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

Testimony in Opposition

March 2, 2021

Senator Claxton, Representative Meyer and members of the Health and Human Services Committee; my name is Dr. David Jones and I am testifying today in opposition to **LD 330 An Act To Prevent Accidental Overdoses by Establishing Protocol for Prescription Drug Recovery**.

I am the Medical Director of Northern Light Home Care and Hospice, and am also the Medical Director of the Aroostook House of Comfort in Presque Isle, one of four Hospice Houses in the State. I have practiced medicine in Aroostook County since 1981 and am a Board Certified Fellow of the American Academy of Family Practice. I worked as a part -time ED physician since 1981 and full time for 12 years after leaving the practice of Family Medicine. I have practiced Hospice Medicine for over 15 years. I grew into Hospice Medicine as my patients and the population of Aroostook County aged. Along the way, I have been your Doctor of the Day, Secretary of the Board of Medicine and The Maine Academy of Family Practice Physician of the Year.

My focus has always been on the health and well being of patients and families. I strongly agree with the sponsors of this bill that the overdose by diversion of controlled medicines is of grave concern and a tragedy, but unfortunately, I do not think that this bill is the right solution.

My testimony will focus on utilization of the Controlled Substances Prescription Monitoring Program (PMP), the use of locked boxes, and the burden this bill would place on nursing; without resulting in the prevention of overdoses.

I have prescribed controlled substances throughout my professional career. The development of the PMP has been exceptionally useful in the prevention of inappropriate use of controlled medicines in outpatient medicine. The PMP is not useful in Hospice Care, where patients have a life expectancy of less than 6 months and often have terrible pain, regardless of their previous experiences with controlled substances.The PMP tells us nothing about the family members or caregivers of the patient who are the focus of this bill in preventing accidental overdoses. I use, as do other hospice physicians in this state, electronic prescribing using my cell phone or computer and 2 factor identification. I often prescribe from my phone 10 times a day or more and increase or decrease dosing for Hospice patients in need throughout the day. To add the burden of participating in the Controlled Substances Prescription Monitoring Program would not prevent unintentional overdoses in others, while the patient is living or after the patient has died, but would greatly slow my ability to care for Hospice patients at the moment of need.

Locked boxes are used in Hospice, but only in situations where there are concerns about others in the house diverting during the patient's illness or young children living or frequently visiting in the home. We frequently use pill boxes, often large ones so that the patients or their caregivers are guided in the their administration of medicines; these do not fit in lock boxes.

During severe episodes of pain or shortness of breath, or when a patient is actively dying, the ability to open or effectively use a lock box by the patient or caregiver is difficult.
In these situations, the lock box can delay the ability of, or prevent, the patient from being comfortable in terrible moments. As a final note, we can recommend a patient or family use a lock box but not demand it. The drugs are owned by them and are their legal responsibility. Non-Hospice patients are not mandated to use lock boxes.

Hospice is a nursing specialty; without nurses, there would be no Hospice. They drive long distances, visit patients in the middle of the night and are often present at the most private moments of a patient and family's life. To return to the patient's home immediately after a patients death, to count pills and to document, is both demeaning and intrusive to the family. Families often want to be alone in their grief; only 40% of families request a death visit.

To return to a decedent's house, to count and document all controlled substances, would be a time consumptive task for the nurses. This would provide little real protection against accidental overdoses by others. Diversion, if it were to happen, may occur while the patient is alive. It could certainly occur before the arrival of the nurse, which could be hours or longer after the patient's death. Hospice already struggles with the nursing shortage and the only real outcome of these post death cataloging visits would be to increase the nursing shortage. This Act would take nurses away from the living who are in need of Hospice services.

I have a spoken on TV and Radio, written in the newspaper and spoken at public gatherings concerning Hospice. I have said multiple times, **My Nurses Do Not Carry Drugs**. To ask the nurses to now transport narcotics for disposal would place them at risk for injury or death, a very real risk.

Medicines of any type belong to the patient. We have always asked families to dispose of them after a patient's death. We are very clear in asking families to do this and have always explained how they can do this.

Act LD 330, well intentioned to help prevent one the the terrible tragedies of modern medicine, the unintentional overdose, will not serve this purpose but will have significant unintentional consequences to Hospice care in this state. My ability to rapidly prescribe and provide relief in crisis to Hospice patients will be hindered. Locked boxes have the potential to prevent emergent access to medicines in many situations. Finally, the burden on Hospice nurses, without the intended outcome, and the significantly increased personal risk as a transporter of controlled substances, would further exacerbate the shortage of Hospice nurses.

The intent of this bill is addressing a real concern in America and in Maine in general, but the intended outcome will not be achieved. This Act may also significantly decrease the provision of Hospice care in this state. I would like the thank you all of you for the opportunity to testify in writing and via Zoom. There are very significant concerns addressed in this bill and I am more than willing to work with this committee in the future to seek a different remedy.

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