

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the eyes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

NATIONAL PAIN CARE POLICY ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2994) to amend the Public Health Service Act with respect to pain care, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2994

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “National Pain Care Policy Act of 2008”.

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

Sec. 1. Short title; table of contents.

Sec. 2. Institute of Medicine Conference on Pain.

Sec. 3. Pain research at National Institutes of Health.

Sec. 4. Pain care education and training.

Sec. 5. Public awareness campaign on pain management.

SEC. 2. INSTITUTE OF MEDICINE CONFERENCE ON PAIN.

(a) **CONVENING.**—Not later than June 30, 2009, the Secretary of Health and Human Services shall seek to enter into an agreement with the Institute of Medicine of the National Academies to convene a Conference on Pain (in this section referred to as “the Conference”).

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

(1) increase the recognition of pain as a significant public health problem in the United States;

(2) evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain;

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

(A) lack of understanding and education among employers, patients, health care providers, regulators, and third-party payors;

(B) barriers to access to care at the primary, specialty, and tertiary care levels, including barriers—

(i) specific to those populations that are disproportionately undertreated for pain;

(ii) related to physician concerns over regulatory and law enforcement policies applicable to some pain therapies; and

(iii) attributable to benefit, coverage, and payment policies in both the public and private sectors; and

(C) gaps in basic and clinical research on the symptoms and causes of pain, and potential assessment methods and new treatments to improve pain care; and

(4) establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the United States.

(c) **OTHER APPROPRIATE ENTITY.**—If the Institute of Medicine declines to enter into an agreement under subsection (a), the Secretary of Health and Human Services may enter into such agreement with another appropriate entity.

(d) **REPORT.**—A report summarizing the Conference's findings and recommendations shall be submitted to the Congress not later than June 30, 2010.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there is authorized to be appropriated \$500,000 for each of fiscal years 2009 and 2010.

SEC. 3. PAIN RESEARCH AT NATIONAL INSTITUTES OF HEALTH.

Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

“SEC. 409J. PAIN RESEARCH.

“(a) **RESEARCH INITIATIVES.**—

“(1) **IN GENERAL.**—The Director of NIH is encouraged to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain.

“(2) **ANNUAL RECOMMENDATIONS.**—Not less than annually, the Pain Consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, shall develop and submit to the Director of NIH recommendations on appropriate pain research initiatives that could be undertaken with funds reserved under section 402A(c)(1) for the Common Fund or otherwise available for such initiatives.

“(3) **DEFINITION.**—In this subsection, the term ‘Pain Consortium’ means the Pain Consortium of the National Institutes of Health or a similar trans-National Institutes of Health coordinating entity designated by the Secretary for purposes of this subsection.

“(b) **INTERAGENCY PAIN RESEARCH COORDINATING COMMITTEE.**—

“(1) **ESTABLISHMENT.**—The Secretary shall establish not later than 1 year after the date of the enactment of this section and as necessary maintain a committee, to be known as the Interagency Pain Research Coordinating Committee (in this section referred to as the ‘Committee’), to coordinate all efforts within the Department of Health and Human Services and other Federal agencies that relate to pain research.

“(2) **MEMBERSHIP.**—

“(A) **IN GENERAL.**—The Committee shall be composed of the following voting members:

“(i) Not more than 7 voting Federal representatives as follows:

“(I) The Director of the Centers for Disease Control and Prevention.

“(II) The Director of the National Institutes of Health and the directors of such national research institutes and national centers as the Secretary determines appropriate.

“(III) The heads of such other agencies of the Department of Health and Human Services as the Secretary determines appropriate.

“(IV) Representatives of other Federal agencies that conduct or support pain care research and treatment, including the Department of Defense and the Department of Veterans Affairs.

“(ii) 12 additional voting members appointed under subparagraph (B).

“(B) **ADDITIONAL MEMBERS.**—The Committee shall include additional voting members appointed by the Secretary as follows:

“(i) 6 members shall be appointed from among scientists, physicians, and other health professionals, who—

“(I) are not officers or employees of the United States;

“(II) represent multiple disciplines, including clinical, basic, and public health sciences;

“(III) represent different geographical regions of the United States; and

“(IV) are from practice settings, academia, manufacturers or other research settings; and

“(ii) 6 members shall be appointed from members of the general public, who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions

“(C) **NONVOTING MEMBERS.**—The Committee shall include such nonvoting members as the Secretary determines to be appropriate.

“(3) **CHAIRPERSON.**—The voting members of the Committee shall select a chairperson from among such members. The selection of a chairperson shall be subject to the approval of the Director of NIH.

“(4) **MEETINGS.**—The Committee shall meet at the call of the chairperson of the Committee or upon the request of the Director of NIH, but in no case less often than once each year.

