

To: Must, Alan [/O=PURDUE/OU=PURDUE US/CN=RECIPIENTS/CN=MustA]
From: Bennett, Pamela
Sent: Fri 7/8/2005 7:29:38 AM
Subject: Fw: FW: Effect of FSMB Model Guidelines

-----Original Message-----

From: David Joranson <joranson@wisc.edu>
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Sent: Thu Jul 07 15:02:51 2005
Subject: Re: FW: Effect of FSMB Model Guidelines

Dear Pain Care Forum,

Thanks for forwarding these recent state legislative developments along with the question, 'is this relevant to HR 1020.' First, the developments mentioned are an excellent but partial example of how the state legislatures and state medical boards are attempting to improve pain management and palliative care, including the regulatory environment for use of opioid medication, by adopting new policies aimed at addressing practitioners' fears about regulatory scrutiny when using controlled drugs, educating licensed practitioners about pain management, and identifying and removing barriers to patient access. Second, these developments appear to contrast with HR 1020, since the proposed legislation does not address the regulatory environment for pain management and only mentions 'barriers' in the context of a proposed White House Conference, rather than providing resources to develop knowledge about how to identify and overcome barriers. We have periodically suggested that this proposed federal legislation address barriers and the regulatory environment.

Best regards,
David Joranson

At 10:01 PM 7/2/2005 -0400, Rosen, Burt wrote:

Do any of these have relevance to our exercise with regard to HR 1020?

From the Federation of State Medical Boards:

Five States Establish Pain Management Laws

Five states recently passed legislation addressing chronic pain and pain management. The state of Arizona approved SB 1132, which establishes the Chronic Disease and Pain Management Task Force. The task force will be responsible for reviewing laws that impact an individual's access to pain management and providing recommendations to the state.

The state of Arkansas, under SB 1177, requires that any allegation of improper prescribing for relief of chronic pain that would require a board hearing be referred to the Pain Management Committee before any board hearing or action. A new law in New Mexico (HB 727) sets out the definition of pain, creates a Pain Management Advisory Council to review current pain management standards and requires the New Mexico State Board of Medical Examiners to establish and maintain rules related to management of pain based on review of national standards for pain management.

The state of Oregon approved SB 285, which requires acupuncturists and pharmacists to complete one pain management education program. Finally, the state of Virginia's new law (SJR 352 and HJR 605) encourages the health care community to increase the education and training of health care professionals in techniques and benefits of palliative care and patient awareness regarding such care as a treatment component.

The FSMB House of Delegates approved the Model Policy for the Use of Controlled Substances for the Treatment of Pain at its 2004 annual business meeting. The new policy updates the FSMB's influential 1998 pain management guidelines. To date, 26 state medical boards have based their policies, in whole or in part, on FSMB's guidelines. Nine state medical boards have reviewed their existing policies and recently adopted the FSMB's new Model Policy.