

114TH CONGRESS
2D SESSION

H. R. 4641

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

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
7 of Health and Human Services; and

1 (2) the term “task force” means the Pain Man-
2 agement Best Practices Inter-Agency Task Force
3 convened under subsection (b).

4 (b) INTER-AGENCY TASK FORCE.—Not later than
5 December 14, 2018, the Secretary, in cooperation with the
6 Secretary of Veterans Affairs, the Secretary of Defense,
7 and the Administrator of the Drug Enforcement Adminis-
8 tration, shall convene a Pain Management Best Practices
9 Inter-Agency Task Force to review, modify, and update,
10 as appropriate, best practices for pain management (in-
11 cluding chronic and acute pain) and prescribing pain
12 medication.

13 (c) MEMBERSHIP.—The task force shall be comprised
14 of—

15 (1) representatives of—

16 (A) the Department of Health and Human
17 Services;

18 (B) the Department of Veterans Affairs;

19 (C) the Food and Drug Administration;

20 (D) the Department of Defense;

21 (E) the Drug Enforcement Administration;

22 (F) the Centers for Disease Control and
23 Prevention;

24 (G) the National Academy of Medicine;

25 (H) the National Institutes of Health; and

1 (I) the Office of National Drug Control
2 Policy;

3 (2) physicians, dentists, and nonphysician pre-
4 scribers;

5 (3) pharmacists;

6 (4) experts in the fields of pain research and
7 addiction research;

8 (5) representatives of—

9 (A) pain management professional organi-
10 zations;

11 (B) the mental health treatment commu-
12 nity;

13 (C) the addiction treatment community;

14 (D) pain advocacy groups; and

15 (E) groups with expertise around overdose
16 reversal;

17 (6) a person in recovery from addiction to medi-
18 cation for chronic pain;

19 (7) a person with chronic pain; and

20 (8) other stakeholders, as the Secretary deter-
21 mines appropriate.

22 (d) DUTIES.—The task force shall—

23 (1) not later than 180 days after the date on
24 which the task force is convened under subsection

25 (b), review, modify, and update, as appropriate, best

1 practices for pain management (including chronic
2 and acute pain) and prescribing pain medication,
3 taking into consideration—

4 (A) existing pain management research;

5 (B) recommendations from relevant con-
6 ferences and existing relevant evidence-based
7 guidelines;

8 (C) ongoing efforts at the State and local
9 levels and by medical professional organizations
10 to develop improved pain management strate-
11 gies, including consideration of the availability
12 of opioids with abuse deterrent technology as
13 well as pharmacological and medical device al-
14 ternatives to opioids to reduce opioid
15 monotherapy in appropriate cases;

16 (D) the management of high-risk popu-
17 lations, other than populations who suffer pain,
18 who—

19 (i) may use or be prescribed
20 benzodiazepines, alcohol, and diverted
21 opioids; or

22 (ii) receive opioids in the course of
23 medical care; and

24 (E) the Proposed 2016 Guideline for Pre-
25 scribing Opioids for Chronic Pain issued by the

1 Centers for Disease Control and Prevention (80
2 Fed. Reg. 77351 (December 14, 2015)) and
3 any final guidelines issued by the Centers for
4 Disease Control and Prevention;

5 (2) solicit and take into consideration public
6 comment on the practices developed under para-
7 graph (1), amending such best practices if appro-
8 priate; and

9 (3) develop a strategy for disseminating infor-
10 mation about the best practices developed under
11 paragraphs (1) and (2) to prescribers, pharmacists,
12 State medical boards, educational institutions that
13 educate prescribers and pharmacists, and other par-
14 ties, as the Secretary determines appropriate.

15 (e) LIMITATION.—The task force shall not have rule-
16 making authority.

17 (f) REPORT.—Not later than 270 days after the date
18 on which the task force is convened under subsection (b),
19 the task force shall submit to Congress a report that in-
20 cludes—

21 (1) the strategy for disseminating best practices
22 for pain management (including chronic and acute
23 pain) and prescribing pain medication, as developed
24 under subsection (d);

1 (2) the results of a feasibility study on linking
2 the best practices described in paragraph (1) to re-
3 ceiving and renewing registrations under section
4 303(f) of the Controlled Substances Act (21 U.S.C.
5 823(f)); and

6 (3) recommendations for effectively applying
7 the best practices described in paragraph (1) to im-
8 prove prescribing practices at medical facilities, in-
9 cluding medical facilities of the Veterans Health Ad-
10 ministration.

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