
By: Delegate Owings

Introduced and read first time: February 21, 1996

Assigned to: Environmental Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Task Force to Study Acute Pain Management**

3 FOR the purpose of creating a Task Force to Study Acute Pain Management; specifying
4 the membership of the Task Force; specifying the compensation of members of the
5 Task Force; providing for staff support; specifying how the chairman of the Task
6 Force is to be selected; requiring the Task Force to meet and study certain issues;
7 requiring the Task Force to issue a report and recommendations on or before a
8 certain date; and providing for the termination of the Task Force.

9 BY adding to

10 Article - State Government
11 Section 2-10A-06
12 Annotated Code of Maryland
13 (1995 Replacement Volume)

14 Preamble

15 WHEREAS, The most common reason for seeking primary care is acute pain and
16 among the millions of injuries suffered annually in the United States, 80% involve acute
17 pain; and

18 WHEREAS, Despite vast improvements in pain management techniques in recent
19 years, in 1992 the Agency for Health Care Policy and Research in the United States
20 Department of Health and Human Services recognized the inadequacy of traditional pain
21 management in its publication "A Clinical Practice Guideline for Acute Pain
22 Management After Surgery and Trauma"; and

23 WHEREAS, Experts acknowledge that conventional postoperative pain treatment,
24 intramuscular injections of drugs "as needed", does not relieve pain in about half of all
25 patients and that, in children, pain is managed even less well than in adults; and

26 WHEREAS, Traditional attitudes about patient pain concerns, i.e., that these
27 patients are complainers, must be dispelled because unrelieved pain contributes to
28 patient discomfort, longer recovery periods, and greater use of scarce health resources
29 and may compromise patient outcomes; and

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1 WHEREAS, Unrelieved pain may delay the return of normal stomach and bowel
2 functions, which are important for hospital discharge; and

3 WHEREAS, Inadequate pain management may cause psychological and
4 physiological problems, resulting in increased morbidity, immune system impairment,
5 increased likelihood of pneumonia, postoperative complications, cardiovascular failure,
6 and infectious complications; and

7 WHEREAS, An estimated 25% of cancer patients are dying without relief of severe
8 pain demonstrates the need for ethical, aggressive, and effective pain management,
9 including pharmacological treatment with, among other drugs, the NEAIDS class of
10 drugs, and including nonpharmacologic strategies such as biofeedback, relaxation, and
11 massage; and

12 WHEREAS, State law and policy could play a role in facilitating effective pain
13 management, thus serving the needs of the citizens of the State; now, therefore,

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
15 MARYLAND, That the Laws of Maryland read as follows:

16 **Article - State Government**

17 2-10A-06.

18 (A) THERE IS A TASK FORCE TO STUDY ACUTE PAIN MANAGEMENT.

19 (B) (1) THE TASK FORCE CONSISTS OF 12 MEMBERS.

20 (2) OF THE 12 MEMBERS:

21 (I) 3 SHALL BE MEMBERS OF THE HOUSE OF DELEGATES
22 APPOINTED BY THE SPEAKER OF THE HOUSE;

23 (II) 3 SHALL BE MEMBERS OF THE SENATE OF MARYLAND
24 APPOINTED BY THE PRESIDENT OF THE SENATE; AND

25 (III) 6 SHALL BE APPOINTED JOINTLY BY THE PRESIDENT AND
26 SPEAKER AS FOLLOWS:

27 1. 2 SHALL BE PHYSICIANS WITH EXPERTISE IN PAIN
28 MANAGEMENT;

29 2. 2 SHALL BE REGISTERED NURSES WITH EXPERIENCE IN
30 PAIN MANAGEMENT;

31 3. 1 SHALL BE A CHIROPRACTOR; AND

32 4. 1 SHALL BE A PHARMACIST.

33 (3) THE MEMBERS APPOINTED UNDER PARAGRAPH (2)(III) OF THIS
34 SUBSECTION SHALL BE APPOINTED FROM LISTS SUBMITTED BY THE APPROPRIATE
35 PROFESSIONAL ASSOCIATIONS OF THE STATE.

36 (4) THE TASK FORCE SHALL ELECT A CHAIRMAN FROM AMONG THE
37 MEMBERS OF THE TASK FORCE.

1 (5) A MEMBER OF THE TASK FORCE MAY NOT RECEIVE COMPENSATION
2 AS A MEMBER BUT IS ENTITLED TO REIMBURSEMENT FOR EXPENSES IN
3 ACCORDANCE WITH THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED
4 IN THE STATE BUDGET.

5 (C) THE DEPARTMENT OF LEGISLATIVE REFERENCE SHALL PROVIDE STAFF
6 ASSISTANCE TO THE TASK FORCE.

7 (D) THE TASK FORCE SHALL MEET AND STUDY:

8 (1) CURRENT ACUTE AND CANCER PAIN MANAGEMENT TECHNIQUES
9 AS PROVIDED BY MEDICAL SCHOOLS IN THE STATE, HEALTH CARE PROVIDERS, AND
10 CANCER PAIN MANAGEMENT CLINICS;

11 (2) THE CURRENT LAW AND POLICY THAT RELATE TO ACUTE AND
12 CANCER PAIN MANAGEMENT;

13 (3) CURRENT STATE PLANNING, INCLUDING CONTINUING EDUCATION
14 REQUIREMENTS, FOR ACUTE PAIN MANAGEMENT;

15 (4) THE PAIN TREATMENT NEEDS OF ACUTE AND CANCER PATIENTS;

16 (5) THE SPECIAL PAIN MANAGEMENT NEEDS OF INFANTS, CHILDREN,
17 AND ADOLESCENTS;

18 (6) THE IMPACT OF INADEQUATE PAIN MANAGEMENT ON RESOURCE
19 UTILIZATION AND COSTS; AND

20 (7) STATEWIDE NEEDS RELATIVE TO INADEQUATE ACUTE AND
21 CANCER PAIN MANAGEMENT.

22 (E) ON OR BEFORE DECEMBER 30, 1997, THE TASK FORCE SHALL ISSUE A
23 REPORT TO THE LEGISLATIVE POLICY COMMITTEE THAT INCLUDES
24 RECOMMENDATIONS ON:

25 (1) APPROPRIATE ACTIONS TO CORRECT PROBLEMS RELATED TO
26 ACUTE PAIN MANAGEMENT POLICY;

27 (2) CHANGES OR ADDITIONS TO THE LAW OF THE STATE; AND

28 (3) WAYS TO AVOID COSTS THROUGH AGGRESSIVE ACUTE AND
29 CANCER PAIN MANAGEMENT.

30 (F) THE TASK FORCE SHALL TERMINATE ON DECEMBER 31, 1997.

31 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
32 October 1, 1996. It shall remain effective until December 31, 1997, and at the end of
33 December 31, 1997, with no further action required by the General Assembly, this Act
34 shall be abrogated and of no further force and effect.