111TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
1st Session } { 111–47

NATIONAL PAIN CARE POLICY ACT OF 2009

MARCH 23, 2009.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. WAXMAN, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 756]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 756) to amend the Public Health Service Act with respect to pain care, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

CONTENTS

PURPOSE AND SUMMARY

The purpose of H.R. 756, the "National Pain Care Policy Act of 2009", is to amend the Public Health Service Act with respect to pain care. The bill authorizes the Secretary of Health and Human Services to contract with the Institute of Medicine to convene a na-

tional conference on pain; authorizes the Secretary to support programs to educate and train health professionals in pain care; and directs the Secretary to implement a national pain care education, outreach, and awareness campaign. The bill authorizes the appropriation of various amounts for each of these purposes for fiscal years 2010 through 2012.

BACKGROUND AND NEED FOR LEGISLATION

Pain is the most common reason Americans access the health care system and is a leading cause of disability and major contributor to health care costs. The National Center for Health Statistics estimates that 76.2 million, or one in every four Americans, have suffered from pain that lasts longer than 24 hours and millions more suffer from acute pain.

Most painful conditions can be relieved with proper treatment, and providing adequate pain management is a crucial component of improving and maintaining quality of life for patients, survivors, and their loved ones. People in pain, however, often face significant barriers that can prevent proper assessment, diagnosis, treatment, and management of their pain. Left untreated, pain can decrease the quality of life and affect every aspect of daily living, including work, sleep, and social relations.

HEARINGS

The Committee on Energy and Commerce did not hold hearings on the legislation.

COMMITTEE CONSIDERATION

The Committee on Energy and Commerce met in open markup session on Wednesday, March 4, 2009, and, pursuant to a motion by Mr. Waxman, agreed by unanimous consent to consider and approve H.R. 756 and several other bills en bloc. H.R. 756 was ordered favorably reported to the House by a voice vote. No amendments were offered during full Committee consideration of H.R. 756.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no recorded votes taken during consideration or ordering H.R. 756 reported to the House.

COMMITTEE OVERSIGHT FINDINGS

Regarding clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the oversight findings of the Committee are reflected in this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

The objective of H.R. 756 is to amend the Public Health Service Act to (1) encourage the Secretary of Health and Human Services (HHS) to enter into an agreement with the Institute of Medicine (IOM) of the National Academies to convene a Conference on Pain;

(2) encourage the Director of the National Institutes of Health (NIH) to continue to expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain; (3) establish an Interagency Pain Research Coordinating Committee within HHS; (4) allow the Secretary to award grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care; and (5) require the Secretary to establish and implement a national pain care education outreach and awareness campaign.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Regarding compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 756 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARKS AND TAX AND TARIFF BENEFITS

In compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 756 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 756 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate on H.R. 756 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, March 20, 2009.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 756, the National Pain Care Policy Act of 2009.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Stephanie Cameron.

Sincerely,

DOUGLAS W. ELMENDORF,
Director.

Enclosure.

H.R. 1246—Early Hearing Detection and Intervention Act of 2009

Summary: H.R. 1246 would amend the Public Health Service Act to authorize and expand research and public health activities related to the early detection, diagnosis, and treatment of hearing loss in newborns and infants. CBO estimates that implementing the bill would cost $151 million over the 2010–2014 period, assuming appropriation of the necessary amounts. Enacting H.R. 1246 would not affect direct spending or revenues.

H.R. 1246 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 1246 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—					
	2010	2011	2012	2013	2014	2010–2014
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
HRSA:						
Estimated Authorization Level	12	12	12	12	12	61
Estimated Outlays	6	11	12	12	12	53
CDC:						
Estimated Authorization Level	11	11	11	11	11	55
Estimated Outlays	4	9	11	11	11	46
NIH:						
Estimated Authorization Level	13	13	13	13	13	64
Estimated Outlays	3	11	12	13	13	51
Total Changes:						
Estimated Authorization Level	36	36	36	36	36	180
Estimated Outlays	14	30	35	36	36	151

Note: CDC = Centers for Disease Control and Prevention. HRSA = Health Resources and Services Administration. NIH = National Institutes of Health.

