

108TH CONGRESS
1ST SESSION

H. R. 1863

To declare adequate pain care research, education, and treatment as national public health priorities, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 29, 2003

Mr. ROGERS of Michigan introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Armed Services, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To declare adequate pain care research, education, and treatment as national public health priorities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “National Pain Care Policy Act of 2003”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.

- Sec. 2. White House Conference on Pain Care.
- Sec. 3. National Center for Pain and Palliative Care Research.
- Sec. 4. Pain care education and training.
- Sec. 5. Public awareness campaign on pain management.
- Sec. 6. Pain care initiative in military health care facilities.
- Sec. 7. Pain care standards in Medicare+Choice plans.
- Sec. 8. Pain care standards in TRICARE plans.
- Sec. 9. Annual report on medicare expenditures for pain care services.
- Sec. 10. Pain care initiative in veterans health care facilities.

1 SEC. 2. WHITE HOUSE CONFERENCE ON PAIN CARE.

2 (a) CONVENING.—Not later than June 30, 2004, the
 3 President shall convene a conference to be known as the
 4 White House Conference on Pain Care (in this section re-
 5 ferred to as the “Conference”).

6 (b) PURPOSES.—The purposes of the Conference
 7 shall be to—

8 (1) increase the recognition of pain as a signifi-
 9 cant public health problem in the United States;

10 (2) assess the adequacy of diagnosis and treat-
 11 ment for primary and secondary pain, including
 12 acute, chronic, intractable, and end-of-life pain;

13 (3) identify barriers to appropriate pain care,
 14 including—

15 (A) lack of understanding and education
 16 among patients, providers, regulators, and
 17 third-party payors;

18 (B) barriers to access to care at the pri-
 19 mary, specialty, and tertiary care levels; and

1 (C) gaps in basic and clinical research on
2 the symptoms and causes of, and potential
3 treatments to improve, pain care; and

4 (4) establish an agenda for action in both the
5 public and private sectors that will reduce such bar-
6 riers and significantly improve the state of pain care
7 research, education, and clinical care in the United
8 States by 2010.

9 (c) CHAIR.—The Secretary of Health and Human
10 Services shall serve as the chair of the Conference.

11 (d) AUTHORIZATION OF APPROPRIATIONS.—For the
12 purpose of carrying out this section, there are authorized
13 to be appropriated such sums as shall be necessary for
14 fiscal year 2004.

15 **SEC. 3. NATIONAL CENTER FOR PAIN AND PALLIATIVE**
16 **CARE RESEARCH.**

17 (a) ESTABLISHMENT.—Section 401(b)(2) of the Pub-
18 lic Health Service Act (42 U.S.C. 281(b)(2)) is amended
19 by adding at the end the following:

20 “(H) The National Center for Pain and Pallia-
21 tive Care Research.”.

22 (b) OPERATION.—Part E of title IV of the Public
23 Health Service Act (42 U.S.C. 287 et seq.) is amended
24 by adding at the end the following:

1 “Subpart 7—National Center for Pain and Palliative
2 Care Research

3 **“SEC. 485I. ESTABLISHMENT.**

4 “(a) ESTABLISHMENT.—The Secretary shall estab-
5 lish within the National Institutes of Health a center to
6 be known as the National Center for Pain and Palliative
7 Care Research (referred to in this subpart as the ‘Cen-
8 ter’).

9 “(b) DIRECTOR.—The Center shall be headed by a
10 Director (referred to in this subpart as the ‘Director of
11 the Center’), who shall be appointed by the Director of
12 NIH after consultation with experts in the fields of pain
13 and palliative care research and treatment.

14 “(c) POWERS OF SECRETARY AND DIRECTOR.—For
15 purposes of section 405, the Center shall be treated as
16 a national research institute.

