NATIONAL COALITION FOR HOSPICE AND PALLIATIVE CARE

April 11, 2018

The Honorable Lamar Alexander
Chairman, U.S. Senate Committee on Health, Education, Labor & Pensions
428 Senate Dirksen Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member, U.S. Senate Committee on Health, Education, Labor & Pensions
428 Senate Dirksen Office Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of the National Coalition for Hospice and Palliative Care (Coalition), thank you for your leadership and sponsorship of the Committee's discussion draft of the *Opioid Crisis Response Act of 2018*. As America faces an opioid epidemic, your discussion draft takes numerous practical and comprehensive steps towards stemming the opioid crisis in America, reducing the potential for drug diversion and abuse, providing a focus on expanding addiction treatment options and focusing research efforts at discovering non-addictive pain therapies.

The Coalition represents the ten-leading professional national organizations dedicated to high-quality hospice and palliative care delivery to all those who need it. The ten professional organizations that form the Coalition represent more than 5,000 physicians and 1,000 physician assistants, 11,000 nurses, 5,000 chaplains, 8,000 social workers, researchers, and pharmacists, along with over 1,800 palliative care programs, and 5,300 hospice programs and their related personnel, caring for millions of patients and families each year across the United States.

We commend you for the numerous hearings and thoughtful bi-partisan approach and consideration you have taken with this very complex multi-causal societal problem. Our Coalition recommends that public policies intended to reduce inappropriate use of opioids do not simultaneously create access barriers to pain management and symptom relief for patients suffering from diseases such as cancer, heart disease and Alzheimer's for whom opioids

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are medically indicated, and who are often benefiting from such treatment. For patients with serious illness who require palliative care or who are enrolled in hospice, opioids are effective for their role in alleviating pain and other symptoms due to serious and potential terminal illness. Opioids are prescribed for patients with serious illness who need palliative care or who are enrolled in hospice and require this type of pain and symptom relief. For example, dyspnea (difficult or labored breathing) occurs in over 50 percent of patients with underlying serious illness (e.g., cancer, heart failure, or COPD or other chronic lung disease) and is correlated with lower quality of life and with physical, emotional, and cognitive changes including anorexia, fatigue, poor concentration, depression, and memory loss.[1] Opioids are widely accepted as the first line therapy of dyspnea after other disease-targeted or modifying therapies are optimized.[2,3]

Drug Enforcement Administration (DEA) Section: *Disposal of Controlled Substances by Hospice Care Providers, Sec. 307*:

The Coalition appreciates the Committees recommendation regarding the safe disposal of opioids in a hospice setting and preventing potential drug diversion and abuse.

This provision:

Allow hospice care providers to safely and properly dispose of controlled substances for the deceased, this would require DEA to issue regulations to help hospice programs dispose unneeded substances to help reduce the risk of diversion or misuse in the hospice care setting.

The Coalition recognizes that, unfortunately, after a hospice patient's death, leftover medication can sometimes be diverted and misused. Current law prohibits hospice programs from destroying or disposing of unused drugs unless authorized by state law. Grieving families are currently responsible for disposing of any leftover medication. This can increase the opportunity for diversion and unintentional misuse of opioid medications.

[1] Kamal AH, Maguire JM, Wheeler JL, et al. Dyspnea review for palliative care professional: assessment, burdens, and etiology. J Palliate Med. 2011 Oct;14(10):1167-1172

[2] Mahler DA, Selecky PA, Harrod CG, et al. American College of Chest Physicians consensus statement on the management of dyspnea patients with advanced lung or heart disease. Chest. 2010;137(3):674-691

[3] Mahler DA. Opioids for refractory dyspnea. Expert Rev Respir Med. 2013 Apr;7(2):123-34; quiz 135.

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We support this provision as contained in the discussion draft and recommend a few key changes. The provision as written would grant hospice organizations the legal authority to dispose of unused medication after a hospice patient's death, a measure that would not only ease the burden on the family, but also help prevent potential diversion or illicit use of these drugs. The Coalition strongly supports this provision and encourages the Committee to make two modifications to maximize its impact.

1) **Change in Medication:** Specifically, in its current form, the legislation only allows hospice personnel to destroy medications *following* a patient's death. There are instances, however, where living patients may change medications or formulations (from pill to liquid for example), leaving unused medications in the home that could be diverted for misuse. We recommend the legislation's authority be modified to allow hospice employees to dispose of *any* unused medications during *any* time during the election of hospice if the patient no longer needs it.
2) **Hospice Employee:** Furthermore, we recommend refining the legislation to specify the clinical disciplines to which the authority would apply so that there is no confusion over which personnel would be permitted to destroy the medications. We recommend the authority to destroy medications include all members of the appropriate clinical hospice team.

Pain management is a cornerstone of quality palliative care in multiple settings including hospice. Our Coalition is aware and concerned about the serious and growing public health crisis caused by the inappropriate use of opioids and supports evidence-based efforts to reduce harm and adverse events associated with such misuse. We want to ensure that legislation intended to reduce inappropriate use of opioids does not simultaneously create access barriers to pain management for patients for whom opioids are medically indicated and who are benefiting from such therapies.

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COALITION MEMBERS

American Academy of Hospice and Palliative Medicine (AAHPM)

Association for Professional Chaplains (APC)

Center to Advance Palliative Care (CAPC)

HealthCare Chaplaincy Network™ (HCCN)

Hospice and Palliative Nurses Association (HPNA)

National Hospice and Palliative Care Organization (NHPCO)

National Palliative Care Research Center (NPCRC)

Physician Assistants in Hospice and Palliative Medicine (PAHPM)

Social Work Hospice and Palliative Care Network (SWHPN)

Society of Palliative Care Pharmacists (SPCP)

Thank you again for your leadership in helping to address America's opioid abuse epidemic. We look forward to working with the Senate HELP Committee as you further refine this legislation based on stakeholder feedback. If our Coalition, or our Coalition Member organizations can provide any additional information regarding opioid use in the palliative care population, including those enrolled in hospice, please do not hesitate to contact me at amym@nationalcoalitionhpc.org or 202.306.3590.

Sincerely,

Amy Melnick, MPA
Executive Director
National Hospice and Palliative Care Coalition
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