

109<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 1020

To declare adequate pain care research, education, and treatment as national public health priorities, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 1, 2005

Mr. ROGERS of Michigan introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Armed Services, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To declare adequate pain care research, education, and treatment as national public health priorities, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4       (a) **SHORT TITLE.**—This Act may be cited as the  
5       “National Pain Care Policy Act of 2005”.

6       (b) **TABLE OF CONTENTS.**—The table of contents of  
7       this Act is as follows:

Sec. 1. Short title; table of contents.

- Sec. 2. White House Conference on Pain Care.
- Sec. 3. National Center for Pain and Palliative Care Research.
- Sec. 4. Pain care education and training.
- Sec. 5. Public awareness campaign on pain management.
- Sec. 6. Pain care initiative in military health care facilities.
- Sec. 7. Pain care standards in Medicare Advantage plans.
- Sec. 8. Pain care standards in TRICARE plans.
- Sec. 9. Annual report on medicare expenditures for pain care services.
- Sec. 10. Pain care initiative in veterans health care facilities.

1 **SEC. 2. WHITE HOUSE CONFERENCE ON PAIN CARE.**

2 (a) CONVENING.—Not later than June 30, 2006, the  
 3 President shall convene a conference to be known as the  
 4 White House Conference on Pain Care (in this section re-  
 5 ferred to as the “Conference”).

6 (b) PURPOSES.—The purposes of the Conference  
 7 shall be to—

8 (1) increase the recognition of pain as a signifi-  
 9 cant public health problem in the United States;

10 (2) assess the adequacy of diagnosis and treat-  
 11 ment for primary and secondary pain, including  
 12 acute, chronic, intractable, and end-of-life pain;

13 (3) identify barriers to appropriate pain care,  
 14 including—

15 (A) lack of understanding and education  
 16 among employers, patients, providers, regu-  
 17 lators, and third-party payors;

18 (B) barriers to access to care at the pri-  
 19 mary, specialty, and tertiary care levels; and

1 (C) gaps in basic and clinical research on  
2 the symptoms and causes of, and potential  
3 treatments to improve, pain care; and

4 (4) establish an agenda for action in both the  
5 public and private sectors that will reduce such bar-  
6 riers and significantly improve the state of pain care  
7 research, education, and clinical care in the United  
8 States by 2010.

9 (c) CHAIR.—The Secretary of Health and Human  
10 Services shall serve as the chair of the Conference.

11 (d) AUTHORIZATION OF APPROPRIATIONS.—For the  
12 purpose of carrying out this section, there are authorized  
13 to be appropriated such sums as may be necessary for fis-  
14 cal year 2006.

15 **SEC. 3. NATIONAL CENTER FOR PAIN AND PALLIATIVE**  
16 **CARE RESEARCH.**

17 (a) ESTABLISHMENT.—Section 401(b)(2) of the Pub-  
18 lic Health Service Act (42 U.S.C. 281(b)(2)) is amended  
19 by adding at the end the following:

20 “(H) The National Center for Pain and Pallia-  
21 tive Care Research.”.

22 (b) OPERATION.—Part E of title IV of the Public  
23 Health Service Act (42 U.S.C. 287 et seq.) is amended  
24 by adding at the end the following:

1    **“Subpart 7—National Center for Pain and Palliative**  
2                                   **Care Research**

3    **“SEC. 485I. ESTABLISHMENT.**

4           “(a) ESTABLISHMENT.—The Secretary shall estab-  
5    lish within the National Institutes of Health a center to  
6    be known as the National Center for Pain and Palliative  
7    Care Research (referred to in this subpart as the ‘Cen-  
8    ter’).

9           “(b) DIRECTOR.—The Center shall be headed by a  
10   Director (referred to in this subpart as the ‘Director of  
11   the Center’), who shall be appointed by the Director of  
12   NIH after consultation with experts in the fields of pain  
13   and palliative care research and treatment.

