

TEXAS ONCOLOGY

Good morning Chairman Gonzales and members of the Sunset Commission. Thank you for allowing me the opportunity to speak with you today.

I appreciate the work the Sunset Commission is doing through the Texas Medical Board to address the prescription drug abuse epidemic that is affecting every community in America. Like cancer, it seems as though everyone's family or friends have been touched by controlled substance abuse. It is important though that policies enacted to improve the health of Texans by facilitating better control over controlled substances don't diminish appropriate utilization of supportive care drugs in our most vulnerable Texans requiring treatment and support for cancer and other terminal illnesses.

What I will summarize for you in consideration of an exemption for oncology and hospice patients in a PDMP are five basic points:

1. We would like to work with you on meaningful policy to diminish controlled substance abuse.
2. Failing to exempt vulnerable patients from these policies will increase suffering among the most vulnerable Texans.
3. As abuse and diversion are rare among these populations of patients, exemption would be low risk to the policies effectiveness.
4. We will present guidance from the American Medical Association, Centers for Disease control, and American Society of Clinical Oncology that cancer and hospice patients should be exempted from such policies, and
5. I will provide examples from other states experience with similar policies.

We all are touched by cancer. One in two men and one in three women will be affected by cancer in their lifetime. Thankfully, most of the time cancer is curable, but sometimes it is not. One-in-three cancer patients will need to be prescribed a controlled substance at some point during their care.

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I am here today to speak on behalf of Texas Oncology where I serve as a Vice President and the Texas Society of Clinical Oncology where I serve as the Secretary and draw your attention to the potential impact felt by community cancer care when discussing mandated use of prescription drug monitoring programs.

I can speak to you about the impact of appropriate palliation on cancer patients because I am an oncologist in my community here in Austin. My practice treats your constituents as we treat one out of every two cancer patients in Texas at our 175 locations across the state. We specialize in delivering state of the art care in our comprehensive cancer centers, and our patients enjoy the benefit of access to clinical trials, as well as access to the ground breaking Texas Center for Proton Therapy located in Dallas, one of only two proton therapy centers in the state.

I say all of this to point out the sheer breadth of our reach across Texas, our window into issues in cancer care nationally, and the appreciation that we are treating your constituent's with cancer.

All in all Texas Oncology treats 350,000 patients a year, 210,000 of which are diagnosed with cancer.

It is an exciting time to work in oncology because we have turned the corner and are now winning the war on cancer. We are at the stage where cures long dreamed of are becoming available. And if a cure is not possible, what has been a terminal illness can now be treated as a chronic disease. Unfortunately though, in many cases still, the most important service an oncologist can provide is palliative care—to alleviate pain and suffering, so that what days that remain for our patients with terminal cancer are of the highest quality for them.

I would like to address the potential move to mandate that prescribers use the prescription drug monitoring program- potentially without any exemptions granted to those caring for cancer patients.

As mentioned, about one-third of all cancer patients are prescribed an opioid by their oncologist during their disease. Sometimes the most meaningful way I palliate patients is through supportive care medications to alleviate their symptoms—anti nausea medications to relieve chemotherapy induced nausea and vomiting, anti-anxiety medications to allow them to manage their fears of how cancer will affect their families, and pain medications to mitigate the pain of cancer eating away at other organ systems.



Despite frequent use of palliative medications among cancer patients, abuse and diversion among cancer patients remains rare. As such, multiple professional medical associations and many states have recognized the health care needs of cancer patients outweigh the small risks of abuse and diversion because of the elimination of suffering for this vulnerable population and have exempted them from these policies.

The American Medical Association's Task Force to Reduce Opioid Abuse concluded in their position paper a reference encouraging PDMP's allowance for "common-sense exemptions for certain, vulnerable patient populations (e.g. cancer...)

The American Society of Clinical Oncology's Policy Brief on Opioid Therapy and Access to Treatment provides information about the unique nature of pain in cancer patients;

And even the Center for Disease Control's Guideline for Prescribing Opioids for Chronic Pain serves to highlight in the first line of their abstract that these guidelines are for "chronic pain outside of active cancer treatment, palliative care, and end-of-life care". The CDC also recognizes the unique nature of pain management in cancer care.

States such as Maryland, Ohio, Kentucky and most recently Arizona have all provided exemptions for the mandatory checking of cancer patients' prescription histories.

Moreso, states like Kentucky that initially did not exempt their most vulnerable patients from the PDMP later went back and amended the policy because of the recognition that the most vulnerable patient populations were suffering as a consequence of the policy.

I thank you for considering my comments and hope that you will consider exempting checking the prescription drug histories of cancer patients from any mandates on PDMP use as you consider the review of the Texas Medical Board. I hope you will think of your impact on this policy as you see Texans touched by cancer and know how you have helped them live better. I would be happy to answer any questions now or in the future.

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Thank you for your service.

Sincerely,

Debra Patt, MD MPH MBA

Vice President, Texas Oncology