

# Union Calendar No. 567

110TH CONGRESS  
2D SESSION

# H. R. 2994

[Report No. 110-871]

To amend the Public Health Service Act with respect to pain care.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 11, 2007

Mrs. CAPPS (for herself and Mr. ROGERS of Michigan) introduced the following bill; which was referred to the Committee on Energy and Commerce

SEPTEMBER 23, 2008

Additional sponsors: Ms. BALDWIN, Mr. BOUCHER, Mr. STUPAK, Mr. KENNEDY, Mr. WALBERG, Mr. UPTON, Ms. SCHAKOWSKY, Mr. GORDON of Tennessee, Mr. HINCHEY, Mr. MARSHALL, Ms. ZOE LOFGREN of California, Mr. GENE GREEN of Texas, Mr. RUSH, Mr. KILDEE, Mr. DEAL of Georgia, Mr. BUTTERFIELD, Mr. MARKEY, Mr. GRIJALVA, Mr. GONZALEZ, Mr. PLATTS, Mr. MURTHA, Mr. RAHALL, Mr. BERMAN, Mr. TOWNS, Ms. SOLIS, Ms. DEGETTE, Mr. TIBERI, Mr. LATHAM, Mr. ALLEN, Mr. GILCHREST, Mr. WYNN, Mr. ROTHMAN, Mr. ROSS, Ms. HOOLEY, Mr. WEXLER, Ms. SHEA-PORTER, Mr. LATOURETTE, Mr. CARSON, Mr. WELCH of Vermont, Mr. MCGOVERN, Mr. MCCOTTER, Mr. FARR, Mr. WAMP, Mr. DAVID DAVIS of Tennessee, Mr. ALTMIRE, Mr. WALSH of New York, Mr. DOGGETT, Mr. KUHL of New York, Mr. RYAN of Ohio, Mr. LOEBSACK, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. SESTAK, Mrs. DAVIS of California, Mrs. MYRICK, and Mr. WAXMAN

SEPTEMBER 23, 2008

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on July 11, 2007]

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# A BILL

To amend the Public Health Service Act with respect to  
pain care.

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 “Na-*  
5 *tional Pain Care Policy Act of 2008”.*

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

*Sec. 1. Short title; table of contents.*

*Sec. 2. Institute of Medicine Conference on Pain.*

*Sec. 3. Pain research at National Institutes of Health.*

*Sec. 4. Pain care education and training.*

*Sec. 5. Public awareness campaign on pain management.*

8 **SEC. 2. INSTITUTE OF MEDICINE CONFERENCE ON PAIN.**

9 (a) *CONVENING.*—*Not later than June 30, 2009, the*  
10 *Secretary of Health and Human Services shall seek to enter*  
11 *into an agreement with the Institute of Medicine of the Na-*  
12 *tional Academies to convene a Conference on Pain (in this*  
13 *section referred to as “the Conference”).*

14 (b) *PURPOSES.*—*The purposes of the Conference shall*  
15 *be to—*

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

3           (2) *evaluate the adequacy of assessment, diag-*  
4           *nosis, treatment, and management of acute and*  
5           *chronic pain in the general population, and in iden-*  
6           *tified racial, ethnic, gender, age, and other demo-*  
7           *graphic groups that may be disproportionately af-*  
8           *ected by inadequacies in the assessment, diagnosis,*  
9           *treatment, and management of pain;*

10          (3) *identify barriers to appropriate pain care,*  
11          *including—*

12                (A) *lack of understanding and education*  
13                *among employers, patients, health care pro-*  
14                *viders, regulators, and third-party payors;*

15                (B) *barriers to access to care at the pri-*  
16                *mary, specialty, and tertiary care levels, includ-*  
17                *ing barriers—*

18                   (i) *specific to those populations that*  
19                   *are disproportionately undertreated for*  
20                   *pain;*

