June 19, 2018

The Honorable Greg Walden
Chairman
House Energy and Commerce Committee
United States House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member
House Energy and Commerce Committee
United States House of Representatives
2322A Rayburn House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Chairman
Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
1139E Longworth House Office Building
Washington, DC 20515

Dear Chairmen Walden and Brady, Ranking Members Pallone and Neal,

The Oncology Nursing Society (ONS) thanks you for your efforts to work in a bipartisan manner to address the nation’s opioid crisis and for your recognition that nurses are a vital resource in the provision of quality healthcare and pain management. ONS also appreciates your attention to the unique needs of patients with cancer and your vigilance in ensuring that opioid legislation does not inadvertently restrict their access to medications, including opioids, to relieve their pain and suffering.

As the House continues its deliberations on opioid legislation, ONS urges your consideration of the following bills which impact oncology nurses and patients with cancer.

**Utilizing Nurse Practitioners (and other APRNs) to combat opioid crisis**
ONS greatly appreciates that H.R. 6, the SUPPORT for Families and Communities Act, includes Section 303, *Allowing for More Flexibility with Respect to Medication-Assisted Treatment for Opioid Use Disorders*. This important provision would permanently authorize Nurse Practitioners (NPs) to administer MAT treatment to patients suffering from opioid addiction and also extends that authorization for five years to other Advanced Practice Registered Nurses (APRNs) as a way to combat the opioid crisis. ONS applauds this provision to allow NPs to practice to the full scope of their licensure and training to help patients suffering from opioid misuse.

**Investing in Research & Innovation in Pain Management**
ONS supports increased federal funding for research into pain management, including alternatives that may be less addictive than opioids. ONS supports these two bills:

- ONS greatly appreciates that H.R. 6, the SUPPORT for Families and Communities Act, includes Sections 7041 and 7042, the *ACE Research Act*, which gives NIH more flexibility to approve “high impact, cutting-edge projects” to combat opioid abuse, including finding pain treatment alternatives that are less addictive than opioids.
ONS supports the Opioids and STOP Pain Initiative Act (H.R. 4733/S. 2260), which appropriates $5 billion over five years for NIH-directed pain research to better understand pain, therapies for chronic pain, and alternatives to opioids for pain research.

Restrictions on Patient Access to Opioids – Exempt Patients with Cancer
ONS urges careful consideration of any legislation or regulation to restrict access to opioids that could harm patients with cancer who need prescribed opioids to alleviate cancer pain. The availability of opioids to treat cancer pain is vital to ensure that patients are comfortable during their illness and treatment, and especially at the end of life. Patients under treatment for cancer, as well as cancer survivors who may be receiving pain medications as a result of side effects from cancer treatment, must be exempted from any opioid restrictions that could impede access to pain care.

• ONS supports a provision in S. 2680 (which was reported out of the Senate HELP Committee) requiring HHS to study the impact of federal and state opioid laws and regulations that limit the length, quantity, or dosage of opioid prescriptions and study the effect of these restrictions on access for patients with serious illness, including cancer.

• ONS is pleased with the inclusion of exemptions for hospice, palliative care and patients with cancer in Sections 104 and 105 of H.R. 6. Without these critical exemption protections, ONS was concerned that patients with cancer would be harmed by Medicaid program restrictions on dosage, duration of an opioid prescription, and limitations on the number of prescribers from whom patients with cancer could receive their opioid medications. During future deliberation, ONS also encourages you to include an exemption for cancer survivors who may still be receiving pain medication for side effects from past cancer treatment.

Quality Pain Management – Support Palliative Care Training
ONS supports legislative efforts to improve pain management education and training of healthcare professionals who prescribe pain medications, including opioids. ONS believes that palliative care is a critical part of any pain management training, particularly for providers caring for patients with cancer.

• ONS supports increased federal funding for nurse faculty and nurse training in palliative care, which includes quality pain management to alleviate patient suffering from serious illnesses, including cancer. ONS urges passage of the bipartisan Palliative Care Hospice Education and Treatment Act (“PCHETA”) H.R. 1676/S. 693.

The Oncology Nursing Society (ONS) is a professional organization of over 39,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high-quality care for people with cancer.

For more information or any questions on the ONS position on opioids, please do not hesitate to reach out to ONS Director of Government Affairs Dede Sweeney at dsweeney@ons.org.

Sincerely,

Laura Fennimore, RN, DNP. NEA-BC
President, Oncology Nursing Society