

106TH CONGRESS  
1ST SESSION

# H. R. 2188

To amend the Public Health Service Act to provide for a public response to the public health crisis of pain, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 14, 1999

Ms. HOOLEY of Oregon (for herself, Mr. GREENWOOD, Mr. LEVIN, Mrs. JOHNSON of Connecticut, and Mrs. MALONEY of New York) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Public Health Service Act to provide for a public response to the public health crisis of pain, 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. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Conquering Pain Act of 1999”.

6 (b) TABLE OF CONTENTS.—The table of contents for  
7 this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Findings.
- Sec. 3. Definitions.

#### TITLE I—EMERGENCY RESPONSE TO THE PUBLIC HEALTH CRISIS OF PAIN

- Sec. 101. Guidelines for the treatment of pain.
- Sec. 102. Patient expectations to have pain and symptom management.
- Sec. 103. Quality improvement projects.
- Sec. 104. Pain coverage quality evaluation and information.
- Sec. 105. Surgeon General’s report.

#### TITLE II—DEVELOPING COMMUNITY RESOURCES

- Sec. 201. Family support networks in pain and symptom management.

#### TITLE III—REIMBURSEMENT BARRIERS

- Sec. 301. Reimbursement barriers report.
- Sec. 302. Insurance coverage of pain and symptom management.

#### TITLE IV—IMPROVING FEDERAL COORDINATION OF POLICY, RESEARCH, AND INFORMATION

- Sec. 401. Advisory Committee on Pain and Symptom Management.
- Sec. 402. Institutes of Medicine report on controlled substance regulation and the use of pain medications.
- Sec. 403. Conference on pain research and care.

#### TITLE V—DEMONSTRATION PROJECTS

- Sec. 501. Provider performance standards for improvement in pain and symptom management.

### 1    **SEC. 2. FINDINGS.**

2        Congress finds that—

3            (1) pain is often left untreated or under-treated  
4        especially among older patients, African Americans,  
5        and children;

6            (2) chronic pain is a public health problem af-  
7        fecting at least 50,000,000 Americans through some  
8        form of persisting or recurring symptom;

9            (3) 40 to 50 percent of patients experience  
10       moderate to severe pain at least half the time in  
11       their last days of life;

1           (4) 70 to 80 percent of cancer patients experi-  
2           ence significant pain during their illness;

3           (5) despite the best intentions of physicians,  
4           nurses, pharmacists, and other health care profes-  
5           sionals, pain is often under-treated because of the  
6           inadequate training of physicians in pain manage-  
7           ment;

8           (6) despite the best intentions of physicians,  
9           nurses, pharmacists, and other health care profes-  
10          sionals, pain and symptom management is often  
11          suboptimal because the health care system has fo-  
12          cused on cure of disease rather than the manage-  
13          ment of a patient's pain and other symptoms;

14          (7) the technology and scientific basis to ade-  
15          quately manage most pain is known;

16          (8) pain should be considered the fifth vital  
17          sign; and

18          (9) coordination of Federal efforts is needed to  
19          improve access to high quality effective pain and  
20          symptom management in order to assure the needs  
21          of chronic pain patients and those who are termi-  
22          nally ill are met.

23 **SEC. 3. DEFINITIONS.**

24         In this Act:

1           (1) CHRONIC PAIN.—The term “chronic pain”  
2       means a pain state that is persistent and in which  
3       the cause of the pain cannot be removed or other-  
4       wise treated. Such term includes pain that may be  
5       associated with long-term incurable or intractable  
6       medical conditions or disease.

7           (2) DRUG THERAPY MANAGEMENT SERVICES.—  
8       The term “drug therapy management services”  
9       means consultations with a physician concerning a  
10      patient which results in the physician—

11           (A) changing the drug regimen of the pa-  
12      tient to avoid an adverse drug interaction with  
13      another drug or disease state;

14           (B) changing an inappropriate drug dosage  
15      or dosage form with respect to the patient;

16           (C) discontinuing an unnecessary or harm-  
17      ful medication with respect to the patient;

18           (D) initiating drug therapy for a medical  
19      condition of the patient; or

20           (E) consulting with the patient or a care-  
21      giver in a manner that results in a significant  
22      improvement in drug regimen compliance.