21                   (ii) *related to physician concerns over*  
22                   *regulatory and law enforcement policies ap-*  
23                   *plicable to some pain therapies; and*

1                   (iii) attributable to benefit, coverage,  
2                   and payment policies in both the public and  
3                   private sectors; and

4                   (C) gaps in basic and clinical research on  
5                   the symptoms and causes of pain, and potential  
6                   assessment methods and new treatments to im-  
7                   prove pain care; and

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

13               (c) *OTHER APPROPRIATE ENTITY.*—If the Institute of  
14               Medicine declines to enter into an agreement under sub-  
15               section (a), the Secretary of Health and Human Services  
16               may enter into such agreement with another appropriate  
17               entity.

18               (d) *REPORT.*—A report summarizing the Conference’s  
19               findings and recommendations shall be submitted to the  
20               Congress not later than June 30, 2010.

21               (e) *AUTHORIZATION OF APPROPRIATIONS.*—For the  
22               purpose of carrying out this section, there is authorized to  
23               be appropriated \$500,000 for each of fiscal years 2009 and  
24               2010.

1 **SEC. 3. PAIN RESEARCH AT NATIONAL INSTITUTES OF**  
 2 **HEALTH.**

3 *Part B of title IV of the Public Health Service Act*  
 4 *(42 U.S.C. 284 et seq.) is amended by adding at the end*  
 5 *the following:*

6 **“SEC. 409J. PAIN RESEARCH.**

7 **“(a) RESEARCH INITIATIVES.—**

8 *“(1) IN GENERAL.—The Director of NIH is en-*  
 9 *couraged to continue and expand, through the Pain*  
 10 *Consortium, an aggressive program of basic and clin-*  
 11 *ical research on the causes of and potential treatments*  
 12 *for pain.*

13 *“(2) ANNUAL RECOMMENDATIONS.—Not less than*  
 14 *annually, the Pain Consortium, in consultation with*  
 15 *the Division of Program Coordination, Planning, and*  
 16 *Strategic Initiatives, shall develop and submit to the*  
 17 *Director of NIH recommendations on appropriate*  
 18 *pain research initiatives that could be undertaken*  
 19 *with funds reserved under section 402A(c)(1) for the*  
 20 *Common Fund or otherwise available for such initia-*  
 21 *tives.*

22 *“(3) DEFINITION.—In this subsection, the term*  
 23 *‘Pain Consortium’ means the Pain Consortium of the*  
 24 *National Institutes of Health or a similar trans-Na-*  
 25 *tional Institutes of Health coordinating entity des-*

1       *ignated by the Secretary for purposes of this sub-*  
2       *section.*

3       “(b) *INTERAGENCY PAIN RESEARCH COORDINATING*  
4       *COMMITTEE.*—

5               “(1) *ESTABLISHMENT.*—*The Secretary shall es-*  
6       *tablish not later than 1 year after the date of the en-*  
7       *actment of this section and as necessary maintain a*  
8       *committee, to be known as the Interagency Pain Re-*  
9       *search Coordinating Committee (in this section re-*  
10       *ferred to as the ‘Committee’), to coordinate all efforts*  
11       *within the Department of Health and Human Serv-*  
12       *ices and other Federal agencies that relate to pain re-*  
13       *search.*

14              “(2) *MEMBERSHIP.*—

15                      “(A) *IN GENERAL.*—*The Committee shall be*  
16       *composed of the following voting members:*

17                              “(i) *Not more than 7 voting Federal*  
18       *representatives as follows:*

19                                      “(I) *The Director of the Centers*  
20       *for Disease Control and Prevention.*

21                                      “(II) *The Director of the National*  
22       *Institutes of Health and the directors*  
23       *of such national research institutes and*  
24       *national centers as the Secretary deter-*  
25       *mines appropriate.*

1           “(III) *The heads of such other*  
2           *agencies of the Department of Health*  
3           *and Human Services as the Secretary*  
4           *determines appropriate.*