Basis of estimate: H.R. 1246 would authorize funding for early hearing loss detection and intervention activities at the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH) for fiscal years 2010 through 2015. It also would require the Director of the National Institutes of Health to establish a postdoctoral research program to foster research and development in the area of early hearing detection and intervention. CBO estimates that those activities would require the appropriation of $180 million over the 2010–2014 period. Based on historical spending patterns for similar activities and assuming the appropriation of necessary amounts, CBO estimates that implementing H.R. 1246 would cost $151 million over the 2010–2014 period.

HRSA administers the Universal Newborn Screening program, which makes grants to states to support testing of infants prior to hospital discharge, audiologic evaluation by three months of age, and early intervention activities. CBO estimates that those activities would require the appropriation of $61 million over the 2010–2014 period. Assuming the appropriation of the necessary amounts, CBO estimates that implementing that grant program would cost $53 million over the 2010–2014 period.

H.R. 1246 would authorize CDC to make grants to states and provide technical assistance to states to promote screening, surveillance, and research into the causes of hearing loss among newborns and infants. To fund that grant program, CBO estimates that the

CDC would require the appropriation of $55 million over the 2010–2014 period. Assuming the appropriation of the necessary amounts, CBO estimates that implementing the program would cost $46 million over the 2010–2014 period.

H.R. 1246 would authorize the NIH to conduct research on early detection and treatment of hearing loss. The bill would direct the NIH to establish a postdoctoral fellowship program to train researchers in the field of detecting and intervening in early hearing loss. Based on information provided by the NIH, CBO expects that the new postdoctoral program would fund three postdoctoral fellows at an annual cost of approximately $120,000 per fellow. Based on that information, historical program expenditures at NIH, and adjustments for inflation, CBO estimates that NIH would require the appropriation of $64 million over the 2010–2014 period. CBO estimates that implementing those programs would cost $51 million over the 2010–2014 period, assuming appropriation of the necessary amounts.

Intergovernmental and private-sector impact: H.R. 1246 contains no intergovernmental or private-sector mandates as defined in UMRA. States that participate in programs to detect, diagnose, and treat hearing loss in newborns and infants would benefit from activities and grants authorized in the bill.

Estimate prepared by: Federal Costs: Jamease Kowalczyk, Stephanie Cameron, and Lisa Ramirez-Branum; Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum; Impact on Private Sector: Patrick Bernhardt.

Estimate approved by: Peter H. Fontaine, Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of federal mandates regarding H.R. 756 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by H.R. 756.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the constitutional authority for H.R. 756 is provided in the provisions of Article I, section 8, clause 1, that relate to expending funds to provide for the general welfare of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 756 does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act of 1995.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 establishes the short title of the bill as the "National Pain Care Policy Act of 2009" and lists the table of contents.

Section 2. Institute of Medicine Conference on Pain

Section 2 states that, no later than June 30, 2010, the Secretary must seek to enter into an agreement with the IOM of the National Academies to convene a conference on pain. The purpose of the conference shall be to increase the recognition of pain as a significant public health problem in the United States; evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population; identify racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the system; identify barriers to appropriate pain care; and establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the United States.

If the Institute of Medicine declines to enter into this agreement, the Secretary may enter into such agreement with another appropriate entity.

Section 2 requires that a report summarizing the conference's findings shall be submitted to Congress no later than June 30, 2011.

For the purpose of carrying out section 2, this legislation authorizes to be appropriated $500,000 for each of fiscal years 2010 and 2011.

Section 3. Pain research at National Institutes of Health

Section 3 amends part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) by adding a new section, section 409J.

Section 409J. Pain research

Section 409J encourages the NIH Director to continue and expand, through the pain consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain. At least once a year, the pain consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, shall develop and submit to the NIH Director recommendations on appropriate pain research initiatives that could be undertaken with funds reserved for the common fund or otherwise available for such initiatives.

Section 409J defines the term "pain consortium" to mean the pain consortium of NIH or a similar trans-NIH coordinating entity designated by the Secretary.

Section 409J directs the Secretary to establish an interagency pain research coordinating committee, charged with coordinating all efforts within HHS and other federal agencies that relate to pain research. This section establishes the composition of the coordinating committee and requires that the committee meet at the call of the chairperson, or upon the request of the NIH Director, but in no case less often than once per year.

