

Federal Policies and Initiatives Affecting Integrative Pain Care

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In recent years, many federal initiatives have focused on addressing the dual public health challenges of opioid misuse and abuse and inadequately treated chronic pain. Below is a summary of some of these policies and initiatives that relate to the advancement of integrative pain care.

Agency/ Branch	Program	Summary
AHRQ	Systematic review for nonpharmacological treatments for pain	The Agency for Healthcare Research and Quality proposed key questions for a systematic review on noninvasive, nonpharmacological treatment of chronic pain. The purpose of this review was to assess the effectiveness and safety of nonpharmacological treatments for five chronic pain conditions: low back pain, neck pain, osteoarthritic, fibromyalgia, and tension type headache. Results should be available in late 2017.
CMS	Opioid misuse strategic plan	The Centers for Medicare & Medicaid Services effort includes four priority areas: 1) Implement more effective person-centered and population-based strategies; 2) Expand naloxone use, distribution, and access, when clinically appropriate; 3) Expand screening, diagnosis, and treatment of opioid use disorders; and 4) Increase the use of evidence-based practices for acute and chronic pain management. View the full plan at: https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/CMS-Opioid-Misuse-Strategy-2016.pdf
DoD/VA	Evidence-based therapies	The Department of Defense and the Veterans Health Administration have recognized chiropractic and osteopathic manipulation, acupuncture, massage therapy, biofeedback, and yoga as effective treatments for chronic pain, including them in their pain management guidelines and covering the services at DoD/VHA facilities.
NIH/DoD/VA	Collaboratory Funding Initiative	The National Institutes of Health, Department of Defense, and Veterans Affairs have announced the Pain Management Collaboratory Funding Initiative. Find more at: https://nccih.nih.gov/research/blog/partnering-on-pain
Congress	Comprehensive Addiction and Recovery Act (CARA), passed July 2016	Comprehensive Addiction and Recovery Act of 2016 , S. 524 bill passed as the first major federal legislation in 40 years, and the most comprehensive effort undertaken, to address the opioid epidemic. Many CARA Sections, such as 101, 102, 108, 702, 912, 922, 931-33, have the opportunity to be broadened to additionally address the importance of integrative pain care.
CDC	Guidelines for Prescribing Opioids for Chronic Pain, released March 2016	The Centers for Disease Control and Prevention issued this guideline for primary care providers who are prescribing opioids outside of active cancer treatment, palliative care, and end-of-life care. When determining when to initiate or continue opioids for chronic pain, a key recommendation states, "non-pharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain."
Congress/HHS	ECHO Act passed December 2016	Congress passed the Expanding Capacity for Health Outcomes (ECHO) Act, S. 2873, authorizing the Department of Health and Human Services to study the Project ECHO model. Project ECHO programs link expert specialist teams with primary care clinicians in local communities. In this way, primary care doctors, nurses, and other clinicians learn to provide specialty care to patients in their own communities, expanding access to high quality health care in traditionally underserved areas.
FDA	Public comment July 10; Proposed changes to education blueprint	On May 10, the U.S. Food and Drug Administration released proposed changes to its blueprint for educating health care providers about treating pain. The FDA will take public comment through July 10. This updated blueprint is part of a strategy the FDA rolled out in 2011 to address prescription medication abuse. The FDA required opioid manufacturers to provide education for health care providers who prescribe their pain medications—but didn't include mention of acupuncture or chiropractic care in its initial blueprint.
NIH IPRCC	National Pain Strategy, released March 2016	The Interagency Pain Research Coordinating Committee (created by HHS) released the National Pain Strategy in March 2016. The NPS is the federal government's first coordinated interagency plan to achieve a system of effective, safe, high-quality, evidence-based pain care in the U.S. (see summary here). Under Thomas Novotny, MD, the Office of the Assistant Secretary for Health has assembled a Principals' Coordinating Council and Implementation Work Groups.
NIH	Out-of-pocket expenses for integrative health care	According to the National Institutes of Health , Americans spent \$30.2 billion in out-of-pocket costs for integrative health care approaches during a one-year period. These findings came from an analysis by the National Center for Complementary and Integrative Health and the CDC, based on data from a special supplement on use of complementary health approaches to the 2012 National Health Interview Survey.
Congress	21st Century Cures Act, passed December 2016	After a three-year journey through Congress , the 21st Century Cures Act has been signed and allocates \$4.8 billion to the National Institutes of Health to fund the Precision Medicine Initiative, the BRAIN Initiative, and the Cancer Moonshot.