14          “(c) POWERS OF SECRETARY AND DIRECTOR.—For  
15   purposes of section 405, the Center shall be treated as  
16   a national research institute.

17          “(d) GENERAL PURPOSES.—The general purposes of  
18   the Center are—

19               “(1) to improve the quality of life of individuals  
20               suffering from pain by fostering clinical and basic  
21               science research into the biology of pain and the  
22               causes of and effective treatments for pain;

23               “(2) to establish a national agenda for con-  
24               ducting and supporting pain and palliative care re-  
25               search in the specific categories described in para-  
26               graphs (3) and (4);

1           “(3) to identify, coordinate, and support re-  
2           search, research training, and related activities (in-  
3           cluding the development of new and the refinement  
4           of existing treatments) with respect to both primary  
5           and secondary pain, including—

6                   “(A) acute pain;

7                   “(B) cancer and HIV-related pain, particu-  
8                   larly at the end of life;

9                   “(C) back pain, headache pain, and other  
10                  chronic and intractable pain; and

11                  “(D) other painful conditions;

12           “(4) to identify, coordinate, and support re-  
13           search, research training, and related activities with  
14           respect to palliative care;

15           “(5) to conduct and support pain and palliative  
16           care research, research training, and related activi-  
17           ties that have been identified as requiring additional,  
18           special priority as determined appropriate by the Di-  
19           rector of the Center and the Advisory Board estab-  
20           lished under subsection (e);

21           “(6) to coordinate all pain and palliative care  
22           research, research training, and related activities  
23           being carried out among the national research insti-  
24           tutes or in any such institute;

1           “(7) to ensure the prompt and effective dis-  
2           semination of current and future research results to  
3           improve patient access to and provider delivery of  
4           pain and palliative care;

5           “(8) to initiate a comprehensive program of col-  
6           laborative interdisciplinary research among schools,  
7           colleges, and universities, including schools of medi-  
8           cine and osteopathy, schools of pharmacy and phar-  
9           macology, schools of nursing, schools of dentistry,  
10          schools of physical therapy, schools of occupational  
11          therapy, and schools of clinical psychology, com-  
12          prehensive health care centers and systems, and spe-  
13          cialized centers of pain research or treatment; and

14          “(9) to report not less than annually on the  
15          state of public and private funding for pain and pal-  
16          liative care research and the adequacy of such fund-  
17          ing, taking into account the specific categories de-  
18          scribed in paragraphs (3) and (4).

19          “(e) ADVISORY COUNCIL.—

20                 “(1) IN GENERAL.—The Center shall have an  
21                 advisory council to be known as the National Pain  
22                 and Palliative Care Research Center Advisory Board  
23                 (in this section referred to as the ‘Advisory Board’).

1           “(2) MEMBERSHIP.—The Advisory Board shall  
2           be established and maintained in accordance with  
3           section 406, except that—

4                   “(A) the appointed voting members shall  
5           include—

6                           “(i) representatives of the broad range  
7                           of medical, health, and scientific disciplines  
8                           involved in research and treatment related  
9                           to the categories of pain and palliative care  
10                          described in paragraphs (3) and (4) of  
11                          subsection (d), including individuals with  
12                          expertise and training in pain medicine,  
13                          clinical psychology, physical medicine, and  
14                          rehabilitative services (including physical  
15                          therapy and occupational therapy), phar-  
16                          macy and pharmacology, nursing, and den-  
17                          tistry; and

18                           “(ii) representatives of painful pa-  
19                           tients; and

20                          “(B) the nonvoting ex officio members  
21           shall include—

22                           “(i) the Director of the National Can-  
23                           cer Institute;

1                   “(ii) the Director of the National In-  
2                   stitute of Dental and Craniofacial Re-  
3                   search;

4                   “(iii) the Director of the National In-  
5                   stitute of Child Health and Human Devel-  
6                   opment;

7                   “(iv) the Director of the National In-  
8                   stitute of Nursing Research;

9                   “(v) the Director of the National In-  
10                  stitute of Allergy and Infectious Diseases;

