AUG 1 2 2016

The Honorable Brian Schatz
United States Senate
Washington, D.C. 20510

Dear Senator Schatz:

Thank you for your letter regarding the U.S. Department of Health and Human Services implementation and evaluation plans for the National Pain Strategy, which was released in March 2016.

Enclosed are the responses to the specific questions outlined in your letter. We appreciate your interest in this important public health issue and look forward to continuing the dialogue with you and your staff.

Once again, thank you for your letter. The Department will keep you updated as we continue to consider the important issues you raised. I will also provide this response to the co-signers of your letter.

If you have additional questions or concerns, please contact Jim Esquea, Assistant Secretary for Legislation, at (202) 690-7627.

Sincerely,

Sylvia M. Burwell

Enclosure
Department of Health and Human Services (HHS) Response to the Implementation and Evaluation Plans for the National Pain Strategy (NPS)

1. Who will lead NPS implementation efforts?

Upon the release of the NPS, the Office of the Assistant Secretary for Health (OASH), developed plans for a Principals’ Coordinating Council and an Implementation Steering Committee (ISC). In July 2016, HHS agencies provided OASH the names of members of the ISC which includes federal partners from other agencies (the Departments of Defense and Veterans Affairs). This committee will be co-chaired by Dr. Thomas Novotny, Deputy Assistant Secretary for Health (Science and Medicine), OASH, and Dr. Linda Porter, Program Director of the Office of Pain Policy, National Institute of Neurological Disorders and Stroke, National Institutes of Health.

2. What is the agency’s budget for NPS implementation?

Implementation will be carried out to the extent possible with existing resources and personnel as available. Additional resources may need to be identified to carry out implementation activities.

3. What is the agency’s timeline for NPS implementation?

The ISC will convene in August 2016 for its first meeting to establish Implementation Work Groups (IWGs) and with the appointed ISC members, discuss overall implementation and evaluation deliverables. The IWGs will focus on specific deliverables for implementation with work plans developed in advance of a Principals’ Coordinating Council meeting in October 2016. We anticipate reporting on the short-term implementation deliverables by January 2017 and will also outline plans to address mid- and long-term deliverables, which are projected to take no longer than five years. An external evaluation is also planned, depending upon resource availability.

4. In what ways will stakeholders be consulted through NPS implementation?

External stakeholders have provided significant feedback and support for the NPS. They will have opportunities to receive information and progress on the NPS deliverables as well as provide input. For example, they will be invited as guest speakers to provide comments to the IWG at specific meetings.

The implementation plan calls not only for inclusion of external stakeholders to address the deliverables, but also for a communication plan to update and collect feedback from the community as efforts on the NPS objectives progress. This plan will involve discussions and presentations at professional meetings, website updates, direct communication through a listserv, and webinars.

5. In what ways will barriers to quality pain care for underserved populations be addressed?

Careful consideration and particular attention will be paid to patient-centered needs, provider education, and enhanced research agenda. In assessing components such as these, efforts will center on addressing barriers to provide quality care to patients. For example, with regard to barriers to care, efforts will be made to ensure and improve access to non-pharmacological treatments for chronic pain management, which is reflected within the CDC Guideline for Prescribing Opioids for Chronic Pain.