



March 22, 2019

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Health
200 Independence Avenue SW, Room 736E
Washington, DC 20201

Attn: Alicia Richmond Scott, Task Force Designated Federal Officer

Submitted electronically to <https://www.regulations.gov>

Re: HHS-OS-2018-0027 for the “Request for Public Comments on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations”

Dear Dr. Vanila Singh,

The American Nurses Association (ANA) is pleased to provide written comment to the Department of Health and Human Services (HHS), regarding Docket No. HHS-OS-2018-0027 for the “Request for Public Comments on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations”.

ANA is the premier organization representing the interests of the nation’s 4 million registered nurses (RNs) through its constituent and state nurses associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include those practicing in the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.¹ ANA is dedicated to partnering with health care consumers to improve practices, policies, delivery models, outcomes, and access across the health care continuum.

In 2011, the Institute of Medicine (IOM) suggested in its report *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, that “given the burden of pain in human lives, dollars, and social consequences, pain management and relieving pain should be a national priority.”²

¹ The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

² Institute of Medicine, (2011) Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research. Retrieved From: Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22553896>



Nurses have led the way in an attitudinal transformation toward pain management including a person-centered, interdisciplinary approach and support for effective treatment strategies. Because RNs and APRNs practice in a variety of direct-care, care-coordination, leadership, and executive roles, they are often in key positions to help patients and their families understand the risks and benefits of pain treatment options. IOM identified that “Nurses can lead the cultural transformation in pain prevention, care, education, and research and facilitate development of “a comprehensive population health-level strategy” by recognizing all barriers to effective preventive and pain management strategies.”³

The balance of treating pain, co-morbidities, and the patient’s emotional and behavioral health must be a priority of the full interdisciplinary care team. ANA applauds the Pain Management Best Practices Inter-Agency Task Force on its work to identify the complexity of pain management while highlighting best practices of nurses and their colleagues. However, throughout the report, there are many instances where the term “physician” is used, where in practice, it could be other qualified health care professionals. For example: in *Section 2.2 Medication, Recommendation 1a* which states in part “Develop condition-specific treatment algorithms that guide physicians to have a more individualized approach for common pain syndromes and conditions...”. APRNs as well as RNs are involved in care planning for “pain syndromes and conditions” and should be recognized and compensated for their work. We encourage the task force to look at the provider terms used and determine when appropriate, broader and more accurate terminology should be used such as clinician or provider.

ANA supports recommendation *4a of Section 3.3.2 Insurance Coverage for Complex Management Situations* which states that “Payors should reimburse pain management using a chronic disease management model. CMS and private payors should reimburse integrative, multidisciplinary pain care by using a chronic disease management model in the manner they currently reimburse cardiac rehabilitation and diabetes chronic care management programs. In addition, reimbursement care team leaders for time spent coordinating patient care.” Recognizing the nurse’s role in quality patient outcomes is important to ensure a steady workforce to meet current and future demands. ANA encourages pilots and innovative models for pain management with inclusion of the entire interdisciplinary care team being acknowledged for the value they bring to the patient, including through payment policy. Moreover, ANA supports *Section 3.3.3 workforce, Recommendation 1c* “Expanding the availability of nonphysician specialists, including physical therapists, psychologists, and behavioral health specialist.” but has concerns as written. The Task force suggests the need to expand the availability of “nonphysician specialists” and names certain health care providers but fails to recognize nurses for their role in the pain management workforce, especially Certified Registered Nurse Anesthetists, Nurse Practitioners, and Pain Management Nurses. ANA supports Title VIII and its role in bolstering nursing education from entry level preparation through graduate studies. ANA would encourage the Task Force to also address the role of Title VIII and support its passage in the upcoming budget discussions.

³ *ibid*



Nursing is guided by the *Code of Ethics for Nurses* (the Code), which recognizes stigma and bias in the healthcare setting and in providing care. Provision 1.2 of the Code states “nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice.”⁴ Nurses see firsthand how stigma and bias affect patients from receiving proper care. The Code dictates how to use proper treatment methods for patients, not whether a patient receives evidence-based treatment. ANA supports and is willing to help further the recommendations put forth in the draft report under *Section 3.1 Stigma*. ANA firmly believes that providers should not be penalized for prescribing opioids, or any pain treatment, at the appropriate amount and that patients should not be fearful of following evidence-based treatment plans. Provider-patient relationships are fundamental to quality cost-effective care and setting any limitation on evidence-based care could undermine the relationship. However, as recommended by the Task Force, ANA supports *Section 3.1 Stigma, Recommendations 1a* (Increase patient, physician, other health care provider, and societal education on the underlying disease processes of acute and chronic pain to reduce stigma), *1b* (Increase patient, physician, other health care provider, and societal education on the disease of addiction), and *1c* (counter societal attitudes that equate pain with weakness through an awareness campaign that urges early treatment for pain that persists beyond the expected duration for that condition or injury). ANA and the four million nurses it represents through its work in pain management, direct patient care, and ethics is committed to working with the Task Force, the Agencies, and all health care providers to address the gaps and recommendations.

We look forward to the opportunity to further engage with HHS and the Pain Management Task Force and are willing to be at the table to move these recommendations forward. If you have questions, please contact Ingrida Lusis, Vice-President, Policy and Government Affairs (Ingrid.Lusis@ana.org or (301) 628-5081).

Sincerely,

A handwritten signature in black ink that reads "Debbie Hatmaker".

Debbie Hatmaker, PhD, RN, FAAN
Chief Nursing Officer/EVP

cc: Ernest Grant, PhD, RN, FAAN, ANA President
Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, ANA Chief Executive Officer

⁴ American Nurses Association (2015, Jan.). *Code of Ethics for Nurses with Interpretive Statements*. Provision 1.2. Retrieved from <https://www.nursingworld.org/coe-view-only>