11                  “(vi) the Director of the National In-  
12                  stitute of Arthritis and Musculoskeletal  
13                  and Skin Diseases;

14                  “(vii) the Director of the National In-  
15                  stitute of Mental Health;

16                  “(viii) the Director of the National In-  
17                  stitute of Neurological Disorders and  
18                  Stroke;

19                  “(ix) the Director of the National In-  
20                  stitute on Drug Abuse;

21                  “(x) the Director of the National In-  
22                  stitute on Disability and Rehabilitation Re-  
23                  search;

1                   “(xi) the Director of the National In-  
2                   stitute of Biomedical Imaging and Bio-  
3                   engineering; and

4                   “(xii) the Director of the National  
5                   Bioethics Advisory Commission.

6                   “(3) DUTIES.—The Advisory Board shall ad-  
7                   vise, assist, consult with, and make recommenda-  
8                   tions to the Director of the Center regarding the  
9                   matters set forth in subsection (d), including coordi-  
10                  nation, research, funding, and purposes.

11                  “(f) ESTABLISHMENT OF REGIONAL PAIN RESEARCH  
12                  CENTERS.—

13                  “(1) ESTABLISHMENT.—To facilitate and en-  
14                  hance the research, research training, and related  
15                  activities to be carried out by the Center, the Direc-  
16                  tor of NIH, in consultation with the Director of the  
17                  Center and the Advisory Board, shall establish not  
18                  less than 6 regional pain research centers, which  
19                  shall operate as part of the Center.

20                  “(2) FOCUS AND DISTRIBUTION.—

21                  “(A) FOCUS.—Not less than 4 of the re-  
22                  gional centers established under paragraph (1)  
23                  shall have as their primary focus 1 of the cat-  
24                  egories of pain described in subparagraphs (A),  
25                  (B), and (C) of subsection (d)(3).

1           “(B) DISTRIBUTION.—One regional pain  
2           research center shall be established in each of  
3           the following regions of the United States (as  
4           such regions are determined by the Director of  
5           the Center):

6                     “(i) The Northeast region.

7                     “(ii) The Southeast region.

8                     “(iii) The Midwest region.

9                     “(iv) The Southwest region.

10                    “(v) The West region, including Ha-  
11                    waii.

12                    “(vi) The Pacific Northwest region,  
13                    including Alaska.

14           “(3) SELECTION.—The regional centers shall be  
15           selected through a competitive process from among  
16           institutions and centers of the type described in sub-  
17           section (d)(8).

18           “(g) ANNUAL CONSENSUS CONFERENCE ON PAIN  
19           AND PALLIATIVE CARE RESEARCH.—To assist the Center  
20           in the establishment and maintenance of a national agen-  
21           da for pain and palliative care research, and to ensure that  
22           the Center remains abreast of research and clinical devel-  
23           opments in both the public and private sectors, the Direc-  
24           tor of the Center shall convene each year a consensus con-

1 ference of prominent researchers and clinicians in the field  
2 of pain and palliative care research and treatment.

3 “(h) AUTHORIZATION OF APPROPRIATIONS.—

4 “(1) IN GENERAL.—For the purpose of car-  
5 rying out this section, there are authorized to be ap-  
6 propriated such sums as may be necessary for fiscal  
7 year 2006 and each subsequent fiscal year.

8 “(2) REGIONAL CENTERS.—Of the amount ap-  
9 propriated under paragraph (1) for a fiscal year, not  
10 less than \$1,500,000 shall be made available to each  
11 of the regional centers established under subsection  
12 (f).”.

