

March 31, 2019

Attn: Alicia Richmond Scott  
Pain Management Best Practices Inter-Agency Task Force  
Designated Federal Officer  
Office of the Assistant Secretary for Health  
U.S. Department of Health and Human Services  
200 Independence Avenue SW, Room 736E  
Washington, DC 20201

**Re: Request for Public Comments on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations**

Dear Ms. Scott,

On behalf of the Coalition to Transform Advanced Care (C-TAC), we appreciate the opportunity to provide comments on this evidence-based report in regard to its relevance to those living with advanced illness.

C-TAC is a national non-partisan, not-for-profit organization dedicated to ensuring that all those living with advanced illness, especially the sickest and most vulnerable, receive comprehensive, high-quality, person- and family-centered care that is consistent with their goals and values and honors their dignity. C-TAC is made up of over 140 national and regional organizations including patient and consumer advocacy groups, practitioners, health plans, faith-based and community organizations, and others who share a common vision of improving advanced illness care in the U.S.

C-TAC's definition of advanced illness is when one or more conditions becomes serious enough that general health and functioning begin to decline, treatment may no longer lead to preferred outcomes, and care oriented toward comfort may take precedence over attempts to cure – a process that extends to the end of life and that for some individuals and their families may lead to transition to hospice.

We are in strong support of the overall report and its recommendations and very much appreciate its focus on personalized care of those with pain including comprehensive assessment, an interdisciplinary approach, nonpharmacological pain modalities, and a more appropriate use of the CDC Pain Management Guidelines. Many with advanced illness live with pain and managing it, even if that requires opioids at high doses, is important to maintain their quality of life and that of their family caregivers. We support most of the recommendations and would point out that palliative care clinicians are an additional resource to effectively manage pain for those with advanced illness, although training of all

clinicians in evidence-based pain and other symptom management and communication should be aggressively pursued.

We would just note caution with the recommendations for screening and monitoring since things like urine drug tests and written treatment agreements can be inappropriate for those with advanced illness. There the risk of opioids must be balanced by the benefits of these medications. For the same reason, we would also suggest caution with the practice of co-prescribing naloxone with opioids as, without appropriate education, families may use this medication inappropriately on someone with advanced illness and, possibly, in the last hours of life. Finally, we would add to the gaps in knowledge that additional research is needed to better understand the impact of pain on family caregivers, as they play a great role in the care of those with advanced illness.

Thank you for the opportunity to comment on this request for comments. If you have any questions, please contact Marian Grant, Senior Regulatory Advisor, C-TAC, at 443-742-8872 or [mgrant@thectac.org](mailto:mgrant@thectac.org).

Sincerely,

*Marian Grant*

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