17 “(d) GENERAL PURPOSES.—The general purposes of
18 the Center are—

19 “(1) to improve the quality of life of individuals
20 suffering from pain by fostering clinical and basic
21 science research into the biology of pain and the
22 causes of and effective treatments for pain;

23 “(2) to establish a national agenda for con-
24 ducting and supporting pain and palliative care re-

1 search in the specific categories described in para-
2 graphs (3) and (4);

3 “(3) to identify, coordinate, and support re-
4 search, research training, and related activities (in-
5 cluding the development of new and the refinement
6 of existing treatments) with respect to both primary
7 and secondary pain, including—

8 “(A) acute pain;

9 “(B) cancer and HIV-related pain, particu-
10 larly at the end of life;

11 “(C) back pain, headache pain, and other
12 chronic and intractable pain; and

13 “(D) other painful conditions;

14 “(4) to identify, coordinate, and support re-
15 search, research training, and related activities with
16 respect to palliative care;

17 “(5) to conduct and support pain and palliative
18 care research, research training, and related activi-
19 ties that have been identified as requiring additional,
20 special priority as determined appropriate by the Di-
21 rector of the Center and the Advisory Board estab-
22 lished under subsection (e);

23 “(6) to coordinate all pain and palliative care
24 research, research training, and related activities

1 being carried out among the national research insti-
2 tutes or in any such institute;

3 “(7) to ensure the prompt and effective dis-
4 semination of current and future research results to
5 improve patient access to and provider delivery of
6 pain and palliative care;

7 “(8) to initiate a comprehensive program of col-
8 laborative interdisciplinary research among schools,
9 colleges, and universities, including schools of medi-
10 cine and osteopathy, schools of pharmacy and phar-
11 macology, schools of nursing, schools of dentistry,
12 schools of physical therapy, schools of occupational
13 therapy, and schools of clinical psychology, com-
14 prehensive health care centers and systems, and spe-
15 cialized centers of pain research or treatment; and

16 “(9) to report not less than annually on the
17 state of public and private funding for pain and pal-
18 liative care research and the adequacy of such fund-
19 ing, taking into account the specific categories de-
20 scribed in paragraphs (3) and (4).

21 “(e) ADVISORY COUNCIL.—

22 “(1) IN GENERAL.—The Center shall have an
23 advisory council to be known as the National Pain
24 and Palliative Care Research Center Advisory Board
25 (in this section referred to as the ‘Advisory Board’).

1 “(2) MEMBERSHIP.—The Advisory Board shall
2 be established and maintained in accordance with
3 section 406, except that—

4 “(A) the appointed voting members shall
5 include—

6 “(i) representatives of the broad range
7 of medical, health, and scientific disciplines
8 involved in research and treatment related
9 to the categories of pain and palliative care
10 described in paragraphs (3) and (4) of
11 subsection (d), including individuals with
12 expertise and training in pain medicine,
13 clinical psychology, physical medicine, and
14 rehabilitative services (including physical
15 therapy and occupational therapy), phar-
16 macy and pharmacology, nursing, and den-
17 tistry; and

18 “(ii) representatives of painful pa-
19 tients; and

20 “(B) the nonvoting ex officio members
21 shall include—

22 “(i) the Director of the National Can-
23 cer Institute;

1 “(ii) the Director of the National In-
2 stitute of Dental and Craniofacial Re-
3 search;

4 “(iii) the Director of the National In-
5 stitute of Child Health and Human Devel-
6 opment;

7 “(iv) the Director of the National In-
8 stitute of Nursing Research;

9 “(v) the Director of the National In-
10 stitute of Allergy and Infectious Diseases;

11 “(vi) the Director of the National In-
12 stitute of Arthritis and Musculoskeletal
13 and Skin Diseases;

14 “(vii) the Director of the National In-
15 stitute of Mental Health;

16 “(viii) the Director of the National In-
17 stitute of Neurological Disorders and
18 Stroke;

19 “(ix) the Director of the National In-
20 stitute on Drug Abuse;

21 “(x) the Director of the National In-
22 stitute on Disability and Rehabilitation Re-
23 search;

1 “(xi) the Director of the National In-
2 stitute of Biomedical Imaging and Bio-
3 engineering; and

4 “(xii) the Director of the National
5 Bioethics Advisory Commission.