23      Such term includes services provided by a physician,  
24      pharmacist, or other health care professional who is  
25      legally authorized to furnish such services under the

1 law of the State in which such services are fur-  
2 nished.

3 (3) END OF LIFE CARE.—The term “end of life  
4 care” means a range of services, including hospice  
5 care, provided to a patient, in the final stages of his  
6 or her life, who is suffering from 1 or more condi-  
7 tions for which treatment toward a cure or reason-  
8 able improvement is not possible, and whose focus of  
9 care is palliative rather than curative.

10 (4) FAMILY SUPPORT NETWORK.—The term  
11 “family support network” means an association of 2  
12 or more individuals or entities in a collaborative ef-  
13 fort to develop multi-disciplinary integrated patient  
14 care approaches that involve medical staff and ancil-  
15 lary services to provide support to chronic pain pa-  
16 tients and patients at the end of life and their care-  
17 givers across a broad range of settings in which pain  
18 management might be delivered.

19 (5) HOSPICE.—The term “hospice care” has  
20 the meaning given such term in section 1861(dd)(1)  
21 of the Social Security Act (42 U.S.C. 1395x(dd)(1)).

22 (6) PAIN AND SYMPTOM MANAGEMENT.—The  
23 term “pain and symptom management” means serv-  
24 ices provided to relieve physical or psychological pain

1 or suffering, including any 1 or more of the fol-  
2 lowing physical complaints—

3 (A) weakness and fatigue;

4 (B) shortness of breath;

5 (C) nausea and vomiting;

6 (D) diminished appetite;

7 (E) wasting of muscle mass;

8 (F) difficulty in swallowing;

9 (G) bowel problems;

10 (H) dry mouth;

11 (I) failure of lymph drainage resulting in  
12 tissue swelling;

13 (J) confusion;

14 (K) dementia;

15 (L) anxiety; and

16 (M) depression.

17 (7) PALLIATIVE CARE.—The term “palliative  
18 care” means the total care of patients whose disease  
19 is not responsive to curative treatment, the goal of  
20 which is to provide the best quality of life for such  
21 patients and their families. Such care—

22 (A) may include the control of pain and of  
23 other symptoms, including psychological, social  
24 and spiritual problems;

1 (B) affirms life and regards dying as a  
2 normal process;

3 (C) provides relief from pain and other dis-  
4 tressing symptoms;

5 (D) integrates the psychological and spir-  
6 itual aspects of patient care;

7 (E) offers a support system to help pa-  
8 tients live as actively as possible until death;  
9 and

10 (F) offers a support system to help the  
11 family cope during the patient's illness and in  
12 their own bereavement.

13 (8) SECRETARY.—The term “Secretary” means  
14 the Secretary of Health and Human Services.

15 **TITLE I—EMERGENCY RE-**  
16 **SPONSE TO THE PUBLIC**  
17 **HEALTH CRISIS OF PAIN**

18 **SEC. 101. GUIDELINES FOR THE TREATMENT OF PAIN.**

19 (a) DEVELOPMENT OF WEBSITE.—Not later than 2  
20 months after the date of enactment of this Act, the Sec-  
21 retary, acting through the Agency for Health Care Policy  
22 Research, shall develop and maintain an Internet website  
23 to provide information to individuals, health care practi-  
24 tioners, and health facilities concerning evidence-based  
25 practice guidelines developed for the treatment of pain.

1 (b) REQUIREMENTS.—The website established under  
2 subsection (a) shall—

3 (1) be designed to be quickly referenced by  
4 health care practitioners; and

5 (2) provide for the updating of guidelines as  
6 scientific data warrants.

7 (c) PROVIDER ACCESS TO GUIDELINES.—

8 (1) IN GENERAL.—In establishing the website  
9 under subsection (a), the Secretary shall ensure that  
10 health care facilities have made the website known  
11 to health care practitioners and that the website is  
12 easily available to all health care personnel providing  
13 care or services at a health care facility.

