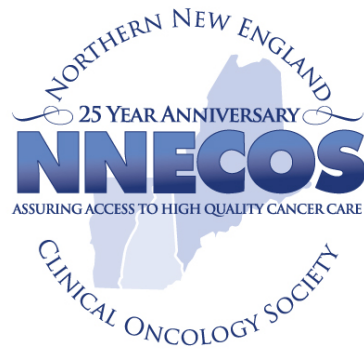




American Society of Clinical Oncology

*Making a world of difference in cancer care*



October 27, 2016

David Englander  
Vermont Department of Health  
108 Cherry Street  
Burlington, VT 05402

**Re: Vermont Department of Health Proposed Rule Governing the Prescribing of Opioids for Pain (Rule Number 16P047)**

Dear Mr. Englander,

The American Society of Clinical Oncology (ASCO) and the Northern New England Clinical Oncology Society (NNECOS) appreciate the opportunity to comment on the proposed changes to the Vermont (VT) Department of Health's Rule Governing the Prescribing of Opioids for Pain. ASCO is concerned about the epidemic of opioid use disorder and supports efforts to address the widespread problems of opioid misuse and abuse. We write this letter to obtain clarification of the proposed changes.

ASCO is the national organization representing over 40,000 physicians and other healthcare professionals specializing in cancer treatment, diagnosis and prevention. 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. ASCO and NNECOS members are dedicated to conducting research that leads to improved patient outcomes, and are committed to ensuring that evidence-based practices for the prevention, diagnosis and treatment of cancer are available to all Americans.

ASCO and NNECOS appreciate that the proposed rule exempts from the opioid prescribing limits prescriptions for pain associated with active and aftercare cancer treatment. To make clear that other aspects of the rule do not have the unintended consequence of limiting access to appropriate pain management for cancer patients and survivors, we request that you consider the following clarification to section 9.1 of the rule: "9.1 A prescriber is exempt from the limits AND OTHER REQUIREMENTS on opioid medication prescribing established THROUGHOUT ~~in~~ this rule only when prescribing for:".

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 therapy for cancer. For this group of patients, access to opioids must be assured, 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.

Across the country, many of the new laws, guidelines, and regulations that limit 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. ASCO and NNECOS urge you to ensure that VT cancer patients are exempt from regulations intended to restrict access to or limit doses of opioids, in recognition of the unique nature of the disease, its treatment, and potentially life-long sequelae.

ASCO offers its policy statement, "[ASCO Policy Statement on Opioid Therapy: Protecting Access to Treatment for Cancer-Related Pain](#)," as a resource to you, and stands ready to assist you on this subject. For additional information, please contact Jennifer Brunelle at ASCO at [jennifer.brunelle@asco.org](mailto:jennifer.brunelle@asco.org).

Sincerely,



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



Steven Ades, MD, MSCE, FRCPC  
President  
Northern New England Clinical Oncology Society