



MISSISSIPPI
ACADEMY
OF
FAMILY
PHYSICIANS

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Dear Chairman Polk:

When the Mississippi Board of Medical Licensure (Board) adopted new regulations and policies regarding the prescribing practices of physicians as it relates to controlled substances, the Board redefined the usual course of hospice practice. By requiring a face-to-face examination of a hospice patient by a medical director within a “reasonable period of time to see and evaluate the patient,” the Board ignored the national standard of care and usual course of professional practice in a hospice setting.

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 also 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 the 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.

Hospice patients are some of the most vulnerable patients physicians treat. 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. Hospice patients are examined, assessed, diagnosed, and monitored by a team of healthcare professionals with a medical director trusting his fellow physicians who diagnose and transfer the patient to hospice care while working with mid-level providers and other members of the multi-disciplinary team to maintain and adjust treatment as necessary. Please consider the unique and special circumstances of hospice patients as well as the impracticality of the Board policy that will result in either physicians having to close clinics to travel to the homes of hospice patients to see the patient face-to-face in order to issue a valid prescription or physicians to stop treating hospice patients because they can't make the new policy work within the confines of their everyday practices.

Family physicians are committed to working with all groups to curb the opioid crisis in the state and nation; however, hospice patients and this face-to-face requirement does not contribute to the national opioid crisis in general. This regulation and policy will not alleviate the crisis but will place an extra burden on our patients and their caregivers. Please support the language in S.B. 2781 as it would allow Mississippi physicians to treat hospice patients in accordance with the national standard and within the standard course of hospice practice.

With best regards,
David B. Wheat, MD, FAAFP

Katherine T. Patterson, MD, FAAFP

MAFP President

MAFP Legislative Chair

MISSION: Dedicated to advancing the specialty of Family Medicine and improving the health of all people in Mississippi.

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