

2019 Current Fiscal Year Report: Pain Management Best Practices Inter-Agency Task Force

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1. Department or Agency		2. Fiscal Year	
Department of Health and Human Services		2019	
3. Committee or Subcommittee		3b. GSA Committee No.	
Pain Management Best Practices Inter-Agency Task Force		2623	
4. Is this New Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	10/24/2017	10/24/2019	07/22/2019
8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority		8c. Actual Term Date
Yes			07/22/2019
9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?		10b. Legislation Pending?
Terminate	No		Not Applicable
11. Establishment Authority Statutory (Congress Created)			
12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
Section 101 of P.L.114-198	07/22/2016	Continuing	No
15. Description of Committee National Policy Issue Advisory Board			
16a. Total Number of Reports 1			
16b. Report Date	Report Title		
05/30/2019	Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations - PDF		
Number of Committee Reports Listed: 1			

17a. 2 17b. Closed0 17c. Partially Closed0 Other Activities0 17d. Total2
Open

Meetings and Dates

Purpose	Start	End
The Task Force voted on the final draft Task Force recommendations for acute and chronic pain management. The Task Force discusses its plan to disseminate information about best practices for pain management.	05/09/2019	05/10/2019
The Pain Management Best Practices Inter-Agency Task Force (Task Force) convened virtually with the Centers for Medicaid & Medicare. The Task Force discussed payment and coverage policies for chronic and acute pain, service delivery models, access to therapies and medical devices, and other issues outlined in section 6032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.	06/26/2019	06/26/2019

Number of Committee Meetings Listed: 2

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$7,978.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$234,032.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$31,310.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$331,321.00	\$0.00
18d. Total	\$604,641.00	\$0.00

19. Federal Staff Support

2.00 0.00

Years (FTE)**20a. How does the Committee accomplish its purpose?**

Under Section 101 of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198) (CARA), the Secretary of Health and Human Services, in cooperation with the Secretary of Veterans Affairs and the Secretary of Defense, is required to convene a Pain Management Best Practices Inter-Agency Task Force. It is stipulated that the Task Force shall identify, review, and, as appropriate, determine whether there are gaps in or inconsistencies between best practices for pain management (including chronic and acute pain) developed by federal agencies. It also is stipulated that not later than one year after it is convened, the Task Force shall propose updates to best practices and recommendations on addressing the gaps or inconsistencies that are identified, as appropriate. The Task Force shall submit the proposed updates and recommendations to relevant federal agencies and the general public. The Task Force also shall develop a strategy for disseminating information about best practices for pain management, including chronic and acute pain, to stakeholders, if appropriate.

20b. How does the Committee balance its membership?

The Task Force consists of not more than 30 members. The membership include currently licensed and practicing physicians, dentists, and non-physicians and prescribers; currently licensed and practicing pharmacists and pharmacies; experts in the fields of pain research and addiction research, including adolescent and young adult

addiction research; experts on the health of, and prescription opioid use disorders in, members of the Armed Forces and veterans; and experts in the field of minority health. Under CARA Section 101(c)(5), it is stipulated that the membership composition will also include individuals who are appointed to serve as representatives of pain management professional organizations; the mental health treatment community; the addiction treatment community, including individuals in recovery from substance use disorder; pain advocacy groups, including patients; veteran service organizations; groups with expertise on overdose reversal, including first responders; State medical boards; and hospitals. The members are appointed by the Secretary of Health and Human Services, who will ensure that the Task Force membership includes individuals who represent rural and underserved areas.

20c. How frequent and relevant are the Committee Meetings?

The charter stipulated that the Task Force meets no less than twice a year, depending upon the availability of funds. These meetings were held in person, included by teleconference or videoconference at the discretion of the DFO. The Task Force discussed topics and issues that are pertinent to its mission. The Task Force's deliberations during the meetings were critical for developing the report that must be submitted to relevant federal agencies and the general public to comply with the authorizing statute.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Pain Management Best Practices Inter-Agency Task Force (Task Force) is a non-discretionary federal advisory committee.