14 (2) USE OF CERTAIN EQUIPMENT.—In making  
15 the information described in paragraph (1) available  
16 to health care personnel, the facility involved shall  
17 ensure that such personnel have access to the  
18 website through the computer equipment of the facil-  
19 ity and shall carry out efforts to inform personnel at  
20 the facility of the location of such equipment.

21 (3) RURAL AREAS.—

22 (A) IN GENERAL.—A health care facility,  
23 particularly a facility located in a rural or un-  
24 derserved area, without access to the Internet  
25 shall provide an alternative means of providing



1 practice guideline information to health care  
2 personnel.

3 (B) ALTERNATIVE MEANS.—The Secretary  
4 shall determine appropriate alternative means  
5 by which a health care facility may make avail-  
6 able practice guideline information on a 24-hour  
7 basis, 7 days a week if the facility does not  
8 have Internet access. The criteria for adopting  
9 such alternative means should be clear in per-  
10 mitting facilities to develop alternative means  
11 without placing a significant financial burden  
12 on the facility and in permitting flexibility for  
13 facilities to develop alternative means of making  
14 guidelines available. Such criteria shall be pub-  
15 lished in the Federal Register.

16 **SEC. 102. PATIENT EXPECTATIONS TO HAVE PAIN AND**  
17 **SYMPTOM MANAGEMENT.**

18 (a) IN GENERAL.—The administrator of each of the  
19 programs described in subsection (b) shall ensure that, as  
20 part of any informational materials provided to individuals  
21 under such programs, such materials shall include infor-  
22 mation, where relevant, to inform such individuals that  
23 they should expect to have their pain managed, an addi-  
24 tion to other symptom management, when receiving bene-  
25 fits under such program.

1 (b) PROGRAMS.—The programs described in this sub-  
2 section shall include—

3 (1) the medicare and medicaid programs under  
4 titles XIX and XXI of the Social Security Act (42  
5 U.S.C. 1935 et seq., 1936 et seq.);

6 (2) programs carried out through the Public  
7 Health Service;

8 (3) programs carried out through the Indian  
9 Health Service;

10 (4) programs carried out through health centers  
11 under section 330 of the Public Health Service Act  
12 (42 U.S.C. 254b);

13 (4) the Federal Employee Health Benefits Pro-  
14 gram under title 5, United States Code;

15 (5) the Civilian Health and Medical Program of  
16 the Uniformed Services (CHAMPUS) as defined in  
17 section 1073(4) of title 10, United States Code; and

18 (6) other programs administered by the Sec-  
19 retary.

20 **SEC. 103. QUALITY IMPROVEMENT EDUCATION PROJECTS.**

21 The Secretary shall provide funds for the implemen-  
22 tation of special education projects, in as many States as  
23 is practicable, to be carried out by peer review organiza-  
24 tions of the type described in section 1152 of the Social  
25 Security Act (42 U.S.C. 1320c–1) to improve the quality

1 of pain and symptom management. Such projects shall  
 2 place an emphasis on improving pain and symptom man-  
 3 agement at the end of life, and may also include efforts  
 4 to increase the quality of services delivered to chronic pain  
 5 patients.

6 **SEC. 105. PAIN COVERAGE QUALITY EVALUATION AND IN-**  
 7 **FORMATION.**

8 (a) **MEDICARE+CHOICE PLANS.**—

9 (1) **IN GENERAL.**—Section 1851(d)(4) of the  
 10 Social Security Act (42 U.S.C. 42 U.S.C. 1395w-  
 11 21(d)(4)) is amended—

12 (A) in subparagraph (A), by adding at the  
 13 end the following:

14 “(ix) The organization’s coverage of  
 15 pain and symptom management.”; and

16 (B) in subparagraph (D)—

17 (i) in clause (iii), by striking “and” at  
 18 the end;

19 (ii) in clause (iv), by striking the pe-  
 20 riod and inserting “, and”; and

21 (iii) by adding at the end the fol-  
 22 lowing:

23 “(v) not later than 2 years after the  
 24 date of enactment of this clause, an eval-  
 25 uation (which may be made part of any

1 other relevant report of quality evaluation  
2 that the plan is required to prepare) for  
3 the plan (updated annually) that indicates  
4 the performance of the plan with respect to  
5 access to, and quality of, pain and symp-  
6 tom management, including such manage-  
7 ment as part of end of life care.”.