6 “(3) DUTIES.—The Advisory Board shall ad-
7 vise, assist, consult with, and make recommenda-
8 tions to the Director of the Center regarding the
9 matters set forth in subsection (d), including coordi-
10 nation, research, funding, and purposes.

11 “(f) ESTABLISHMENT OF REGIONAL PAIN RESEARCH
12 CENTERS.—

13 “(1) ESTABLISHMENT.—To facilitate and en-
14 hance the research, research training, and related
15 activities to be carried out by the Center, the Direc-
16 tor of NIH, in consultation with the Director of the
17 Center and the Advisory Board, shall establish not
18 less than 6 regional pain research centers, which
19 shall operate as part of the Center.

20 “(2) FOCUS AND DISTRIBUTION.—

21 “(A) FOCUS.—Not less than 4 of the re-
22 gional centers established under paragraph (1)
23 shall have as their primary focus 1 of the cat-
24 egories of pain described in subparagraphs (A),
25 (B), and (C) of subsection (d)(3).

1 “(B) DISTRIBUTION.—One regional pain
2 research center shall be established in each of
3 the following regions of the United States (as
4 such regions are determined by the Director of
5 the Center):

6 “(i) The Northeast region.

7 “(ii) The Southeast region.

8 “(iii) The Midwest region.

9 “(iv) The Southwest region.

10 “(v) The West region, including Ha-
11 wail.

12 “(vi) The Pacific Northwest region,
13 including Alaska.

14 “(3) SELECTION.—The regional centers shall be
15 selected through a competitive process from among
16 institutions and centers of the type described in sub-
17 section (d)(8).

18 “(g) ANNUAL CONSENSUS CONFERENCE ON PAIN
19 AND PALLIATIVE CARE RESEARCH.—To assist the Center
20 in the establishment and maintenance of a national agen-
21 da for pain and palliative care research, and to ensure that
22 the Center remains abreast of research and clinical devel-
23 opments in both the public and private sectors, the Direc-
24 tor of the Center shall convene each year a consensus con-

1 ference of prominent researchers and clinicians in the field
 2 of pain and palliative care research and treatment.

3 “(h) AUTHORIZATION OF APPROPRIATIONS.—

4 “(1) IN GENERAL.—For the purpose of car-
 5 rying out this section, there are authorized to be ap-
 6 propriated \$40,000,000 for each of fiscal years
 7 2004, 2005, and 2006, and such sums as may be
 8 necessary thereafter.

9 “(2) REGIONAL CENTERS.—Of the amount ap-
 10 propriated under paragraph (1) for fiscal year 2005
 11 and each subsequent fiscal year, not less than
 12 \$1,500,000 shall be made available to each of the re-
 13 gional centers established under subsection (f).”.

14 **SEC. 4. PAIN CARE EDUCATION AND TRAINING.**

15 (a) PAIN AND PALLIATIVE CARE RESEARCH AND
 16 QUALITY.—Part A of title IX of the Public Health Service
 17 Act (42 U.S.C. 299 et seq.) is amended by adding at the
 18 end the following:

19 **“SEC. 904. PROGRAM FOR PAIN AND PALLIATIVE CARE RE-**
 20 **SEARCH AND QUALITY.**

21 “(a) IN GENERAL.—The Director shall carry out a
 22 program to—

23 “(1) develop and advance the quality, appro-
 24 priateness, and effectiveness of pain and palliative
 25 care; and

1 “(2) collect and disseminate protocols and evi-
2 dence-based practices regarding pain and palliative
3 care, including pain care for terminally ill patients,
4 and make such information available to Federal,
5 State, and local regulatory and enforcement agen-
6 cies, public and private health care programs, payors
7 and providers, health professions schools, hospices,
8 and the general public.