5           “(IV) *Representatives of other*  
6           *Federal agencies that conduct or sup-*  
7           *port pain care research and treatment,*  
8           *including the Department of Defense*  
9           *and the Department of Veterans Af-*  
10          *fairs.*

11          “(ii) *12 additional voting members ap-*  
12          *pointed under subparagraph (B).*

13          “(B) *ADDITIONAL MEMBERS.—The Com-*  
14          *mittee shall include additional voting members*  
15          *appointed by the Secretary as follows:*

16               “(i) *6 members shall be appointed from*  
17               *among scientists, physicians, and other*  
18               *health professionals, who—*

19                       “(I) *are not officers or employees*  
20                       *of the United States;*

21                       “(II) *represent multiple dis-*  
22                       *ciplines, including clinical, basic, and*  
23                       *public health sciences;*

1                   “(III) represent different geo-  
 2                   graphical regions of the United States;  
 3                   and

4                   “(IV) are from practice settings,  
 5                   academia, manufacturers or other re-  
 6                   search settings; and

7                   “(ii) 6 members shall be appointed  
 8                   from members of the general public, who are  
 9                   representatives of leading research, advoca-  
 10                  cacy, and service organizations for individ-  
 11                  uals with pain-related conditions

12                  “(C) NONVOTING MEMBERS.—The Com-  
 13                  mittee shall include such nonvoting members as  
 14                  the Secretary determines to be appropriate.

15                  “(3) CHAIRPERSON.—The voting members of the  
 16                  Committee shall select a chairperson from among such  
 17                  members. The selection of a chairperson shall be sub-  
 18                  ject to the approval of the Director of NIH.

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

23                  “(5) DUTIES.—The Committee shall—

24                         “(A) develop a summary of advances in  
 25                         pain care research supported or conducted by the



1       *Federal agencies relevant to the diagnosis, pre-*  
 2       *vention, and treatment of pain and diseases and*  
 3       *disorders associated with pain;*

4               “(B) *identify critical gaps in basic and*  
 5       *clinical research on the symptoms and causes of*  
 6       *pain;*

7               “(C) *make recommendations to ensure that*  
 8       *the activities of the National Institutes of Health*  
 9       *and other Federal agencies, including the De-*  
 10       *partment of Defense and the Department of Vet-*  
 11       *eran Affairs, are free of unnecessary duplication*  
 12       *of effort;*

13              “(D) *make recommendations on how best to*  
 14       *disseminate information on pain care; and*

15              “(E) *make recommendations on how to ex-*  
 16       *pand partnerships between public entities, in-*  
 17       *cluding Federal agencies, and private entities to*  
 18       *expand collaborative, cross-cutting research.*

19              “(6) *REVIEW.—The Secretary shall review the*  
 20       *necessity of the Committee at least once every 2*  
 21       *years.”.*

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

23       (a) *PAIN CARE EDUCATION AND TRAINING.—Part D*  
 24       *of title VII of the Public Health Service Act (42 U.S.C. 294*  
 25       *et seq.) is amended—*

1           (1) by redesignating sections 754 through 758 as  
2           sections 755 through 759, respectively; and

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

4   **“SEC. 754. PROGRAM FOR EDUCATION AND TRAINING IN**  
5           **PAIN CARE.**

6           “(a) *IN GENERAL.*—The Secretary may make awards  
7   of grants, cooperative agreements, and contracts to health  
8   professions schools, hospices, and other public and private  
9   entities for the development and implementation of pro-  
10   grams to provide education and training to health care pro-  
11   fessionals in pain care.

