

# **The Safe Disposal of Unused Medication Act of 2018**

**Senators Susan M. Collins (R-ME), Maggie Hassan (D-NH), Shelley Moore Capito (R-WV), Tammy Baldwin (D-WI), and Elizabeth Warren (D-MA)**

Under current federal regulations, hospice staff are not allowed to dispose of unused medications, even after a patient has died. As a result, dangerous medications with a high risk for diversion and misuse by those for whom the drug was never intended are frequently left in the home. This bill would amend the Controlled Substances Act to authorize hospice employees to handle controlled substances in a patient's residence in order to assist in drug disposal upon a patient's death or if a prescription has expired. It includes safeguards to protect families and communities from diversion.

**Hospice Staff Disposal Authority.** The bill would permit hospice staff (physicians, registered nurses, and nurse practitioners) to dispose of controlled substances when a patient dies or a medication expires, and requires:

- Qualified hospice programs to have a written policy and procedure for drug disposal in place to be distributed to a patient's family.
- Hospice employees, defined as doctors or registered nurses, to hold a mandatory conversation with a patient's family member or representative about drug disposal policies when a controlled substance is first ordered.
- All drug disposals to be documented in the clinical record.

This bill does not require any additional registration by hospice employees.

**No Preemption.** If a State already has in place requirements to allow an employee of a hospice program to dispose of controlled substances in the case of death or expiration of the medication, this law would not preempt those State laws.

**Hospice Physician Authority.** Often, patients in hospice experience changes in their plans of care or medication regimens. When that happens, leftover medications no longer necessary for care can create risk for diversion or misuse. This bill would allow the hospice physician to dispose unneeded medications if a patient's plan of care has been modified and the patient no longer needs the controlled substance.

NOTE: We were unable to extend the disposal authority to include emergency medical services professionals, such as paramedics. The national hospice stakeholders told us that EMS are not typically involved at end of life care. While we believe that it is important to extend disposal authority to EMS for other purposes, we will pursue that policy separately.