9 “(b) DEFINITIONS.—For purposes of this section:

10 “(1) The term ‘palliative care’ means the com-
11 prehensive active, total care of patients whose dis-
12 ease or medical condition is not responsive to cura-
13 tive treatment or whose prognosis is limited due to
14 progressive, far-advanced disease. Palliative care in-
15 cludes treatment to reduce or alleviate pain and
16 other distressing signs and symptoms. The purpose
17 of such care is to eliminate, alleviate, or manage the
18 patient’s pain and suffering and thereby enhance the
19 quality of life.

20 “(2) The term ‘pain care’ means the evaluation,
21 diagnosis, treatment, and management of primary
22 and secondary pain, whether acute, chronic, per-
23 sistent, intractable, or associated with the end of
24 life.”.

1 (b) EDUCATION AND TRAINING IN PAIN AND PALLIA-
 2 TIVE CARE.—Part D of title VII of the Public Health
 3 Service Act (42 U.S.C. 294 et seq.) is amended—

4 (1) by redesignating sections 754 through 757
 5 as sections 755 through 758, respectively; and

6 (2) by inserting after section 753 the following:

7 **“SEC. 754. PROGRAM FOR EDUCATION AND TRAINING IN**
 8 **PAIN AND PALLIATIVE CARE.**

9 “(a) IN GENERAL.—The Secretary, in consultation
 10 with the Director of the Agency for Healthcare Research
 11 and Quality, may make awards of grants, cooperative
 12 agreements, and contracts to health professions schools,
 13 hospices, and other public and private entities for the de-
 14 velopment and implementation of programs to provide
 15 education and training to health care professionals in pain
 16 and palliative care.

17 “(b) PRIORITIES.—In making awards under sub-
 18 section (a), the Secretary shall give priority to awards for
 19 the implementation of programs under such subsection.

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

24 “(1) professionally recognized means for diag-
 25 nosing and treating pain and related signs and

1 symptoms, including the medically appropriate use
2 of controlled substances;

3 “(2) applicable laws on controlled substances,
4 including the degree to which misconceptions con-
5 cerning such laws or the enforcement thereof may
6 create barriers to patient access to appropriate and
7 effective pain care;

8 “(3) comprehensive interdisciplinary approaches
9 to the delivery of pain and palliative care, including
10 delivery through specialized centers of pain care
11 treatment expertise; and

12 “(4) recent findings, developments, and im-
13 provements in the provision of pain and palliative
14 care.

15 “(d) PROGRAM SITES.—Education and training
16 under subsection (a) may be provided at or through health
17 professions schools, residency training programs, and
18 other graduate programs in the health professions, entities
19 that provide continuing medical and pharmacy education,
20 hospices, and such other programs or sites as the Sec-
21 retary determines to be appropriate.

22 “(e) EVALUATION OF PROGRAMS.—The Secretary
23 shall (directly or through grants or contracts) provide for
24 the evaluation of programs implemented under subsection

1 (a) in order to determine the effect of such programs on
2 knowledge and practice regarding pain and palliative care.

3 “(f) PEER REVIEW GROUPS.—In carrying out section
4 799(f) with respect to this section, the Secretary shall en-
5 sure that the membership of each peer review group in-
6 volved includes individuals with expertise and experience
7 in pain and palliative care.

8 “(g) DEFINITIONS.—For purposes of this section:

9 “(1) The term ‘palliative care’ means the com-
10 prehensive active, total care of patients whose dis-
11 ease or medical condition is not responsive to cura-
12 tive treatment or whose prognosis is limited due to
13 progressive, far-advanced disease. Palliative care in-
14 cludes treatment to reduce or alleviate pain and
15 other distressing signs and symptoms. The purpose
16 of such care is to eliminate, alleviate, or manage the
17 patient’s pain and suffering and thereby enhance the
18 quality of life.

