WHEREAS, Current Center for Medicare & Medicaid Services (CMS) Regulation §483.45(e) Psychotropic Drugs calls for a face-to-face evaluation between a provider and a patient residing in a skilled nursing facility to be done before an extension of PRN psychotropic medications is allowed past 14 days;

§483.45(e) Psychotropic Drugs

Based on a comprehensive assessment of a resident, the facility must ensure that—

1. Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;
2. Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;
3. Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and
4. PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident’s medical record and indicate the duration for the PRN order.

WHEREAS, we acknowledge that hospice patients have unique palliative care goals compared to their non-hospice counterparts in skilled nursing facilities;

WHEREAS, hospice patients receive frequent visits by hospice skilled nurses, which minimize the risk of any undesired effects of psychotropic medications;

WHEREAS, the hospice skilled nurse participates in a required bimonthly hospice interdisciplinary team meeting that includes the hospice medical director, which fulfills the intent of the regulation for careful provider oversight.
THEREFORE BE IT RESOLVED, that AMDA – The Society for Post-Acute and Long-Term Care Medicine work with appropriate stakeholders including the Centers for Medicare & Medicaid Services (CMS) and National Hospice and Palliative Care Organization (NHPCO) to demonstrate the fulfillment of the intent of §483.45(e) by the hospice program specifically regarding the attending physician or prescribing practitioner evaluation of the resident for the appropriateness of that medication;

AND BE IT FURTHER RESOLVED, that AMDA – The Society for Post-Acute and Long-Term advocate that Hospice patients should be exempt from Center for Medicare & Medicaid Services (CMS) Regulation §483.45(e).

FISCAL NOTE:
The fiscal impact of this is likely to be low. If adopted, this advocacy can be integrated into existing efforts and coalition work.

RESOLUTION RESULTS: <FOR AMDA OFFICE ONLY>