13 **SEC. 4. PAIN CARE EDUCATION AND TRAINING.**

14 (a) PAIN AND PALLIATIVE CARE RESEARCH AND  
15 QUALITY.—Part A of title IX of the Public Health Service  
16 Act (42 U.S.C. 299 et seq.) is amended by adding at the  
17 end the following:

18 **“SEC. 904. PROGRAM FOR PAIN AND PALLIATIVE CARE RE-**  
19 **SEARCH AND QUALITY.**

20 “(a) IN GENERAL.—The Director shall carry out a  
21 program to—

22 “(1) develop and advance the quality, appro-  
23 priateness, and effectiveness of pain and palliative  
24 care; and

1           “(2) collect and disseminate protocols and evi-  
2           dence-based practices regarding pain and palliative  
3           care, including pain care for terminally ill patients,  
4           and make such information available to Federal,  
5           State, and local regulatory and enforcement agen-  
6           cies, public and private health care programs, payors  
7           and providers, health professions schools, hospices,  
8           and the general public.

9           “(b) DEFINITIONS.—For purposes of this section:

10           “(1) The term ‘palliative care’ means the com-  
11           prehensive active, total care of patients whose dis-  
12           ease or medical condition is not responsive to cura-  
13           tive treatment or whose prognosis is limited due to  
14           progressive, far-advanced disease. Palliative care in-  
15           cludes treatment to reduce or alleviate pain and  
16           other distressing signs and symptoms. The purpose  
17           of such care is to eliminate, alleviate, or manage the  
18           patient’s pain and suffering and thereby enhance the  
19           quality of life.

20           “(2) The term ‘pain care’ means the evaluation,  
21           diagnosis, treatment, and management of primary  
22           and secondary pain, whether acute, chronic, per-  
23           sistent, intractable, or associated with the end of  
24           life.”.

1 (b) EDUCATION AND TRAINING IN PAIN AND PALLIA-  
2 TIVE CARE.—Part D of title VII of the Public Health  
3 Service Act (42 U.S.C. 294 et seq.) is amended—

4 (1) by redesignating sections 754 through 757  
5 as sections 755 through 758, respectively; and

6 (2) by inserting after section 753 the following:

7 **“SEC. 754. PROGRAM FOR EDUCATION AND TRAINING IN**  
8 **PAIN AND PALLIATIVE CARE.**

9 “(a) IN GENERAL.—The Secretary, in consultation  
10 with the Director of the Agency for Healthcare Research  
11 and Quality, may make awards of grants, cooperative  
12 agreements, and contracts to health professions schools,  
13 hospices, and other public and private entities for the de-  
14 velopment and implementation of programs to provide  
15 education and training to health care professionals in pain  
16 and palliative care.

17 “(b) PRIORITIES.—In making awards under sub-  
18 section (a), the Secretary shall give priority to awards for  
19 the implementation of programs under such subsection.

20 “(c) CERTAIN TOPICS.—An award may be made  
21 under subsection (a) only if the applicant for the award  
22 agrees that the program carried out with the award will  
23 include information and education on—

24 “(1) professionally recognized means for diag-  
25 nosing and treating pain and related signs and

1 symptoms, including the medically appropriate use  
2 of controlled substances;

3 “(2) applicable laws on controlled substances,  
4 including the degree to which misconceptions con-  
5 cerning such laws or the enforcement thereof may  
6 create barriers to patient access to appropriate and  
7 effective pain care;

8 “(3) comprehensive interdisciplinary approaches  
9 to the delivery of pain and palliative care, including  
10 delivery through specialized centers of pain care  
11 treatment expertise; and

12 “(4) recent findings, developments, and im-  
13 provements in the provision of pain and palliative  
14 care.

15 “(d) PROGRAM SITES.—Education and training  
16 under subsection (a) may be provided at or through health  
17 professions schools, residency training programs, and  
18 other graduate programs in the health professions, entities  
19 that provide continuing medical and pharmacy education,  
20 hospices, and such other programs or sites as the Sec-  
21 retary determines to be appropriate.

22 “(e) EVALUATION OF PROGRAMS.—The Secretary  
23 shall (directly or through grants or contracts) provide for  
24 the evaluation of programs implemented under subsection

1 (a) in order to determine the effect of such programs on  
2 knowledge and practice regarding pain and palliative care.

