

Hospice Safe Drug Disposal Act

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When individuals enter hospice care, opioid medications are frequently prescribed as a part of their end-of-life care.¹ Hospice care is an important option for patients who want to receive supportive care at the end of life while remaining in their home. Currently, more than 1.3 million people receive hospice care each year.²

Because opioid medications are often used to manage pain for hospice patients, unused opioid medications are frequently left behind when a patient passes away under the care of a hospice program. But in most states, hospice employees cannot assist in the disposal of controlled substances, including opioid medications. As a result, these powerful medications are left in the hands of grieving family members or in medicine cabinets. Reports have highlighted several examples of diversion and misuse of opioid medications following hospice care.³

Unused and unmonitored prescription medications lying around in a home pose a real risk. Many people who misuse prescription opioids take pills that were originally legally prescribed to someone. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), over 70 percent of people who misuse prescription painkillers got them from a friend, relative, or doctor.⁴

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The bipartisan *Hospice Safe Drug Disposal Act* would authorize certain home hospice providers to safely dispose of unused prescriptions of controlled substances. This bill allows a hospice employee to step in and assist family members in safely disposing of leftover medication when a loved one has passed away.

The bill includes several safeguards to prevent against diversion of drugs by hospice employees, including by requiring hospice programs to document disposal of controlled substances. It also requires the Drug Enforcement Administration to issue guidance to assist hospice programs in complying with federal rules around safe disposal. Finally, the bill asks the Government Accountability Office to conduct a study examining the challenges faced by hospice programs in the management and disposal of controlled substances.

¹ Sera, McPherson, and Holmes, “Commonly Prescribed Medications in Population of Hospice Patients,” *American Journal of Palliative Care* (Feb. 12, 2013) (online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3830696/>).

² U.S. Department of Health and Human Services, “Long-Term Care Providers and Services Users in the United States: Data From the National Study of Long-Term Care Providers,” *Vital and Health Statistics* (February 2016) (online at: https://www.cdc.gov/nchs/data/series/sr_03/sr03_038.pdf).

³ Melissa Bailey, “Dying at home in pain doesn’t keep relatives from stealing the pills,” *Washington Post* (August 21, 2017) (online at: https://www.washingtonpost.com/national/health-science/dying-at-home-in-pain-doesnt-keep-relatives-from-stealing-the-pills/2017/08/18/d262b9ba-8105-11e7-902a-2a9f2d808496_story.html?utm_term=.e4a49cea47cc).

⁴ Lipari and Hughes, “How people obtain the prescription pain relievers they misuse,” *SAMHSA* (January 12, 2017) (online at: https://www.samhsa.gov/data/sites/default/files/report_2686/ShortReport-2686.html).