114TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
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

MAY 3, 2016.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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Mr. UPTON, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 4641]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (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, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

CONTENTS

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. DEVELOPMENT OF BEST PRACTICES FOR THE USE OF PRESCRIPTION OPIOIDS.

(a) DEFINITIONS.—In this section—

(1) the term "Secretary" means the Secretary of Health and Human Services; and

(2) the term "task force" means the Pain Management Best Practices Inter-Agency Task Force convened under subsection (b).

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

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

(1) representatives of—
- (A) the Department of Health and Human Services;
- (B) the Department of Veterans Affairs;
- (C) the Food and Drug Administration;
- (D) the Department of Defense;
- (E) the Drug Enforcement Administration;
- (F) the Centers for Disease Control and Prevention;
- (G) the Health Resources and Services Administration;
- (H) the Indian Health Service;
- (I) the National Academy of Medicine;
- (J) the National Institutes of Health;
- (K) the Office of National Drug Control Policy; and
- (L) the Substance Abuse and Mental Health Services Administration;

(2) State medical boards;

(3) physicians, dentists, and nonphysician prescribers;

(4) hospitals;

(5) pharmacists and pharmacies;

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

(7) representatives of—
- (A) pain management professional organizations;
- (B) the mental health treatment community;
- (C) the addiction treatment and recovery community;
- (D) pain advocacy groups; and
- (E) groups with expertise on overdose reversal;

(8) a person in recovery from addiction to medication for chronic pain;

(9) a person with chronic pain; and

(10) other stakeholders, as the Secretary determines appropriate.

(d) DUTIES.—The task force shall—

(1) not later than 180 days after the date on which the task force is convened under subsection (b), review, modify, and update, as appropriate, best practices for pain management (including chronic and acute pain) and prescribing pain medication, taking into consideration—
- (A) existing pain management research;
- (B) recommendations from relevant conferences and existing relevant evidence-based guidelines;
- (C) ongoing efforts at the State and local levels and by medical professional organizations to develop improved pain management strategies, including consideration of differences within and between classes of opioids, the availability of opioids with abuse deterrent technology, and pharmacological, nonpharmacological, and medical device alternatives to opioids to reduce opioid monotherapy in appropriate cases;
- (D) the management of high-risk populations, other than populations who suffer pain, who—
  - (i) may use or be prescribed benzodiazepines, alcohol, and diverted opioids; or
  - (ii) receive opioids in the course of medical care; and
- (E) the 2016 Guideline for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and Prevention;

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

(3) develop a strategy for disseminating information about the best practices developed under paragraphs (1) and (2) to prescribers, pharmacists, State med-

ical boards, educational institutions that educate prescribers and pharmacists, and other parties, as the Secretary determines appropriate.

(e) LIMITATION.—The task force shall not have rulemaking authority.

(f) REPORT.—Not later than 270 days after the date on which the task force is convened under subsection (b), the task force shall submit to Congress a report that includes—

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

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

(3) recommendations for effectively applying the best practices described in paragraph (1) to improve prescribing practices at medical facilities, including medical facilities of the Veterans Health Administration and Indian Health Service.

PURPOSE AND SUMMARY

H.R. 4641 would establish an interagency task force to review, modify, and update best practices for acute and chronic pain management.

BACKGROUND AND NEED FOR LEGISLATION

Health care professionals need accurate, evidence-based information to provide quality care to patients with acute and chronic pain while minimizing the potential for the development of substance use disorder and overdose when prescribing opioids. This bill will ensure that current treatment guidelines and best practices continue to be reviewed and, if appropriate, updated in a transparent manner by a wide-range of government agencies, experts in the field, and patient representatives.

HEARINGS

On October 8, 2015, the Subcommittee on Health held a hearing entitled "Examining Legislative Proposals to Combat Our Nation's Drug Abuse Crisis" and received testimony from:

- Allen Anderson, President, American Orthopaedic Society for Sports Medicine;
- Michael Botticelli, Director, Office of National Drug Control Policy;
- Richard Frank, Assistant Secretary for Planning and Evaluation, Department of Health and Human Services;
- Paul Halverson, Dean, Indiana University;
- Richard M. Fairbanks School of Public Health;
- Kenneth Katz, Lehigh Valley Health Network, Department of Emergency Medicine;
- Chapman Sledge, Chief Medical Officer, Cumberland Heights; and,
- Robert Corey Waller, Chair, Legislative Advocacy Committee, American Society of Addiction Medicine.

COMMITTEE CONSIDERATION

On April 20, 2016, the Subcommittee on Health met in open markup session and forwarded H.R. 4641, as amended, to the full Committee by a voice vote. On April 26, 27, and 28, 2016, the full Committee met in open markup session and ordered H.R. 4641, as amended, favorably reported to the House by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 4641 reported.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee held a hearing and made findings that are reflected in this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The purpose of this act is to ensure health care providers have evidence-based guidelines and best practices for treating patients with acute and chronic pain.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 4641 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 4641 contains no earmarks, limited tax benefits, or limited tariff benefits.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 3, 2016.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce,
U.S. House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4641, 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.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Andrea Noda.

Sincerely,

KEITH HALL.

Enclosure.

H.R. 4641—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.

H.R. 4641 would require the Secretary of the Department of Health and Human Services (HHS) to establish a task force to review and modify best practices for the treatment of pain. The Secretary of HHS would be required to coordinate with the Secretary of Veterans Affairs, the Secretary of Defense, and the Administrator of the Drug Enforcement Administration. Task force members would include representatives from relevant federal agencies, medical professionals, researchers, and individuals who have specific expertise in pain management and addiction to pain medication. The task force would issue a report to Congress on its findings, which would include a strategy for disseminating information to relevant medical professionals about best practices in pain management.

CBO estimates that implementing H.R. 4641 would cost $2 million over the 2016–2021 period, assuming appropriation of the estimated amounts, mostly to cover administrative expenses associated with the task force. Estimated outlays are based on information from affected agencies and historical spending for similar types of initiatives. Enacting H.R. 4641 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting H.R. 4641 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year period beginning in 2027.

The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

The CBO staff contact for this estimate is Andrea Noda. The estimate was approved by Holly Harvey, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 4641 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 4641 does not direct any specific rule making within the meaning of 5 U.S.C. 551.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Development of best practices for the use of prescription opioids

The bill would require the Secretary of Health and Human Services to convene a Pain Management Best Practices Inter-Agency Task Force. The Task Force shall be comprised of representatives from several Federal agencies; state medical boards; health care practitioners; pharmacists; experts from both the pain and addiction recovery community; and other stakeholders.

The Task Force shall be convened no later than December 14, 2018, and, within 180 days, review, modify, and update best practices for acute and chronic pain management. The Task Force shall, among other things, consider existing pain management research and guidelines, including the 2016 Guideline for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and Prevention, as well as ongoing State, local, and medical professional organization efforts to develop pain management strategies. Further, the Task Force shall develop a strategy for the dissemination of such best practices to health care professionals and report to Congress within 270 days.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

This legislation does not amend any existing Federal statute.

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