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

15          “(c) *CERTAIN TOPICS.*—An award may be made under  
16   subsection (a) only if the applicant for the award agrees  
17   that the program carried out with the award will include  
18   information and education on—

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

23               “(2) *applicable laws, regulations, rules, and poli-*  
24   *cies on controlled substances, including the degree to*  
25   *which misconceptions and concerns regarding such*

1       *laws, regulations, rules, and policies, or the enforce-*  
2       *ment thereof, may create barriers to patient access to*  
3       *appropriate and effective pain care;*

4               “(3) *interdisciplinary approaches to the delivery*  
5       *of pain care, including delivery through specialized*  
6       *centers providing comprehensive pain care treatment*  
7       *expertise;*

8               “(4) *cultural, linguistic, literacy, geographic,*  
9       *and other barriers to care in underserved populations;*  
10       *and*

11               “(5) *recent findings, developments, and improve-*  
12       *ments in the provision of pain care.*

13       “(d) *PROGRAM SITES.—Education and training*  
14       *under subsection (a) may be provided at or through health*  
15       *professions schools, residency training programs, and other*  
16       *graduate programs in the health professions; entities that*  
17       *provide continuing education in medicine, pain manage-*  
18       *ment, dentistry, psychology, social work, nursing, and*  
19       *pharmacy; hospices; and such other programs or sites as*  
20       *the Secretary determines to be appropriate.*

21       “(e) *EVALUATION OF PROGRAMS.—The Secretary shall*  
22       *(directly or through grants or contracts) provide for the*  
23       *evaluation of programs implemented under subsection (a)*  
24       *in order to determine the effect of such programs on knowl-*  
25       *edge and practice of pain care.*

1       “(f) *PEER REVIEW GROUPS.*—*In carrying out section*  
 2 *799(f) with respect to this section, the Secretary shall ensure*  
 3 *that the membership of each peer review group involved in-*  
 4 *cludes individuals with expertise and experience in pain*  
 5 *care.*

6       “(g) *DEFINITIONS.*—*For purposes of this section the*  
 7 *term ‘pain care’ means the assessment, diagnosis, treat-*  
 8 *ment, or management of acute or chronic pain regardless*  
 9 *of causation or body location.’.*

10       (b) *AUTHORIZATION OF APPROPRIATIONS.*—*Section*  
 11 *758(b)(1) of the Public Health Service Act (as redesignated*  
 12 *by subsection (a)(1) of this section) is amended—*

13               (1) *by striking “and” at the end of subpara-*  
 14 *graph (B);*

15               (2) *by striking the period at the end of subpara-*  
 16 *graph (C) and inserting “; and”; and*

17               (3) *by inserting after subparagraph (C) the fol-*  
 18 *lowing:*

19                       “(D) *not less than \$5,000,000 for awards of*  
 20 *grants, cooperative agreements, and contracts*  
 21 *under sections 754.’.*

22       (c) *TECHNICAL AMENDMENTS.*—*Title VII of the Public*  
 23 *Health Service Act (42 U.S.C. 292 et seq.) is amended—*

24               (1) *in paragraph (2) of section 757(b) (as redes-*  
 25 *ignated by subsection (a)(1)), by striking “754(3)(A),*

1       *and 755(b)” and inserting “755(3)(A), and 756(b)”;*  
 2       *and*  
 3               *(2) in subparagraph (C) of section 758(b)(1) (as*  
 4       *redesignated by subsection (a)(1)), by striking “754,*  
 5       *and 755” and inserting “755, and 756”.*

6   **SEC. 5. PUBLIC AWARENESS CAMPAIGN ON PAIN MANAGE-**  
 7               **MENT.**

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

11   **“SEC. 249. NATIONAL EDUCATION OUTREACH AND AWARE-**  
 12               **NESS CAMPAIGN ON PAIN MANAGEMENT.**

13       *“(a) ESTABLISHMENT.—Not later than June 30, 2009,*  
 14       *the Secretary shall establish and implement a national pain*  
 15       *care education outreach and awareness campaign described*  
 16       *in subsection (b).*

17       *“(b) REQUIREMENTS.—The Secretary shall design the*  
 18       *public awareness campaign under this section to educate*  
 19       *consumers, patients, their families, and other caregivers*  
 20       *with respect to—*