8 (2) EFFECTIVE DATE.—The amendments made  
9 by paragraph (1) apply to information provided with  
10 respect to annual, coordinated election periods (as  
11 defined in section 1851(e)(3)(B) of the Social Secu-  
12 rity Act (42 U.S.C. 1395–21(e)(3)(B)) beginning  
13 after the date of enactment of this Act.

14 (b) INCLUSION OF PAIN MEASUREMENTS IN FED-  
15 ERAL HEALTH PROGRAMS.—

16 (1) IN GENERAL.—Not later than 1 year after  
17 the date of enactment of this Act, the Secretary  
18 shall make a determination as to the manner in  
19 which to include measurements of pain and symptom  
20 management in the programs under titles XVIII and  
21 XIX of the Social Security Act (42 U.S.C. 1395 et  
22 seq. and 1396 et seq.) and in other appropriate Fed-  
23 eral program.

24 (2) DEVELOPMENT OF MEASUREMENTS.—The  
25 determination required under paragraph (1) shall be

1 developed in consultation with the Administrator of  
2 the Agency for Health Care Policy and Research  
3 and the Director of the National Institutes of  
4 Health.

5 **SEC. 106. SURGEON GENERAL'S REPORT.**

6 Not later than October 1, 2000, the Surgeon General  
7 shall prepare and submit to the appropriate committees  
8 of Congress and the public, a report concerning the state  
9 of pain and symptom management in the United States.  
10 The report shall include—

11 (1) a description of the legal and regulatory  
12 barriers that may exist at the Federal and State lev-  
13 els to providing adequate pain and symptom man-  
14 agement;

15 (2) an evaluation of provider competency in  
16 providing pain and symptom management;

17 (3) an identification of vulnerable populations,  
18 including children, advanced elderly, non-English  
19 speakers, and minorities, who may be likely to be  
20 underserved or may face barriers to access to pain  
21 management and recommendations to improve ac-  
22 cess to pain management for these populations;

23 (4) an identification of barriers that may exist  
24 in providing pain and symptom management in

1 health care settings, including assisted living facili-  
 2 ties;

3 (5) and identification of patient and family atti-  
 4 tudes that may exist which pose barriers in access-  
 5 ing pain and symptom management or in the proper  
 6 use of pain medications;

7 (6) an evaluation of medical school training and  
 8 residency training for pain and symptom manage-  
 9 ment; and

10 (7) a review of continuing medical education  
 11 programs in pain and symptom management.

## 12 **TITLE II—DEVELOPING** 13 **COMMUNITY RESOURCES**

### 14 **SEC. 201. FAMILY SUPPORT NETWORKS IN PAIN AND SYMP-** 15 **TOM MANAGEMENT.**

16 (a) ESTABLISHMENT.—The Secretary, acting  
 17 through the Public Health Service, shall award grants for  
 18 the establishment of 6 National Family Support Networks  
 19 in Pain and Symptom Management (in this section re-  
 20 ferred to as the “Networks”) to serve as national models  
 21 for improving the access and quality of pain and symptom  
 22 management to chronic pain patients and those individ-  
 23 uals in need of pain and symptom management at the end  
 24 of life and to provide assistance to family members and  
 25 caregivers.

1 (b) ELIGIBILITY AND DISTRIBUTION.—

2 (1) ELIGIBILITY.—To be eligible to receive a  
3 grant under subsection (a), an entity shall—

4 (A) be an academic facility or other entity  
5 that has demonstrated an effective approach to  
6 training health care providers concerning pain  
7 and symptom management and palliative care  
8 services; and

9 (B) prepare and submit to the Secretary  
10 an application (to be peer reviewed by a com-  
11 mittee established by the Secretary), at such  
12 time, in such manner, and containing such in-  
13 formation as the Secretary may require.