19 “(2) The term ‘pain care’ means the evaluation,
20 diagnosis, treatment, and management of primary
21 and secondary pain, whether acute, chronic, per-
22 sistent, intractable, or associated with the end of
23 life.”.

24 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
25 758 of the Public Health Service Act (as redesignated by

1 subsection (a)(1) of this section) is amended in subsection
 2 (b)(1)(C)—

3 (1) by striking “sections 753, 754, and 755”
 4 and inserting “section 753, 754, 755, and 756”; and
 5 (2) by striking “\$22,631,000” and inserting
 6 “\$37,631,000”.

7 (d) TECHNICAL AMENDMENT.—Paragraph (2) of
 8 section 757(b) of the Public Health Service Act (as redes-
 9 ignated by subsection (a)(1)) is amended by striking
 10 “754(3)(A), and 755(b)” and inserting “755(3)(A), and
 11 756(b)”.

12 **SEC. 5. PUBLIC AWARENESS CAMPAIGN ON PAIN MANAGE-**
 13 **MENT.**

14 Part B of title II of the Public Health Service Act
 15 (42 U.S.C. 238 et seq.) is amended by adding at the end
 16 the following:

17 “NATIONAL EDUCATION OUTREACH AND AWARENESS
 18 CAMPAIGN ON PAIN MANAGEMENT

19 “SEC. 249. (a) ESTABLISHMENT.—Not later than
 20 June 30, 2004, the Secretary shall establish and imple-
 21 ment a national education outreach and awareness cam-
 22 paign described in subsection (b) to provide information
 23 to the public on responsible pain management, related
 24 symptom management, and palliative care.

25 “(b) REQUIREMENTS.—The Secretary shall design
 26 the public awareness campaign under this section to edu-

1 cate consumers, patients, their families, and other care-
2 givers with respect to—

3 “(1) the incidence and importance of pain as a
4 national public health problem;

5 “(2) the adverse physical, psychological, and fi-
6 nancial consequences that can result if pain is not
7 appropriately diagnosed or treated;

8 “(3) the availability, benefits, and risks of all
9 pain management and palliative care treatment op-
10 tions;

11 “(4) the right of patients to have their pain
12 promptly assessed, appropriately treated, and regu-
13 larly reassessed, and to have their treatment ad-
14 justed if needed;

15 “(5) the availability in the public, non-profit,
16 and private sectors of pain management-related in-
17 formation, services and resources for consumers, pa-
18 tients, their families, and other caregivers, including
19 information on—

20 “(i) appropriate assessment, diagnosis
21 and treatment options for all types of pain
22 and pain-related symptoms; and

23 “(ii) conditions for which no widely
24 accepted treatment options are yet avail-
25 able; and

1 “(6) other issues the Secretary deems appro-
2 priate.

3 “(c) COORDINATION.—

4 “(1) LEAD OFFICIAL.—The Secretary shall des-
5 ignate one official in the Department of Health and
6 Human Services to oversee the campaign established
7 under this section.

8 “(2) AGENCY COORDINATION.—The Secretary
9 shall ensure the involvement in the public awareness
10 campaign under this section of the Surgeon General
11 of the Public Health Service, the Director of the
12 Centers for Disease Control and Prevention, and
13 such other representatives of offices and agencies of
14 the Department of Health and Human Services as
15 the Secretary determines appropriate.

16 “(d) UNDERSERVED POPULATIONS.—In designing
17 the public awareness campaign under this section, the Sec-
18 retary shall take into account the need to reach under-
19 served populations who are disproportionately under-treat-
20 ed for pain.

21 “(e) GRANTS AND CONTRACTS.—The Secretary may
22 make awards of grants, cooperative agreements, and con-
23 tracts to public agencies and private non-profit organiza-
24 tions to assist with the development and implementation
25 of the public awareness campaign under this section.

