

**Senate Health, Education, Labor and Pensions Committee Hearing**  
*Managing Pain During the Opioid Crisis*  
February 12, 2019

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**Summary**

The Senate Health, Education, Labor and Pensions (HELP) Committee held a hearing on Tuesday, February 12, titled, “Managing Pain During the Opioid Crisis.” The hearing examined how to weigh the needs of those who suffer from chronic pain while considering the impact on the opioid epidemic. To view a webcast of the hearing and full witness testimonies, see [here](#).

HELP Chairman Lamar Alexander (R-TN) said in his opening statement, “Now that we have started to turn the train around and head in a different direction on the use of opioids, everyone – doctors, nurses, insurers, and patients – will need to think about the different ways we should treat and manage pain. There are other things the federal government is doing to better understand what causes pain and how we treat and manage it. There is the National Pain Strategy, developed by the Interagency Pain Research Coordinating Committee, which develops recommendations to prevent, treat, manage, and research pain. Through the National Institute on Drug Abuse and the National Institutes of Health’s HEAL Initiative, researchers are working to better understand pain and why some people experience it differently than others.” For Senator Alexander’s full remarks, see [here](#).

HELP Ranking Member Patty Murray (D-WA) noted in her opening statement that the committee has done a lot of important work on addressing the opioid crisis and hopes to build on that work. She said for too long providers over-relied on opioids, and there are better options than opioids for managing pain. She said that insurers need to cover other options to manage pain, and workforce options need to be improved to accommodate those with chronic pain. For her full opening remarks, see [here](#).

Witnesses at the hearing included:

- Cindy Steinberg, National Director Of Policy And Advocacy, U.S. Pain Foundation, Policy Council Chair, Massachusetts Pain Initiative, Lexington, MA
- Halena Gazelka, M.D., Assistant Professor Of Anesthesiology And Perioperative Medicine, Director, Mayo Clinic Inpatient Pain Service, Chair, Mayo Clinic Opioid Stewardship Program, Rochester, MN
- Andrew Coop, Ph.D., Professor And Associate Dean For Academic Affairs, University of Maryland School of Pharmacy, Baltimore, MD
- Anuradha Rao-Patel, M.D., Lead Medical Director, Blue Cross and Blue Shield of North Carolina, Durham, NC

Some recurring themes that were brought up at the hearing included:

**Insurance coverage for non-opioid pain therapy**

There was agreement among most members and witnesses that there is a need for health insurance to pay for alternate pain management services beside painkillers; and that currently non-opioid therapies are not covered by insurance or reimbursement is low. These alternatives can include physical therapy, yoga, acupuncture, and cannabinoids. Dr. Gazelka said Medicare and Medicaid should reimburse for

non-opioid therapies and that chronic pain used to be treated at pain clinics that had a multi-faceted approach to treating pain, with integrated services including a team of physicians along with psychosocial supports available, saying a return to that model would be helpful.

### **Workforce**

Senator Maggie Hassan (D-NH) asked what the workforce challenges are that could help address this issue. Dr. Gazelka said the cost of medical school and the loans are cost prohibitive for physicians to go into some of the lesser reimbursed practices such as primary care, psychiatry etc. and encouraging students to go into needed specialties would be helpful. Dr. Coop added that pharmacists are very underutilized, and since they are medication experts they could be bringing a lot more to the table. He added that reimbursement for more cognitive services would be helpful in filling specialty workforce gaps.

### **Medical Marijuana**

Dr. Coop mentioned that cannabinoids or medical marijuana could be utilized more as a medication, but is controversial because of the illegal status on a federal level. He said it has great potential to be a noble tool, but because of its status, it is difficult to move the research forward. One of the issues is that currently the research has been limited, and good, consistent, well designed clinical studies are needed to know the benefits and drawbacks of using marijuana in treating pain.

### **Dose limits on opioids**

Cindy Steinberg testified on her personal experience with chronic pain, and that while legislation restricting opioids prescribing was well intentioned, there have been unintended consequences for pain patients. She said many chronic pain patients have been dropped from care from their doctors, that opioids are one treatment among many, and in the short-term, a balance in opioid prescribing should be restored, and in the long- term, new medications should be developed.

Steinberg also criticized the [CDC Guidelines for Prescribing Opioids for Chronic Pain](#), saying they are not based on strong science and should be revised, and that the National Institutes of Health (NIH) is the best place to decide on prescribing guidelines because they have pain experts and are the better people to make those kinds of decisions. Dr. Gazelka agreed that the dose recommendations are not scientifically based, but noted that they are just suggestions, and that the basis of the guidelines is sound. She added that they were intended to inform primary care physicians and the guidelines have good advice.

No information on future hearings or actions at the Committee was announced at the hearing.