

111TH CONGRESS
1ST SESSION

S. 660

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

IN THE SENATE OF THE UNITED STATES

MARCH 19, 2009

Mr. HATCH (for himself and Mr. DODD) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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
5 “National Pain Care Policy Act of 2009”.

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. 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.

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

2 (a) CONVENING.—Not later than June 30, 2010, the
3 Secretary of Health and Human Services shall seek to
4 enter into an agreement with the Institute of Medicine of
5 the National Academies to convene a Conference on Pain
6 (in this section referred to as “the Conference”).

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

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

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

18 (3) identify barriers to appropriate pain care,
19 including—

20 (A) lack of understanding and education
21 among employers, patients, health care pro-
22 viders, regulators, and third-party payors;

23 (B) barriers to access to care at the pri-
24 mary, specialty, and tertiary care levels, includ-
25 ing barriers—

1 (i) specific to those populations that
2 are disproportionately undertreated for
3 pain;

4 (ii) related to physician concerns over
5 regulatory and law enforcement policies
6 applicable to some pain therapies; and

7 (iii) attributable to benefit, coverage,
8 and payment policies in both the public
9 and private sectors; and

10 (C) gaps in basic and clinical research on
11 the symptoms and causes of pain, and potential
12 assessment methods and new treatments to im-
13 prove pain care; and

14 (4) establish an agenda for action in both the
15 public and private sectors that will reduce such bar-
16 riers and significantly improve the state of pain care
17 research, education, and clinical care in the United
18 States.

19 (c) OTHER APPROPRIATE ENTITY.—If the Institute
20 of Medicine declines to enter into an agreement under sub-
21 section (a), the Secretary of Health and Human Services
22 may enter into such agreement with another appropriate
23 entity.

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

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

8 **SEC. 3. PAIN RESEARCH AT NATIONAL INSTITUTES OF**
 9 **HEALTH.**

10 Part B of title IV of the Public Health Service Act
 11 (42 U.S.C. 284 et seq.) is amended by adding at the end
 12 the following:

13 **“SEC. 409J. PAIN RESEARCH.**

14 **“(a) RESEARCH INITIATIVES.—**

15 **“(1) IN GENERAL.—**The Director of NIH is en-
 16 couraged to continue and expand, through the Pain
 17 Consortium, an aggressive program of basic and
 18 clinical research on the causes of and potential treat-
 19 ments for pain.

20 **“(2) ANNUAL RECOMMENDATIONS.—**Not less
 21 than annually, the Pain Consortium, in consultation
 22 with the Division of Program Coordination, Plan-
 23 ning, and Strategic Initiatives, shall develop and
 24 submit to the Director of NIH recommendations on
 25 appropriate pain research initiatives that could be

1 undertaken with funds reserved under section
2 402A(c)(1) for the Common Fund or otherwise
3 available for such initiatives.

4 “(3) DEFINITION.—In this subsection, the term
5 ‘Pain Consortium’ means the Pain Consortium of
6 the National Institutes of Health or a similar trans-
7 National Institutes of Health coordinating entity
8 designated by the Secretary for purposes of this sub-
9 section.

10 “(b) INTERAGENCY PAIN RESEARCH COORDINATING
11 COMMITTEE.—

12 “(1) ESTABLISHMENT.—The Secretary shall es-
13 tablish not later than 1 year after the date of the
14 enactment of this section and as necessary maintain
15 a committee, to be known as the Interagency Pain
16 Research Coordinating Committee (in this section
17 referred to as the ‘Committee’), to coordinate all ef-
18 forts within the Department of Health and Human
19 Services and other Federal agencies that relate to
20 pain research.

21 “(2) MEMBERSHIP.—

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

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

1 “(I) The Director of the Centers
2 for Disease Control and Prevention.

3 “(II) The Director of the Na-
4 tional Institutes of Health and the di-
5 rectors of such national research insti-
6 tutes and national centers as the Sec-
7 retary determines appropriate.

8 “(III) The heads of such other
9 agencies of the Department of Health
10 and Human Services as the Secretary
11 determines appropriate.

12 “(IV) Representatives of other
13 Federal agencies that conduct or sup-
14 port pain care research and treat-
15 ment, including the Department of
16 Defense and the Department of Vet-
17 erans Affairs.

18 “(ii) 12 additional voting members ap-
19 pointed under subparagraph (B).

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

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

1 “(I) are not officers or employees
2 of the United States;

3 “(II) represent multiple dis-
4 ciplines, including clinical, basic, and
5 public health sciences;

6 “(III) represent different geo-
7 graphical regions of the United
8 States; and

9 “(IV) are from practice settings,
10 academia, manufacturers or other re-
11 search settings; and

12 “(ii) 6 members shall be appointed
13 from members of the general public, who
14 are representatives of leading research, ad-
15 vocacy, and service organizations for indi-
16 viduals with pain-related conditions.

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

20 “(3) CHAIRPERSON.—The voting members of
21 the Committee shall select a chairperson from
22 among such members. The selection of a chairperson
23 shall be subject to the approval of the Director of
24 NIH.

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

5 “(5) DUTIES.—The Committee shall—

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

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

14 “(C) make recommendations to ensure that
15 the activities of the National Institutes of
16 Health and other Federal agencies, including
17 the Department of Defense and the Department
18 of Veteran Affairs, are free of unnecessary du-
19 plication of effort;

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

22 “(E) make recommendations on how to ex-
23 pand partnerships between public entities, in-
24 cluding Federal agencies, and private entities to
25 expand collaborative, cross-cutting research.