1 “(f) AUTHORIZATION OF APPROPRIATIONS.—For
 2 purposes of carrying out this section, there are authorized
 3 to be appropriated \$3,000,000 for each of fiscal years
 4 2004, 2005 and 2006.”.

5 **SEC. 6. PAIN CARE INITIATIVE IN MILITARY HEALTH CARE**
 6 **FACILITIES.**

7 (a) REQUIREMENT.—Chapter 55 of title 10, United
 8 States Code, is amended by adding at the end the fol-
 9 lowing new section:

10 **“§ 1111. Pain care**

11 “The administering Secretaries shall develop and im-
 12 plement a pain care initiative in all health care facilities
 13 of the uniformed services. Implementation shall occur no
 14 later than January 1, 2004, in the case of inpatient care,
 15 and January 1, 2005, in the case of outpatient care. The
 16 initiative shall be designed to ensure that all members of
 17 the uniformed services and their dependents receiving
 18 treatment in health care facilities of the uniformed serv-
 19 ices—

20 “(1) are assessed for pain at the time of admis-
 21 sion or initial treatment, and periodically thereafter,
 22 using a professionally recognized pain assessment
 23 tool or process; and

24 “(2) receive appropriate pain care consistent
 25 with recognized guidelines and practice parameters

1 for the assessment and treatment of primary and
 2 secondary pain, including acute, chronic, and intrac-
 3 table pain.”.

4 (b) CLERICAL AMENDMENT.—The table of sections
 5 at the beginning of such chapter is amended by adding
 6 at the end the following new item:

“1111. Pain care.”.

7 **SEC. 7. PAIN CARE STANDARDS IN MEDICARE+CHOICE**
 8 **PLANS.**

9 (a) IN GENERAL.—Section 1852(a) of the Social Se-
 10 curity Act (42 U.S.C. 1395w–22(a)) is amended by adding
 11 at the end the following new paragraph:

12 “(6) PAIN CARE STANDARDS.—

13 “(A) IN GENERAL.—Each
 14 Medicare+Choice organization shall provide ap-
 15 propriate care for the treatment of patients in
 16 pain that—

17 “(i) is consistent with recognized
 18 guidelines and practice parameters for the
 19 assessment and treatment of primary and
 20 secondary pain, including acute, chronic,
 21 and intractable pain;

22 “(ii) includes evaluation and treat-
 23 ment of illnesses that frequently accom-
 24 pany serious pain, including depression,

1 other mental health disorders, sleep dis-
2 turbance, and substance abuse;

3 “(iii) provides medical and other
4 health services through physicians and
5 other practitioners credentialed or experi-
6 enced in pain medicine;

7 “(iv) provides for referral of patients
8 with chronic pain as defined in subpara-
9 graph (B)(i) to specialists, and, where ap-
10 propriate, to a comprehensive multidisci-
11 plinary pain management program as de-
12 fined in subparagraph (B)(ii);

13 “(v) continues treatment for as long
14 as treatment is required to maximize the
15 quality of life and functional capacity of
16 the patient; and

17 “(vi) permits physicians and other
18 practitioners experienced or credentialed in
19 pain medicine to make clinical decisions
20 with respect to the need for and the extent
21 and duration of pain care services.

22 “(B) DEFINITIONS.—For purposes of this
23 paragraph:

24 “(i) CHRONIC PAIN.—The term
25 ‘chronic pain’ means severe, persistent, or

1 recurrent pain that interferes with the ac-
2 tivities of daily living, and has not been
3 significantly reduced or ameliorated despite
4 reasonable treatment efforts for a period of
5 6 months.

