National Pain Care Policy Act Needs MD Support

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SAN DIEGO — Physicians involved in pain treatment and palliative care have been asked to get involved in grassroots efforts in support of the National Pain Care Policy Act, which has been stalled in the health subcommittee of the Committee on Energy and Commerce.

Introduced on March 1, 2005, by Congressman Michael Rogers (R-Mich.), HR 1020 is the first comprehensive pain care bill ever introduced on Capitol Hill. Its passage is a top priority of the Pain Care Coalition (PCC), which is composed of the American Pain Society, the American Academy of Pain Medicine (AAPM), and the American Association for the Study of Headache.

HR 1020, though it has the backing of more than 100 patient advocacy groups, has only 33 cosponsors in the House. Support has been unenthusiastic in part because of a general feeling that the bill tries to do too much, said PCC Washington counsel Robert J. Saner II.

We'd like to have 250 cosponsors in the House and getting there depends on you and your colleagues getting engaged in supporting the bill.

"It's the very comprehensiveness of the bill that is slowing its progress. Many people have looked at the legislation and said it's too broad and should be more focused," Mr. Saner told the annual meeting of the AAPM. "The PCC has been reluctant to pare because what's in it is necessary."

The bill would declare adequate pain care research, education, and treatment as national public health priorities, and would establish the National Center for Pain and Palliative Care Research at the National Institutes of Health "to conduct clinical and basic science research into the biology of, the causes of, and effective treatments for pain."

It also would establish "a national agenda for conducting and supporting pain and palliative care research and to identify, coordinate, and support research, research training, and related activities with respect to primary and secondary pain," according to the Office of Legislative Policy and Analysis.

"All of these things are new; they're things the NIH doesn't do now and doesn't want to spend money on," Mr. Saner explained.

The legislation would take some of the pain care emphasis off the Drug Enforcement Agency (DEA), Mr. Saner added.

"One of the problems is we've been barking up the wrong tree. Many people in the pain community go to the DEA because the DEA has been focusing on pain care; we need to develop some other trees to bark up, and principal among those are the NIH, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, and the Centers for Medicare and Medicaid Services," he said. Various aspects of this bill address those agencies.

"We would like to have 250 cosponsors in the House of Representatives, and getting there depends a lot on you and your colleagues around the country getting engaged in grassroots activities in support of this bill," Mr. Saner said.

His comments were echoed by Sylvia Warner, a spokesperson for Rep. Rogers, who said patients have the most to gain and should contact their representatives in support of 1020.

"The average patient goes through 13 physicians before he or she finds a doctor who will help with their pain," Warner said in an interview, adding that an ongoing effort to get the pain care bill into the full committee might bear fruit this year. ■

INDEX OF ADVERTISERS