



Chairman Vaupel and Members of the Committee: my name is Amy Francoeur, RN, BAS. I am the Director of Patient Care at Hospice of Lenawee, a non-profit organization who is in its 37th year of providing Hospice care to our community. Hospice of Lenawee is an active member of the Michigan HomeCare and Hospice Association where I serve as a member of their Hospice Committee. We are also members of the American Academy of Hospice and Palliative Care Medicine and the National Hospice and Palliative Care Organization.

As a nurse and hospice director who has been providing patient care for more than 18 years, I am honored to present testimony in support of House Bills No. 4224 and 4225. I would like to thank Representatives Bronna Kahle and Michele Hoitenga for their efforts in developing this legislation which supports hospice care across the State of Michigan. I also bring thanks from the Michigan HomeCare and Hospice Association and its strong endorsement for these bills.

This bill package seeks to exempt hospice providers from the Bona Fide Prescriber-Patient Relationship and MAPS Reporting Requirements of PA 247-249 of 2017 which inadvertently hamper hospice patient care, creating an undo hardship on hospice agencies whose focus is providing quality end-of-life care. It follows in the footsteps of many other states including Kentucky, Ohio and Tennessee who enacted bills that while restricting the use of scheduled medications in their respective states, they also included exemptions for people at end of life and for providers who are in hospice care.

It is essential that patients under the care of a hospice have access to medications which control pain and other symptoms as quickly as possible to reduce suffering. The increased requirements placed on physicians under the Bona Fide Prescriber-Patient Relationship and MAPS Reporting requirements delay care to our hospice patients who are already the most carefully monitored in any area of medicine. These requirements also have the potential to increase hospital costs due to delays in the discharge of Hospice patients if prescribers are not available for late day or weekend admissions to hospice care.

The majority of hospice patients are prescribed medications to address terminal, intractable pain and other common end of life symptoms. Medications that are most effective at relieving these symptoms are opioids or otherwise classified as a controlled substance. Hospice prescriptions are typically written for a 7-14 day supply at a time. Because it is not possible to predict how well a patient will tolerate a medication or dosage, prescription changes happen frequently during the course of treatment. Hospice nurses typically visit their patients weekly (more often as needed). During these visits the amount of medication present in the home is noted. Medication schedules and effectiveness are reviewed with the patient and their caregivers.

Last year I introduced this Committee to my patient Gary. Gary was an active 55-year-old self-employed mechanic who after a visit to his family doctor for back pain, was diagnosed with Non-Small Cell Lung Cancer with metastasis to his spine. At the time of diagnosis Gary was riddled with pain, he was barely sleeping at night, he had trouble walking and none of his prescribed medications were providing adequate relief.

On a Tuesday morning in 2017 at 4am, no longer able to bear the pain, Gary made the decision to forgo any treatment of his cancer and agreed to be admitted to Hospice services. He wanted relief from his pain and



suffering. In addition to increased pain Gary began to have anxiety. His hospice nurse in consultation with the Medical Director provided medications to relieve his symptoms. Gary told his nurse that the pain he was experiencing at times was "more than he could ever imagine." Gary's admission to hospice care at such an early hour in the morning and the timely relief of symptoms he received would have been hampered under these requirements.

Gary was receiving medications on a schedule maintained by his caregiver, in a notebook in his home. When the hospice nurse visited she made note of the amount of medication in the home and reviewed the schedule and effectiveness of each medication. In consultation with the Hospice Medical Director, Gary's nurse was able to make prompt adjustments to doses, frequencies and types of medications used to relieve symptoms which include restlessness, congestion, constipation, aggression and hallucinations. Like so many of our patients, Gary lived a rural area where cellular phone service was not always available, and he did not have internet service at his home. These conditions would have made it nearly impossible for a prescriber to conduct even a Telemedicine visit to comply with Public Act 247.

During his hospice nursing visits Gary shared that his pain was "tolerable at times" but also that he had had times when it was "excruciating." Gary's nurse continued to review medications with the Pharmacist and Medical Director and adjusted them as needed including the use of opioids when necessary. Gary's days continued to cycle with periods of being comfortable and sleeping to painful and restless. His needs were met by his hospice team at all hours of the day and night. Education and support was provided to Gary's family throughout his end of life process.

During Gary's 40 days of hospice care he received 41 nurse visits, 11 certified nursing assistant visits, 4 social work visits and 2 chaplain visits. He was prescribed 8 different schedule 2-4 medications with countless dosage and frequency changes to help manage his symptoms and prevent undo suffering. It was because of the ability of the hospice interdisciplinary team including the Hospice Medical Director to work in concert with one another that Gary did not have delays in receiving the necessary medications he needed to be comfortable at the end of his life. Gary died as he wished, peacefully in his home.

Hospice of Lenawee provides care to an average of 120 patients, on a daily basis. Our 100 employees provide services across 760 square miles. During the course of a week, we manage approximately 60 opioid prescriptions to meet the needs of our patients and provide them with the care they deserve during their final journey. Without these exemptions our hospice patients will suffer. The ability to effectively manage their symptoms will be delayed.

I appreciate your time today and would be happy to answer any questions that you may have.

I also invite you to the first floor of the Capitol Building today from 10:30-1:00pm for "Legislative Day" hosted by the Michigan HomeCare and Hospice Association. Our members will be available to meet you and answer any questions you may have.

Thank you.