3 “(f) PEER REVIEW GROUPS.—In carrying out section  
4 799(f) with respect to this section, the Secretary shall en-  
5 sure that the membership of each peer review group in-  
6 volved includes individuals with expertise and experience  
7 in pain and palliative care.

8 “(g) DEFINITIONS.—For purposes of this section:

9 “(1) The term ‘palliative care’ means the com-  
10 prehensive active, total care of patients whose dis-  
11 ease or medical condition is not responsive to cura-  
12 tive treatment or whose prognosis is limited due to  
13 progressive, far-advanced disease. Palliative care in-  
14 cludes treatment to reduce or alleviate pain and  
15 other distressing signs and symptoms. The purpose  
16 of such care is to eliminate, alleviate, or manage the  
17 patient’s pain and suffering and thereby enhance the  
18 quality of life.

19 “(2) The term ‘pain care’ means the evaluation,  
20 diagnosis, treatment, and management of primary  
21 and secondary pain, whether acute, chronic, per-  
22 sistent, intractable, or associated with the end of  
23 life.”.

24 (c) AUTHORIZATION OF APPROPRIATIONS.—Section  
25 758 of the Public Health Service Act (as redesignated by

1 subsection (a)(1) of this section) is amended in subsection  
2 (b)(1)(C)—

3 (1) by striking “sections 753, 754, and 755”  
4 and inserting “section 753, 754, 755, and 756”; and  
5 (2) by striking “\$22,631,000” and inserting  
6 “\$37,631,000”.

7 (d) TECHNICAL AMENDMENT.—Paragraph (2) of  
8 section 757(b) of the Public Health Service Act (as redes-  
9 igned by subsection (a)(1)) is amended by striking  
10 “754(3)(A), and 755(b)” and inserting “755(3)(A), and  
11 756(b)”.

12 **SEC. 5. PUBLIC AWARENESS CAMPAIGN ON PAIN MANAGE-**  
13 **MENT.**

14 Part B of title II of the Public Health Service Act  
15 (42 U.S.C. 238 et seq.) is amended by adding at the end  
16 the following:

17 **“SEC. 249. NATIONAL EDUCATION OUTREACH AND AWARE-**  
18 **NESS CAMPAIGN ON PAIN MANAGEMENT.**

19 “(a) ESTABLISHMENT.—Not later than June 30,  
20 2006, the Secretary shall establish and implement a na-  
21 tional education outreach and awareness campaign de-  
22 scribed in subsection (b) to provide information to the  
23 public on responsible pain management, related symptom  
24 management, and palliative care.

1       “(b) REQUIREMENTS.—The Secretary shall design  
2 the public awareness campaign under this section to edu-  
3 cate consumers, patients, their families, and other care-  
4 givers with respect to—

5           “(1) the incidence and importance of pain as a  
6 national public health problem;

7           “(2) the adverse physical, psychological, and fi-  
8 nancial consequences that can result if pain is not  
9 appropriately diagnosed or treated;

10          “(3) the availability, benefits, and risks of all  
11 pain management and palliative care treatment op-  
12 tions;

13          “(4) the right of patients to have their pain  
14 promptly assessed, appropriately treated, and regu-  
15 larly reassessed, and to have their treatment ad-  
16 justed if needed;

17          “(5) the availability in the public, nonprofit,  
18 and private sectors of pain management-related in-  
19 formation, services, and resources for consumers,  
20 employers, third-party payors, patients, their fami-  
21 lies, and caregivers, including information on—

22           “(A) appropriate assessment, diagnosis,  
23 and treatment options for all types of pain and  
24 pain-related symptoms; and

1           “(B) conditions for which no widely-accept-  
2           ed treatment options are yet available; and

3           “(6) other issues the Secretary deems appro-  
4           priate.

5           “(c) COORDINATION.—

6           “(1) LEAD OFFICIAL.—The Secretary shall des-  
7           ignate one official in the Department of Health and  
8           Human Services to oversee the campaign established  
9           under this section.

