

# PAIN CARE COALITION

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*A National Coalition for Responsible Pain Care*

**American Academy of Pain Medicine • American Pain Society  
American Society of Anesthesiologists**

June 12, 2018

The Honorable Paul D. Ryan, Speaker  
And  
The Honorable Nancy Pelosi, Minority Leader  
United States House of Representatives  
Washington, DC 20515

Re: Floor Consideration of Opioids Legislation

Dear Speaker Ryan and Minority Leader Pelosi:

The Pain Care Coalition applauds the work of several House Committees in developing a wide range of legislative measures to respond to the nation's opioid-related problems. Many of these measures address core issues for pain care practitioners, researchers and educators. As the House Leadership brings some or all of these measures to the House Floor, the Coalition urges your consideration of several core principles. In the Coalition's opinion, these principles should continue to guide Congress's response to the dual problems of opioid abuse and suboptimal pain management.

## **Increase Investment in Pain Research**

The Coalition strongly supports H.R. 5002, the Ace Research Act, and urges its passage by the House either as a free-standing measure or as part of a larger opioids package. Along with important recent funding increases for both pain and addiction research at NIH, the additional flexibility provided to the NIH Director can help speed research in the basic science of pain as well as development of non-addictive pain medications and other non-opioid pain management therapies. The historical underinvestment in pain research is, at least in part, responsible for the over-reliance on opioid medications, and Congress now has the opportunity to correct that unfortunate policy failure. A robust pain research program at NIH, the Veterans Administration and elsewhere in government should be a core element in the government's long term search for the most effective patient-centered and evidence-based pain care.

## **Invest in Professional Education Supporting Multimodal and Multidisciplinary Pain Care**

The Coalition believes it would be a mistake to focus physician and other professional education resources only on opioid prescribing. While reducing inappropriate prescribing is an important short term objective, the longer term goal should be a health care work force that is properly educated in the diagnosis and treatment of both acute and chronic pain using a multimodal approach that is appropriate to the individual patient. The Coalition is disappointed that, thus far, no House bill squarely addresses this need, while many bills, some duplicative and some potentially inconsistent, seek to “educate” prescribers about the dangers of opioids. Given that opioid prescribing is already declining, and has been for several years, the Coalition fears that too much future emphasis on monotherapies will lead to unintended consequences from which patients will suffer.

The Coalition would prefer to see the House follow the Senate HELP Committee’s lead by reauthorizing section 759 of the Public Health Service Act. The Coalition championed this modest training grant program when first proposed in the 109<sup>th</sup> Congress, and worked hard for its ultimate enactment in the 111<sup>th</sup>. Unfortunately, despite broad bi-partisan support for the original authorization, the program was never funded. However, the need for such a program is clearer than ever.

## **Rationalize Federal Support for Prescription Drug Monitoring Programs**

Several pending bills would promote the use of state PDMPs, but the Coalition is concerned that they are not internally consistent nor do they integrate well with existing law. The Coalition has long supported consolidated federal support for the states through the National All Schedules Prescription Electronic Reporting Act (“NASPER”) which Congress reauthorized as part of the 2016 CARA law. NASPER, administered by SAMHSA, remains the only federal PDMP effort with a clear Congressional authorization in statute, and one which has enjoyed strong bipartisan and bicameral support. Rather than promote PDMPs through initiatives at CMS, CDC or elsewhere, the Coalition urges the House to channel whatever new initiatives it thinks appropriate through NASPER, and to combine any new PDMP requirements with robust and continuous funding for grants to the states under the NASPER framework.

Should the House conclude that SAMHSA is no longer the appropriate administrative home for NASPER, an alternative worthy of your consideration would be to consolidate all PDMP efforts in the HHS Secretary’s office so as to raise the visibility and priority of these efforts in the Department, ensure consistency with the National Pain Strategy, and take better advantage of the expertise resident in the Office of the National Coordinator for Health Information Technology (“ONC”).

In the long run, the Coalition believes that PDMPs can achieve their full potential only if there is adequate and consistent federal funding through NASPER and greater national uniformity in program design and operation. The latter would be greatly enhanced by adoption of a national patient identifier and consistent data sets that would facilitate greater integration of prescribing data into the “real time” clinical electronic health record. Future improvements of this nature may also argue for considering a closer alignment of PDMP-related efforts with other health IT initiatives led by ONC.

### **Improving Pain Management in Particular Care Settings**

The Coalition supports H.R. 5197, Alternatives to Opioids in the Emergency Department Act (ALTO), which was passed out of the Energy and Commerce Committee. We appreciate the intent of ALTO to develop, implement, enhance, or study alternative pain management protocols and treatments that promote the appropriate limited use of opioids. We are concerned that limiting the scope of this bill to emergency departments alone will not be enough to significantly reduce opioid usage. Instead, we recommend the House consider expanding the bill to other hospital-based providers, including to the perioperative (surgical) setting. The Senate Health, Education, Labor and Pensions Committee recently advanced legislation that included a provision to support alternatives to opioids through programs assisting “hospitals and other acute care settings.”

