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**Testimony of Angela Hospice Home Care, Inc. Submitted March 7, 2019, to the Michigan Senate committee on Health Policy and Human Services by Marti Coplai, President & CEO and Dr. James Boal, Chief Medical Officer, Angela Hospice, Livonia, Michigan.**

**Angela Hospice Position: Support Senate Bills 127 and 128.**

Angela Hospice is pleased to support Senate Bills 127 and 128. Founded in 1985 by the Felician Sisters, Angela Hospice was one of the first hospice providers in the state of Michigan.

Providing quality end of life care for the communities we serve in southeast Michigan is not just our business-- it is our mission. As an independent, faith based, non-profit, we provide end of life care and support to all citizens in need --regardless of financial circumstances. Hospice providers ability to alleviate pain and suffering at end of life has come so far in the past 34 years, in large part due to what we have learned about treating pain at end of life and the importance of appropriate, timely medications. We have grave concerns regarding the impact on this care due to the Opioid legislative package passed in 2017 (PA 246-249 of 2017). We express our gratitude to Senators Curt VanderWall and Curtis Hertel Jr. for sponsoring this critical legislation to protect individuals in our state from unnecessary pain and suffering at end of life.

Senate Bills 127 and 128 seek to exempt hospice prescribers from the Bona Fide Relationship and MAPS reporting Requirements of PA 246-249.

In Hospice, which provides care and comfort to an individual with a life limiting illness during their last days of life, one of the greatest benefits, and also challenges is keeping patients comfortable and as pain free as possible. In the last days of life, pain can become intractable and can be difficult to manage, even with ready access to class 2 – 5 controlled substances. While in hospice care, controlled substances need to immediately be added and adjusted as needed to keep the patient comfortable.

Public Acts 246-249 were designed to prevent an escalation in the opiate crisis, but will inadvertently hamper normal hospice patient care. ***In states that have enacted similar legislation, hospice and end-of-life practitioners are exempt from the restrictions of Public Acts 248 and 249, due to the intense immediate medical needs of patients at the end of life.***

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The State of Michigan Public Act 249 stipulates that a prescriber who wishes to provide more than a three day prescription of a schedule 2-5 controlled substance must first ask a patient about other controlled substances that he or she may be using, review an electronic report of the patient's past usage of scheduled drugs and be in a "bona-fide patient prescriber relationship". In the act, a "bona-fide" relationship is described as follows:

The prescriber has reviewed the patient's relevant medical or clinical records and completed a full assessment of the patient's medical history and current medical condition, including a relevant medical evaluation of the patient conducted *in person or via telehealth*.

At the end of life, almost all hospice care is provided in the patient's home or wherever the patient calls home, by licensed nurses and other practitioners, using Schedule 2-5 medications to prevent pain and suffering. Doctors are contacted in person, by phone or during the interdisciplinary team consultations to provide the medication orders.

Hospice patients are generally not able to travel to a doctor to have a personal visit, thus under the new law, the doctor would have to go to them – in every case, without exception. Hospices in rural areas of Michigan will sometimes care for patients that are hours away from their offices. Hospices could not staff the army of doctors needed to make all these personal visits and therefore would not be able to care for patients at the most fragile time in their life under this new law.

Hospice care in the home also offers greater accountability than in the office when offering scheduled medications to terminally ill patients. Nurses and other staff members are present weekly (or more often as needed) to observe the use of these medications and count the number of pills that are in the home. Social workers are involved in every hospice case and frequently visit the home. They assess and observe for possible misuse or diversion of the drugs by the patient or by other members of the household.

Pain and symptom management in a hospice setting is currently able to be managed in a patient's home 24 hours a day, 7 days a week. The ability to respond to a patient's immediate pain crisis would cease under the new law. If a doctor is called on by a visiting nurse to care for a new homebound patient, or if one doctor is covering for another doctor's patients, this law would not allow them to start or change scheduled medications. A physician could also not prescribe scheduled medications that were ordered by a different doctor in the same practice until another personal visit is made under the stipulations of this act. These changes would create undue pain and suffering for those facing the end of their life.

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Public Acts 248 and 249 include all Schedule 2-5 medications in its restrictions. These scheduled medications are used in hospice, not just to treat pain, but also to treat coughing, fatigue, difficulty breathing, depression, seizures, anxiety, insomnia, and other distressing physical symptoms. Effectively, this law deprives hospices of the ability to care for and manage patients with dignity at the end of life.

Many other states have recently enacted similar types of legislation to address the ongoing opioid abuse epidemic in the United States including: Kentucky's House Bill 333 (2017), Ohio's Rule 4729-5-30 (12/29/2017), and Tennessee's Senate Bill 2552 (4/27/2016). However, while all three of these bills restrict the use of scheduled medications in their respective states, they have also included exemptions for people at end of life and for providers who are in hospice care. Michigan's Public Act 249, and its companion 248, fails to offer any exemptions.

Public Acts 248 and 249 will protect and promote public health by effectively controlling the misuse of schedule 2-5 controlled substances in the physician's office, but, for all the reasons stated here, these acts will only harm those in in hospice care.

**These acts threaten to disable hospice care across our state.**

We request your support to exempt hospice prescribers and patients from the Bona Fide Relationship and MAPS reporting requirement (SB 127 and 128).

Thank you for your support,

Marti Coplai, President & CEO  
Dr. James Boal, Chief Medical Officer  
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