

# 1997 SESSION

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## SENATE JOINT RESOLUTION NO. 368

Offered January 20, 1997

*Requesting the Department of Medical Assistance Services to conduct a pilot study on the effects of pain management on Medicaid costs and services.*

Patrons—Woods, Lambert and Saslaw; Delegate: Behm

Referred to the Committee on Rules

WHEREAS, in the continuing resolution for the Joint Subcommittee to Study the Commonwealth's Current Laws and Policies Related to Chronic, Acute and Cancer Pain Management, House Joint Resolution 256 of 1996, one of the objectives of the joint subcommittee was to evaluate the economic effects of pain management, particularly as related to chronic pain; and

WHEREAS, during the 1996 interim study, the joint subcommittee earnestly sought data from several sources on the economic benefits of proper management of chronic pain on various benefits programs but was unsuccessful; and

WHEREAS, studies of chronic pain patients enrolled in pain management programs indicate that 80 percent of physician visits are for pain complaints, that 23 million Americans have back pain, and that 24 million Americans have debilitating headaches; and

WHEREAS, various studies have found that pain management for acute and cancer pain can shorten hospital stays, improve outcomes, and reduce physician visits; and

WHEREAS, the aforementioned study results indicate that use of pain management would be of benefit to the Commonwealth in reducing the costs of medical assistance; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Medical Assistance Services be requested to conduct a pilot study on the effects of pain management on Medicaid costs and services. In conducting its study, the Department shall seek the assistance of various participating providers and may design its study to cover one diagnosis or injury or a group of diagnoses or injuries. The Department shall include in its pilot study the following issues: (i) whether appropriate pain management can reduce hospital stays and/or physician visits; (ii) whether appropriate pain management can improve depression, poor mobility, lack of self-sufficiency, lack of life control, and other negative lifestyle and psychological functioning which result from pain; (iii) a comparison of the duration of intense pain to the morbidity of the patient; and (v) such other issues as the Department deems proper. The Department shall, if possible, establish a control group with which comparisons may be made.

All agencies of the Commonwealth shall provide assistance to the Department for this study, upon request. The Department shall present a preliminary report to the Joint Subcommittee Studying the Commonwealth's Current Laws and Policies Related to Chronic, Acute, and Cancer Pain Management by November 1, 1997.

The Department of Medical Assistance Services shall complete its work in time to submit its findings and recommendations to the Governor and the 1998 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

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