

111TH CONGRESS
1ST SESSION

H. R. 756

IN THE SENATE OF THE UNITED STATES

MARCH 31, 2009

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

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,*

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

2 (a) **SHORT TITLE.**—This Act may be cited as the
3 “National Pain Care Policy Act of 2009”.

4 (b) **TABLE OF CONTENTS.**—The table of contents of
5 this 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.

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

7 (a) **CONVENING.**—Not later than June 30, 2010, the
8 Secretary of Health and Human Services shall seek to
9 enter into an agreement with the Institute of Medicine of
10 the National Academies to convene a Conference on Pain
11 (in this section referred to as “the Conference”).

12 (b) **PURPOSES.**—The purposes of the Conference
13 shall be to—

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

16 (2) evaluate the adequacy of assessment, diag-
17 nosis, treatment, and management of acute and
18 chronic pain in the general population, and in identi-
19 fied racial, ethnic, gender, age, and other demo-
20 graphic groups that may be disproportionately af-
21 fected by inadequacies in the assessment, diagnosis,
22 treatment, and management of pain;

1 (3) identify barriers to appropriate pain care,
2 including—

3 (A) lack of understanding and education
4 among employers, patients, health care pro-
5 viders, regulators, and third-party payors;

6 (B) barriers to access to care at the pri-
7 mary, specialty, and tertiary care levels, includ-
8 ing barriers—

9 (i) specific to those populations that
10 are disproportionately undertreated for
11 pain;

12 (ii) related to physician concerns over
13 regulatory and law enforcement policies
14 applicable to some pain therapies; and

15 (iii) attributable to benefit, coverage,
16 and payment policies in both the public
17 and private sectors; and

18 (C) gaps in basic and clinical research on
19 the symptoms and causes of pain, and potential
20 assessment methods and new treatments to im-
21 prove pain care; and

22 (4) establish an agenda for action in both the
23 public and private sectors that will reduce such bar-
24 riers and significantly improve the state of pain care

1 research, education, and clinical care in the United
2 States.

3 (c) OTHER APPROPRIATE ENTITY.—If the Institute
4 of Medicine declines to enter into an agreement under sub-
5 section (a), the Secretary of Health and Human Services
6 may enter into such agreement with another appropriate
7 entity.

8 (d) REPORT.—A report summarizing the Con-
9 ference’s findings and recommendations shall be sub-
10 mitted to the Congress not later than June 30, 2011.

11 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
12 purpose of carrying out this section, there is authorized
13 to be appropriated \$500,000 for each of fiscal years 2010
14 and 2011.

15 **SEC. 3. PAIN RESEARCH AT NATIONAL INSTITUTES OF**
16 **HEALTH.**

17 Part B of title IV of the Public Health Service Act
18 (42 U.S.C. 284 et seq.) is amended by adding at the end
19 the following:

20 **“SEC. 409J. PAIN RESEARCH.**

21 **“(a) RESEARCH INITIATIVES.—**

22 **“(1) IN GENERAL.—**The Director of NIH is en-
23 couraged to continue and expand, through the Pain
24 Consortium, an aggressive program of basic and

1 clinical research on the causes of and potential treat-
2 ments for pain.

3 “(2) ANNUAL RECOMMENDATIONS.—Not less
4 than annually, the Pain Consortium, in consultation
5 with the Division of Program Coordination, Plan-
6 ning, and Strategic Initiatives, shall develop and
7 submit to the Director of NIH recommendations on
8 appropriate pain research initiatives that could be
9 undertaken with funds reserved under section
10 402A(c)(1) for the Common Fund or otherwise
11 available for such initiatives.

12 “(3) DEFINITION.—In this subsection, the term
13 ‘Pain Consortium’ means the Pain Consortium of
14 the National Institutes of Health or a similar trans-
15 National Institutes of Health coordinating entity
16 designated by the Secretary for purposes of this sub-
17 section.

18 “(b) INTERAGENCY PAIN RESEARCH COORDINATING
19 COMMITTEE.—

20 “(1) ESTABLISHMENT.—The Secretary shall es-
21 tablish not later than 1 year after the date of the
22 enactment of this section and as necessary maintain
23 a committee, to be known as the Interagency Pain
24 Research Coordinating Committee (in this section
25 referred to as the ‘Committee’), to coordinate all ef-

1 forts within the Department of Health and Human
2 Services and other Federal agencies that relate to
3 pain research.

4 “(2) MEMBERSHIP.—

5 “(A) IN GENERAL.—The Committee shall
6 be composed of the following voting members:

7 “(i) Not more than 7 voting Federal
8 representatives as follows:

9 “(I) The Director of the Centers
10 for Disease Control and Prevention.

11 “(II) The Director of the Na-
12 tional Institutes of Health and the di-
13 rectors of such national research insti-
14 tutes and national centers as the Sec-
15 retary determines appropriate.

16 “(III) The heads of such other
17 agencies of the Department of Health
18 and Human Services as the Secretary
19 determines appropriate.

20 “(IV) Representatives of other
21 Federal agencies that conduct or sup-
22 port pain care research and treat-
23 ment, including the Department of
24 Defense and the Department of Vet-
25 erans Affairs.

1 “(ii) 12 additional voting members ap-
2 pointed under subparagraph (B).

