

AMERICAN PAIN SOCIETY

Policy and Advocacy Agenda

February 2007

Goal 1: INCREASE FEDERAL FUNDING FOR PAIN RESEARCH

Objective 1: Support infrastructure and mechanisms for increased funding of pain-specific research by federal agencies.

- Support the National Pain Care Policy Act of 2007 with special emphasis on the provision in Section 3 that provides for an annual Institute of Medicine Conference on Pain Care and the provisions in Section 4 that provide permanent authorization for the NIH Pain Consortium and its activities.*
- Support the Military and Veterans Pain Care Act of 2007 with the recommendation that a section be added that would provide for the funding of a basic and clinical research center within the VA system devoted to pain resulting from war related trauma.*
- Support increased appropriation for pain research funding through Department of Defense and/or VA appropriations vehicles.

Objective 2: Identify gaps in current pain research that affect the translation of research findings from bench to bedside (type 1 translation) and to community practice (type 2 translation).

- APS will develop and disseminate a document that will define translational pain research needs, barriers to this research and recommendations on how funding agencies and Congress can overcome these barriers.

* *Asterisked comments refer to a legislative proposal by the Pain Care Coalition describing proposed Acts.*

Goal 2: IMPROVE THE VIABILITY OF EFFECTIVE CLINICAL PAIN MANAGEMENT SERVICES THROUGH EDUCATIONAL INITIATIVES AND REMOVAL OF BARRIERS TO INTERDISCIPLINARY APPROACHES TO CARE.

Objective 1: To educate providers, insurers, and the public regarding best practices in the management of pain.

- Require the Agency for Healthcare Research and Quality (AHRQ) to:
 - a) Collect and disseminate protocols and evidence-based practices regarding pain care to clinicians and the general public; and
 - b) Fund educational and training programs for health care professional in pain care*

Objective 2: To remove barriers hampering access to and reimbursement for interdisciplinary approaches to pain care.

- Require managed health care plans that offer Medicare Advantage plans to seniors to offer appropriate care for the treatment of patients in pain, including specialty and tertiary care for patients with intractable pain*
- Require CMS to submit to Congress an annual report on Medicare expenditures for pain care under parts A, B, and D of the program.*
- To develop and recommend to federal policy makers a Medicare demonstration program providing alternative payment arrangements for multidisciplinary chronic pain care.

Notes:

- Pain is maintained by multiple mechanisms; and its proper management can vary on a case by case basis. Currently only a relatively small subset of treatments is easily accessible and appropriately reimbursed. While this subset may be wholly appropriate for some cases, clinical pain services need to be able to offer broader resources in order to address the needs of patients in pain as a population.
- Specifically, greater access to and augmented reimbursement for multidisciplinary pain care is needed. Such approaches include (but are not limited to): psychological and behavioral approaches targeting pain and function, physical and occupational rehabilitation, interventional approaches, traditional medical approaches, and long term care coordination.

* Asterisked comments refer to a legislative proposal by the Pain Care Coalition describing proposed Acts.

Objective 3: To remove barriers hampering access to and reimbursement for the treatment of co-occurring mental health and substance use disorders in patients with pain

- Support Congressional efforts to mandate mental health and substance abuse treatment parity in commercial health insurance

Notes:

- Interventions for pain can be rendered less effective in the presence of co-morbid conditions such as disorders of mood, substance use/abuse, somatization, mania, and personality disorders. Such co-morbid conditions need to be addressed prior to and/or concurrently with pain interventions.
- Treatments for co-morbid conditions should not be confused with the pain intervention itself. For example, psychological and behavioral approaches used to treat pain are quite different from the treatment protocols used for depression or substance abuse. Relatedly, costs associated with the treatment of pain and the treatment of co-morbid conditions should not be intertwined. Currently, access to and reimbursement for treatments addressing these co-morbid conditions is inadequate to facilitate optimal management of pain and the co-morbid conditions.

** Asterisked comments refer to a legislative proposal by the Pain Care Coalition describing proposed Acts.*

Goal 3: TO DEVELOP A POLICY AND ADVOCACY POSITION AND LEGISLATIVE PLAN RELATED TO THE ISSUE OF PRESCRIPTION OPIOID ABUSE

Objective 1: To support changes in rules and regulations that utilize language that reflects contemporary understanding of the terms addiction, dependence, and tolerance

- APS endorses the terminology adopted by the LCPA, and may task the APS Guidelines committee to develop terms for other related phenomena

Objective 2: To support federal funding of research on the factors involved in pain and prescription opioid abuse

- High priority research issues include the incidence of prescription opioid abuse among patients prescribed opioids for chronic pain; risk factors for the development of addiction to prescription opioids in patients with pain; methods for screening and monitoring patients on opioid therapy; and treatment of patients with co-morbid pain and addiction

** Asterisked comments refer to a legislative proposal by the Pain Care Coalition describing proposed Acts.*