“(5) **DUTIES.**—The Committee shall—

“(A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain;

“(B) identify critical gaps in basic and clinical research on the symptoms and causes of pain;

“(C) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies, including the Department of Defense and the Department of Veteran Affairs, are free of unnecessary duplication of effort;

“(D) make recommendations on how best to disseminate information on pain care; and

“(E) make recommendations on how to expand partnerships between public entities, including Federal agencies, and private entities to expand collaborative, cross-cutting research.

“(6) **REVIEW.**—The Secretary shall review the necessity of the Committee at least once every 2 years.”

SEC. 4. PAIN CARE EDUCATION AND TRAINING.

(a) **PAIN CARE EDUCATION AND TRAINING.**—Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended—

(1) by redesignating sections 754 through 758 as sections 755 through 759, respectively; and

(2) by inserting after section 753 the following:

“SEC. 754. PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.

“(a) **IN GENERAL.**—The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.

“(b) **PRIORITIES.**—In making awards under subsection (a), the Secretary shall give priority to awards for the implementation of programs under such subsection.

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

“(1) recognized means for assessing, diagnosing, treating, and managing pain and related signs and symptoms, including the medically appropriate use of controlled substances;

“(2) applicable laws, regulations, rules, and policies on controlled substances, including the degree to which misconceptions and concerns regarding such laws, regulations, rules, and policies, or the enforcement thereof, may create barriers to patient access to appropriate and effective pain care;

“(3) interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment expertise;

“(4) cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and

“(5) recent findings, developments, and improvements in the provision of pain care.

“(d) PROGRAM SITES.—Education and training under subsection (a) may be provided at or through health professions schools, residency training programs, and other graduate programs in the health professions; entities that provide continuing education in medicine, pain management, dentistry, psychology, social work, nursing, and pharmacy; hospices; and such other programs or sites as the Secretary determines to be appropriate.

“(e) EVALUATION OF PROGRAMS.—The Secretary shall (directly or through grants or contracts) provide for the evaluation of programs implemented under subsection (a) in order to determine the effect of such programs on knowledge and practice of pain care.

“(f) PEER REVIEW GROUPS.—In carrying out section 799(f) with respect to this section, the Secretary shall ensure that the membership of each peer review group involved includes individuals with expertise and experience in pain care.

“(g) DEFINITIONS.—For purposes of this section the term ‘pain care’ means the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.”

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 758(b)(1) of the Public Health Service Act (as redesignated by subsection (a)(1) of this section) is amended—

(1) by striking “and” at the end of subparagraph (B);

(2) by striking the period at the end of subparagraph (C) and inserting “; and”; and

(3) by inserting after subparagraph (C) the following:

“(D) not less than \$5,000,000 for awards of grants, cooperative agreements, and contracts under sections 754.”

(c) TECHNICAL AMENDMENTS.—Title VII of the Public Health Service Act (42 U.S.C. 292 et seq.) is amended—

(1) in paragraph (2) of section 757(b) (as redesignated by subsection (a)(1)), by striking “754(3)(A), and 755(b)” and inserting “755(3)(A), and 756(b)”;

(2) in subparagraph (C) of section 758(b)(1) (as redesignated by subsection (a)(1)), by striking “754, and 755” and inserting “755, and 756”.

SEC. 5. PUBLIC AWARENESS CAMPAIGN ON PAIN MANAGEMENT.

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

“SEC. 249. NATIONAL EDUCATION OUTREACH AND AWARENESS CAMPAIGN ON PAIN MANAGEMENT.

“(a) ESTABLISHMENT.—Not later than June 30, 2009, the Secretary shall establish and implement a national pain care education outreach and awareness campaign described in subsection (b).

“(b) REQUIREMENTS.—The Secretary shall design the public awareness campaign under this section to educate consumers, patients, their families, and other caregivers with respect to—

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

“(2) the adverse physical, psychological, emotional, societal, and financial consequences that can result if pain is not appropriately assessed, diagnosed, treated, or managed;

“(3) the availability, benefits, and risks of all pain treatment and management options;

“(4) having pain promptly assessed, appropriately diagnosed, treated, and managed, and regularly reassessed with treatment adjusted as needed;

“(5) the role of credentialed pain management specialists and subspecialists, and of comprehensive interdisciplinary centers of treatment expertise;

“(6) the availability in the public, nonprofit, and private sectors of pain management-related information, services, and resources for con-

sumers, employers, third-party payors, patients, their families, and caregivers, including information on—

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

“(B) conditions for which no treatment options are yet recognized; and

“(7) other issues the Secretary deems appropriate.

