Dear Speaker Ryan, Leader Pelosi, Leader McConnell, and Leader Schumer:

The undersigned nursing organizations began working together at the Palliative Nursing Summit, hosted by the Hospice and Palliative Nurses Association in May 2017, to develop a collaborative nursing framework for primary palliative care across nursing specialties. Together, these organizations represent more than 716,600 nurses and other healthcare professionals.

Palliative care refers to patient-and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Since the summit, the organizations continue to engage and are currently working on two key initiatives: (1) communication and advance care planning and (2) pain and symptom management, particularly related to the opioid crisis.

All involved nursing organizations would like to thank you for your leadership in seeking to address our nation’s prescription abuse epidemic. This issue is a significant concern to nurses across the country and we welcome Congress’ attention to creating new policy solutions to address the opioid-overdose epidemic. As you consider additional legislation during this session of Congress, we encourage you to address two main topics of concern to our combined membership: (1) the unintentional restriction of opioids to patients who have a legitimate need and (2) increasing patient access to nonopioid pain treatments.

We have seen an increase in patients being denied legitimate and appropriate access to opioids to treat severe pain associated with palliative or end-of-life care. As a symptom, pain is well documented in a range of advanced illnesses including heart disease, dementia, and stroke, and presents itself as a major symptom for both adults and children with cancer. Additional factors such as anxiety, depression, and spiritual distress influence and are influenced by pain during illness. Pain can also cause profound suffering and impaired quality of life. As one of the most feared symptoms by those at the end of life, unrelieved pain can consume the attention and energy of those who are dying and create an atmosphere of helplessness and despair in their families and caregivers.
Congress and other federal agencies have always tried to balance the availability of opioids for those in need while limiting access to those who might abuse them. We are concerned that this balance is becoming difficult to maintain because we see a negative impact on our patient populations. Recently, nurses have become aware of incidences where patients have been denied access to clinically appropriate opioids:

- In one case, a patient who had been diagnosed with metastatic breast cancer and who was receiving palliative care was denied coverage of Oxycodone Extended Release 40 mg by their Medicare supplemental insurance plan, although this medication was deemed medically necessary by the staff to treat the patient’s pain.

- In another incident, a 73-year-old male cancer patient on Medicaid was initially denied coverage for a Fentanyl patch and Oxycodone despite having a cancer diagnosis with the prescription. This denial resulted in the patient being without medication for 24 hours until the access issue was resolved.

- An additional example includes a male patient suffering from metastatic prostate cancer who was refused a prescription from his physician for an opioid and was instead prescribed Tylenol #3 to deal with the pain associated with his diagnosis.

We encourage Congress to press on with its efforts to restrict access to opioids to those who may be susceptible to abuse and to decrease inappropriate prescribing practices, but to also double its efforts to ensure that access isn’t denied to those receiving palliative care or suffering from end-of-life issues.

We further applaud Congress for recognizing the need to increase patient access to nonopioid pain treatments. We commend Congress for providing funding to federal research agencies allowing them to pursue projects to explore pain therapies that do not include the use of opioids. Specifically, we were encouraged by the recent creation of the HEAL (Helping to End Addiction Long-term) Initiative at the National Institutes of Health. HEAL is an aggressive, trans-agency effort to speed scientific solutions to stem the national opioid public health crisis. Part of HEAL’s efforts will include the examination of evidence for the use of nondrug and mind/body techniques in pain treatments. This will build on the efforts of the 2017 creation of an interagency partnership between the U.S. Department of Health and Human Services (HHS), the U.S. Department of Defense, and the U.S. Department of Veterans Affairs for a multi-component research project focusing on nondrug approaches for pain management to address the needs of service members and veterans. Studying other treatments and therapies such as mindfulness/meditative interventions, movement interventions (e.g., structured exercise, tai chi, yoga), manual therapies (e.g., spinal manipulation, massage, acupuncture), and psychological and behavioral interventions (e.g., cognitive behavioral therapy) is an important step to reduce reliance on opioids.

While the interagency partnership is an important first step, our organizations believe more can be done to promote all forms of pain management. To that point, Congress has taken legislative steps that are currently working their way through both the House and Senate that will be important in promoting the adoption of more nonopioid interventional pain treatments. We would like to add our support for a provision (sec.403) in the Opioid Crisis Response Act (S.2680) that would call on HHS to provide grants to help develop best practices on the use of opioid alternatives, including pain-management strategies that use nonaddictive medical products and nonpharmacological treatments. In addition, this provision would direct HHS to disseminate information on the use of opioid alternatives to providers in acute care and other healthcare settings including palliative care and hospice.
We would also like to add our support to several provisions in the Patient and Communities Act (H.R. 6). First, we support the inclusion of language from the Medicare CHOICE Act, which would require prescription drug plans under Medicare Part D to include information on the adverse effects of opioid overutilization and coverage of nonpharmacological therapies and nonopioid medications or devices used to treat pain. In addition, we support language from the Expanding Oversight of Opioid Prescribing and Payment Act of 2018 to require the Medicare Payment Advisory Commission (MedPAC) to report to Congress on: (1) how Medicare pays for opioid and nonopioid pain management treatments in inpatient and outpatient hospital settings and (2) current incentives for prescribing opioid and nonopioid treatments under Medicare inpatient and outpatient prospective payment systems. We believe finding a path forward to provide for more equitable and widespread payment of nonopioid pain treatments is a critical step toward alleviating the opioid epidemic. Finally, we support the inclusion of the Dr. Todd Graham Pain Management, Treatment, and Recovery Act of 2018, which will direct the HHS to study ways to improve access to nonopioid pain management treatments.

In addition, we would encourage Congress to use provider-neutral language and include advanced practice registered nurse (APRN) roles into the final version of this legislation to expand access and care for patients.

Thank you again for your attention to this important issue. If you have any questions or would like additional information regarding the cases cited above, please feel free to contact Chris Rorick at chris.rorick@bryancave.com.

Sincerely,

Academy of Medical Surgical Nurses (AMSN)  Association of Rehabilitation Nurses (ARN)
Academy of Neonatal Nursing (ANN)  Gerontological Advanced Practice Nurses Association (GAPNA)
American Association of Critical Care Nurses (AACN)  Hospice and Palliative Nurses Association (HPNA)
American Association of Neuroscience Nurses (AANN)  Infusion Nurses Society (INS)
American Holistic Nurses Association (AHNA)  National Association of Clinical Nurse Specialists (NACNS)
American Nephrology Nurses’ Association (ANNA)  National Association for Home Care and Hospice (NAHC)
American Nurses Association (ANA)  National Black Nurses Association (NBNA)
American Psychiatric Nurses Association (APNA)  Oncology Nursing Society (ONS)
American Society of Pain Management Nurses (ASPMN)  VITAS
Association of Pediatric Hematology/Oncology Nurses (APHON)  Wound, Ostomy and Continence Nurses Society (WOCN)
References