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

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

5 Part D of title VII of the Public Health Service Act
 6 (42 U.S.C. 294 et seq.) is amended by adding at the end
 7 the following new section:

8 **“SEC. 759. PROGRAM FOR EDUCATION AND TRAINING IN**
 9 **PAIN CARE.**

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

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

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

23 “(1) recognized means for assessing, diag-
 24 nosing, treating, and managing pain and related

1 signs and symptoms, including the medically appro-
 2 priate use of controlled substances;

3 “(2) applicable laws, regulations, rules, and
 4 policies on controlled substances, including the de-
 5 gree to which misconceptions and concerns regarding
 6 such laws, regulations, rules, and policies, or the en-
 7 forcement thereof, may create barriers to patient ac-
 8 cess to appropriate and effective pain care;

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

13 “(4) cultural, linguistic, literacy, geographic,
 14 and other barriers to care in underserved popu-
 15 lations; and

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

18 “(d) PROGRAM SITES.—Education and training
 19 under subsection (a) may be provided at or through health
 20 professions schools, residency training programs, and
 21 other graduate programs in the health professions; entities
 22 that provide continuing education in medicine, pain man-
 23 agement, dentistry, psychology, social work, nursing, and
 24 pharmacy; hospices; and such other programs or sites as
 25 the Secretary determines to be appropriate.

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

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

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

15 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
 16 is authorized to be appropriated to carry out this section,
 17 \$5,000,000 for each of the fiscal years 2010 through
 18 2012. Amounts appropriated under this subsection shall
 19 remain available until expended.”.

20 **SEC. 5. PUBLIC AWARENESS CAMPAIGN ON PAIN MANAGE-**
 21 **MENT.**

22 Part B of title II of the Public Health Service Act
 23 (42 U.S.C. 238 et seq.) is amended by adding at the end
 24 the following:

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

3 “(a) ESTABLISHMENT.—Not later than June 30,
4 2010, the Secretary shall establish and implement a na-
5 tional pain care education outreach and awareness cam-
6 paign described in subsection (b).

7 “(b) REQUIREMENTS.—The Secretary shall design
8 the public awareness campaign under this section to edu-
9 cate consumers, patients, their families, and other care-
10 givers with respect to—

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

13 “(2) the adverse physical, psychological, emo-
14 tional, societal, and financial consequences that can
15 result if pain is not appropriately assessed, diag-
16 nosed, treated, or managed;

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

19 “(4) having pain promptly assessed, appro-
20 priately diagnosed, treated, and managed, and regu-
21 larly reassessed with treatment adjusted as needed;

22 “(5) the role of credentialed pain management
23 specialists and subspecialists, and of comprehensive
24 interdisciplinary centers of treatment expertise;

25 “(6) the availability in the public, nonprofit,
26 and private sectors of pain management-related in-

1 formation, services, and resources for consumers,
2 employers, third-party payors, patients, their fami-
3 lies, and caregivers, including information on—

4 “(A) appropriate assessment, diagnosis,
5 treatment, and management options for all
6 types of pain and pain-related symptoms; and

7 “(B) conditions for which no treatment op-
8 tions are yet recognized; and

9 “(7) other issues the Secretary deems appro-
10 priate.

11 “(c) CONSULTATION.—In designing and imple-
12 menting the public awareness campaign required by this
13 section, the Secretary shall consult with organizations rep-
14 resenting patients in pain and other consumers, employ-
15 ers, physicians including physicians specializing in pain
16 care, other pain management professionals, medical device
17 manufacturers, and pharmaceutical companies.

18 “(d) COORDINATION.—

19 “(1) LEAD OFFICIAL.—The Secretary shall des-
20 ignate one official in the Department of Health and
21 Human Services to oversee the campaign established
22 under this section.

23 “(2) AGENCY COORDINATION.—The Secretary
24 shall ensure the involvement in the public awareness
25 campaign under this section of the Surgeon General

1 of the Public Health Service, the Director of the
2 Centers for Disease Control and Prevention, and
3 such other representatives of offices and agencies of
4 the Department of Health and Human Services as
5 the Secretary determines appropriate.

6 “(e) UNDERSERVED AREAS AND POPULATIONS.—In
7 designing the public awareness campaign under this sec-
8 tion, the Secretary shall—

9 “(1) take into account the special needs of geo-
10 graphic areas and racial, ethnic, gender, age, and
11 other demographic groups that are currently under-
12 served; and

13 “(2) provide resources that will reduce dispari-
14 ties in access to appropriate diagnosis, assessment,
15 and treatment.

16 “(f) GRANTS AND CONTRACTS.—The Secretary may
17 make awards of grants, cooperative agreements, and con-
18 tracts to public agencies and private nonprofit organiza-
19 tions to assist with the development and implementation
20 of the public awareness campaign under this section.

21 “(g) EVALUATION AND REPORT.—Not later than the
22 end of fiscal year 2012, the Secretary shall prepare and
23 submit to the Congress a report evaluating the effective-
24 ness of the public awareness campaign under this section

1 in educating the general public with respect to the matters
2 described in subsection (b).

3 “(h) AUTHORIZATION OF APPROPRIATIONS.—For
4 purposes of carrying out this section, there are authorized
5 to be appropriated \$2,000,000 for fiscal year 2010 and
6 \$4,000,000 for each of fiscal years 2011 and 2012.”.