“(c) CONSULTATION.—In designing and implementing the public awareness campaign required by this section, the Secretary shall consult with organizations representing patients in pain and other consumers, employers, physicians including physicians specializing in pain care, other pain management professionals, medical device manufacturers, and pharmaceutical companies.

“(d) COORDINATION.—

“(1) LEAD OFFICIAL.—The Secretary shall designate one official in the Department of Health and Human Services to oversee the campaign established under this section.

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

“(e) UNDERSERVED AREAS AND POPULATIONS.—In designing the public awareness campaign under this section, the Secretary shall—

“(1) take into account the special needs of geographic areas and racial, ethnic, gender, age, and other demographic groups that are currently underserved; and

“(2) provide resources that will reduce disparities in access to appropriate diagnosis, assessment, and treatment.

“(f) GRANTS AND CONTRACTS.—The Secretary may make awards of grants, cooperative agreements, and contracts to public agencies and private nonprofit organizations to assist with the development and implementation of the public awareness campaign under this section.

“(g) EVALUATION AND REPORT.—Not later than the end of fiscal year 2011, the Secretary shall prepare and submit to the Congress a report evaluating the effectiveness of the public awareness campaign under this section in educating the general public with respect to the matters described in subsection (b).

“(h) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated \$2,000,000 for fiscal year 2009 and \$4,000,000 for each of fiscal years 2010 and 2011.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 2994, the National Pain Care Policy Act

of 2007, a bill to amend the Public Health Service Act with respect to pain care. All of us have probably experienced pain resulting from an illness or disease in our lives. Some people are fortunate enough to be able to access drugs and other treatments to relieve pain and suffering.

However, millions are not able to obtain that relief and suffer from acute pain. The National Center for Health Statistics estimates that one in every four Americans has suffered from pain that lasts longer than 24 hours. Pain can impact every aspect of our daily lives, from an inability to work, to being unable to spend time with family and friends.

This bill would do much to help us better manage pain. H.R. 2994 would encourage the Secretary of Health and Human Services to enter into an agreement with the Institute of Medicine to convene a conference on pain, encourage the Director of the National Institutes of Health to expand a research program on the causes of and potential treatment for pain, establish an inter-agency pain research coordinating committee within HHS, allow the HHS Secretary to award grants to public and private entities for the development of programs to provide education and training to health care professionals in pain care, and require the HHS Secretary to establish and implement a national pain care education outreach and awareness campaign.

Pain is the leading reason Americans come into contact with the health care system, and it's also a huge contributor to the growing costs of health care. We must do a better job of helping to alleviate that suffering, and I believe this bill would go a long way towards achieving that end.

I want to thank my colleagues on the Energy and Commerce Committee, particularly Congresswoman CAPPs and Congressman ROGERS, for their leadership on this issue. I urge my colleagues to join me in voting for adoption of this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 2994, the National Pain Care Policy Act of 2008. Certainly, I also want to join the chairman of the subcommittee in commending Congresswoman Lois Capps and Congressman Mike Rogers for their work on this bill.

Chronic pain is disabling, and it's debilitating. It would certainly be frustrating for both the patients and caregivers alike. Fortunately, most painful conditions can be relieved with proper treatment and adequate pain management. This bill will create an inter-agency coordinating committee to coordinate all the efforts within the Health and Human Services and other Federal agencies related to pain research.

This effort, along with other efforts of the National Institutes of Health,

via the pain consortium, will go a long way towards increasing research and awareness of chronic pain. I do urge Members to support this legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the sponsor of the bill, the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I rise in strong support of H.R. 2994, the National Pain Care Policy Act.

I want to thank the chairman of our subcommittee, Mr. PALLONE, for yielding me the time and also for his leadership in making sure this bill has gotten to this point.

I thank the chairman of the full committee, Mr. DINGELL, and our staff who are here and have been working diligently on both sides of the aisle to get this bill to where it is today. I thank our colleague from Michigan, MIKE ROGERS, for his work in paving the way for the passage of this bill today.

The National Pain Care Policy Act would take important steps to improve the coordination of research and treatment of pain. More than 75 million Americans suffer from pain, both chronic and acute, making pain the most common reason Americans access or try to access the health care system.

Yet they often face significant barriers in receiving the proper diagnosis and treatment. Pain is often, too often, only researched and considered as a symptom of another disease, and best practices haven't always been shared across disciplines.

H.R. 2994 would amplify research at the National Institutes of Health and also improve education and outreach efforts for health professionals and the general public alike. I am proud of the significant support we have received in the community from various advocacy groups, health professionals and providers.

I urge all of our colleagues to vote "yes" on H.R. 2994.

AMERICAN ASSOCIATION
OF NURSE ANESTHETISTS,
Washington, DC, September 22, 2008.

