

**POST-ACUTE AND LONG-TERM CARE MEDICAL ASSOCIATION
HOUSE OF DELEGATES**

RESOLUTION B25

**SUBJECT: OVERSIGHT OF PRN ANTIPSYCHOTIC DRUGS FOR HOSPICE PATIENTS
IN SKILLED NURSING AND LONG-TERM CARE FACILITIES**

**INTRODUCED BY: MINNESOTA ASSOCIATION OF GERIATRIC INSPIRED
CLINICIANS (MAGIC)**

INTRODUCED ON: MARCH 2025

1 **Whereas**, Current Center for Medicare & Medicaid Services (CMS) Regulation §483.45(e)
2 Psychotropic Drugs calls for a face-to-face evaluation between a provider and a patient residing
3 in a skilled nursing facility (SNF) to be done before an extension of PRN anti-psychotic
4 medications is allowed past 14 days; and
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6 **Whereas**, we acknowledge that hospice patients have unique palliative care goals compared to
7 their non-hospice counterparts in SNFs; and
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9 **Whereas**, hospice patients in SNFs receive frequent visits by hospice skilled nurses, which
10 minimize the risk of any undesired effects of psychotropic medications; and
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12 **Whereas**, the hospice skilled nurse participates in a required bimonthly hospice interdisciplinary
13 team meeting that includes the hospice medical director, which fulfills the intent of the
14 regulation for careful provider oversight; therefore be it
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16 **RESOLVED**, that our Post-Acute and Long-Term Care Medical Association (PALTmed) work
17 with appropriate stakeholders including the Centers for Medicare & Medicaid Services (CMS)
18 and National Hospice and Palliative Care Organization (NHPCO) (soon to be renamed National
19 Alliance for Care at Home) to demonstrate the fulfillment of the intent of §483.45(e) by the
20 hospice program specifically regarding the attending physician or prescribing practitioner
21 evaluation of the resident for the appropriateness and renewal of the PRN anti-psychotic
22 medication; and be it further
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24 **RESOLVED**, that our Post-Acute and Long-Term Care Medical Association (PALTmed)
25 advocate that Hospice patients in SNFs should be exempt from Center for Medicare & Medicaid
26 Services (CMS) Regulation §483.45(e).

FISCAL NOTE:

If passed by the House of Delegates and adopted as Association policy by the Board of Directors, this resolution could have no financial impact, as it would be incorporated into PALTmed's existing and ongoing advocacy and coalition work.

**RESOLUTION RESULTS: < FOR PALTmed OFFICE ONLY >****REFERENCES**

- <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>
 - §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.

(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.

The required evaluation of a resident before writing a new PRN order for an antipsychotic entails the attending physician or prescribing practitioner directly examining the resident and assessing the resident's current condition and progress to determine if the PRN antipsychotic medication is still needed.