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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)

April 10, 2018

The Honorable Tim Walberg  
U.S. House of Representatives  
Washington, DC 20515

Dear Congressman Walberg,

On behalf of the National Coalition for Hospice and Palliative Care ([Coalition](#)), thank you for your leadership and chief sponsorship of H.R. 5041, the *Safe Disposal of Unused Medication Act*. As America faces an opioid epidemic, H.R.5041 takes a practical step towards ensuring the safe disposal of prescription drugs like opioids in a hospice setting from the potential for drug diversion and abuse. 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.

For patients in hospice, opioids are effective for their role in alleviating pain and other symptoms due to terminal illness. Opioids are prescribed for patients in hospice who 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.<sup>1</sup> Opioids are widely accepted as the first line therapy of dyspnea after other disease-targeted or modifying therapies are optimized.<sup>2,3</sup>

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<sup>1</sup> Kamal AH, Maguire JM, Wheeler JL, et al. Dyspnea review for palliative care professional: assessment, burdens, and etiology. *J Palliat Med*. 2011 Oct;14(10):1167-1172

<sup>2</sup> 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

<sup>3</sup> Mahler DA. Opioids for refractory dyspnea. *Expert Rev Respir Med*. 2013 Apr;7(2):123-34; quiz 135.



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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.

The *Safe Disposal of Unused Medication Act* H.R. 5041 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 legislation and encourages Congress to make two modifications to maximize its impact. We support the comments of the National Hospice and Palliative Care Organization (NHPCO)

- 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 hospice care. Our Coalition however is also very 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. We believe H.R. 5041, the *Safe*



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*Disposal of Unused Medication Act* will curtail potential misuse and diversion of opioids without compromising hospice patients needed access to these pain medications.

Thank you again for your leadership in helping to address America's opioid abuse epidemic. We support passage of this important legislation and look forward to working with you on this and future legislative efforts. If our Coalition can provide any additional information regarding opioid use in hospice or with the palliative care population, please do not hesitate to contact me at [amym@nationalcoalitionhpc.org](mailto:amym@nationalcoalitionhpc.org) or 202.306.3590.

Sincerely,

A handwritten signature in cursive script that reads "Amy Melnick".

Amy Melnick, MPA  
Executive Director  
National Hospice and Palliative Care Coalition  
[amym@nationalcoalitionhpc.org](mailto:amym@nationalcoalitionhpc.org)