Section 409J establishes the duties of the coordinating committee and requires the committee to develop a summary of advances in pain care research supported or conducted by the federal agencies relevant to the diagnosis, treatment, and prevention of pain, and diseases and disorders associated with pain; identify critical gaps in basic and clinical research on the symptoms and causes of pain; and make recommendations. The Secretary shall review the necessity of the committee at least once every two years.

Section 4. Pain care education and training

Section 4 amends part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) by adding a new section, section 754, and redesignating sections 754 through 758 as sections 755 through 759, respectively.

Section 754. Program for education and training in pain care

Section 754 states that the Secretary may award grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.

Section 754 states that an award may be made only if the applicant for the award agrees that the program carried out with the award will include information and education on recognized means for assessing, diagnosing, treating, and managing pain and related signs and symptoms, including the medically appropriate use of controlled substances. In addition, programs carried out must include information and education on applicable laws, regulations, rules, and policies on controlled substances; interdisciplinary approaches to the delivery of pain care; cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and recent findings, developments, and improvements in the provision of pain care. This section requires the Secretary to provide for the evaluation of these programs in order to determine the effect of such programs on the knowledge and practice of pain care.

Section 754 defines the term "pain care" to mean the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.

Section 754 updates the existing authorization of appropriations to require that, of the amounts appropriated for a fiscal year, the Secretary shall make available not less than $5,000,000 for awards of grants, cooperative agreements, and contracts under this section. Section 754 also makes conforming amendments to sections 757(b) and 758(b)(1).

Section 5. Public awareness campaign on pain management

Section 5 amends part B of title II of the Public Health Service Act (42 U.S.C. 238 et seq.) by adding a new section, Section 249.

Section 249. National education outreach and awareness campaign on pain management

Section 249 requires that, no later than June 30, 2010, the Secretary shall establish and implement a national pain care education outreach and awareness campaign. Amongst other things, the public awareness campaign shall be designed to educate con-

sumers, patients, their families, and other caregivers with respect to the incidence and importance of pain as a national public health problem. In designing and implementing the public awareness campaign, the Secretary shall consult with organizations representing patients in pain and other consumers, employers, physicians, other pain management professionals, medical device manufacturers, and pharmaceutical companies.

Section 249 requires the Secretary to designate one official in HHS to oversee the public awareness campaign and to ensure the involvement of the Surgeon General of the Public Health Service, the Director of the Centers for Disease Control and Prevention, and other such representatives of offices and agencies of HHS as the Secretary determines appropriate.

Section 249 requires that, in designing the public awareness campaign, the Secretary shall take into account the special needs of geographic areas and racial, ethnic, gender, age, and other demographic groups that are currently underserved and provide resources that will reduce disparities in access to appropriate diagnosis, assessment, and treatment.

Under this section, the Secretary has discretionary authority to make awards of grants, cooperative agreements, and contracts to public agencies and private nonprofit organizations to assist with the development and implementation of the public awareness campaign. In addition, the Secretary shall prepare and submit a report to Congress evaluating the effectiveness of the public awareness campaign in educating the general public.

For purposes of carrying out section 249, there is authorized to be appropriated $2,000,000 for fiscal year 2010 and $4,000,000 for each of fiscal years 2011 and 2012.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

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TITLE II—ADMINISTRATION AND MISCELLANEOUS PROVISIONS

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PART B—MISCELLANEOUS PROVISIONS

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SEC. 249. NATIONAL EDUCATION OUTREACH AND AWARENESS CAMPAIGN ON PAIN MANAGEMENT.

(a) ESTABLISHMENT.—Not later than June 30, 2010, the Secretary shall establish and implement a national pain care education outreach and awareness campaign described in subsection (b).

(b) REQUIREMENTS.—The Secretary shall design the public awareness campaign under this section to educate consumers, patients, their families, and other caregivers with respect to—

(1) the incidence and importance of pain as a national public health problem;

(2) the adverse physical, psychological, emotional, societal, and financial consequences that can result if pain is not appropriately assessed, diagnosed, treated, or managed;

(3) the availability, benefits, and risks of all pain treatment and management options;

(4) having pain promptly assessed, appropriately diagnosed, treated, and managed, and regularly reassessed with treatment adjusted as needed;

(5) the role of credentialed pain management specialists and subspecialists, and of comprehensive interdisciplinary centers of treatment expertise;

(6) the availability in the public, nonprofit, and private sectors of pain management-related information, services, and resources for consumers, employers, third-party payors, patients, their families, and caregivers, including information on—

(A) appropriate assessment, diagnosis, treatment, and management options for all types of pain and pain-related symptoms; and

(B) conditions for which no treatment options are yet recognized; and

(7) other issues the Secretary deems appropriate.

