PAIN CARE COALITION

A National Coalition for Responsible Pain Care

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

September 25, 2018

The Honorable Lamar Alexander
The Honorable Patty Murray
The Honorable Greg Walden
The Honorable Frank Pallone, Jr

Re: Reconciling Differences on HR 6

Dear Senators and Congressmen:

The Pain Care Coalition applauds the work of the many House and Senate Committees that led to House passage of HR 6 in June and the Senate's passage of its substitute for HR 6 earlier this month. As you and your colleagues from other Committees work to resolve differences between the two bills, the Coalition urges you to consider these recommendations with respect to several important provisions that directly affect pain care practitioners and the patients they care for, as well as pain researchers and educators.

Pain Research

The Coalition has previously stated its strong support for the ACE Research Act which is included in both versions. The Coalition similarly supports section 1202 of the Senate bill, a provision not included by the House, which updates and strengthens the legislative mandate of the Inter-Agency Pain Research Coordinating Committee ("IPRCC"). Absent a separate Institute or Center devoted to pain research, the IPRCC, along with the NIH Pain Consortium, serves to highlight the critical need for increased research, and to coordinate that research across the various NIH Institutes and other government research programs.

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.

Pain Care Education and Training

The Coalition urges retention of section 1502 of the Senate bill. This important provision, not included in the House version, would reauthorize section 759 of the Public Health Service Act which authorizes grants for the development and implementation of pain care education and training programs. The need for such a program is clearer than ever, and once it is reauthorized, we look forward to working with the Congress to see that it is appropriately funded.

Reauthorization of NASPER

Both bills include useful ideas to improve state prescription drug monitoring programs. The Coalition prefers the Senate version (section 1507) which provides a clear multi-year reauthorization of NAPSER. While there are many promising ideas in the House bill (section 7203), it is more prescriptive on the states, while lacking the permanence of the Senate approach. Until NASPER is adequately funded on a more consistent basis, many states still need to "walk before they run" in implementing their respective programs and moving toward more national uniformity.

Promoting Alternatives to Opioids in Particular Care Settings

The Coalition supports section 1403 of the Senate bill which establishes a grant program to advance non-opioid pain care therapies in hospitals and other acute care settings, including the perioperative (surgical) setting. The Coalition recommends retention of this provision in lieu of section 7092 of the House bill which provides only a demonstration project focused exclusively on pain management in emergency departments.

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. These efforts will be enhanced by the development of additional data on the effectiveness of various opioid sparing techniques likely to emerge from the grant program created by section 1403.

Delay Medicare Provisions on "Outlier Prescribing"

The Pain Care Coalition has previously opposed section 2107 of the Senate bill and its House counterpart in section 6065 as providing insufficient protections to either patients or prescribing physicians. If these provisions remain in a final bill, the Coalition recommends at least two improvements. First, the establishment of "outlier" thresholds, which could become a back door way for Medicare to implement prescribing guidelines, should be conducted through rulemaking, and not just on the basis of informal consultation with stakeholders. Second, the provision should not be implemented until after completion of the report on prescribing guidelines required by section 1501 of the Senate bill. The Coalition has strongly supported this study to inform policy makers of the

impacts, both intended and unintended, of prescribing guidelines on patient access to needed medications.

Medication Assisted Treatment Should Be Carefully Controlled

The Coalition recognizes the desirability of making medication-assisted treatment ("MAT") more widely available to those suffering opioid use disorders. Better access, however, should not come at the expense of less rigorous standards for its delivery. Thus the Coalition opposes section 3003 of the House bill. This provision, not included in the Senate bill, would further expand the definition of "qualifying other practitioners" to include, in addition to nurse practitioners and physicians assistants (both added in CARA 2016), clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives. The Coalition does not believe that this expansion in those eligible to prescribe buprenorphine is in the best interest of patients. At a minimum, such expansion should be considered after, and not before, Congress receives the assessment it required of DEA and HHS when it expanded MAT in section 303 of CARA.

Buprenorphine is a powerful drug that can have complicated side effects, and providing it safely to patients requires a deep understanding of its pharmacology. To ensure patient safety, MAT should only be provided as part of a comprehensive treatment plan by physicians and other practitioners qualified to provide the full spectrum of treatments for opioid use disorder, including MAT, individual or group therapy, and other evidence-based interventions.

The member societies of the Pain Care 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,

Robert E. Wailes MD .
Chair, Steering Committee

CC: The Honorable Orrin G. Hatch
The Honorable Ron Wyden
The Honorable Kevin Brady
The Honorable Richard Neal