Establishment of the Task Force was statutorily mandated by Congress. The mandate to establish the Task Force can be found in the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198) under Section 101. The statute stipulated that the Task Force will consist of representatives of specific federal agencies and non-federal individuals and entities who have expertise and knowledge about the topics and issues that are pertinent to the mission of the Task Force. The membership composition included diverse disciplines and views. The Task Force provided expert advice and recommendations to relevant federal agencies and the general public for development of best practices for pain management and prescribing pain medication and a strategy for disseminating such best practices.

20e. Why is it necessary to close and/or partially closed committee meetings?

All of the meetings of the Task Force were open to the public unless it is determined by the Secretary or designee that a meeting will be closed and/or partially closed because the topics to be discussed are confidential and/or sensitive in nature.

21. Remarks

On May 9 - 10, 2019, the Task Force voted on the final draft recommendations and discussed a strategic dissemination plan. On May 30, 2019, the Task Force Final Report was posted for the public, in accordance with the CARA Act, which stipulated that the final report must be completed one year after the inaugural Task Force meeting.. On June 26, 2019, the Task Force with CMS convened the Task Force via teleconference to discuss payment and coverage policies for chronic

and acute pain, service delivery models, access to therapies and medical devices, and other issues outlined in section 6032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. A final report resource kit was developed for the public. This Resource kit includes a set of factsheets and infographics that summarize information from the Report that can help communicate recommendations for improving pain management. The topics are education, patient safety, access to care, stigma, special populations and military service members. For information visit,

<https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>.

The expended costs for FY 19 were less than anticipated. The CARA Act stipulated that this federal advisory committee (the Task Force) ends in 3 years from the enactment of the Act. On July 22, 2019 the Task Force sunset. Since the federal advisory committee ended mid-year, there was no need for an additional series of subcommittee meetings or in-person open meeting to be held for which the remaining funds would have expended to implement.

Designated Federal Officer

Alicia Richmond Scott Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
Adkinson, Sondra	05/30/2018	07/22/2019	Pharmacist	Special Government Employee (SGE) Member
Brandow, Amanda	05/30/2018	07/22/2019	Expert in the field of minority health	Special Government Employee (SGE) Member
Campos, Rene	05/30/2018	07/22/2019	Representative of a veteran service organization	Representative Member

Cheng, Jianguo	05/30/2018	07/22/2019	Representative of pain management organization	Representative Member
Clauw, Daniel	05/30/2018	07/22/2019	Expert in the field of pain research	Special Government Employee (SGE) Member
Fellers, Jonathan	05/30/2018	07/22/2019	Representative of an addiction treatment and recovery community	Representative Member
Fields, Howard	05/30/2018	07/22/2019	Expert in the field of addiction research	Special Government Employee (SGE) Member
Gallagher, Rollin	05/30/2018	07/22/2019	Expert on the health of, and prescription opiod use disorders, member of the Armed Forces and Veterans	Special Government Employee (SGE) Member
Gazelka, Halena	05/30/2018	07/22/2019	Hospital representative	Special Government Employee (SGE) Member
Griffith, Scott	05/30/2018	07/22/2019	Department of Defense	Regular Government Employee (RGE) Member
Hagemeier, Nicholas	05/30/2018	07/22/2019	Licensed and practicing pharmacist	Special Government Employee (SGE) Member
Hertz, Sharon	05/30/2018	07/22/2019	Food and Drug Administration	Regular Government Employee (RGE) Member
Losby, Jan	05/30/2018	07/22/2019	HHS/CDC	Regular Government Employee (RGE) Member
Lynch, Michael	05/30/2018	07/22/2019	Represents groups with expertise on overdose reversal, including first responders	Representative Member