14 (2) DISTRIBUTION.—In providing for the estab-  
15 lishment of Networks under subsection (a), the Sec-  
16 retary shall ensure that—

17 (A) the geographic distribution of such  
18 Networks reflects a balance between rural and  
19 urban needs; and

20 (B) at least 3 Networks are established at  
21 academic facilities.

22 (c) ACTIVITIES OF NETWORKS.—A Network that is  
23 established under this section shall—

1           (1) provide for an integrated interdisciplinary  
2           approach to the delivery of pain and symptom man-  
3           agement;

4           (2) provide community leadership in estab-  
5           lishing and expanding public access to appropriate  
6           pain care, including pain care at the end of life;

7           (3) provide assistance through caregiver and be-  
8           reavement supportive services;

9           (4) develop a research agenda to promote effec-  
10          tive pain and symptom management for the broad  
11          spectrum of patients in need of access to such care  
12          that can be implemented by the Network;

13          (5) provide for coordination and linkages be-  
14          tween clinical services in academic centers and sur-  
15          rounding communities to assist in the widespread  
16          dissemination of provider and patient information  
17          concerning how to access options for pain manage-  
18          ment;

19          (6) establish telemedicine links to provide edu-  
20          cation and for the delivery of services in pain and  
21          symptom management; and

22          (7) develop effective means of providing assist-  
23          ance to providers and families for the management  
24          of a patient's pain 24 hours a day, 7 days a week.



1 (d) PROVIDER PAIN AND SYMPTOM MANAGEMENT  
2 COMMUNICATIONS PROJECTS.—

3 (1) IN GENERAL.—Each Network shall estab-  
4 lish a process to provide health care personnel with  
5 information 24 hours a day, 7 days a week, con-  
6 cerning pain and symptom management. Such proc-  
7 ess shall be designed to test the effectiveness of spe-  
8 cific forms of communications with health care per-  
9 sonnel so that such personnel may obtain informa-  
10 tion to ensure that all appropriate patients are pro-  
11 vided with pain and symptom management.

12 (2) TERMINATION.—The requirement of para-  
13 graph (1) shall terminate with respect to a Network  
14 on the day that is 2 years after the date on which  
15 the Network has established the communications  
16 method.

17 (3) EVALUATION.—Not later than 60 days after  
18 the expiration of the 2-year period referred to in  
19 paragraph (2), a Network shall conduct an evalua-  
20 tion and prepare and submit to the Secretary a re-  
21 port concerning the costs of operation and whether  
22 the form of communication can be shown to have  
23 had a positive impact on the care of patients in  
24 chronic pain or on patients with pain at the end of  
25 life.

1           (4) RULE OF CONSTRUCTION.—Nothing in this  
 2       subsection shall be construed as limiting a Network  
 3       from developing other ways in which to provide sup-  
 4       port to families and providers, 24 hours a day, 7  
 5       days a week.

6           (e) AUTHORIZATION OF APPROPRIATIONS.—There is  
 7       authorized to be appropriated to carry out this section,  
 8       \$18,000,000 for fiscal years 2000 through 2002.

## 9           **TITLE III—REIMBURSEMENT** 10           **BARRIERS**

### 11       **SEC. 301. REIMBURSEMENT BARRIERS REPORT.**

12       The Medicare Payment Advisory Commission  
 13       (MedPac) established under section 1805 of the Social Se-  
 14       curity Act (42 U.S.C. 1396b–6) shall conduct a study, and  
 15       prepare and submit to the appropriate committees of Con-  
 16       gress a report, concerning—

17           (1) the manner in which medicare policies may  
 18       pose barriers in providing pain and symptom man-  
 19       agement and palliative care services in different set-  
 20       tings, including a focus on payment for nursing  
 21       home and home health services;

22           (2) the identification of any financial barriers  
 23       that may exist within the medicare and medicaid  
 24       programs under titles XVIII and XIX of the Social  
 25       Security Act (42 U.S.C. 1395 et seq., 1396 et seq.)

