

LD 330 An Act To Prevent Accidental Overdoses by Establishing a 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 Christine Turner and I am the Associate Vice President of Hospice Care for Northern Light Home Care & Hospice. I'm here today providing testimony on behalf of Northern Light Home Care & Hospice in opposition of **LD 330: An Act to Prevent Accidental Overdoses by Establishing a Protocol for Prescription Drug Recovery**. Northern Light Home Care & Hospice is a statewide provider of services caring for over 8700 patients annually. We are a member of Northern Light Health.

I have worked as a Registered Nurse in the Home Care & Hospice industry for more than 25 years in four states and the District of Columbia: including opening two of the four free standing hospice houses in the state of Maine. I am certified as a Hospice and Palliative Care Administrator (CHPCA) and served four years on the Regulatory Committee with the National Hospice and Palliative Care Organization (NHPCO). I am a resident of Hollis Maine.

Before I outline our opposition to this bill I want to thank the bill sponsor for submitting this legislation, discussing the challenge of controlled substance medications in the home is valuable and informative. Death by accidental overdose is always tragic. Unfortunately, the concepts outlined in this bill are not the right solution.

My testimony will focus on written policies, drug lock boxes, disposal of drugs and the Controlled Substances Prescription Monitoring Requirement.

Section 5 – Development of Written Policy Submission for Review

Home care providers already have policies in place to manage controlled substances in the home. These policies are routinely reviewed by the State Surveyors on their mandated survey visits every few years. The requirement to separately and additionally submit to the state for review is a duplicate process

for both parties and provides no additional protective value from the potential ingestion of these controlled substances.

Section 3 Containment

Medications that are prescribed to the patient, are the property of the patient regardless of who pays for them. When we visit patients in their home, we are there to provide services, but we remain guests and must meet people where they are. I strongly believe it is a violation of our patient's rights for the legislature to mandate that medications be kept in a particular way in the home. We do utilize lock box features when there are safety and security risks assessed and identified in the home such as diversion concerns or small children, however the symptoms that arise at end of life are often sudden and severe. Requiring medications to be locked up, keys to potentially be lost and for caregivers, often with limited dexterity to have to try and access when frightened, anxious or in a panic because their loved one is in pain or unable to breathe, will cause undue suffering for both patient and caregiver that is unnecessary. When patients panic they often call 911, and this will tie up Emergency Room professionals and beds unnecessarily.

Section 4 Retrieval and Disposal of Controlled Substances

Hospice provides support to individuals and their families through the death and afterwards in the form of bereavement support. What each family wants and needs during that time varies widely. Death can be a very private, intimate and personal experience. At Northern Light Home Care & Hospice we offer a visit at the time of death, but only about 40% of families take us up on it. Required intrusion to destroy medication for every death will destroy the sanctity of the death experience for many. It also would pull nurses away from attending to others who may be in a symptom crisis. In the last few years, we have seen an increase in the number of workplace violence incidents in the home related to drugs. In addition to the usual behaviors of sick individuals and their scared family members, our staff deal with weather events, car accidents, treacherous steps and walkways, animal bites, poor living conditions, lice, bedbugs, and weapons in the home. Despite our best efforts for privacy, nosy neighbors figure out that home care staff are coming and going from the home. Requiring staff to handle and dispose of narcotics could cause them to become targets of increased violence. Increased violence amongst our patient population will drive away nurses willing to do this work when we are already in a tremendous work force shortage. Home Care and Hospice services will not be available to those who need them.

Section 2 Controlled Substances Prescription Monitoring

While well intentioned, the recommendation that providers check the PMP prior to prescribing controlled substances to hospice patients has tremendous potential for harm. Many hospices contract with specialty pharmacies who only dispense quantities of a two-week supply. Hospice nurses assess for pain and other symptoms and monitor medication utilization at every visit. Frequently the condition of the patient will change quickly. We are obtaining new orders and sending family to the pharmacy to pick up a new controlled substance as soon as possible. Requiring the PMP check prior to prescribing will cause delays that will bring pain and suffering to patients.

While we can all agree that the opioid epidemic is a huge concern for our state, we believe the recommendations in this bill will not have the intended effect and will cause regulatory burdens that will take away from the end of life experiences of our patients. Education to patients and families regarding the dangers of opioid misuse continues to be our best defense against them ending up in the wrong hands, but it is imperative that they remain readily available for the management of end of life symptoms for those who need them.

Thank you for the opportunity to present our opposition to this bill.