3 “(B) ADDITIONAL MEMBERS.—The Com-
4 mittee shall include additional voting members
5 appointed by the Secretary as follows:

6 “(i) 6 members shall be appointed
7 from among scientists, physicians, and
8 other health professionals, who—

9 “(I) are not officers or employees
10 of the United States;

11 “(II) represent multiple dis-
12 ciplines, including clinical, basic, and
13 public health sciences;

14 “(III) represent different geo-
15 graphical regions of the United
16 States; and

17 “(IV) are from practice settings,
18 academia, manufacturers or other re-
19 search settings; and

20 “(ii) 6 members shall be appointed
21 from members of the general public, who
22 are representatives of leading research, ad-
23 vocacy, and service organizations for indi-
24 viduals with pain-related conditions.

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

4 “(3) CHAIRPERSON.—The voting members of
5 the Committee shall select a chairperson from
6 among such members. The selection of a chairperson
7 shall be subject to the approval of the Director of
8 NIH.

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

13 “(5) DUTIES.—The Committee shall—

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

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

22 “(C) make recommendations to ensure that
23 the activities of the National Institutes of
24 Health and other Federal agencies, including
25 the Department of Defense and the Department

1 of Veteran Affairs, are free of unnecessary du-
2 plication of effort;

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

5 “(E) make recommendations on how to ex-
6 pand partnerships between public entities, in-
7 cluding Federal agencies, and private entities to
8 expand collaborative, cross-cutting research.

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

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

13 Part D of title VII of the Public Health Service Act
14 (42 U.S.C. 294 et seq.) is amended by adding at the end
15 the following new section:

16 **“SEC. 759. PROGRAM FOR EDUCATION AND TRAINING IN**
17 **PAIN CARE.**

18 “(a) IN GENERAL.—The Secretary may make awards
19 of grants, cooperative agreements, and contracts to health
20 professions schools, hospices, and other public and private
21 entities for the development and implementation of pro-
22 grams to provide education and training to health care
23 professionals in pain care.

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

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

8 “(1) recognized means for assessing, diag-
9 nosing, treating, and managing pain and related
10 signs and symptoms, including the medically appro-
11 priate use of controlled substances;

12 “(2) applicable laws, regulations, rules, and
13 policies on controlled substances, including the de-
14 gree to which misconceptions and concerns regarding
15 such laws, regulations, rules, and policies, or the en-
16 forcement thereof, may create barriers to patient ac-
17 cess to appropriate and effective pain care;

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

22 “(4) cultural, linguistic, literacy, geographic,
23 and other barriers to care in underserved popu-
24 lations; and

1 “(5) recent findings, developments, and im-
2 provements in the provision of pain care.

3 “(d) PROGRAM SITES.—Education and training
4 under subsection (a) may be provided at or through health
5 professions schools, residency training programs, and
6 other graduate programs in the health professions; entities
7 that provide continuing education in medicine, pain man-
8 agement, dentistry, psychology, social work, nursing, and
9 pharmacy; hospices; and such other programs or sites as
10 the Secretary determines to be appropriate.

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

16 “(f) PEER REVIEW GROUPS.—In carrying out section
17 799(f) with respect to this section, the Secretary shall en-
18 sure that the membership of each peer review group in-
19 volved includes individuals with expertise and experience
20 in pain care.

21 “(g) PAIN CARE DEFINED.—For purposes of this
22 section the term ‘pain care’ means the assessment, diag-
23 nosis, treatment, or management of acute or chronic pain
24 regardless of causation or body location.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section,
3 \$5,000,000 for each of the fiscal years 2010 through
4 2012. Amounts appropriated under this subsection shall
5 remain available until expended.”.

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

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

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

13 “(a) ESTABLISHMENT.—Not later than June 30,
14 2010, the Secretary shall establish and implement a na-
15 tional pain care education outreach and awareness cam-
16 paign described in subsection (b).

17 “(b) REQUIREMENTS.—The Secretary shall design
18 the public awareness campaign under this section to edu-
19 cate consumers, patients, their families, and other care-
20 givers 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 in-
13 formation, services, and resources for consumers,
14 employers, third-party payors, patients, their fami-
15 lies, and caregivers, including information on—

16 “(A) appropriate assessment, diagnosis,
17 treatment, and management options for all
18 types 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 imple-
24 menting the public awareness campaign required by this
25 section, the Secretary shall consult with organizations rep-

1 resenting patients in pain and other consumers, employ-
2 ers, physicians including physicians specializing in pain
3 care, other pain management professionals, medical device
4 manufacturers, 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
14 Centers for Disease Control and Prevention, and
15 such other representatives of offices and agencies of
16 the Department of Health and Human Services as
17 the Secretary 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 2012, the Secretary shall prepare and
11 submit to the Congress a report evaluating the effective-
12 ness of the public awareness campaign under this section
13 in educating the general public with respect to the matters
14 described in subsection (b).

15 “(h) AUTHORIZATION OF APPROPRIATIONS.—For
16 purposes of carrying out this section, there are authorized
17 to be appropriated \$2,000,000 for fiscal year 2010 and
18 \$4,000,000 for each of fiscal years 2011 and 2012.”.

Passed the House of Representatives March 30,
2009.

Attest: LORRAINE C. MILLER,
Clerk.