10          “(2) AGENCY COORDINATION.—The Secretary  
11          shall ensure the involvement in the public awareness  
12          campaign under this section of the Surgeon General  
13          of the Public Health Service, the Director of the  
14          Centers for Disease Control and Prevention, and  
15          such other representatives of offices and agencies of  
16          the Department of Health and Human Services as  
17          the Secretary determines appropriate.

18          “(d) UNDERSERVED POPULATIONS.—In designing  
19          the public awareness campaign under this section, the Sec-  
20          retary shall take into account the need to reach under-  
21          served populations who are disproportionately under-treat-  
22          ed for pain.

23          “(e) GRANTS AND CONTRACTS.—The Secretary may  
24          make awards of grants, cooperative agreements, and con-  
25          tracts to public agencies and private nonprofit organiza-

1 tions to assist with the development and implementation  
2 of the public awareness campaign under this section.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—For  
4 purposes of carrying out this section, there are authorized  
5 to be appropriated such sums as may be necessary for  
6 each of fiscal years 2006, 2007, and 2008.”.

7 **SEC. 6. PAIN CARE INITIATIVE IN MILITARY HEALTH CARE**  
8 **FACILITIES.**

9 (a) REQUIREMENT.—Chapter 55 of title 10, United  
10 States Code, is amended by adding at the end the fol-  
11 lowing new section:

12 **“§ 1111. Pain care**

13 “The administering Secretaries shall develop and im-  
14 plement a pain care initiative in all health care facilities  
15 of the uniformed services. Implementation shall occur not  
16 later than January 1, 2006, in the case of inpatient care,  
17 and January 1, 2007, in the case of outpatient care. The  
18 initiative shall be designed to ensure that all members of  
19 the uniformed services and their dependents receiving  
20 treatment in health care facilities of the uniformed serv-  
21 ices—

22 “(1) are assessed for pain at the time of admis-  
23 sion or initial treatment, and periodically thereafter,  
24 using a professionally recognized pain assessment  
25 tool or process; and



1           pany serious pain, including depression,  
2           other mental health disorders, sleep dis-  
3           turbance, and substance abuse;

4           “(iii) provides medical and other  
5           health services through physicians and  
6           other practitioners credentialed or experi-  
7           enced in pain medicine;

8           “(iv) provides for referral of patients  
9           with chronic pain as defined in subpara-  
10          graph (B)(i) to specialists, and, where ap-  
11          propriate, to a comprehensive multidisci-  
12          plinary pain management program as de-  
13          fined in subparagraph (B)(ii);

14          “(v) continues treatment for as long  
15          as treatment is required to maximize the  
16          quality of life and functional capacity of  
17          the patient; and

18          “(vi) permits physicians and other  
19          practitioners experienced or credentialed in  
20          pain medicine to make clinical decisions  
21          with respect to the need for and the extent  
22          and duration of pain care services.

23          “(B) DEFINITIONS.—For purposes of this  
24          paragraph:

1           “(i) CHRONIC PAIN.—The term  
2           ‘chronic pain’ means severe, persistent, or  
3           recurrent pain that interferes with the ac-  
4           tivities of daily living, and has not been  
5           significantly reduced or ameliorated despite  
6           reasonable treatment efforts for a period of  
7           6 months.

8           “(ii) COMPREHENSIVE MULTIDISCI-  
9           PLINARY PAIN MANAGEMENT PROGRAM.—  
10          The term ‘comprehensive multidisciplinary  
11          pain management program’ means an in-  
12          patient or outpatient health care facility or  
13          program that—

14                 “(I) provides at least medical,  
15                 nursing, mental health, and rehabilita-  
16                 tion services through licensed health  
17                 care professionals;

18                 “(II) provides or arranges for the  
19                 provision of inpatient and outpatient  
20                 hospital and rehabilitation facility  
21                 services, drugs, devices, and other  
22                 items and services required for the  
23                 treatment of chronic pain;

1                   “(III) provides ongoing patient  
2                   and professional education for pain  
3                   management;

