



February 24, 2021

Senator Ned Claxton, Chair  
Representative Michele Meyer, Chair  
Joint Standing Committee on Health and Human Services  
Maine State Legislature  
100 State House Station  
Augusta, ME 04333

Re: LD 330: An Act To Prevent Accidental Overdoses by Establishing a Protocol for Prescription Drug Recovery

Dear Senator Claxton and Representative Meyer, and members of the Joint Standing Committee on Health and Human Services Committee:

As board members of the Home Care & Hospice Alliance of Maine (Alliance), we are writing to you today to express significant concern with regards to LD 330: An Act To Prevent Accidental Overdoses by Establishing a Protocol for Prescription Drug Recovery, sponsored by Rep. Gramlich.

Being providers of healthcare services in Maine, we are well aware that the use of illegally obtained addictive substances is a serious crisis and have implemented policies and staff training to identify and eliminate drug diversion in the home. Unfortunately, despite the best of intentions, this bill places a significant expansion in responsibilities for home care and hospice providers resulting in considerable risk and liability for our agencies and staff. The Alliance opposes the monitoring, containment, disposal requirements and restrictions proposed in this legislation for the following reasons:

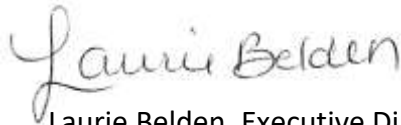
- Home health care providers already monitor the medications prescribed as part of their home health care plan and have internal policies to address theft/misuse of medications by those other than the patient. Policies are reviewed by the Department of Licensing and Certification staff during mandated onsite survey visits. The bill requires providers to submit a written policy to the DHHS for review and approval – including any changes made –for how that administering provider will document, collect and dispose of controlled substances in compliance with the requirements of this bill. This additional process is an administrative burden that adds no public protection value as policies are already subject to state review during the survey process.

- Prescribed medications are the property of the patient and home health care providers are not entitled to destroy any patient's property. Requiring our staff to dispose of personal property presents a liability risk that we find unacceptable. It is also important to understand that home care and hospice services are provided at a point in time during the patient's course of care. Patients generally have medications in the home that are not part of the home health plan of care as they were obtained prior to the initiation of our services.
- It is a violation of the patient's rights to put any requirements on their "belongings" – including their prescribed medications. Home care and hospice policies address securing access to medications when there is risk of diversion identified by the nurse. Routinely securing access via a lock box creates unintended consequences for many of our patients including those who are cognitively impaired and cannot manage access to a locked container, but can successfully take their medications in a pill dispenser, for example. The lock box requirement would place many of our patients in non-compliance with scheduled medications that they need in order to stay healthy. We would also note that a lock box doesn't fully prohibit those with ill-intent from accessing the medication.
- Maine law requires prescribers to check the Prescription Monitoring Program (PMP) for controlled substances and dispensers to check the PMP and load information into the PMP on controlled substance prescriptions that have been dispensed. We oppose adding any requirement that our staff as "administering providers" then check the PMP for a third time. We see no public benefit given that the PMP has already been checked by the prescribing practitioner and the pharmacist that dispensed the medication. Our hospice members believe strongly that inserting a PMP requirement would only serve to cause a delay while they work swiftly to manage pain and symptoms, and would be an unnecessary burden that could detract from our care for the dying patient.
- Despite every effort to keep home care and hospice services confidential, vehicles of our employees are identifiable, and neighbors can see our staff coming and going from the home. We believe that our staff will become targets for harm and violence if the law requires nurses to handle and dispose any and all narcotics following discharge or death of our patients. We also believe our nurses have the right to refuse to be exposed to this risk.

We commend Rep. Gramlich for seeking ways to minimize the devastating impact that opioid abuse and overdose has had on so many families across Maine. We appreciate the opportunity that her bill has provided us to highlight our perspective and concerns on a very challenging issue.

We believe that continued education – with the patient, family members and others within their household – on proper medication management and disposal is our best defense for medication theft and abuse for those receiving home health care and hospice services.

Sincerely,



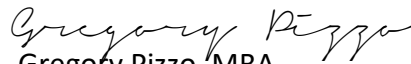
Laurie Belden, Executive Director  
Home Care & Hospice Alliance of Maine



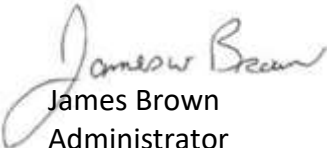
Colleen Hilton, Board President  
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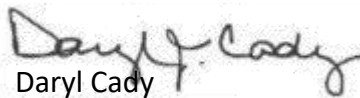
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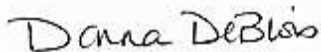
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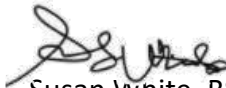
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Amy McVety, MS, RN  
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cc: Rep. Gramlich, Maine Legislature  
Bethany Beausang, Office of Governor Janet Mills