

SUBJECT: Pain management and treatment education programs

COMMITTEE: Public Health — committee substitute recommended

VOTE: 6 ayes — Berlanga, Hirschi, Glaze, Maxey, McDonald, Rodriguez
0 nays
3 absent — Coleman, Delisi, Janek

WITNESSES: For — C. Stratton Hill, David Ralston, Texas Cancer Pain Initiative, M.D. Anderson Cancer Center; John Lindell, Austin Memorial Society; Lisa McGiffert, Consumers Union; Charles E. Roark, FACHE, Hospice of El Paso; Larry A. Farrow, Texas Hospice Organization; Joseph Pojman, Texas Right to Life Committee; Deborah L. Greene, Texas Medical Association
Against — none
On — Emily Untermeyer, Texas Cancer Council; James Guckian, M.D., UT System

DIGEST: CSHB 2288 would amend the Medical Practice Act to encourage licensed physicians to include education in pain management and treatment when complying with continuing medical education requirements. The bill would also require the Texas Cancer Council and its contracted projects to maintain a list of available and accredited continuing education courses in pain treatment.

Medical schools would be required to determine the extent to which pain treatment education course work meets instructional elements of:

- pain assessment,
- pain anatomy, physiology and pathophysiology, and pharmacology,
- the advantages and disadvantages of various methods of drug therapies,
- the psychological, social, economic and emotional impact of acute and chronic pain on patients,
- indications for and outcomes of anesthetic and neurosurgical pain-relieving techniques and

- the outcome of treatment of pain emanating from a damaged nervous system and neuropathic pain.

Medical schools would also be required to report the analysis of pain education to the Texas Higher Education Coordinating Board not later than March 1, 1996.

The act would take effect September 1, 1995. The Board of Medical Examiners could adopt rules under this act not later than December 1, 1995.

**SUPPORTERS
SAY:**

CSHB 2288 would take an important step in helping patients and doctors treat and manage pain. Most physicians are reluctant to prescribe pain medication from fear of fostering patient addiction and many are unaware of the severe negative impacts chronic pain can have on a patient's life. The Texas Board of Medical Examiners recently adopted regulations clarifying the standards of care and guidelines in treating pain, the next step is to educate physicians on these standards of care. Increased awareness and enhanced understanding of pain and its treatment would benefit both patients and physicians.

Recent surveys have shown pain to be undertreated, especially in minorities, the elderly and children. Unrelieved pain in cancer patients have been shown to decrease a patient's ability to recover. Severe and chronic pain often also leads to suicide.

CSHB 2288 would address a large problem in the treatment and management of pain — physician ignorance about medical and pharmaceutical advancements and the availability of continuing education courses. Physicians would be encouraged to take continuing education courses to better help their patients.

Medical schools would be required to assess their programs against a new state standard in pain treatment coursework, and by doing so would likely make improvements to meet student needs and curriculum demands. Mandating that all medical schools provide standardized coursework established by state law would be too arbitrary and inflexible because of

varying school missions, student mix, teaching sites and the rapidly changing health care field.

**OPPONENTS
SAY:**

CSHB 2288 would be only marginally effective in improving physician education about pain and in improving patient care. Physicians would have little incentive to take pain management and treatment continuing education courses, and medical schools would not be required to make necessary improvements in their curriculum.

NOTES:

The committee substitute made education requirements in pain management and treatment permissive instead of mandatory, would encourage rather than require continuing education in pain management and treatment and removed requirements that all medical schools offer medical education coursework that would include the specified instructional elements.