6 “(ii) COMPREHENSIVE MULTIDISCI-
7 PLINARY PAIN MANAGEMENT PROGRAM.—
8 The term ‘comprehensive multidisciplinary
9 pain management program’ means an in-
10 patient or outpatient health care facility or
11 program that—

12 “(I) provides at least medical,
13 nursing, mental health, and rehabilita-
14 tion services through licensed health
15 care professionals;

16 “(II) provides or arranges for the
17 provision of inpatient and outpatient
18 hospital and rehabilitation facility
19 services, drugs, devices, and other
20 items and services required for the
21 treatment of chronic pain;

22 “(III) provides ongoing patient
23 and professional education for pain
24 management;

1 “(IV) is accredited as a com-
2 prehensive pain management program
3 by an accrediting organization ap-
4 proved by the Secretary, including the
5 Joint Commission on the Accredita-
6 tion of Health Care Organizations or
7 the Rehabilitation Accreditation Com-
8 mission; and

9 “(V) is directed by 1 or more
10 physicians credentialed in pain medi-
11 cine, or, where appropriate, dentistry,
12 by a board or boards approved by the
13 Secretary, which shall include the
14 American Board of Pain Medicine and
15 boards recognized by the American
16 Board of Medical Specialists.

17 “(C) COMPLIANCE.—A Medicare+Choice
18 organization may comply with the requirements
19 set forth in this paragraph by providing care
20 through its own network of participating pro-
21 viders, or under arrangement with out-of-net-
22 work providers, but in no event may an organi-
23 zation impose higher costs on its enrollees in
24 the form of deductibles, copayments, premiums,
25 or otherwise in the event appropriate pain care

1 in accordance with the standards set forth in
 2 this paragraph is provided out-of-network.”.

3 (b) EFFECTIVE DATE.—The amendment made by
 4 subsection (a) shall apply to contracts with
 5 Medicare+Choice organizations as of January 1, 2004.

6 **SEC. 8. PAIN CARE STANDARDS IN TRICARE PLANS.**

7 (a) IN GENERAL.—Section 1097 of title 10, United
 8 States Code, is amended by adding at the end the fol-
 9 lowing new subsection:

10 “(f) PAIN CARE STANDARDS.—

11 “(1) IN GENERAL.—Any health care services
 12 provided pursuant to any contract entered into
 13 under this section shall include the provision of ap-
 14 propriate care for the treatment of patients in pain
 15 that—

16 “(A) is consistent with recognized guide-
 17 lines and practice parameters for the assess-
 18 ment and treatment of primary and secondary
 19 pain, including acute, chronic, and intractable
 20 pain;

21 “(B) includes evaluation and treatment of
 22 illnesses that frequently accompany serious
 23 pain, including depression, other mental health
 24 disorders, sleep disturbance, and substance
 25 abuse;

1 “(C) provides medical and other health
2 services through physicians and other practi-
3 tioners credentialed or experienced in pain med-
4 icine;

5 “(D) provides for referral of patients with
6 chronic pain to specialists, and, where appro-
7 priate, to a comprehensive multidisciplinary
8 pain management program;

9 “(E) continues treatment for as long as
10 treatment is required to maximize the quality of
11 life and functional capacity of the patient; and

12 “(F) permits physicians and other practi-
13 tioners experienced or credentialed in pain med-
14 icine to make clinical decisions with respect to
15 the need for and the extent and duration of
16 pain care services.

17 “(2) DEFINITIONS.—For purposes of this sub-
18 section—

19 “(A) The term ‘chronic pain’ means severe, per-
20 sistent, or recurrent pain that interferes with the ac-
21 tivities of daily living, and has not been significantly
22 reduced or ameliorated despite reasonable treatment
23 efforts for a period of 6 months.

1 “(B) The term ‘comprehensive multidisciplinary
2 pain management program’ means an inpatient or
3 outpatient health care facility or program that—

4 “(i) provides at least medical, nursing,
5 mental health, and rehabilitation services
6 through licensed health care professionals;

7 “(ii) provides or arranges for the provision
8 of inpatient and outpatient hospital and reha-
9 bilitation facility services, drugs, devices, and
10 other items and services required for the treat-
11 ment of chronic pain;

12 “(iii) provides ongoing patient and profes-
13 sional education for pain management;

14 “(iv) is accredited as a comprehensive pain
15 management program by an accrediting organi-
16 zation approved by the Secretary, including the
17 Joint Commission on the Accreditation of
18 Health Care Organizations or the Rehabilita-
19 tion Accreditation Commission; and

20 “(v) is directed by 1 or more physicians
21 credentialed in pain medicine, or, where appro-
22 priate, dentistry, by a board or boards approved
23 by the Secretary, which shall include the Amer-
24 ican Board of Pain Medicine and boards recog-

1 nized by the American Board of Medical Spe-
2 cialists.