1 that interfere with continuity of care and inter-  
2 disciplinary care or supportive care for the broad  
3 range of chronic pain patients and for those who are  
4 terminally ill, and include the recommendations of  
5 the Commission on ways to eliminate those barriers  
6 that the Commission may identify;

7 (3) the reimbursement barriers that exist, if  
8 any, in providing pain and symptom management  
9 through hospice care, particularly in rural areas, and  
10 if barriers exist, recommendations concerning ad-  
11 justments that would assist in assuring patient ac-  
12 cess to pain and symptom management through hos-  
13 pice care in rural areas;

14 (4) whether the medicare reimbursement system  
15 provides incentives to providers to delay informing  
16 terminally ill patients of the availability of hospice  
17 and palliative care; and

18 (5) the impact of providing payments for drug  
19 therapy management services in pain and symptom  
20 management and palliative care services.

21 **SEC. 302. INSURANCE COVERAGE OF PAIN AND SYMPTOM**  
22 **MANAGEMENT.**

23 (a) IN GENERAL.—The General Accounting Office  
24 shall conduct a survey of public and private health insur-  
25 ance providers, including managed care entities, to deter-

1 mine whether the reimbursement policies of such insurers  
2 inhibit the access of chronic pain patients to pain and  
3 symptom management and pain and symptom manage-  
4 ment for those in need of end-of-life care. The survey shall  
5 include a review of formularies for pain medication and  
6 the effect of such formularies on pain and symptom man-  
7 agement.

8 (b) REPORT.—Not later than 1 year after the date  
9 of enactment of this Act, the General Accounting Office  
10 shall prepare and submit to the appropriate committees  
11 of Congress a report concerning the survey conducted  
12 under subsection (a).

13 **TITLE IV—IMPROVING FEDERAL**  
14 **COORDINATION OF POLICY,**  
15 **RESEARCH, AND INFORMA-**  
16 **TION**

17 **SEC. 401. ADVISORY COMMITTEE ON PAIN AND SYMPTOM**  
18 **MANAGEMENT.**

19 (a) ESTABLISHMENT.—The Secretary shall establish  
20 an advisory committee, to be known as the Advisory Com-  
21 mittee on Pain and Symptom Management, to make rec-  
22 ommendations to the Secretary concerning a coordinated  
23 Federal agenda on pain and symptom management.

24 (b) MEMBERSHIP.—The Advisory Committee estab-  
25 lished under subsection (a) shall be comprised of 11 indi-

viduals to be appointed by the Secretary, of which at least  
1 member shall be a representative of—

(1) physicians (medical doctors or doctors of osteopathy) who treat chronic pain patients or the terminally ill;

(2) nurses who treat chronic pain patients or the terminally ill;

(3) pharmacists who treat chronic pain patients or the terminally ill;

(4) hospice;

(5) pain researchers;

(6) patient advocates;

(7) caregivers; and

(8) health insurance issuers (as such term is defined in section 2791(b) of the Public Health Service Act (42 U.S.C. 300gg-91(b))).

The members of the Committee shall designate 1 member to serve as the chairperson of the Committee.

(c) MEETINGS.—The Advisory Committee shall meet at the call of the chairperson of the Committee.

(d) AGENDA.—The agenda of the Advisory Committee established under subsection (a) shall include—

(1) the development of recommendations to create a coordinated Federal agenda on pain and symptom management;

1           (2) the development of proposals to ensure that  
2       pain is considered as the fifth vital sign for all pa-  
3       tients;

4           (3) the identification of research needs in pain  
5       and symptom management, including gaps in pain  
6       and symptom management guidelines;

7           (4) the identification and dissemination of pain  
8       and symptom management practice guidelines, re-  
9       search information, and best practices;

10          (5) proposals for patient education concerning  
11       how to access pain and symptom management across  
12       health care settings;

13          (6) the manner in which to measure improve-  
14       ment in access to pain and symptom management  
15       and improvement in the delivery of care; and

16          (7) the development of an ongoing mechanism  
17       to identify barriers or potential barriers to pain and  
18       symptom management created by Federal policies.

19       (e) RECOMMENDATION.—Not later than 2 years after  
20   the date of enactment of this Act, the Advisory Committee  
21   established under subsection (a) shall prepare and submit  
22   to the Secretary recommendations concerning a  
23   prioritization of the need for a Federal agenda on pain,  
24   and ways in which to better coordinate the activities of  
25   entities within the Department of Health and Human

1 Services, and other Federal entities charged with the re-  
2 sponsibility for the delivery of health care services or re-  
3 search on pain, with respect to pain management.