4                   “(IV) is accredited as a com-  
5                   prehensive pain management program  
6                   by an accrediting organization ap-  
7                   proved by the Secretary, including the  
8                   Joint Commission on the Accredita-  
9                   tion of Health Care Organizations or  
10                  the Rehabilitation Accreditation Com-  
11                  mission; and

12                  “(V) is directed by 1 or more  
13                  physicians credentialed in pain medi-  
14                  cine, or, where appropriate, dentistry,  
15                  by a board or boards approved by the  
16                  Secretary, which shall include the  
17                  American Board of Pain Medicine and  
18                  boards recognized by the American  
19                  Board of Medical Specialists.

20                  “(C) COMPLIANCE.—A Medicare Advan-  
21                  tage organization may comply with the require-  
22                  ments set forth in this paragraph by providing  
23                  care through its own network of participating  
24                  providers, or under arrangement with out-of-  
25                  network providers, but in no event may an or-

1           ganization impose higher costs on its enrollees  
2           in the form of deductibles, copayments, pre-  
3           miums, or otherwise in the event appropriate  
4           pain care in accordance with the standards set  
5           forth in this paragraph is provided out-of-net-  
6           work.”.

7           (b) EFFECTIVE DATE.—The amendment made by  
8           subsection (a) shall apply to contracts with Medicare Ad-  
9           vantage organizations as of January 1, 2006.

10 **SEC. 8. PAIN CARE STANDARDS IN TRICARE PLANS.**

11           (a) IN GENERAL.—Section 1097 of title 10, United  
12           States Code, is amended by adding at the end the fol-  
13           lowing new subsection:

14           “(f) PAIN CARE STANDARDS.—

15                   “(1) IN GENERAL.—Any health care services  
16           provided pursuant to any contract entered into  
17           under this section shall include the provision of ap-  
18           propriate care for the treatment of patients in pain  
19           that—

20                           “(A) is consistent with recognized guide-  
21           lines and practice parameters for the assess-  
22           ment and treatment of primary and secondary  
23           pain, including acute, chronic, and intractable  
24           pain;

1           “(B) includes evaluation and treatment of  
2 illnesses that frequently accompany serious  
3 pain, including depression, other mental health  
4 disorders, sleep disturbance, and substance  
5 abuse;

6           “(C) provides medical and other health  
7 services through physicians and other practi-  
8 tioners credentialed or experienced in pain med-  
9 icine;

10           “(D) provides for referral of patients with  
11 chronic pain to specialists, and, where appro-  
12 priate, to a comprehensive multidisciplinary  
13 pain management program;

14           “(E) continues treatment for as long as  
15 treatment is required to maximize the quality of  
16 life and functional capacity of the patient; and

17           “(F) permits physicians and other practi-  
18 tioners experienced or credentialed in pain med-  
19 icine to make clinical decisions with respect to  
20 the need for and the extent and duration of  
21 pain care services.

22           “(2) DEFINITIONS.—For purposes of this sub-  
23 section—

24           “(A) The term ‘chronic pain’ means severe, per-  
25 sistent, or recurrent pain that interferes with the ac-

1       activities of daily living, and has not been significantly  
2       reduced or ameliorated despite reasonable treatment  
3       efforts for a period of 6 months.

4               “(B) The term ‘comprehensive multidisciplinary  
5       pain management program’ means an inpatient or  
6       outpatient health care facility or program that—

7                       “(i) provides at least medical, nursing,  
8                       mental health, and rehabilitation services  
9                       through licensed health care professionals;

10                      “(ii) provides or arranges for the provision  
11                      of inpatient and outpatient hospital and reha-  
12                      bilitation facility services, drugs, devices, and  
13                      other items and services required for the treat-  
14                      ment of chronic pain;

15                      “(iii) provides ongoing patient and profes-  
16                      sional education for pain management;

17                      “(iv) is accredited as a comprehensive pain  
18                      management program by an accrediting organi-  
19                      zation approved by the Secretary, including the  
20                      Joint Commission on the Accreditation of  
21                      Health Care Organizations or the Rehabilita-  
22                      tion Accreditation Commission; and

23                      “(v) is directed by 1 or more physicians  
24                      credentialed in pain medicine, or, where appro-  
25                      priate, dentistry, by a board or boards approved

1 by the Secretary, which shall include the Amer-  
2 ican Board of Pain Medicine and boards recog-  
3 nized by the American Board of Medical Spe-  
4 cialists.