3 “(3) COMPLIANCE.—A contractor may comply with
4 the requirements set forth in this subsection by providing
5 care through its own network of participating providers,
6 or under arrangement with out-of-network providers, but
7 in no event may a contractor impose higher costs on its
8 enrollees in the form of deductibles, copayments, pre-
9 miums, or otherwise in the event appropriate pain care
10 in accordance with the standards set forth in this sub-
11 section is provided out of network.”.

12 (b) EFFECTIVE DATE.—The amendment made by
13 subsection (a) shall apply to contracts as of January 1,
14 2004.

15 **SEC. 9. ANNUAL REPORT ON MEDICARE EXPENDITURES**
16 **FOR PAIN CARE SERVICES.**

17 Not later than December 31, 2004, and annually
18 thereafter, the Administrator of the Centers for Medicare
19 & Medicaid Services shall prepare and submit to the Con-
20 gress a report on medicare expenditures for pain care dur-
21 ing the preceding fiscal year. The report shall include the
22 following:

23 (1) An estimate of total payments made under
24 part B of the medicare program to physicians spe-
25 cializing in pain medicine.

1 (2) An estimate of payments made under such
2 part B to other providers and suppliers for the pro-
3 vision of pain care items and services.

4 (3) An estimate of expenditures made under
5 part A of the medicare program for the diagnosis
6 and treatment of pain of inpatients, and an estimate
7 of the percentage of such care that relates to end-
8 of-life care.

9 (4) An estimate of expenditures under part C
10 of the medicare program for the provision of pain
11 care items and services through the
12 Medicare+Choice program.

13 (5) An estimate of out-of-pocket expenditures
14 by medicare beneficiaries for both prescription and
15 nonprescription pain medications not covered by the
16 medicare program.

17 (6) An analysis of trends in both medicare pro-
18 gram and medicare beneficiary expenditures for pain
19 care items and services.

20 **SEC. 10. PAIN CARE INITIATIVE IN VETERANS HEALTH**
21 **CARE FACILITIES.**

22 (a) REQUIREMENT.—Subchapter II of chapter 17 of
23 title 38, United States Code, is amended by adding at the
24 end the following new section:

1 **“§ 1720F. Pain care**

2 “The Secretary shall develop and implement a pain
3 care initiative in all health care facilities of the Depart-
4 ment. The initiative shall be designed to ensure that each
5 individual receiving treatment in a health care facility
6 under the jurisdiction of the Secretary—

7 “(1) is assessed for pain at the time of admis-
8 sion or initial treatment, and periodically thereafter,
9 using a professionally recognized pain assessment
10 tool or process; and

11 “(2) receives appropriate pain care consistent
12 with recognized guidelines and practice parameters
13 for the diagnosis and treatment of primary and
14 secondary pain, including acute, chronic, and intrac-
15 table pain.”.

16 (b) CLERICAL AMENDMENT.—The table of sections
17 at the beginning of such chapter is amended by inserting
18 after the item relating to section 1720E the following new
19 item:

“1720F. Pain care.”.

20 (c) IMPLEMENTATION.—The Secretary of Veterans
21 Affairs shall implement the pain care initiative required
22 by section 1720F of title 38, United States Code, as added
23 by subsection (a) not later than—

24 (1) January 1, 2004, in the case of inpatient
25 care; and

- 1 (2) January 1, 2005, in the case of outpatient
- 2 care.