(c) CONSULTATION.—In designing and implementing the public awareness campaign required by this section, the Secretary shall consult with organizations representing patients in pain and other consumers, employers, physicians including physicians specializing in pain care, other pain management professionals, medical device manufacturers, and pharmaceutical companies.

(d) COORDINATION.—

(1) LEAD OFFICIAL.—The Secretary shall designate one official in the Department of Health and Human Services to oversee the campaign established under this section.

(2) AGENCY COORDINATION.—The Secretary shall ensure the involvement in the public awareness campaign under this section of the Surgeon General of the Public Health Service, the Director of the Centers for Disease Control and Prevention, and such other representatives of offices and agencies of the Department of Health and Human Services as the Secretary determines appropriate.

(e) UNDERSERVED AREAS AND POPULATIONS.—In designing the public awareness campaign under this section, the Secretary shall—

(1) take into account the special needs of geographic areas and racial, ethnic, gender, age, and other demographic groups that are currently underserved; and

(2) provide resources that will reduce disparities in access to appropriate diagnosis, assessment, and treatment.

(f) GRANTS AND CONTRACTS.—The Secretary may make awards of grants, cooperative agreements, and contracts to public agencies and private nonprofit organizations to assist with the development and implementation of the public awareness campaign under this section.

(g) EVALUATION AND REPORT.—Not later than the end of fiscal year 2012, the Secretary shall prepare and submit to the Congress a report evaluating the effectiveness of the public awareness campaign under this section in educating the general public with respect to the matters described in subsection (b).

(h) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated $2,000,000 for fiscal year 2010 and $4,000,000 for each of fiscal years 2011 and 2012.

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TITLE IV—NATIONAL RESEARCH INSTITUTES

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PART B—GENERAL PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

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SEC. 409J. PAIN RESEARCH.

(a) RESEARCH INITIATIVES.—

(1) IN GENERAL.—The Director of NIH is encouraged to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain.

(2) ANNUAL RECOMMENDATIONS.—Not less than annually, the Pain Consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, shall develop and submit to the Director of NIH recommendations on appropriate pain research initiatives that could be undertaken with funds reserved under section 402A(c)(1) for the Common Fund or otherwise available for such initiatives.

(3) DEFINITION.—In this subsection, the term "Pain Consortium" means the Pain Consortium of the National Institutes of Health or a similar trans-National Institutes of Health coordinating entity designated by the Secretary for purposes of this subsection.

(b) INTERAGENCY PAIN RESEARCH COORDINATING COMMITTEE.—

(1) ESTABLISHMENT.—The Secretary shall establish not later than 1 year after the date of the enactment of this section and as necessary maintain a committee, to be known as the Interagency Pain Research Coordinating Committee (in this section referred to as the "Committee"), to coordinate all efforts within the Department of Health and Human Services and other Federal agencies that relate to pain research.

(2) MEMBERSHIP.—

(A) IN GENERAL.—The Committee shall be composed of the following voting members:

(i) Not more than 7 voting Federal representatives as follows:

(I) The Director of the Centers for Disease Control and Prevention.

(II) The Director of the National Institutes of Health and the directors of such national research

institutes and national centers as the Secretary determines appropriate.

(III) The heads of such other agencies of the Department of Health and Human Services as the Secretary determines appropriate.

(IV) Representatives of other Federal agencies that conduct or support pain care research and treatment, including the Department of Defense and the Department of Veterans Affairs.

(ii) 12 additional voting members appointed under subparagraph (B).

(B) ADDITIONAL MEMBERS.—The Committee shall include additional voting members appointed by the Secretary as follows:

(i) 6 members shall be appointed from among scientists, physicians, and other health professionals, who—

(I) are not officers or employees of the United States;

(II) represent multiple disciplines, including clinical, basic, and public health sciences;

(III) represent different geographical regions of the United States; and

(IV) are from practice settings, academia, manufacturers or other research settings; and

(ii) 6 members shall be appointed from members of the general public, who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions.

(C) NONVOTING MEMBERS.—The Committee shall include such nonvoting members as the Secretary determines to be appropriate.