Anesthesiologists and others specializing in pain medicine are already engaged in efforts to implement best practices for pain management and promote minimizing opioids in the perioperative period. For example, in preparing for surgery, physician anesthesiologists and surgeons can design pain control care plans that use alternative opioid pain relief techniques and protocols such as regional anesthesia and other analgesics as part of a multimodal approach to reduce the use of, and reliance on, opioids during the perioperative period and upon discharge. During surgery, regional anesthesia utilizes pain medication to numb a large part of the body using injections, including nerve blocks and epidurals. After surgery, opioid alternatives can be used to manage pain (medications such as ibuprofen (Motrin), acetaminophen (Tylenol), or naproxen (Aleve)). These opioid sparing techniques used to treat acute pain during and after surgery can decrease reliance on opioids and subsequent opioid-induced side effects - including sedation and respiratory depression.

Several large hospitals are utilizing these and other opioid-minimizing approaches in the perioperative setting to reduce reliance on opioids during and following surgery. Additional data is needed, however, to establish effective strategies and best practices to minimize opioid exposure during the perioperative period and upon discharge after surgery. Data in this setting would allow the further development and implementation of pain management protocols that would reduce the reliance on opioids nationwide.

The Coalition also supports H.R. 5718, the Perioperative Reduction of Opioids (PRO) Act, which passed out of the Ways and Means Committee as

Section 4 of H.R. 5774, the Combating Opioid Abuse for Care in Hospitals Act of 2018 or the COACH Act. We are pleased Congressman Smith and Congressman Higgins have introduced a bill that recognizes the surgical setting as having the potential to reduce opioid prescribing without sacrificing effective pain management. The bill would establish a technical expert panel to provide recommendations on reducing opioid use in the surgical setting and on best practices for pain management. The surgical experience can be a patient's first exposure to opioids. For some patients, that exposure can ultimately lead to opioid abuse and misuse. Anesthesiologists and other pain medicine practitioners are uniquely suited to employ opioid-sparing techniques in the surgical setting. Not only do they understand the intricacies of post-surgical pain and alternative treatment options to best manage this pain, they also specialize in pain medicine and treat complex patients affected by ongoing chronic pain.

In supporting Section 4 of HR 5774, the Coalition takes no position with respect to other provisions of the bill.

### **Use Reimbursement Incentives in an Even Handed Fashion**

It is generally recognized that one reason opioid therapy, particularly for chronic pain management, became so prevalent is that it is universally available and relatively inexpensive. Medicare and other third party payors have not provided comparable coverage and reimbursement for some other therapies, and rarely pay adequately for the comprehensive multi-modal care required by patients with the most complex chronic pain disorders. And without coverage and adequate payment for these comprehensive therapies, patients in many parts of the country lack access to anything like a truly comprehensive pain care center.

The House now has before it several bills that would modify Medicare payment systems or mandate studies of payment reforms to incentivize particular alternatives to prescription pain drugs. While the Coalition takes no position with respect to these individual bills, we urge the Congress to approach the matter in an even handed way that does not pick winners and losers, but rather promotes adequate coverage and payment for whatever evidence-based care is most appropriate for the individual patient.

### **Avoid Duplication and Replication**

With multiple House Committees working on this problem, and with the sheer number of individual bills being reported from these Committees, the potential for overlapping mandates, and reinvention of certain wheels, is very much present in this somewhat unusual legislative approach. The Coalition urges the leadership to streamline the final House product so as to avoid that duplication and reinvention wherever possible. For example, several bills commission various studies of different aspects of the problem by different Executive Branch agencies with different consultation requirements,

administrative processes and reporting timeframes. To the extent Congress concludes that further study is required, the Coalition recommends that these various mandates be consolidated and entrusted to a neutral third party such as the GAO.

Any further study requirements should recognize the substantial work already done by NIH and DHHS in the development and adoption of the National Pain Strategy in 2016, and the work now underway by the DHHS Pain Management Best Practices Inter-Agency Task Force which was commissioned by Congress in the 2016 CARA legislation. The Coalition believes that many of the new study provisions currently under consideration would substantially duplicate these prior and ongoing efforts.

The member societies of the Coalition represent tens of thousands of health care professionals dedicated to improving pain care, research and education. Its members appreciate the opportunity to express these views, and stand ready to work with you and your colleagues to advance our common objectives.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Robert E. Wailes MD". The signature is fluid and cursive, with a prominent loop at the end.

Robert E. Wailes MD  
Chair

CC: The Honorable Kevin McCarthy  
The Honorable Steny H. Hoyer  
The Honorable Pete Sessions  
The Honorable Jim McGovern