HOUSE BILL No. 5263

October 17, 2001, Introduced by Reps. Williams, Raczkowski, George, Howell, Julian, Richardville, Stewart, Woronchak, Basham, Shulman, Patterson, Scranton, Ehardt, Jelinek, Voorhees, Shackleton, Plakas, Anderson, Vear, Hummel, Stamas, Pappageorge, Kuipers, Vander Veen, Allen, Middaugh, Faunce, Meyer, Gilbert, Kowall, Van Woerkom, Cassis, Kooiman, DeVuyst, Pumford, Cameron Brown, Sanborn, Birkholz and Neumann and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled "Public health code,"

by amending section 16204a (MCL 333.16204a), as amended by 1998 PA 421.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 16204a. (1) Subject to subsection (2), an advisory
- 2 committee on pain and symptom management is created in the
- 3 department. The committee shall consist CONSISTS of the fol-
- 4 lowing members appointed in the following manner:

HOUSE BILL No. 5263

- 5 (a) The Michigan board of medicine created in part 170 and
- 6 the Michigan board of osteopathic medicine and surgery created in
- 7 part 175 each shall appoint 2 members, 1 of whom is a physician
- 8 specializing in primary care and 1 of whom is a physician
- ${f 9}$ certified in the specialty of pain medicine by 1 or more national
- 10 professional organizations approved by the department of consumer

03604'01 * DKH

HB5263, As Passed House, October 29, 2001

- 1 and industry services, including, but not limited to, the
- 2 American board of medical specialists or the American board of
- 3 pain medicine.
- 4 (b) One psychologist who is associated with the education
- 5 and training of psychology students, appointed by the Michigan
- 6 board of psychology created in part 182.
- 7 (c) One individual appointed by the governor who is repre-
- 8 sentative of the general public.
- 9 (d) One registered professional nurse with training in the
- 10 treatment of intractable pain who is associated with the educa-
- 11 tion and training of nursing students, appointed by the Michigan
- 12 board of nursing created in part 172.
- 13 (e) One dentist with training in the treatment of
- 14 intractable pain who is associated with the education and
- 15 training of dental students, appointed by the Michigan board of
- 16 dentistry created in part 166.
- 17 (f) One pharmacist with training in the treatment of
- 18 intractable pain who is associated with the education and
- 19 training of pharmacy students appointed by the Michigan board of
- 20 pharmacy created in part 177.
- 21 (g) One individual appointed by the governor who represents
- 22 the Michigan hospice organization or its successor.
- 23 (h) One representative from each of the state's medical
- 24 schools, appointed by the governor.
- (i) One individual appointed by the governor who has been
- 26 diagnosed as a chronic pain sufferer.

- 1 (j) One physician's assistant with training in the treatment
- 2 of intractable pain appointed by the Michigan task force on
- 3 physician's assistants.
- 4 (k) The director of the department of consumer and industry
- 5 services or his or her designee, who shall serve as chairperson.
- (l) The director of the department of community health or
- 7 his or her designee.
- 8 (2) Advisory committee members appointed under subsection
- 9 (1)(a) through (j) shall receive per diem compensation as estab-
- 10 lished by the legislature and shall be reimbursed for expenses
- 11 under section 1216.
- 12 (3) The terms of office of the members of the interdisci-
- 13 plinary advisory committee created by the 1994 amendatory act
- 14 that added this section expire on the effective date of the amen-
- 15 datory act that added this subsection.
- 16 (3) (4) The advisory committee members appointed under sub-
- 17 section (1)(a) through (j) shall be appointed within 45 days
- 18 after the effective date of the amendatory act that added
- 19 subsection (3). A member of the advisory committee shall serve
- 20 for a term of 2 years or until a successor is appointed, which-
- 21 ever is later. A vacancy on the advisory committee shall be
- 22 filled in the same manner as the original appointment.
- 23 (4) $\frac{(5)}{(5)}$ The advisory committee shall do all of the follow-
- 24 ing, as necessary:
- 25 (a) At least once annually consult with all of the following
- 26 boards to develop an integrated approach to understanding and
- 27 applying pain and symptom management techniques:

HB5263, As Passed House, October 29, 2001

4

- 1 (i) All licensure boards created under this article, except2 the Michigan board of veterinary medicine.
- 3 (ii) The board of examiners of social workers.
- 4 (b) Hold a public hearing in the same manner as provided for
- 5 a public hearing held under the administrative procedures act of
- 6 1969, within 90 days after the members of the advisory committee
- 7 are appointed under subsection (1) to gather information from the
- 8 general public on issues pertaining to pain and symptom
- 9 management.
- 10 (c) Develop and encourage the implementation of model core
- 11 curricula on pain and symptom management.
- 12 (d) Develop recommendations to the licensing and registra-
- 13 tion boards and the task force created under this article and to
- 14 the board of examiners of social workers on integrating pain and
- 15 symptom management into the customary practice of health care
- 16 professionals and identifying the role and responsibilities of
- 17 the various health care professionals in pain and symptom
- 18 management.
- 19 (e) Advise the licensing and registration boards created
- 20 under this article on the duration and content of continuing edu-
- 21 cation requirements for pain and symptom management.
- 22 (f) Annually report on the activities of the advisory com-
- 23 mittee and make recommendations on the following issues to the
- 24 director of the department of consumer and industry services and
- 25 to the director of the department of community health:

- 1 (i) Pain management educational curricula and continuing
- 2 educational requirements of institutions providing health care
- 3 education.
- 4 (ii) Information about the impact and effectiveness of pre-
- 5 vious recommendations, if any, that have been implemented,
- 6 including, but not limited to, recommendations made under subdi-
- 7 vision (d).
- 8 (iii) Activities undertaken by the advisory committee in
- 9 complying with the duties imposed under subdivisions (c) and
- **10** (d).
- 11 (g) Beginning in January of the first year after the effec-
- 12 tive date of subsection (3) 2000, annually review any changes
- 13 occurring in pain and symptom management.
- 14 (5) (6) In making recommendations and developing written
- 15 materials under subsection $\frac{(5)}{(4)}$, the advisory committee
- 16 shall review guidelines on pain and symptom management issued by
- 17 the United States department of health and human services.
- 18 (7) As used in this section, "intractable pain" means a
- 19 pain state in which the cause of the pain cannot be removed or
- 20 otherwise treated and which, in the generally accepted practice
- 21 of allopathic or osteopathic medicine, no relief of the cause of
- 22 the pain or cure of the cause of the pain is possible or none has
- 23 been found after reasonable efforts, including, but not limited
- 24 to, evaluation by the attending physician and by 1 or more other
- 25 physicians specializing in the treatment of the area, system, or
- 26 organ of the body perceived as the source of the pain.