Hon. LOIS CAPPS,
House of Representatives,
Washington, DC.

DEAR CONGRESSWOMAN CAPPS: On behalf of the more than 39,000 members of the American Association of Nurse Anesthetists (AANA), I am pleased to express the Association's support for HR 2994, the National Pain Care Policy Act of 2007.

The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists, representing over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice nurses who administer about 30 million anesthetics to patients each year in the U.S., provide assessment and evaluation for acute and chronic pain and deliver pain management services, and are the sole anesthesia providers in most rural hospitals, affording these medical facilities obstetrical, surgical, and trauma stabilization, and pain management capabilities.

AANA is pleased to support HR 2994, which seeks to eliminate barriers to pain care and improve pain care research, education, and

clinical practice. Recognizing that pain is both a significant public health challenge and a burden to millions of Americans' quality of life, we believe that adoption of the National Pain Care Policy Act would help focus our nation's healthcare research in a new and important way on the cause, prevention, treatment and management of pain. As recognized experts in the field of anesthesia and pain management, America's CRNAs have made substantial contributions to clinical practice in pain care, and help provide millions of patients relief from pain. As HR 2994 would help focus national resources on research and translate research findings into improved clinical practice, we ask that upon the measure's enactment that representatives of the profession of nurse anesthesia be represented on government panels and councils that the legislation authorizes, such as the National Institutes of Health (NIH) National Pain Care Research Advisory Committee, the development of the Institute of Medicine Conference on Pain, the development of the Secretary of Health and Human Services' Public Awareness Campaign on Pain Management, and any others intended to guide and lead this critical healthcare policy agenda. In addition, we ask that grants that the legislation would authorize for expanding education and training to health care professionals in pain care also be made available to accredited nurse anesthesia educational programs.

The AANA applauds the work of the Committee on Energy and Commerce for its bipartisan effort in advancing the National Pain Care Policy Act and will continue working toward its enactment. If we can be of further assistance, please contact Frank Purcell, AANA Senior Director Federal Government Affairs.

Sincerely,

JACKIE S. ROWLES,
President.

Mr. BURGESS. Mr. Speaker, I would just simply add that many providers, many physicians across the country, will welcome that establishment of parameters and best practices. Oftentimes we feel caught between the situation where do we provide adequate pain relief to our patients and perhaps risk scrutiny from the department of drug enforcement, or do we risk the scrutiny of the patient and their family because of inadequate efforts at pain management.

Oftentimes it can be a fine line and quite a balancing act. I think we will go a long way towards alleviating the suffering of those who are sufferers of chronic and debilitating pain, but also provide additional resources to the caregivers when faced with these difficult situations.

Mr. Speaker, I have no further requests for time on my side, and I will yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no further requests for time. I would urge adoption of this bill dealing with pain care policy and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2994, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

PAUL D. WELLSTONE MUSCULAR DYSTROPHY COMMUNITY ASSISTANCE, RESEARCH, AND EDUCATION AMENDMENTS OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5265) to amend the Public Health Service Act to provide for research with respect to various forms of muscular dystrophy, including Becker, congenital, distal, Duchenne, Emery-Dreifuss facioscapulohumeral, limb-girdle, myotonic, and oculopharyngeal, muscular dystrophies, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5265

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Paul D. Wellstone Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2008".

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) The muscular dystrophies are devastating diseases that have a significant impact on quality of life—not only for the individual who experiences its painful symptoms and resulting disability, but also for family members and caregivers.

(2) DMD is the most common lethal genetic disorder of childhood worldwide, affecting approximately 1 in every 3,500 boys born each year around the globe. It is characterized by a rapidly progressive muscle weakness that almost always results in death from respiratory or cardiac failure, typically in the late teens or twenties.

(3) Myotonic muscular dystrophy is the second most prominent form of muscular dystrophy and the type most commonly found in adults affecting an estimated 1 in 8,000 people. However, it can affect people of any age—from birth to old age. Described as the most variable disease known in medicine, it is multi-systemic and can cause not only muscle atrophy and myotonia, but also serious cardiac, respiratory, endocrine, gastrointestinal, skeletal and central nervous system complications, as well as problems with the eyes, teeth and hair. As it passes from one generation to the next, it generally worsens with earlier onset. Congenital myotonic muscular dystrophy is the most severe form of myotonic muscular dystrophy affecting infants and causing severe cognitive delays. It often causes sudden death; however, others can live for many years with this slowly degenerative disorder.

(4) Facioscapulohumeral muscular dystrophy (referred to in this section as "FSHD") is the second most prevalent adult muscular dystrophy and the third most prevalent muscular dystrophy of men, women and children. It is inherited genetically and has an estimated incidence of 1 in 20,000 persons. Many leading FSHD scientists note