

**MINUTES OF THE MEETING OF THE STATE ADVISORY COUNCIL ON  
PALLIATIVE CARE AND QUALITY OF LIFE  
JUNE 26, 2020**

Alabama Department of Public Health (ADPH)  
The RSA Tower, Suite 1554 (Virtual)  
Montgomery, Alabama

**Members Present**

Rodney O. Tucker, M.D., M.M.M., Chair  
Karen Marlowe, Pharm.D., Co-Chair  
Kristi A. Acker, D.N.P.  
Gregory W. Ayers, M.D.  
John G. Beard, M.B.A.  
Richard J. Brockman, J.D.  
Amy L. McAfee, M.S.W.  
Leigh Ann Matthews, M.S.N.  
Timothy Mayhall, M.Div.  
Mary Ann Somers, M.A.Ed.  
John P. Miller, M.D.

**Member Absent**

Stormy Dismuke, M.S.N.

**Staff Present**

Mary G. McIntyre, M.D., M.P.H., Chief Medical Officer  
Dennis Blair, Bureau of Health Provider Standards (BHPS)  
LaKesha Hopkins, BHPS  
Faye Allen, BHPS

**Guests Present**

Angie Cameron Smith (Proxy for Richard J. Brockman)  
Samika L. Williams (Proxy for John G. Beard)  
Shelly Jeffrey (Proxy for Stormy Dismuke)  
Megan Lippe  
Brenda Melton

**CONSIDERATION OF THE MINUTES OF NOVEMBER 22, 2019:**

The Council recommended approval of the Minutes of November 22, 2019, as distributed; the motion carried unanimously.

**OPIOID PRESCRIBING AND REGULATION UPDATES:**

Dr. Rodney Tucker shared with the Council his concerns regarding the significant

shortage of IV Dilaudid and how it was impacting a lot of their patients. Dr. Karen Marlowe stated that the Drug Enforcement Agency sets the limits on how much can be manufactured each year and has to approve any increase in production. She said there were two different manufacturers of Dilaudid and Midazolam that have been approved for increased allotments in production, but it will probably be several months before the production lines begin this process. Dr. Tucker asked Dr. Marlowe and Dr. Gregory Ayers to research the shortage situation to determine if other areas of patient care have been affected. Dr. Tucker informed the group that he would add the subject of the Dilaudid shortage to the agenda for the next meeting.

#### **COVID-19 IMPACT ON PALLIATIVE CARE AND HOSPICE PATIENTS:**

There was discussion and sharing of information from Dr. Mary McIntyre, Council members, and other guests present regarding the impact of COVID-19, particularly in patients with serious illness.

Dr. McIntyre stated that there had not been any improvements regarding COVID-19. She shared with the Council the most recent number of positive cases of COVID-19 in Alabama, the number of deaths, the actual percent positive, and the positive cases in the long-term care setting.

Mr. Dennis Blair shared with the Council that he had not seen any large increases of positive cases in the nursing homes like there was early on during the pandemic; however, staff was beginning to see increases in the assisted living facilities and the specialty care assisted living facilities.

Dr. Tucker told the group that there had been some concern about the positive cases of the employees in the medical facilities and the impact it has had on their resiliency and burnout. He also stated that they had continued to hear and witness hospice organizations not being allowed in nursing homes when they had a hospice patient.

Ms. Angie Cameron Smith stated that the Alabama Nursing Home Association (ANHA) would now allow family members to visit residents not just for end of life, but also in compassionate care circumstances. She acknowledged that the ANHA would prohibit any type of sitters or someone from outside the facility to enter the facility for the management of activities of daily living for the residents, as they would be considered visitors. She stated that once the virus was in the building, it was extremely difficult to contain, so they were vigilant about monitoring the residents to ensure their safety.

Ms. Shelly Jeffrey reported that each facility is different, but that most of the facilities do not allow their home care aide to enter the facility. She voiced concern that the nursing home staff had to provide this care without support.

Mr. Richard Brockman stated that the balance is preventing COVID-19 from coming into the building versus the burden of residents not having access to pastors, hospice, on-site physician visits, as well as home health visits in the assisted living facilities.

Ms. Leigh Ann Matthews shared that they had a very difficult time obtaining equipment from the manufacturers and there was currently a backorder on oxygen concentrators, hospital beds, and a very limited supply of personal protective equipment.

Mr. Timothy Mayhall stated that their role had shifted significantly from providing spiritual care services into staff support and communications specialists to provide their palliative care patients with their social and spiritual resources.

Mr. John Beard commented that under the CARES Act, both home care agencies and hospices were prepaid millions of dollars by Medicare. This was based upon the previous utilization and reimbursement by these agencies and organizations. They received a percentage of billions of dollars spread among all providers. Some of the providers who have reexamined

their utilization and payments have sent money back to Medicare. He stated that Medicare had put everyone on notice that if their utilization patterns changed a lot, they were going to cut funding. Mr. Beard also stated that he had not seen any data from the trade associations and CMS had not published any data out to indicate there was any wrongdoing at this point, but that it was just a concern.

Ms. Kristy Acker informed the Council that she had Ms. Brenda Melton, an assisted living guest, with her on the call. Ms. Melton asked if the facility was not comfortable in allowing agencies to come in the facility to provide care that otherwise was not appropriate in assisted living, would they be held accountable for that as it relates to the compliance with the state rules and regulations in light of COVID-19. Ms. Melton also asked if she was able to train her staff to provide the care in-house and not allow the agencies to come into the facility, would she be held accountable at survey time?

Mr. Brockman suggested that the various organizations and ADPH discuss how hospice staff can get access back into facilities, as well as facilities become comfortable knowing that there is an adoptive convention that ADPH approved so that they can reopen that part of these care modules.

Mr. Blair stated that the current focus for the nursing homes was infection control surveys, and that as long as they followed what CMS allows or the Centers for Disease Control and Prevention guidelines, BHPS would be fine.

Dr. Tucker asked the Council members to forward to him any guidance or communication they received or early thought conventions, about allowing hospice staff in to facilities where patients may reside and require extra levels of care, to include long term care, skilled nursing, and assisted living. He suggested that, if it was the pleasure of the Council, the

Council should issue a statement on how to achieve a balanced approach. He further suggested a small subgroup of the Council work on the draft of this statement.

**ALABAMA CONVERSATION PROJECT:**

Currently, the Alabama Conversation Project has been put on hold because of the COVID-19 pandemic. Dr. Tucker stated that the Council would look at this project again in the next 2 or 3 months.

**SOUTHEAST INNOVATION SUMMIT:**

The Southeast Innovation Summit, which was originally scheduled in May, then postponed until September, was postponed again until November 16-20, 2020, and had been converted to a virtual summit.

**NEXT MEETING DATE:**

The next meeting of the Council is scheduled for August 7, 2020.

---

Rodney O. Tucker, M.D., M.M.M., Chair  
State Advisory Council on Palliative Care and Quality of Life

---

Jacqueline D. Milledge, Acting Director  
Bureau of Health Provider Standards  
Alabama Department of Public Health

Approved August 20, 2021