McGraw, John	05/30/2018	07/22/2019	Expert on health of, and prescription opioid use disorders, member of the Armed Forces and Veterans Mental health treatment community representative	Special Government Employee (SGE) Member
Meagher, Mary	09/30/2018	07/22/2019		Representative Member
Porter, Linda	05/30/2018	07/22/2019	HHS/NIH	Regular Government Employee (RGE) Member
Prunskis, John	05/30/2018	07/22/2019	Licensed and practicing physician	Special Government Employee (SGE) Member
Rosenberg, Mark	05/30/2018	07/22/2019	Hospital representative	Representative Member
Rutherford, Molly	05/30/2018	07/22/2019	Licensed and practicing physician	Special Government Employee (SGE) Member
Sandbrink, Friedhelm	05/30/2018	07/22/2019	VA	Regular Government Employee (RGE) Member
Schoneboom, Bruce	05/30/2018	07/22/2019	Non-physician and prescribers	Special Government Employee (SGE) Member
Singh, Vanila	05/30/2018	07/22/2019	HHS/OASH	Regular Government Employee (RGE) Member
Spitznas, Cecelia	05/30/2018	07/22/2019	ONDCP	Regular Government Employee (RGE) Member
Steinberg, Cindy	05/30/2018	07/22/2019	Representative of pain advocacy groups, including patients	Representative Member
Trescot, Andrea	05/30/2018	07/22/2019	Representative of a pain management organization	Representative Member

Tu, Harold	05/30/2018	07/22/2019	Licensed and practicing dentist	Special Government Employee (SGE) Member
Zaafraan, Sherif	05/30/2018	07/22/2019	Represents state medical boards	Representative Member

Number of Committee Members Listed: 28

Narrative Description

Not Applicable

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input checked="" type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Outcome Comments

Under CARA Section 101, the Task Force is required to propose recommendations that address gaps and inconsistencies in clinical best practice guidelines on pain management. During the second Task Force meeting, on September 25-26, 2018, draft recommendations were voted on which were posted for a 30 day public comment period in the first quarter of FY 19. Draft final recommendations were voted on during the third Task Force meeting held on May 9 - 10, 2019. Under "other costs," the following were included supportive contracts (\$308,371) and overhead costs (\$22,950).

What are the cost savings associated with this committee?

	Checked if Applies
None	<input type="checkbox"/>

- | | |
|----------------------------|-------------------------------------|
| Unable to Determine | <input checked="" type="checkbox"/> |
| Under \$100,000 | <input type="checkbox"/> |
| \$100,000 - \$500,000 | <input type="checkbox"/> |
| \$500,001 - \$1,000,000 | <input type="checkbox"/> |
| \$1,000,001 - \$5,000,000 | <input type="checkbox"/> |
| \$5,000,001 - \$10,000,000 | <input type="checkbox"/> |
| Over \$10,000,000 | <input type="checkbox"/> |
| Cost Savings Other | <input type="checkbox"/> |

Cost Savings Comments

Not Applicable

What is the approximate Number of recommendations produced by this committee for the life of the committee?

174

Number of Recommendations Comments

Not Applicable

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

%

% of Recommendations Fully Implemented Comments

Not Applicable

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

%

% of Recommendations Partially Implemented Comments

Not Applicable

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☐ No ☒ Not Applicable ☐

Agency Feedback Comments

Not Applicable

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

- | | |
|-----------------------------------|--------------------------|
| Reorganized Priorities | <input type="checkbox"/> |
| Reallocated resources | <input type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Action Comments

Not Applicable

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

Not Applicable

How is access provided to the information for the Committee's documentation?

Checked if Applies

- | | |
|---------------------------|-------------------------------------|
| Contact DFO | <input type="checkbox"/> |
| Online Agency Web Site | <input type="checkbox"/> |
| Online Committee Web Site | <input checked="" type="checkbox"/> |
| Online GSA FACA Web Site | <input type="checkbox"/> |
| Publications | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Access Comments

The final report on pain management can be found at
<https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf>. It is available on
the Task Force webpage at
<https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>.