

The Opioid Epidemic's Effect on Cancer Patients

BY JILL GILBERT, MD



The American Society of Clinical Oncology (ASCO) policy statement on opioid therapy notes that “the escalation of abuse, addiction, and diversion of opioids—both prescription pain medications and illicit drugs—has led to declaration of an ‘opioid epidemic’ in the United States.”¹ Over recent months, both state and federal governments have focused increasing attention on efforts to prevent further abuses and respond to the current situation. Legislative policy is being developed state by state with the goal of stemming the tide of opioid abuse. A number of states—including Tennessee—have proposed “opioid bills” that regulate opioid prescribing.

The nation’s opioid crisis is a devastating public health problem. As policymakers seek legislative solutions, it is imperative to recognize that broad opioid bills that do not specifically address the issue of different types of pain run the risk of harming our vulnerable cancer patient population in terms of adequately treating cancer-related pain.

Act Locally

The Tennessee Oncology Practice Society (TOPS) recognized that this opioid legislative “push” would occur soon after the end of last year’s legislative session. To educate and advocate on behalf of our patients, TOPS decided to proactively position itself in an

advisory role to our state legislature before the fall 2017 legislative session. TOPS identified several steps to accomplish this:

- 1. Hire a professional.** The first step was to hire a seasoned lobbyist who could provide direct engagement with policymakers, establish a network of allies for clients, and position resources to maximize the most favorable result on existing and emerging policy. TOPS found its lobbyist by asking local advocacy groups (including our member hospitals) for recommendations.
- 2. Introduce TOPS to legislative leadership.** In the summer (before the legislative session), TOPS leadership met with key legislators who sit on the committees that would handle opioid legislation, including the Health Committees, Insurance and Banking, Finance, and Ways and Means. In some cases, TOPS members traveled to meet with legislators in their home counties. The goal of these meetings was to introduce our society and discuss our mission. When speaking with legislators, we encouraged them to call on TOPS should any cancer-related issues arise for which they wanted input or expertise. Importantly, at this time, we did not have an “ask.” Instead, we allowed the legislators to discuss the issues they deemed most important. We listened.

- 3. Develop a targeted strategic plan.** To “have a seat at the table,” we needed to show up at opioid-related government events and display focused expertise in this area. Thus, we identified a TOPS member with special expertise in oncology supportive care. We then arranged for our member to meet with the co-sponsors of opioid legislation to discuss concerns from the oncology standpoint. We contacted the director of the Department of Health and received an invitation for our member to participate in the Tennessee State “Opioid Summit” as an expert stakeholder. TOPS was present for the Governor’s Press Conference on Opioid Legislation. When the details of the bill emerged, we identified concerns related to cancer care. Having established a relationship focused around education and expertise, our TOPS member was invited to a small stakeholders meeting with the governor’s staff and helped to steer the meeting by coherently and effectively voicing our concerns. In turn, our lobbyist was invited to a special House Committee meeting on this bill, and we have been told that TOPS “will have a seat at the table” when bills are crafted or amended on this topic.
- 4. Identify allies and collaborators.** As a result of our participation in the governor’s stakeholder meeting, multiple



organizations with overlapping concerns (including the Tennessee Medical Association) have reached out to TOPS to collaborate on negotiating bills and amendments; our collective voice is stronger than one organization. We also contacted an ASCO state society advocacy and policy specialist. ASCO crafted a joint letter (TOPS and ASCO) that we brought to the House Committee. The letter noted the following:


While these provisions take proactive steps towards identifying aberrant opioid prescribing practices, we are concerned that other aspects of the bill do not fully take into account factors specific to specialized patient populations that may legitimately influence prescribing patterns. In order to help the measure work more seamlessly with the demands of cancer care, we would like to offer the following improvements to HB 1813:

- **All patients with cancer-related pain should be exempt from fill-limit requirements.** Cancer patients are a

special population and should be largely exempt from regulations that jeopardize their access to the prescription drugs used to treat cancer pain. As the measure is currently written, it only exempts opioid-naïve patients undergoing active cancer treatment from fill limits. Many cancer survivors continue to suffer with cancer-related pain post-treatment. We are concerned these patients will have reduced access to care if the qualifiers of “malignant pain” and “active cancer treatment” are preserved.

- **Physician practices should be allowed to “batch” check patients at the front end.**

This would involve a delegated practice staff member checking each day’s patients in a “batch” at the beginning of the day, or up to 24 hours beforehand, depending on what the practice knows about the needs of these patients in advance. This practice further relieves administrative burden for the physicians and their staff.

Effective advocacy stems from planning, strategy, and engagement. By taking proactive steps, TOPS has made strides on the state level to make exceptions to opioid regulation when it comes to the treatment and pain management of our patients with cancer. 

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Reference

1. American Society of Clinical Oncology. ASCO Policy Statement on Opioid Therapy: Protecting Access to Treatment for Cancer-Related Pain. Available online at: [asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/documents/2016-ASCO-Policy-Statement-Opioid-Therapy.pdf](https://www.asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/documents/2016-ASCO-Policy-Statement-Opioid-Therapy.pdf). Last accessed February 20, 2018.