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HOUSE JOINT RESOLUTION NO. 583

Offered January 23, 1995

Continuing the Joint Subcommittee to Study the Commonwealth's Current Laws and Policies Related to Acute and Cancer Pain Management.

Patrons—Behm, Brickley, Giesen and Jones, J.C.; Senators: Lambert, Schewel and Woods

Referred to Committee on Rules

WHEREAS, established to examine the policy and laws relating to pain management, the 1994 Senate Joint Resolution No. 72 joint subcommittee has conducted site visits, viewed demonstrations and video tapes, and heard many presentations on the issues related to pain management; and

WHEREAS, severe pain, such as acute postoperative pain, is the result of complex physiologic reactions to tissue injury and disease; and

WHEREAS, among the many principles that the joint subcommittee has learned is that pain is an expensive and frustrating phenomena and that, unless it is properly treated, pain results in physical debilitation and increased morbidity; and

WHEREAS, in this era of managed care health care plans, many experts are concerned about improving the quality of pain management; and

WHEREAS, with an estimated \$70 million spent annually on medical visits, lost work days, and workers' compensation, all thoughtful people concerned about accessible and affordable health care must realize that pain management is an essential service that contains costs and is not a frivolous expenditure to silence complaining patients; and

WHEREAS, in this year of its study, the joint subcommittee has identified issues related to pain management, including outmoded attitudes towards pain as something that simply must be endured; the effect on health costs of aggressive pain management in reducing hospital stays and surgery side effects; patient understanding and knowledge concerning pain medications, their side effects and interactions; lack of knowledge and anxiety about current pain management strategies among health care providers; fear of regulatory, police and malpractice actions against practitioners in relation to excess dosages; the lack of knowledge about how to measure or gauge pain; nonpharmacologic methods of pain management such as hypnosis and biofeedback; and the fear of addiction to pain medications; and

WHEREAS, the joint subcommittee has recommended a bill to confirm and clarify physicians' authority to prescribe extraordinary doses of pain-relieving agents in cases of intractable pain; and

WHEREAS, the joint subcommittee will also be asking for various health care providers to cooperate with each other and to assist in this study; and

WHEREAS, in the coming year, the joint subcommittee will be examining those issues that were not fully explored during 1994 and seeking cooperative efforts and private assistance in conducting a pain management summit; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Subcommittee to Study the Commonwealth's Current Laws and Policies Related to Acute and Cancer Pain Management be hereby continued. The members duly appointed pursuant to SJR No. 72 of 1994 shall continue to serve, except that any vacancies shall be filled as provided in the enabling resolution. Staffing shall continue to be provided by the Division of Legislative Services.

The joint subcommittee shall, in the coming year, be seeking to involve a broad spectrum of health professionals in efforts to enhance understanding and implementation of effective, up-to-date pain management techniques, both pharmacological and nonpharmacological. In this regard, the joint subcommittee will be seeking private cooperation and support to hold a pain management summit and will be inviting the cosponsorship of various other government officials. The joint subcommittee will seek the cooperation and participation of all sectors of the private health care community and the Board of Medicine as well as the Boards of Dentistry and Nursing and other health regulatory boards in assisting with the planning and implementation of a pain management summit, upon obtaining private cooperation and support.

In its deliberations, the joint subcommittee will also examine the issues set forth in SJR 72 of 1994 and will do an in-depth assessment of third party reimbursement for pain treatment,

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60 interdisciplinary approaches to pain management, reimbursement for nonpharmacological
61 treatments, promotion of understanding and cooperation between law enforcement and
62 practitioners, issues related to health care facilities such as hospitals, nursing homes, and adult
63 care residences, and the appropriate roles in pain management of various sectors of the health
64 care industry.

65 The direct costs of this study shall not exceed \$6,750.

66 All agencies of the Commonwealth shall provide assistance to the joint subcommittee, upon request.

67 The joint subcommittee shall complete its work in time to submit its findings and recommendations
68 to the Governor and the 1996 Session of the General Assembly as provided in the procedures of the
69 Division of Legislative Automated Systems for the processing of legislative documents.

70 Implementation of this resolution is subject to subsequent approval and certification by the Joint
71 Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the
72 study.