

BACKGROUND INFORMATION ON PAIN AS A PUBLIC HEALTH PROBLEM AND POLICY THAT REGULATES PAIN MANAGEMENT

IS PAIN A SERIOUS PROBLEM?

An estimated 100 million Americans who are affected by chronic diseases and conditions suffer from pain, including pain associated with the disease of cancer. Pain is one of the most common physical complaints upon a person's admission into the healthcare system, and moderate to severe pain is frequently reported to be experienced throughout hospitalization, during treatment, and even after discharge. The costs of pain, both emotional and financial, can be enormous. Untreated or undertreated pain can devastate the person's quality of life by diminishing their function, productivity, or ability to interact socially, and can happen at any stage of life. According to a recent estimate published in the Journal of the American Medical Association, unrelieved pain annually exceeds \$61 billion dollars in lost productivity. Considering these tremendous adverse consequences, unremitting pain is recognized as a significant public health problem in the U.S.

WHY EVALUATE PAIN POLICIES?

Federal and state policies govern healthcare practice, including the medical use of prescription pain medications. These policies establish parameters for patient care decisions affecting pain management, palliative care, and end-of-life care. So the comfort that medical professionals may have about treating pain can be influenced by what their state policies say about this practice. Many states have policies that create barriers to patients getting their pain treated adequately, or are silent about recognizing pain relief as part of quality healthcare practice; it is these types of policies that we are trying to improve. Good pain policies reassure practitioners that pain management is an accepted part of patient care, and that prescribing for pain will not result in sanctions.

ARE THERE PAIN POLICIES THAT IMPEDE MEDICAL USE OF PAIN MEDICATIONS?

Although a variety of treatment options exist and can be effective in reducing cancer pain, opioid medications often are the cornerstone of treatment. Unfortunately, patients with chronic pain are frequently unable to receive such treatment. Part of the reason for this problem is that there are policies in each state that govern healthcare practice, including pain management, and when such policies unduly restrict healthcare practice they can interfere with patient access to effective pain treatment. Even when pain medications are available and healthcare professionals are knowledgeable and comfortable about their appropriate use, adequate pain relief may be difficult to achieve when state policies create treatment barriers for patients, including those with cancer.

WHAT IS THE PURPOSE OF THESE POLICY REPORTS?

The policy reports were created to improve the quality and consistency of U.S. federal and state policy affecting patients' pain care. Pain can result from any number of chronic diseases or conditions such as cancer, HIV/AIDS, sickle-cell anemia, and fibromyalgia. The Progress Report Card and companion Evaluation Guide provide a framework for deciding which policies to remove and recommend language that can be added to current policy which encourages proper pain relief. The reports provide tools that policymakers, healthcare professionals, and advocates can use to improve the pain policies in their state.

HOW CAN STATE PAIN POLICIES BE IMPROVED?

To improve the environment for all patients with pain, an evaluation and grading system has been developed to grade and rank state policies governing pain management, in particular the use of pain medications. The evaluation and grading system is based on the concept of Balance, which is the obligation of governments to create policies that achieve two important goals: (1) prevent abuse and diversion of medications, and (2) ensure their availability for legitimate medical purposes. Efforts to control abuse and diversion should not interfere with the public health goal of appropriate pain relief and patient care when using pain medications. As a result, state policies that govern healthcare practice must not be unduly restrictive and should not contradict current professional and scientific knowledge about the treatment of pain.

HOW ARE STATE PAIN POLICIES EVALUATED AND GRADED?

This evaluation uses 16 criteria to identify policy language that can either enhance or impede patient pain relief. We then count the occurrences of this language to calculate a grade that measures policy quality. Grades range from an A to an F. An A means policy that solidly promotes effective pain control while creating no barriers to this practice; as a result, higher grades represent more balanced policy that is consistent with modern medical standards. Lower grades mean the presence of policies that restrict healthcare decision-making, contradict current medical knowledge, and do not communicate appropriate messages about pain management and using pain medications.

WHAT ARE KEY FINDINGS IN 2007?

Over the last seven years, state pain policies have become more balanced, with 8 states showing positive grade changes since 2006. No states received a D or F, and no state's grade decreased over time. In 2007, 12 percent had a grade of C, while 86 percent scored above a C and 2 percent fell below a C.

WHO GOT THE BEST GRADES AND WHY?

Kansas and Wisconsin achieved a grade of A in 2007, joining Michigan and Virginia as having the most balanced pain policies in the country. In these four states, regulatory policy solidly promotes effective pain control while creating no barriers to this practice; higher grades represent more balanced policy that is consistent with modern medical standards. Although a state can adopt numerous positive policies to ensure adequate pain relief for all patients, an A can be achieved only if there is no restrictive or ambiguous language in pain policy.

WHAT TRENDS DOES THIS REPORT SHOW REGARDING PROGRESS OVER TIME? There has been a notable trend toward balance, with many states' grades improving over time. No state's grade decreased since 2000, when state policies were first evaluated. **WHAT CAUSES GRADES TO IMPROVE?** A key driving force for positive grade change has been the adoption of positive state licensing board policy encouraging effective pain control, which is often based on carefully drafted and vetted model policies, and the removal of policy barriers from state law.

IF A STATE CHANGES ITS PAIN POLICIES AS YOU RECOMMEND, DOES THIS INCREASE THE CHANCE THAT PAIN MEDICATIONS WILL END UP ON THE STREETS FOR ILLICIT USE?

No. This evaluation only promotes balanced policies that make it easier for a healthcare professional to engage in the legitimate treatment of pain; it does not relax the basic legal and regulatory structure protecting the public against diversion. The policy changes we suggest in no way undermine the ability of a state to prevent pain medications from being used for other than legitimate medical purposes.

DOES A GOOD GRADE MEAN THAT PRACTITIONERS IN THE STATE PROVIDE ADEQUATE PAIN CONTROL?

Not necessarily. Improving policies that govern healthcare practice is a critical first step, but policy change alone is not enough to ensure patient access to pain treatment. Good policies must be communicated and put into practice through advocacy and education. The goal is for the regulatory boards (medical, osteopathic, pharmacy, nursing) to make licensees understand that state policy promotes pain management, and that healthcare professionals who responsibly treat pain should not fear their regulatory agency.

WHY IS IT IMPORTANT TO IMPROVE STATE PAIN POLICIES?

Improving state policy is a necessary complement to the many ongoing state-level initiatives designed to educate healthcare professionals about the appropriate use of pain medications and to inform the general public about the availability of pain treatment options. Most importantly, improving state policy will remove barriers and enhance appropriate access to pain medications for people who experience severe cancer pain during the course of their illness and beyond. If there is a healthcare professional willing to prescribe, and a patient with cancer willing to use the medication, we do not want restrictive state policy to stand in the way.