



**Maine Joint Standing Committee on Health and Human Services**

**Statement in Support of LD 273 and LD 1031**

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Members of the Committee, I am Dr. Tracey Weisberg, an oncologist from New England Cancer Specialists in Scarborough, Maine. We see 3200 new patients each year with cancer and blood disorders. Last year we had 59,000 patient visits in our three offices in Kennebunk, Scarborough and Brunswick. Our Practice is a MEDICAL HOME and we are active participants in the CMS Oncology Care Model along with 192 other practices across our country.

Thank you for the opportunity to speak today in strong support of LD 273 and LD 1031 on behalf of the Northern New England Clinical Oncology Society (NNECOS) and the American Society of Clinical Oncology (ASCO). We share the [ASCO Policy Statement on Opioid Therapy: Protecting Access to Treatment for Cancer-Related Pain](#) for your background, and offer NNECOS and ASCO as a resource to you on any issue involving the care of cancer patients.

Along with all of you, we are concerned about the epidemic of opioid use disorder and support efforts in Maine to address the problems with prescription drug abuse, while ensuring initiatives do not have the unintended consequence of limiting access to appropriate medical opioid therapy for patients with cancer.

Opioid therapies are often an essential component of treating cancer patients and are used during all phases of treatment. We have made advances in cancer treatment, and many of our survivor/victors cope for months and years with the delayed side effects of curative as well as life prolonging cancer therapies. There is broad agreement from the clinical perspective that opioid therapy is generally the first-line approach alone or in combination with other medications, for moderate to severe pain associated with active cancer, whether or not the patient is receiving anti-neoplastic therapy.

Cancer survivors often suffer recognized post-cancer or treatment syndromes, and others present with less common, potentially unique, but nevertheless, very real post-treatment pain syndromes. More commonly recognized post-cancer pain syndromes include inflammation of peripheral nerves from chemotherapy (peripheral neuropathy), painful swollen limbs (lymphedema), post-surgical pain syndromes such as phantom limb pain, pain from rejection of normal tissues (graft versus host disease after transplant), or post-radiation therapy nerve syndromes.

We believe patients with cancer and survivors should be exempt from regulations restricting access to or limiting doses of prescription opioids in recognition of the unique nature of their disease, and treatments for their disease and potentially life-long adverse health effects from having had cancer. Recognizing this, many of the new opioid prescribing policies across the country specifically exempt patients who have cancer-related pain.

We urge the committee to pass LD 273 and LD 1031 and enact exemptions for patients with cancer in all phases of treatment from initial therapy through disease palliation and end of life care. Thank you.

*NNECOS represents more than 500 oncology professional members in Vermont, New Hampshire and Maine and our mission is to assure the availability of and access to high quality oncology care in our region. ASCO represents physicians who care for people with cancer and its mission is to ensure that cancer patients have meaningful access to high quality cancer care.*