

**Federal Policy Updates**

*Massachusetts Pain Initiative Annual Pain Symposium*  
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Nothing to disclose financially

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**Three Major Federal Pain Policy Updates**

1. New CMS/Medicare Chronic Pain Management CPT Billing Codes
2. Important Population Health data reports and a newly introduced federal bill
3. NIH Helping to End Addiction Long Term (HEAL) Initiative has vastly expanded the federal pain research portfolio

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**1. New CMS/Medicare Chronic Pain Management Billing Codes**

- HHS Pain Management Best Practices Task Force Report recommended that CMS do more to cover and improve pain management
- CMS proposed & then finalized in the Nov, 2022 Physician Fee Schedule Final Rule that starting Jan 1, 2023 Medicare will create 2 specialized billing codes for Chronic Pain Management
- Medicare covers Americans > 65 years old & disabled Americans < 65 years old



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### New CMS/Medicare Chronic Pain Management Billing Codes

- Physicians, Nurse Practitioners (NP's) and Physician Assistants (PA's) can use the codes to get paid for comprehensive pain management
- G3002 requires providers to spend 30 minutes w/ patients & can be billed monthly
- G3003 allows an unlimited number of 15 minute add on increments



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### New CMS/Medicare Chronic Pain Management Billing Codes

- Codes require comprehensive pain mgmt. to include:
  - Diagnosis
  - Assessment & Monitoring
  - Use of a validated pain rating tool
  - Development, revision & maintenance of individualized care plan
  - Medication management
  - Pain & health literacy counseling
  - Crisis care
  - Care coordination of physician, NP, PA with other therapists



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### New CMS/Medicare Chronic Pain Management Billing Codes

- Intent of the new codes to improve pain care by
  - Paying physicians to spend more time w/ pain patients on up to a monthly basis
  - Requiring recommended best practice steps in comprehensive chronic pain management
  - Emphasizing an individualized treatment plan integrating a number of treatment modalities w/revisions
  - Paying lead h/c practitioner to coordinate care



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## 2. Improving Population Health Data on Chronic Pain

- Despite tremendous disease burden of CP & HICP:
  - Patient suffering
  - Number one cause of disability
  - Direct costs of h/c & disability
  - Indirect costs of lost productivity
- CDC does not regularly collect, analyze and publish population health data on CP like other diseases such as cancer, diabetes & heart disease
- Long been a mission of mine; a primary reason why CP prevalence, impact is not generally understood & why treatment is far from best practice



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## Improving Population Health Data on Chronic Pain

- Enormous need for regular reporting of high quality data to better understand the problem & inform interventions to improve care and reduce costs
- We lack data on:
  - Incidence and prevalence of known pain conditions
  - Demographics such as age, race, gender, socioeconomic status, Geographic location: rural vs urban
  - Effectiveness of evidence-based approaches
  - Utilization of medical and social services
  - Indirect and direct costs
  - Risk factors, co-morbidities, health consequences



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## Improving Population Health Data on Chronic Pain

- By using the federal Appropriations process able to get Congress to direct CDC to analyze and report on some of this data



- This resulted in a Morbidity and Mortality Weekly Report (MMWR) on April 13, 2023 based on National Health Interview Survey data
- During 2021, 51.6 M adults or 20.9% of the US population has CP; 17.1 M or 6.9% had HICP
- Women, older adults and rural areas have higher CP & HICP
- One unexpected finding is that HICP in AI/AN was 2X as high(12.8%) as white adults (6.5%)

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### Improving Population Health Data on Chronic Pain

- These numbers are so striking they were immediately picked up & reported in major news outlets.
- To prove my point, I tracked where these were covered by media
- WaPo Big Numbers column "More Than 1 in 5 US Adults Live w/CP"
- STAT "1 in 5 American Adults Live w/ CP"
- Fortune "20% of Adults Suffer From CP"



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### Improving Population Health Data on Chronic Pain

