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December 20, 2019

Occupational Licensing Review Commission
Honorable Governor Phil Bryant
Honorable Secretary of State Delbert Hosemann
Honorable Attorney General Jim Hood

The Mississippi Academy of Family Physicians would like to formally request the Occupational Licensing Review Board disapprove or disapprove with suggested amendment the new rule to establish practice standards for physicians practicing as Hospice Medical Directors as passed by the Mississippi Board of Medical Licensure.

The Occupational Licensing Review Commission has grounds to disapprove the regulation as the actions of hospices and hospice medical directors are governed by the Centers for Medicare and Medicaid Services at the federal level. This regulation is not the least restrictive method that can be used for physicians who serve as hospice medical directors, nor is it the most effective or efficient method for hospice patients to receive medication during a terminal illness.

The Mississippi Academy of Family Physicians is of the opinion the following modifications would be the most effective and least restrictive regulations that could be passed. We have also included points that need clarification:

15.1(i) – The rule only allows for informed consent from the patient. There should be an addition to account for informed consent coming from the patient or another individual who is legally making healthcare decisions for the patient. Hospice patients are terminally ill and, in some cases, incoherent. This addition would ensure physicians serving as hospice medical directors can prescribe medications if another individual is legally making healthcare decisions for the patient;

15.1(iv) - Please consider rewording to the following: That an evaluation of the patient occurs no later than thirty (30) days after the admission of the patient to hospice. The evaluation shall consist of either a face to face with the physician, face to face with a mid-level provider (PA or APRN), or a telemedicine visit by a medical director with nursing support in the home. The physician may prescribe any controlled substance as long as the patient has been evaluated, regardless of how the evaluation is accomplished as long as one of the three ways mentioned above occurs within the thirty (30) day time period. The way this current requirement is written is overly confusing as it implies that a physician may write a prescription if one of the evaluation occurs but then ends by stating, “regardless of how the evaluation is accomplished, the author of any controlled substance prescriptions must have evaluated the patient within the thirty (30) day time-period.”;

Unprofessional conduct on active recruitment - by using shall and the example listed, the Board is making the hospice medical director responsible for the actions of hospice staff who he/she has no control over. A possible correction could be

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changing shall to may or modifying to say, it shall be considered unprofessional conduct for a medical director to participate in active recruitment for patient admission to hospice or instructing a member of a hospice staff to participate in active recruitment; and

Unprofessional conduct on IDG participation - by saying it is unprofessional conduct to document participation when they did not attend the meeting, the implication is there is no other way for the medical director to participate than to attend the meeting. Participation could occur through actual attendance or phone call. Changing shall to may could be an easy correction or changing the word attend to participate.

The Mississippi Academy of Family Physicians agrees with the Board that a face-to-face examination is essential to the physician-patient relationship in every medical setting except for the hospice setting. Hospice physicians are the only doctors mandated by the Centers for Medicare and Medicaid Services to treat their hospice patients in active collaboration with a full multi-disciplinary team of registered nurses and other professional caregivers. Among other requirements, this care team must create a written plan of care for every patient and update these plans every fifteen days. It has been the long-standing national standard of practice among hospice practitioners to employ professional team members who are continually and most frequently in contact with the patient, i.e., the registered nurse, to communicate with the physician in such a way as to not require the physician to be physically present for prescribing. As the end of life nears, there is a great need to maintain the comfort level of patients as their body begins to shut down and prepares for death. Family physicians are committed to working with all groups to curb the opioid crisis in the state and nation; however, prescribing medication to hospice patients does not contribute to the national opioid crisis in general.

Sincerely,

A handwritten signature in cursive script that reads "William M. Grantham MD". The signature is written in black ink and is positioned above the typed name and title.

William M. Grantham, MD
President

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