



## **H.R. 4641: To provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes (Brooks, R-IN)**

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### **FLOOR SCHEDULE:**

May 11, 2016 under a [structured rule](#) that makes fifteen amendments in order.

### **TOPLINE SUMMARY:**

[H.R. 4641](#) would establish an inter-agency task force to review, modify, and update the best practices for pain management and prescribing pain medication.

### **COST:**

The [Congressional Budget Office](#) (CBO) estimates that implementing H.R. 4641 would cost \$2 million over the 2016-2021 period, assuming appropriation of the estimated amounts, mostly to cover administrative expenses associated with the task force

### **CONSERVATIVE CONCERNS:**

Nothing in the bill establishes mandatory best practices or regulations for prescribers; however, some conservative may be concerned that establishing recommended federal best practices could lead to more control by the Food and Drug Administration (FDA) and the Drug Enforcement Administration (DEA) on provider prescribing practices.

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

### **DETAILED SUMMARY AND ANALYSIS:**

This bill would require the Secretary of Health and Human Services (HHS), in coordination with the Secretary of Veterans Affairs, the Secretary of Defense, and the Administrator of the Drug Enforcement Administration, to convene a Pain Management Best Practices Inter-Agency Task Force to review and update the best practices for pain management and prescribing pain medicine. The task force would be comprised of representatives from various relevant agencies, as well as experts in the field of pain

research, health care providers and hospitals, pain advocacy groups, and professional organizations that address pain management.

The task force would have 180 days to review and update the best practices for pain management. The task force would take into consideration existing research, existing evidence-based guidelines, ongoing efforts at the state and local levels, and the management of high-risk populations. In addition, the task force would solicit and take into consideration public comments. The task force would also develop a strategy for disseminating information about the best practices developed to relevant stakeholders.

Finally, the task force would submit a report to Congress that includes the strategy for disseminating best practices for pain management and recommendations for applying the best practices to medical facilities in the Veterans Health Administration and Indian Health Service.

### **AMENDMENTS MADE IN ORDER:**

[Amendment #3](#) (Brownley, D-CA) – This amendment would add the Office of Women’s Health as representatives on the task force.

[Amendment #14](#) (Carter, R-GA) – This amendment would require any physician, dentist, non-physician prescriber or pharmacist to be licensed in their state of practice as well as currently practicing in order to be a participant on the task force.

[Amendment #20](#) (Grayson, D-FL) – This amendment would include first responders as representatives on the task force.

[Amendment #9](#) (Clark, D-MA) – This amendment would add experts in the field of adolescent and youth addiction research and a person in recovery from addiction whose addiction began in young adulthood as representatives on the task force. The task force would be directed to take into consideration the needs of young adults with respect to pain management, pain medication and substance use disorder.

[Amendment #22](#) (Moulton, D-MA; Zeldin, R-NY, Walz, D-MN) – This amendment would add veteran service organizations as representative on the task force.

[Amendment #16](#) (Nolan, D-MN) – This amendment would add an expert on the active duty military, armed forces personnel, and veteran health and prescription opioid addiction as a representative on the task force.

[Amendment #12](#) (Watson Coleman, D-NJ) – This amendment would add an expert in the field of minority health as a representative on the task force.

[Amendment #21](#) (Kuster, D-NH; Guinta, R-NH) – This amendment would require the task force to research trends in areas where the prescription opioid abuse rate and fatality rate exceed the national average.

[Amendment #2](#) (Schiff, D-CA) – This amendment would require the task force to take into consideration in their recommendations ongoing efforts at the state and local levels to coordinate information collected from the state prescription drug monitoring program for the purpose of preventing the diversion of pain medication.

[Amendment #10](#) (Clark, D-MA) – This amendment would require the task force to take into consideration in their recommendations ongoing efforts at the federal, state, and local level to examine potential benefits of electronic prescribing of opioids.

**Amendment #4** (Rothfus, R-PA; Keating D-MA) – This amendment would require the task force to take into consideration in their recommendations the practice of co-prescribing naloxone (an overdose reversal drug) for both pain patients receiving chronic opioid therapy and patients being treated for opioid use disorders.

**Amendment #7** (Clark, D-MA) – This amendment would require the task force to take into consideration in their recommendations research that has been conducted by the federal government on the prevention and treatment of substance use disorders among young adults and any unique circumstances that may make adolescent specific treatment necessary. In addition, the task force would research any federal non-research programs that address the prevention and treatment from substance abuse by young adults. Finally, any gaps that have been identified in federal efforts relating to the prevention and treatment of from substance abuse by young adults.

**Amendment #25** (Esty, D-CT; Knight, R-CA) - This amendment would require the task force to review, modify, and update best practices for pain management and prescribing pain medication, specifically as it pertains to physician education and consumer education.

**Amendment #23** (Welch, D-VT; McKinley, R-WV) – This amendment would require the task force to examine and identify the need for the development of new pharmacological, non-pharmacological, and medical devices alternatives to opioids and the current status of research efforts to develop alternatives or utilize alternatives that are currently available. This amendment would also require the task force to report on the development of new pharmacological, non-pharmacological, and medical devices alternatives to opioids and their improved utilization in their report to Congress.

**Amendment #28** (Sessions, R-TX) – This amendment would require the task force to take into consideration in their recommendations existing private sector, state and local government efforts related to pain management and prescribing pain management.

### **COMMITTEE ACTION:**

This bill was introduced by Representative Brooks and referred to the House Committee on Energy and Commerce. The committee held a mark-up and the bill was reported out, as amended, by voice vote. Read the committee report, [here](#).

### **ADMINISTRATION POSITION:**

While the Administration welcomes Congressional efforts to elevate the importance of combating the epidemic, the Administration is greatly concerned that, without the resources necessary to prevent opioid addiction and increase access to treatment and recovery services, H.R. 4641, H.R. 5046, and related bills that may be considered simultaneously would do little to help the thousands of Americans struggling with addiction.

In February, the Administration submitted a robust proposal to the Congress to provide \$1.1 billion in new funding to address this epidemic. The Administration looks forward to working with the Congress to secure the funding necessary to ensure that opioid use disorder treatment is available for those who seek it.

### **CONSTITUTIONAL AUTHORITY:**

According to the sponsor, Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 3.

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