

Military Pain Care Act of 2008, HR 5465

Bill Summary

Acute and chronic pain are prevalent conditions among active duty and retired military personnel. Characteristics of modern warfare, including the use of improvised explosive devices, produce substantial numbers of battlefield casualties with significant damage to both the central and peripheral nervous systems. The successes of military health care both on and off the battlefield result in high survival rates of severely injured military personnel who will be afflicted with significant pain disorders on either an acute or chronic basis.

Failure to treat acute pain promptly and appropriately at the time of injury, during initial medical and surgical care, and at the time of transition to community-based care, contributes to the development of long-term chronic pain syndromes, in some cases accompanied by long-term mental health and substance abuse disorders. Pain is a leading cause of short and long term disability among military personnel.

Pain Care Initiative in Military Health Care Facilities

Sec. 3 requires that the initiative be designed by the Secretary of Defense in coordination with the Sec. of Veterans Affairs, the Sec. of Health and Human Services and the Surgeon General of the U.S. to ensure all military health care facilities treat all patients, including all active and retired military and their dependents receiving treatment in health care facilities of the uniformed services, by:

- Appropriately and periodically assessing all patients for pain;
- Ensuring all patients receive appropriate pain care with a recognized means for assessment, diagnosis, treatment and management of acute and chronic pain; and
- Refer chronic pain patients to specialty pain management services and to comprehensive multidisciplinary pain management when appropriate.

The initiative shall include training and deployment of acute pain personnel and services at all Level III facilities and, to the extent feasible, on the battlefield. Implementation of these requirements shall occur within 12 months of the enactment of this bill for inpatient care facilities and 18 months for outpatient care.

Sec. 3 also requires a status report be issued no later than 9 months after enactment of this Act to the congressional defense committees on the status of the development and implementation of the pain care initiative.

Pain Care Standards in Tricare Plans

Sec. 4 requires that Section 1097 of title 10, U.S. code be amended to include appropriate care for the treatment of all active and retired military in pain and their dependents as stated above in Sec. 3.

Sec. 4 further requires that a contractor may comply with the requirements set forth by providing care through its own network or under out of network providers providing that they may not in any event impose higher costs on its enrollees than the standards set forth in this subsection.

Report of the Comptroller General

Sec. 5 requires that the Comptroller General shall conduct a study of the adequacy of pain care in health care facilities, services and programs of the Dept. of Defense to evaluate the implementation of the requirements previously stated in the text of this bill.

A companion measure, the Veterans Pain Care Act (S.2160) currently in the Senate provides for a comparable pain care initiative for the Department of Veterans Affairs.