Advancing Research and Treatment for Pain Care Management

**Summary:** Authorizes an Institute of Medicine Conference on Pain Care to evaluate the adequacy of pain assessment, treatment, and management; identify and address barriers to appropriate pain care; increase awareness; and report to Congress on findings and recommendations. Also authorizes the Pain Consortium at the National Institutes of Health to enhance and coordinate clinical research on pain causes and treatments and requires the creation of an Interagency Pain Research Coordinating Committee. Establishes a grant program to improve health professionals’ understanding and ability to assess and appropriately treat pain.

**Status update:** On June 29, 2011, the Institute of Medicine (IoM) released its report regarding pain care management – one day in advance of the statutory deadline of June 30.

**Next steps:**
- July 15, 2010 -- the National Institutes of Health (NIH) announced the establishment of the Interagency Pain Research Coordinating Committee and the filing of its charter, stating the duration of the Committee is 2 years. (Statutory requirement: must have been established by March 23, 2011)
- October 28, 2010 – The IoM announced that a new consensus study regarding pain care research, care, and education.
- November 22 and 23, 2010 – IoM's first meeting on this topic
- January 4, 2011 – IoM’s second meeting on this topic.
- January 18, 2011 – IoM announced the third meeting on this topic for February 8. Registration required.
- January 31, 2011 – IoM requested comments about pain care management.
- February 8, 2011 – IoM’s third meeting on this topic.
- April 4, 2011 – Comments due to the IoM regarding pain care management.
- June 29, 2011 – IoM releases its report regarding pain care management.

**Additional information:**
- IoM June 29, 2011 report -- [http://click.newsletters.nas.edu/?ju=fe2c15727662047e7c1374&ls=fe011271706c007c76147174&m=fed1276756204&l=fe9716717c61067875&s=fe2012777561037a7d1370&jb=ffcf14&t=](http://click.newsletters.nas.edu/?ju=fe2c15727662047e7c1374&ls=fe011271706c007c76147174&m=fed1276756204&l=fe9716717c61067875&s=fe2012777561037a7d1370&jb=ffcf14&t=)
- IoM February 8, 2011 meeting announcement – [http://iom.edu/Activities/PublicHealth/PainResearch.aspx?utm_medium=etmail&utm_source=Institute%20of%20Medicine&utm_campaign=02.08.11+Meeting+-+Advancing+Pain+Research%2c+Care%2c+and+Education&utm_content=Advancing%20Pain%20Research%2c%20Care%2c%20and%20Education&utm_term=Commercial](http://iom.edu/Activities/PublicHealth/PainResearch.aspx?utm_medium=etmail&utm_source=Institute%20of%20Medicine&utm_campaign=02.08.11+Meeting+-+Advancing+Pain+Research%2c+Care%2c+and+Education&utm_content=Advancing%20Pain%20Research%2c%20Care%2c%20and%20Education&utm_term=Commercial)
• Registration for the February 8, 2011 meeting --
  http://www.surveygizmo.com/s3/442739/HSP-Meeting-3-Public-Session-Advancing-Pain-
  Research-Care-and-Education

• IoM January 4, 2011 meeting announcement --
  http://www.iom.edu/Activities/PublicHealth/PainResearch/2011-JAN-
  04.aspx?utm_medium=email&utm_source=Institute%20of%20Medicine&utm_campaign=1
  2.30.10+Meeting+Alert&utm_content=Meetings%20&%20Events&utm_term=Commercial

• Registration for the January 4, 2011 IoM meeting –

• November 22 and 23, 2010 IoM information --
  http://www.iom.edu/Activities/PublicHealth/PainResearch/2010-NOV-22.aspx

• October 28, 2010 IoM notice regarding pain consensus study --
  http://www.iom.edu/Activities/PublicHealth/PainResearch.aspx?utm_medium=email&utm
  _source=Institute%20of%20Medicine&utm_campaign=10.28.10+Activity+-
  +Omics%2c+Pain+Research%2c+Preventive+Services+for+Women&utm_content=New%2
  0Activities&utm_term=Commercial

• July 15, 2010 Federal Register notice -- http://edocket.access.gpo.gov/2010/2010-
  17261.htm

• Consensus statement supporting HR 756/S 660 -- http://www.painfoundation.org/take-
  action/natl-efforts/consensus-statement.html

• HR 756 -- http://hdl.loc.gov/loc.uscongress/legislation.111hr756

• S 660 -- http://hdl.loc.gov/loc.uscongress/legislation.111s660

• American Pain Care press release regarding provisions --
  http://www.ampainsoc.org:8000/advocacy/legislative.htm

• American Academy of Pain Medicine statement --
  http://painmed.org/WorkArea/DownloadAsset.aspx?id=3277

• American Pain Foundation statement -- http://www.painfoundation.org/newsroom/press-

**Long Summary:**

**Pain conference.** Not later than 1 year after funds are appropriated, the Secretary must enter into an agreement with the Institute of Medicine (or another appropriate entity) to convene a Conference on Pain that will (1) increase the recognition of pain as a significant public health problem in the United States; (2) evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain; (3) identify barriers to appropriate pain care; and (4) establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care, education, and clinical care in the United States. Not later than June 30, 2011, the funded entity must submit to Congress a report summarizing the Conference's findings and recommendations.