(3) CHAIRPERSON.—The voting members of the Committee shall select a chairperson from among such members. The selection of a chairperson shall be subject to the approval of the Director of NIH.

(4) MEETINGS.—The Committee shall meet at the call of the chairperson of the Committee or upon the request of the Director of NIH, but in no case less often than once each year.

(5) DUTIES.—The Committee shall—

(A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain;

(B) identify critical gaps in basic and clinical research on the symptoms and causes of pain;

(C) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies, including the Department of Defense and the Department of Veteran Affairs, are free of unnecessary duplication of effort;

(D) make recommendations on how best to disseminate information on pain care; and

(E) make recommendations on how to expand partnerships between public entities, including Federal agencies,

and private entities to expand collaborative, cross-cutting research.

(6) REVIEW.—The Secretary shall review the necessity of the Committee at least once every 2 years.

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TITLE VII—HEALTH PROFESSIONS EDUCATION

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PART D—INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES

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SEC. 754. PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.

(a) IN GENERAL.—The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.

(b) PRIORITIES.—In making awards under subsection (a), the Secretary shall give priority to awards for the implementation of programs under such subsection.

(c) CERTAIN TOPICS.—An award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include information and education on—

(1) recognized means for assessing, diagnosing, treating, and managing pain and related signs and symptoms, including the medically appropriate use of controlled substances;

(2) applicable laws, regulations, rules, and policies on controlled substances, including the degree to which misconceptions and concerns regarding such laws, regulations, rules, and policies, or the enforcement thereof, may create barriers to patient access to appropriate and effective pain care;

(3) interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment expertise;

(4) cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and

(5) recent findings, developments, and improvements in the provision of pain care.

(d) PROGRAM SITES.—Education and training under subsection (a) may be provided at or through health professions schools, residency training programs, and other graduate programs in the health professions; entities that provide continuing education in medicine, pain management, dentistry, psychology, social work, nursing, and pharmacy; hospices; and such other programs or sites as the Secretary determines to be appropriate.

(e) EVALUATION OF PROGRAMS.—The Secretary shall (directly or through grants or contracts) provide for the evaluation of programs

implemented under subsection (a) in order to determine the effect of such programs on knowledge and practice of pain care.

(f) PEER REVIEW GROUPS.—In carrying out section 799(f) with respect to this section, the Secretary shall ensure that the membership of each peer review group involved includes individuals with expertise and experience in pain care.

(g) DEFINITIONS.—For purposes of this section the term "pain care" means the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.

SEC. [754.] *755.* QUENTIN N. BURDICK PROGRAM FOR RURAL INTERDISCIPLINARY TRAINING.

(a) * * *

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SEC. [755.] *756.* ALLIED HEALTH AND OTHER DISCIPLINES.

(a) * * *

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SEC. [756.] *757.* ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES.

(a) * * *

(b) COMPOSITION.—

(1) * * *

(2) APPOINTMENT.—Not later than 90 days after the date of enactment of this Act, the Secretary shall appoint the members of the Advisory Committee from among individuals who are health professionals from schools of the types described in sections 751(a)(1)(A), 751(a)(1)(B), 753(b), [754(3)(A), and 755(b)] *755(3)(A), and 756(b)*. In making such appointments, the Secretary shall ensure a fair balance between the health professions, that at least 75 percent of the members of the Advisory Committee are health professionals, a broad geographic representation of members and a balance between urban and rural members. Members shall be appointed based on their competence, interest, and knowledge of the mission of the profession involved.

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SEC. [757.] *758.* AUTHORIZATION OF APPROPRIATIONS.

(a) * * *

(b) ALLOCATION.—

(1) IN GENERAL.—Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall make available—

(A) * * *

(B) not less than $3,765,000 for awards of grants and contracts under section 752, of which not less than 50 percent of such amount shall be made available for centers described in subsection (a)(1) of such section; [and]

(C) not less than $22,631,000 for awards of grants and contracts under sections 753, [754, and 755.] *755, and 756; and*

(D) not less than $5,000,000 for awards of grants, cooperative agreements, and contracts under sections 754.

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SEC. [758.] *759.* INTERDISCIPLINARY TRAINING AND EDUCATION ON DOMESTIC VIOLENCE AND OTHER TYPES OF VIOLENCE AND ABUSE.

(a) * * *

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