currently established in 902 KAR 55:110, the Cabinet for Health and Family Services (Cabinet) and the Office of Inspector General (OIG) previously agreed that veterinarians should be exempted from reporting into the state PDMP. A prior effort was made to include veterinarians in 2011-2012, and the initiative was so rife with issues for the profession and public constituents the Cabinet OIG Division of Audits and Investigations filed an emergency regulation<sup>2</sup> to purposefully exclude veterinarians from reporting requirements. During the aforementioned reporting period, animal owners were often unable to fill their own valid and necessary prescriptions at pharmacies because the owner's social security number was used for tracking. This caused the electronic system to count the animal patient's medicines against the allowable limit for the owner, leaving the owner unable to access the drugs they required for themselves. With a recently filed proposed amendment to 902 KAR 55:110, the Cabinet is poised to repeat the mistakes of the past.

KASPER and the reporting organization American Society for Automation in Pharmacy (ASAP, the organization that establishes national, fixed criteria for state PDMP systems), are set up for human medicine and not able to accurately and meaningfully account for animal prescriptions. Animals don't have social security numbers or any other universal identifier that might be used in a PDMP designed for humans. The only way to track an animal in a human-orientated PDMP then is by the owner. **This raises serious privacy concerns regarding a veterinarian's ability to access their client's medical information.** Further, animals may have multiple, unrelated owners living in various locations in the U.S. and abroad. Consequently, there is no way to meaningfully track appropriate animal prescriptions by client and no way to look up an animal in the system.

Another reporting issue with KASPER relates to the species and locations codes in the system as established by ASAP because the system is designed for tracking human prescriptions, not animal prescriptions. There is a significant disconnect between the software developers, drug diversion officials, pharmacists, and the veterinary community as to what each code means and represents. Veterinarians classify animals differently than ASAP. Such discrepancies inevitably lead to inaccurate and inconsistent reporting regarding animal prescriptions.

At bottom, the risk is *bad data in, bad data out*. The only conclusion is that any potential veterinary data collected in a PDMP designed for human medicine will be confusing and potentially meaningless – all while exacting a heavy burden on the regulated community related to reporting, wasting the licensing agency's resources in pursuit of unneeded investigations, and opening the door for probable mistakes for constituents and their legitimate ability to fill proper prescriptions.

In 2025, the Board surveyed licensees regarding the Council's recommendation to require veterinarians to report to KASPER within 24 hours. While 37% of survey respondents concluded they could report dispensation of controlled drugs within 48 to 72 hours, nearly a third of respondents would be unable to meet even a 72-hour requirement. Even if these licensees could afford the onerous electronic equipment, software, or additional staff to achieve such reporting, many mobile veterinarians simply do not have the connectivity needed to permit the sort of short

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<sup>2</sup> Exhibit A: KVMA Letter to Membership dated July 27, 2012

turnaround proposed by OIG. This limitation is recognized by other states. A 2020 report produced by the U.S. Department of Justice and the Institute for Intergovernmental Research PDMP Training and Technical Assistance Center discussed research on national veterinary PDMPs<sup>3</sup>, citing that of those few states which require reporting by veterinarians, many allow expanded reporting timeframes for veterinarians: weekly, once every 30-days, or even as broad as quarterly.

Further, the Board's licensees have suggested that fully 7% would shutter services or retire from the profession should they be subject to reporting requirements. Even without the passage of HB 387, the Cabinet for Health and Family Services has proposed an amendment to 902 KAR 55:110, which requires veterinarians to report to KASPER. The regulation alone will accelerate the retirement of many veterinarians and directly result in a reduction of licensed veterinarians to provide essential veterinary care to the Commonwealth's signature equine industries, food and fiber producers, and companion animals. The Board understands that this portion of licensees would be disproportionately located in rural areas where veterinary services for producers are already in limited supply. Any new reporting requirement would work against the General Assembly's own efforts in recent years to relieve veterinary shortages<sup>4</sup>.

The Board's concerns are magnified by the fact that the Council and the OIG have not meaningfully engaged with the subject matter experts in the veterinary community or on the Board, despite a letter from members of the General Assembly urging such collaboration<sup>5</sup>. In 2025, OIG presented a single, limited dataset to the Council and encouraged a hurried recommendation to include veterinarians in reporting requirements.

- There has been no outside research shared by the Council regarding veterinary reporting in other states and no indication of how effective that reporting is at protecting the public and arresting diversion.
- There has not been an opportunity for relevant Board input to the Council regarding the circumstantial difference in animal patient practice and the prior failed attempt to include veterinarians in reporting.
- There has been no discussion about how to manage the nearly 1,000 out-of-state veterinarians who work in Kentucky only seasonally or for a few weeks each year at equine and livestock events.
- There is not even a single veterinarian on the Council to provide insights regarding animal practices to the human medical professionals appointed to that body or the agency staff which supports them.

