

Union Calendar No. 412

114TH CONGRESS
2^D SESSION

H. R. 4641

[Report No. 114–536]

To provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 26, 2016

Mrs. BROOKS of Indiana (for herself and Mr. KENNEDY) introduced the following bill; which was referred to the Committee on Energy and Commerce

MAY 3, 2016

Additional sponsor: Mr. OLSON

MAY 3, 2016

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 February 26, 2016]

A BILL

To provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, 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. DEVELOPMENT OF BEST PRACTICES FOR THE**
4 **USE OF PRESCRIPTION OPIOIDS.**

5 (a) *DEFINITIONS.—In this section—*

6 (1) *the term “Secretary” means the Secretary of*
7 *Health and Human Services; and*

8 (2) *the term “task force” means the Pain Man-*
9 *agement Best Practices Inter-Agency Task Force con-*
10 *vened under subsection (b).*

11 (b) *INTER-AGENCY TASK FORCE.—Not later than De-*
12 *cember 14, 2018, the Secretary, in cooperation with the Sec-*
13 *retary of Veterans Affairs, the Secretary of Defense, and the*
14 *Administrator of the Drug Enforcement Administration,*
15 *shall convene a Pain Management Best Practices Inter-*
16 *Agency Task Force to review, modify, and update, as ap-*
17 *propriate, best practices for pain management (including*
18 *chronic and acute pain) and prescribing pain medication.*

19 (c) *MEMBERSHIP.—The task force shall be comprised*
20 *of—*

21 (1) *representatives of—*

22 (A) *the Department of Health and Human*
23 *Services;*

24 (B) *the Department of Veterans Affairs;*

25 (C) *the Food and Drug Administration;*

1 (D) the Department of Defense;

2 (E) the Drug Enforcement Administration;

3 (F) the Centers for Disease Control and
4 Prevention;

5 (G) the Health Resources and Services Ad-
6 ministration;

7 (H) the Indian Health Service;

8 (I) the National Academy of Medicine;

9 (J) the National Institutes of Health;

10 (K) the Office of National Drug Control
11 Policy; and

12 (L) the Substance Abuse and Mental Health
13 Services Administration;

14 (2) State medical boards;

15 (3) physicians, dentists, and nonphysician pre-
16 scribers;

17 (4) hospitals;

18 (5) pharmacists and pharmacies;

19 (6) experts in the fields of pain research and ad-
20 diction research;

21 (7) representatives of—

22 (A) pain management professional organi-
23 zations;

24 (B) the mental health treatment commu-
25 nity;

1 (C) *the addiction treatment and recovery*
2 *community;*

3 (D) *pain advocacy groups; and*

4 (E) *groups with expertise on overdose rever-*
5 *sal;*

6 (8) *a person in recovery from addiction to medi-*
7 *cation for chronic pain;*

8 (9) *a person with chronic pain; and*

9 (10) *other stakeholders, as the Secretary deter-*
10 *mines appropriate.*

11 (d) *DUTIES.—The task force shall—*

12 (1) *not later than 180 days after the date on*
13 *which the task force is convened under subsection (b),*
14 *review, modify, and update, as appropriate, best*
15 *practices for pain management (including chronic*
16 *and acute pain) and prescribing pain medication,*
17 *taking into consideration—*

18 (A) *existing pain management research;*

19 (B) *recommendations from relevant con-*
20 *ferences and existing relevant evidence-based*
21 *guidelines;*

22 (C) *ongoing efforts at the State and local*
23 *levels and by medical professional organizations*
24 *to develop improved pain management strategies,*
25 *including consideration of differences within and*

1 *between classes of opioids, the availability of*
2 *opioids with abuse deterrent technology, and*
3 *pharmacological, nonpharmacological, and med-*
4 *ical device alternatives to opioids to reduce*
5 *opioid monotherapy in appropriate cases;*

6 *(D) the management of high-risk popu-*
7 *lations, other than populations who suffer pain,*
8 *who—*

9 *(i) may use or be prescribed*
10 *benzodiazepines, alcohol, and diverted*
11 *opioids; or*

12 *(ii) receive opioids in the course of*
13 *medical care; and*

14 *(E) the 2016 Guideline for Prescribing*
15 *Opioids for Chronic Pain issued by the Centers*
16 *for Disease Control and Prevention;*

17 *(2) solicit and take into consideration public*
18 *comment on the practices developed under paragraph*
19 *(1), amending such best practices if appropriate; and*

20 *(3) develop a strategy for disseminating informa-*
21 *tion about the best practices developed under para-*
22 *graphs (1) and (2) to prescribers, pharmacists, State*
23 *medical boards, educational institutions that educate*
24 *prescribers and pharmacists, and other parties, as the*
25 *Secretary determines appropriate.*

1 (e) *LIMITATION.*—*The task force shall not have rule-*
2 *making authority.*

3 (f) *REPORT.*—*Not later than 270 days after the date*
4 *on which the task force is convened under subsection (b),*
5 *the task force shall submit to Congress a report that in-*
6 *cludes—*

7 (1) *the strategy for disseminating best practices*
8 *for pain management (including chronic and acute*
9 *pain) and prescribing pain medication, as developed*
10 *under subsection (d);*

11 (2) *the results of a feasibility study on linking*
12 *the best practices described in paragraph (1) to re-*
13 *ceiving and renewing registrations under section*
14 *303(f) of the Controlled Substances Act (21 U.S.C.*
15 *823(f)); and*

16 (3) *recommendations for effectively applying the*
17 *best practices described in paragraph (1) to improve*
18 *prescribing practices at medical facilities, including*
19 *medical facilities of the Veterans Health Administra-*
20 *tion and Indian Health Service.*

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