**NIH Research.** Encourages the Director of the National Institutes of Health (NIH) to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain. Requires the Pain Consortium to make annual recommendations on appropriate pain research initiatives to be carried out with funds from the Common Fund (or similar trans-agency activities). Not later than March 23, 2011, the Secretary must establish an Interagency Pain Research Committee to coordinate all efforts within HHS and
other Federal agencies that relate to pain research. The Committee will be comprised of: 7 voting Federal representatives; 6 voting non-Federal members appointed from among scientists, physicians, and other health professionals; and 6 voting members appointed from members of the general public, who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions. The Committee must (1) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain; (2) identify critical gaps in basic and clinical research on the symptoms and causes of pain; (3) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort; (4) make recommendations on how best to disseminate information on pain care; and (5) make recommendations on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.

**HRSA program.** Authorizes such sums for FYS 2010-2012 for grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in the diagnosis, treatment, or management of acute or chronic pain. Recipients must agree to provide information and education on specified topics. Defines pain care as “the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.”

**Legislative text:**

SEC. 4305. ADVANCING RESEARCH AND TREATMENT FOR PAIN CARE MANAGEMENT.

(a) INSTITUTE OF MEDICINE CONFERENCE ON PAIN.—
(1) CONVENCING.—Not later than 1 year after funds are appropriated to carry out this subsection, the Secretary of Health and Human Services shall seek to enter into an agreement with the Institute of Medicine of the National Academies to convene a Conference on Pain (in this subsection referred to as “the Conference”).
(2) PURPOSES.—The purposes of the Conference shall be to—
(A) increase the recognition of pain as a significant public health problem in the United States;
(B) evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain;
(C) identify barriers to appropriate pain care;
(D) establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the United States.
(3) OTHER APPROPRIATE ENTITY.—If the Institute of Medicine declines to enter into an agreement under paragraph (1), the Secretary of Health and Human Services may enter into such agreement with another appropriate entity.
(4) REPORT.—A report summarizing the Conference’s findings and recommendations shall be submitted to the Congress not later than June 30, 2011.
(5) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this subsection, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2010 and 2011.

(b) PAIN RESEARCH AT NATIONAL INSTITUTES OF HEALTH.— Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

SEC. 409J. PAIN RESEARCH.

(a) RESEARCH INITIATIVES.—
(1) IN GENERAL.—The Director of NIH is encouraged to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain.
(2) ANNUAL RECOMMENDATIONS.—Not less than annually, the Pain Consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, shall develop and submit to the Director of NIH recommendations on appropriate pain research initiatives that could be undertaken with funds reserved under section 402A(c)(1) for the Common Fund or otherwise available for such initiatives.
(3) DEFINITION.—In this subsection, the term ‘Pain Consortium’ means the Pain Consortium of the National Institutes of Health or a similar trans-National Institutes of Health coordinating entity designated by the Secretary for purposes of this subsection.

(b) INTERAGENCY PAIN RESEARCH COORDINATING COMMITTEE.—
(1) ESTABLISHMENT.—The Secretary shall establish not later than 1 year after the date of the enactment of this section and as necessary maintain a committee, to be known as the Interagency Pain Research Coordinating Committee (in this section referred to as the ‘Committee’), to coordinate all efforts within the Department of Health and Human Services and other Federal agencies that relate to pain research.
(2) MEMBERSHIP.—
(A) IN GENERAL.—The Committee shall be composed of the following voting members:
(i) Not more than 7 voting Federal representatives appoint by the Secretary from agencies that conduct pain care research and treatment.
(ii) 12 additional voting members appointed under subparagraph (B).

(B) ADDITIONAL MEMBERS.—The Committee shall include additional voting members appointed by the Secretary as follows:

(i) 6 non-Federal members shall be appointed from among scientists, physicians, and other health professionals.

(ii) 6 members shall be appointed from members of the general public, who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions.

(C) NONVOTING MEMBERS.—The Committee shall include such nonvoting members as the Secretary determines to be appropriate.

(3) CHAIRPERSON.—The Committee shall select a chairperson from among such members. The selection of a chairperson shall be subject to the approval of the Director of NIH.

(4) MEETINGS.—The Committee shall meet at the call of the chairperson of the Committee or upon the request of the Director of NIH, but in no case less often than once each year.

(5) DUTIES.—The Committee shall—

(A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain;

(B) identify critical gaps in basic and clinical research on the symptoms and causes of pain;

(C) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort;

(D) make recommendations on how best to disseminate information on pain care; and

(E) make recommendations on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.

(6) REVIEW.—The Secretary shall review the necessity of the Committee at least once every 2 years.

(c) PAIN CARE EDUCATION AND TRAINING.—Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by adding at the end the following new section:

SEC. 759. PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.

(a) IN GENERAL.—The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.

(b) CERTAIN TOPICS.—An award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include information and education on—

(1) recognized means for assessing, diagnosing, treating, and managing pain and related signs and symptoms, including the medically appropriate use of controlled substances;

(2) applicable laws, regulations, rules, and policies on controlled substances, including the degree to which misconceptions and concerns regarding such laws, regulations, rules, and policies, or the enforcement thereof, may create barriers to patient access to appropriate and effective pain care;

(3) interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment expertise;

(4) cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and

(c) EVALUATION OF PROGRAMS.—The Secretary shall (directly or through grants or contracts) provide for the evaluation of programs implemented under subsection (a) in order to determine the effect of such programs on knowledge and practice of pain care.

(d) PAIN CARE DEFINED.—For purposes of this section the term ‘pain care’ means the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 2010 through 2012. Amounts appropriated under this subsection shall remain available until expended.

Updated June 30, 2011