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<sup>3</sup> USDOJ / IIR Prescription Drug Monitoring Program Veterinary Best practices at [https://www.pdmpassist.org/Content/Documents/pdf/TAG\\_Veterinary\\_Best\\_Practices\\_20200710.pdf](https://www.pdmpassist.org/Content/Documents/pdf/TAG_Veterinary_Best_Practices_20200710.pdf)

<sup>4</sup> See, e.g., 23 Reg. Sess. House Bill 167, 24 Reg. Sess. House Bill 553, 25 Reg. Sess. Senate Bill 69.

<sup>5</sup> Kentucky General Assembly letter dated September 3, 2025, addressed to Tricia Steward, Inspector General, Office of the Inspector General regarding Veterinary Use of Controlled Substances, signed by Rep. David Meade, Speaker Pro Tempore, Rep. Myron Dossett, Chair, House Committee on Agriculture, Rep. Matthew Koch, Chair, House Committee on Licensing and Occupations, and Rep. Derek Lewis, Co-Chair, Administrative Regulation Review Subcommittee.

Without these inputs, it is hard to imagine the Cabinet's proposed regulatory amendment is in any way based on informed decision making. Given that no licensees of the Board sit on the Council, there are grave concerns about this overreach dictating requirements to an otherwise unrepresented profession. HB 387 offers the needed solution to this dilemma.

Research shows that thirty-four (34) states have exemptions for veterinarians from state PDMPs; West Virginia was just added in 2021. The American Veterinary Medical Association (AVMA) recommends that more research be conducted to determine the prevalence of veterinary drug diversion and to clarify the degree to which veterinary prescriptions impact the human opioid epidemic.<sup>6</sup> AVMA recommends:

- Veterinarians should be exempt from participation in prescription drug monitoring programs because routes of diversion of veterinary controlled substances are a minimal source regarding the misuse of opioids and because it is not in the purview of veterinarians to evaluate a client's prescription history in regard to controlled substances.
- If veterinary participation in a PDMP is mandated, regulators need to develop software that captures accurate data from veterinary opioid prescriptions that is effective at identifying potential diversion activities.
- Until such time as robust research is conducted in this area, regulators should provide an allowance in the law which provides immunity for veterinarian practitioners reporting suspected opioid and controlled substance diversion.
- Regulations should also require regular continuing education on judicious use, compliance, security, and prescribing of opioids and other controlled substances, with an emphasis on identifying and preventing human misuse and diversion.

Veterinarians are already monitored by the federal Drug Enforcement Administration (DEA) and already adhere to controlled substance regulations and tracking requirements which are reviewed on demand by DEA and the Board. The Board currently requires continuing education for licensees, including mandated hours on controlled substances and state and federal laws.

Beyond the comments for this proposed amendment, the Board must highlight the statutory requirements that apply to the Council. The Council is mandated by the General Assembly to engage with agencies impacted by its recommended actions. In KRS 218A.025(2), the Council is directed to communicate with affected licensing boards and provide licensure boards the opportunity to "respond in writing to the panel within ninety (90) days of receiving the recommendations with an explanation of their response to the recommendations."<sup>7</sup> Even while OIG and Council insist that they are enforcing the text of state law, they have ignored their own statutory requirement to engage with the Board on recommendations from the Council. The Board has not been properly notified or given the opportunity to provide written feedback on any specific proposals, of which there are now two (i.e., one to require veterinarians to report electronically, and one to add only two veterinarian members to the Council). OIG and the Council have failed to specifically solicit the Board for written feedback.

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<sup>6</sup> <https://www.avma.org/resources-tools/avma-policies/veterinary-professions-role-addressing-opioid-epidemic>

<sup>7</sup> KRS 218A.025(2)(d).

While OIG and the Council have articulated important public protection concerns, those concerns do not warrant the sort of unilateral conduct and decision-making that is currently reflected in their policy proposals. Again, HB 387 solves this issue by placing veterinarians on the Council to ensure professional subject matter experts are engaged in these important discussions and have a representative voice in policy recommendations moving forward.

On behalf of Members of the Board, thank you for your attention to these concerns. As outlined in this letter, we believe that HB 387 shall resolve multiple issues related to proposed KASPER reporting for veterinarians. This will allow time for veterinarians to provide meaningful input to the Council, obtain answers to outstanding questions related to proposed reporting requirements, and work on real solutions for animal prescription monitoring. The Board looks forward to working with the Cabinet and OIG moving forward.

If you have any questions about these comments, please reach out to Michelle Shane, KBVE Executive Director, at [Michelle.Shane@ky.gov](mailto:Michelle.Shane@ky.gov) or 502-564-9905.

Respectfully,



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