

May 1, 2020: State Advocacy Update

New AMA web page to help states respond to COVID-19

The AMA has assembled a central location for all its state-based advocacy resources to help medical societies and other stakeholders address the COVID-19 pandemic.

Topics addressed include telemedicine, liability protections for physicians, Medicaid, opioid use disorder, chronic pain, elective procedures, prior authorization and more. The page will be updated as new resources are created. If there are topics and tools that you feel should be included or developed, please let us know by contacting ARC@ama-assn.org.

Additional changes needed to help hospice, palliative care patients during COVID-19

For patients who are bed-ridden or in the final days of their life, it may be next to impossible for a hospice and palliative care physician to conduct an in-person evaluation to satisfy state and federal rules for prescribing controlled substances. While the authors of a new commentary in *Health Affairs* acknowledge that the DEA has helped ease (PDF) the burdens for patients with chronic pain, hospice and palliative care patients remain an extremely vulnerable population with distinct needs. The challenge is not only the ability to prescribe to patients who are bed bound or approaching the end of their lives, according to the authors, but any patient with symptoms and needs for whom a prescription of a controlled substance is indicated. For example, if a patient is living with metastatic cancer and requires opioid analgesics for the pain, unless the physician has previously seen the patient, even with DEA's new flexibility, the physician will not be able to prescribe it for the patient, including if the patient goes into a hospice program.

"If this waiver is granted, we will be able to provide the full range of palliative care treatment needed to reduce hospitalizations, decrease exposure to COVID-19, significantly reduce suffering, and save lives," write Patrice Villars, MS, GNP-BC, Eric Widera, MD, and Chad Kollas, MD. Currently, for the duration of the pandemic, the DEA has allowed audio-visual evaluations of patients to be able to

prescribe controlled substances. Audio-only can be used for existing patients. The AMA has called on the nation's governors to adopt the DEA guidance in full, but the hospice and palliative care physicians argue that more is needed. "When I'm called to provide an e-consult to a patient just beginning hospice, there is no guarantee that the patient or her family will have FaceTime, Skype or Zoom," said Dr. Kollas, the physician representative from the American Academy of Hospice and Palliative Medicine to the AMA Opioid Task Force. "This is happening with increasingly regularity, and it leaves me and the patient in a tremendous quandary because under federal law, I can't prescribe necessary medication to these 'new' patients for whom I've not conducted an in-person evaluation." In an interview, the authors also acknowledged that even if the DEA changes its rules, it is incumbent upon governors to adopt those rules. "Even if the DEA provides further flexibility for hospice patients, there are too many states where current laws, payer and pharmacy policies would prevent us from helping our patients," said Dr. Kollas. "This is why it's essential for governors to follow the DEA."

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