21               *“(1) the incidence and importance of pain as a*  
 22       *national public health problem;*

23               *“(2) the adverse physical, psychological, emo-*  
 24       *tional, societal, and financial consequences that can*

1       *result if pain is not appropriately assessed, diag-*  
2       *nosed, treated, or managed;*

3               *“(3) the availability, benefits, and risks of all*  
4       *pain treatment and management options;*

5               *“(4) having pain promptly assessed, appro-*  
6       *priately diagnosed, treated, and managed, and regu-*  
7       *larly reassessed with treatment adjusted as needed;*

8               *“(5) the role of credentialed pain management*  
9       *specialists and subspecialists, and of comprehensive*  
10       *interdisciplinary centers of treatment expertise;*

11               *“(6) the availability in the public, nonprofit,*  
12       *and private sectors of pain management-related infor-*  
13       *mation, services, and resources for consumers, em-*  
14       *ployers, third-party payors, patients, their families,*  
15       *and caregivers, including information on—*

16               *“(A) appropriate assessment, diagnosis,*  
17       *treatment, and management options for all types*  
18       *of pain and pain-related symptoms; and*

19               *“(B) conditions for which no treatment op-*  
20       *tions are yet recognized; and*

21               *“(7) other issues the Secretary deems appro-*  
22       *priate.*

23       *“(c) CONSULTATION.—In designing and implementing*  
24       *the public awareness campaign required by this section, the*  
25       *Secretary shall consult with organizations representing pa-*

1 *tients in pain and other consumers, employers, physicians*  
2 *including physicians specializing in pain care, other pain*  
3 *management professionals, medical device manufacturers,*  
4 *and pharmaceutical companies.*

5 “(d) *COORDINATION.*—

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

10 “(2) *AGENCY COORDINATION.*—*The Secretary*  
11 *shall ensure the involvement in the public awareness*  
12 *campaign under this section of the Surgeon General*  
13 *of the Public Health Service, the Director of the Cen-*  
14 *ters for Disease Control and Prevention, and such*  
15 *other representatives of offices and agencies of the De-*  
16 *partment of Health and Human Services as the Sec-*  
17 *retary determines appropriate.*

18 “(e) *UNDERSERVED AREAS AND POPULATIONS.*—*In*  
19 *designing the public awareness campaign under this sec-*  
20 *tion, the Secretary shall—*

21 “(1) *take into account the special needs of geo-*  
22 *graphic areas and racial, ethnic, gender, age, and*  
23 *other demographic groups that are currently under-*  
24 *served; and*

1           “(2) *provide resources that will reduce dispari-*  
2       *ties in access to appropriate diagnosis, assessment,*  
3       *and treatment.*

4           “(f) *GRANTS AND CONTRACTS.—The Secretary may*  
5       *make awards of grants, cooperative agreements, and con-*  
6       *tracts to public agencies and private nonprofit organiza-*  
7       *tions to assist with the development and implementation*  
8       *of the public awareness campaign under this section.*

9           “(g) *EVALUATION AND REPORT.—Not later than the*  
10      *end of fiscal year 2011, the Secretary shall prepare and*  
11      *submit to the Congress a report evaluating the effectiveness*  
12      *of the public awareness campaign under this section in edu-*  
13      *cating the general public with respect to the matters de-*  
14      *scribed in subsection (b).*

15          “(h) *AUTHORIZATION OF APPROPRIATIONS.—For pur-*  
16      *poses of carrying out this section, there are authorized to*  
17      *be appropriated \$2,000,000 for fiscal year 2009 and*  
18      *\$4,000,000 for each of fiscal years 2010 and 2011.”.*





Union Calendar No. 567

110<sup>TH</sup> CONGRESS  
2<sup>D</sup> Session

**H. R. 2994**

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**A BILL**

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SEPTEMBER 23, 2008

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed