



American Society of Clinical Oncology



February 23, 2017

Representative Patricia Hymanson
Chair, Committee on Health and Human Services
2 State House Station
Augusta, ME 04333

Dear Madam Chair,

The American Society of Clinical Oncology (ASCO) and the Northern New England Clinical Oncology Society (NNECOS) are pleased to support your legislation, Maine LD 273, to expand the exception to the requirement to check prescription monitoring information when a health care professional prescribes opioids to a person suffering from pain associated with cancer treatment or end-of-life, palliative or hospice care.

ASCO is the world's leading professional society representing physicians who care for people with cancer. With more than 40,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care. NNECOS is a professional society whose mission is "to assure the availability of and access to high quality oncology care in our region." NNECOS represents more than 500 oncology professional members in Vermont, New Hampshire and Maine.

The [ASCO Policy Statement on Opioid Therapy: Protecting Access to Treatment for Cancer-Related Pain](#) includes principles to balance the public health concerns regarding the abuse and misuse of prescription opioids with the need to ensure access to appropriate pain management for cancer patients and survivors.

Across the country, many of the new policies that limit or otherwise affect opioid prescribing specifically exempt patients who have cancer-related pain. This reflects the recognition that the cancer patient population is special and often undergoes drastic treatment for severe, frequently life-threatening diseases.

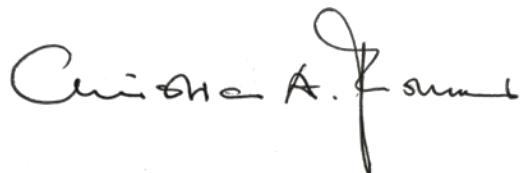
From the clinical perspective, there is broad agreement that opioid therapy is generally the first-line approach for moderate to severe chronic pain associated with active cancer, whether or not the patient is receiving anti-cancer therapy. For this group of patients, access to opioids must be assured, and laws and regulations intended to address abuse and diversion should be crafted to avoid creating impediments to this treatment—particularly since there is no evidence that the treatment of cancer pain has in any way contributed to these problems.

Thank you for sponsoring LD 273. If you have questions or would like assistance from ASCO on any issue involving the care of individuals with cancer, please do not hesitate to contact Jennifer Brunelle at jennifer.brunelle@asco.org.

Sincerely,



Daniel F. Hayes, MD, FACP, FASCO
President
American Society of Clinical Oncology



Christian A. Thomas, MD
President-Elect
Northern New England Clinical Oncology Society