- NIH published another important study May 16, 2023 issue JAMA Network Neurology
- Number of new cases of CP per year (incidence) was higher than that of diabetes, depression and hypertension
- Persistence also high – nearly 2/3's had the pain a year later
- Again picked up by major news outlets right away
- New York Times "New Cases of CP Outnumber Those of Diabetes or Depression"
- Medpage Today "CP Incidence is High in the US"
- NBC News "More People Suffer from CP than Other Common Conditions"



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### 2. Improving Population Health Data on Chronic Pain

- But these were one time studies of select data
- We need regular and much more comprehensive data reporting
- So a few years ago myself and a colleague got a more comprehensive bill drafted and I have been working to interest a Senator in introducing it
- Senator Bob Casey (D-PA) on Senate HELP Committee's office was interested
- Working with them for a year making changes CDC wanted



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### 2. Improving Population Health Data on Chronic Pain

- On September 26, 2023, Senate Bill S.2922 was introduced by bipartisan group of senators: Casey, Kaine, Blackburn & Cramer
- Called the "Advancing Research for Chronic Pain Act of 2023"
- Directs CDC to establish a Chronic Pain Information Hub on web to aggregate, update and make available CP data on a long list of items such as:
  - Incidence, prevalence & demographics of specific pain conditions
  - Risk factors
  - Diagnosis & progression markers
  - Direct & indirect costs
  - Effectiveness of evidence-based approaches



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### 2. Improving Population Health Data on Chronic Pain

- This is a big deal!
- We need to do all we can to get this bill passed
- You can help by calling & e-mailing your senators' offices & asking them to co-sponsor this bill
- You can also help by getting provider and patient groups to join a sign on letter of support I am writing.
- My e-mail: [cindy@uspainfoundation.org](mailto:cindy@uspainfoundation.org) if you can help!

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### 3. NIH HEAL Initiative

- HEAL is not new but not as well known in the pain world as it should be
- The biggest investment the gov't has ever made in pain research
- In 2018, recognizing we do not have enough safe & effective treatments for SUD nor chronic pain, Congress devoted \$.5 B to research at NIH starting in FY 2019
- Funding has continued every year for the past 5 years
- Funds are split roughly 60% SUD & 40% chronic pain research so approx. \$1 B to pain research




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### HEAL Pain Research

- On-going projects in basic, pre-clinical, translational and clinical pain research

**Basic Research Examples:**

- Aims to identify new biological targets in central & peripheral nervous system, immune systems & other body tissues involved in transmitting pain signals
- Also explores genes & proteins associated with pain perception
- Goal is to develop novel, non-addictive therapeutics that can be tested in animal models and eventually human clinical trials
- With the exception of CGRP medications for migraine there have been no novel therapeutics for pain in more than a decade



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### HEAL Pain Research

**Pre-clinical Research Examples:**

- Pre-clinical screening platform to identify and profile novel small molecules, biologics & medical devices in vitro (outside a living organism)
- Goal is to accelerate discovery by determining side effects, abuse liability & efficacy in models relevant to human pain conditions
- Restoring Joint Health & Function to Reduce Pain (RE-JOIN) aims to study the many tissues that make up joints (bone, cartilage, synovia, joint capsules, ligaments, tendons, fascia, and muscle) to determine the types & patterns of neurons that create the sensation of pain & how these neurons change w/disease & aging



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### HEAL Pain Research

**Translational Research Examples:**

- Blueprint MedTech program fosters the development of next generation medical devices to diagnose and treat pain
- Examples are an injectable electrode inserted into the spinal cord to treat back pain
- Or an MRI-guided, focused ultrasound at specific brain regions to interrupt pain circuits
- Or an anesthetic-eluting contact lens for corneal eye pain



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### HEAL Pain Research

**Clinical Research Examples:**

- Back Pain Consortium (BACPAC) aims to understand who benefits from different common treatments for back pain comparing physical therapy, mindfulness-based stress reduction, duloxetine and acupuncture
- Subjects go through deep phenotyping including brain imaging, sensory testing, psychological testing such as Pain Catastrophizing Scale, Fear Avoidance Questionnaire and others
- Another study tests whether group-based mindfulness training can improve function for patients with chronic back pain
- Another study tests whether acupuncture combined with guided relaxation can reduce pain and anxiety and improve sleep in sickle cell patients



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## Thank You for listening!



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