4 (f) CONSULTATION.—In carrying out this section, the  
5 Advisory Committee shall consult with all Federal agen-  
6 cies that are responsible for providing health care services  
7 or access to health services to determine the best means  
8 to ensure that all Federal activities are coordinated with  
9 respect to research and access to pain and symptom man-  
10 agement.

11 (g) ADMINISTRATIVE SUPPORT; TERMS OF SERVICE;  
12 OTHER PROVISIONS.—The following shall apply with re-  
13 spect to the Advisory Committee:

14 (1) The Committee shall receive necessary and  
15 appropriate administrative support, including appro-  
16 priate funding, from the Department of Health and  
17 Human Services.

18 (2) The Committee shall hold open meetings  
19 and meet not less than 4 times per year.

20 (3) Members of the Committee shall not receive  
21 additional compensation for their service. Such  
22 members may receive reimbursement for appropriate  
23 and additional expenses that are incurred through  
24 service on the Committee which would not have in-

1       curred had they not been a member of the Com-  
2       mittee.

3               (4) The requirements of appendix 2 of title 5,  
4       United States Code.

5       **SEC. 402. INSTITUTES OF MEDICINE REPORT ON CON-**  
6                       **TROLLED SUBSTANCE REGULATION AND THE**  
7                       **USE OF PAIN MEDICATIONS.**

8       (a) IN GENERAL.—The Secretary, acting through a  
9       contract entered into with the Institute of Medicine, shall  
10      review findings that have been developed through research  
11      conducted concerning—

12              (1) the effects of controlled substance regula-  
13      tion on patient access to effective care;

14              (2) factors, if any, that may contribute to the  
15      underuse of pain medications, including opioids; and

16              (3) the identification of State legal and regu-  
17      latory barriers, if any, that may impact patient ac-  
18      cess to medications used for pain and symptom man-  
19      agement.

20      (b) REPORT.—Not later than 18 months after the  
21      date of enactment of this Act, the Secretary shall prepare  
22      and submit to the appropriate committees of Congress a  
23      report concerning the findings described in subsection (a).



1 **SEC. 403. CONFERENCE ON PAIN RESEARCH AND CARE.**

2 Not later than December 31, 2003, the Secretary,  
3 acting through the National Institutes of Health, shall  
4 convene a national conference to discuss the translation  
5 of pain research into the delivery of health services to  
6 chronic pain patients and those needing end-of-life care.  
7 The Secretary shall use unobligated amounts appropriated  
8 for the Department of Health and Human Services to  
9 carry out this section.

10 **TITLE V—DEMONSTRATION**  
11 **PROJECTS**

12 **SEC. 501. PROVIDER PERFORMANCE STANDARDS FOR IM-**  
13 **PROVEMENT IN PAIN AND SYMPTOM MAN-**  
14 **AGEMENT.**

15 (a) IN GENERAL.—The Secretary, acting through the  
16 Public Health Service, shall award grants for the estab-  
17 lishment of not less than 5 demonstration projects to de-  
18 termine effective methods to measure improvement in the  
19 skills and knowledge of health care personnel in pain and  
20 symptom management as such skill and knowledge applies  
21 to providing services to chronic pain patients and those  
22 patients requiring pain and symptom management at the  
23 end of life.

24 (b) EVALUATION.—Projects established under sub-  
25 section (a) shall be evaluated to determine patient and

1 caregiver knowledge and attitudes toward pain and symp-  
2 tom management.

3 (c) APPLICATION.—To be eligible to receive a grant  
4 under subsection (a), an entity shall prepare and submit  
5 to the Secretary an application at such time, in such man-  
6 ner and containing such information as the Secretary may  
7 require.

8 (d) TERMINATION.—A project established under sub-  
9 section (a) shall terminate after the expiration of the 2-  
10 year period beginning on the date on which such project  
11 was established.

12 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
13 authorized to be appropriated such sums as may be nec-  
14 essary to carry out this section.

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