5 “(3) COMPLIANCE.—A contractor may comply with  
6 the requirements set forth in this subsection by providing  
7 care through its own network of participating providers,  
8 or under arrangement with out-of-network providers, but  
9 in no event may a contractor impose higher costs on its  
10 enrollees in the form of deductibles, copayments, pre-  
11 miums, or otherwise in the event appropriate pain care  
12 in accordance with the standards set forth in this sub-  
13 section is provided out of network.”.

14 (b) EFFECTIVE DATE.—The amendment made by  
15 subsection (a) shall apply to contracts as of January 1,  
16 2006.

17 **SEC. 9. ANNUAL REPORT ON MEDICARE EXPENDITURES**  
18 **FOR PAIN CARE SERVICES.**

19 Not later than December 31, 2006, and annually  
20 thereafter, the Administrator of the Centers for Medicare  
21 & Medicaid Services shall prepare and submit to the Con-  
22 gress a report on medicare expenditures for pain care dur-  
23 ing the preceding fiscal year. The report shall include the  
24 following:

1           (1) An estimate of total payments made under  
2 part B of the medicare program to physicians spe-  
3 cializing in pain medicine.

4           (2) An estimate of payments made under such  
5 part B to other providers and suppliers for the pro-  
6 vision of pain care items and services.

7           (3) An estimate of expenditures made under  
8 part A of the medicare program for the diagnosis  
9 and treatment of pain of inpatients, and an estimate  
10 of the percentage of such care that relates to end-  
11 of-life care.

12           (4) An estimate of expenditures under part C  
13 of the medicare program for the provision of pain  
14 care items and services through the Medicare Advan-  
15 tage program.

16           (5) An estimate of out-of-pocket expenditures  
17 by medicare beneficiaries for both prescription and  
18 nonprescription pain medications not covered by the  
19 medicare program.

20           (6) An analysis of trends in both medicare pro-  
21 gram and medicare beneficiary expenditures for pain  
22 care items and services.

1 **SEC. 10. PAIN CARE INITIATIVE IN VETERANS HEALTH**  
2 **CARE FACILITIES.**

3 (a) **REQUIREMENT.**—Subchapter II of chapter 17 of  
4 title 38, United States Code, is amended by adding at the  
5 end the following new section:

6 **“§ 1720F. Pain care**

7 “The Secretary shall develop and implement a pain  
8 care initiative in all health care facilities of the Depart-  
9 ment. The initiative shall be designed to ensure that each  
10 individual receiving treatment in a health care facility  
11 under the jurisdiction of the Secretary—

12 “(1) is assessed for pain at the time of admis-  
13 sion or initial treatment, and periodically thereafter,  
14 using a professionally recognized pain assessment  
15 tool or process; and

16 “(2) receives appropriate pain care consistent  
17 with recognized guidelines and practice parameters  
18 for the diagnosis and treatment of primary and sec-  
19 ondary–pain, including acute, chronic, and intrac-  
20 table pain.”.

21 (b) **CLERICAL AMENDMENT.**—The table of sections  
22 at the beginning of such chapter is amended by inserting  
23 after the item relating to section 1720E the following new  
24 item:

“1720F. Pain care.”.

1           (c) IMPLEMENTATION.—The Secretary of Veterans  
2 Affairs shall implement the pain care initiative required  
3 by section 1720F of title 38, United States Code, as added  
4 by subsection (a) not later than—

5           (1) January 1, 2006, in the case of inpatient  
6 care; and

7           (2) January 1, 2007, in the case of outpatient  
8 care.

○