

Enhancing Pain Medicine Cohesion and Influence Through ASRA Pain Medicine Legislative Advocacy

👤 Richard Chou, MD¹, Lee Tian, MD², Edgar Remotti, MD³

1. Sacramental Veterans Affairs Medical Center
2. The University of Chicago Department of Anesthesia and Critical Care
3. Beth Israel Deaconess Medical Center/Harvard Medical School Department of Anesthesia, Critical Care, and Pain Medicine

Introduction

The American Society of Regional Anesthesia and Pain Medicine (ASRAPM) has become a leading force in advancing healthcare policy for pain management. By strategically engaging with the American Medical Association (AMA) in national policy discussions, ASRAPM has made significant strides towards strengthening its influence within medicine [1, 2]

Pain Medicine faces critical challenges, including:

- ❖ Declining reimbursement rates for regional and chronic pain procedures [5, 6]
- ❖ Increasing administrative burdens, such as prior authorization delays [4]
- ❖ Persistent treatment disparities in pain management [9]
- ❖ Recruitment and retention challenges, exacerbated by physician burnout and workforce shortages [2, 8]
- ❖ The opioid crisis, which increased scrutiny of pain management practices [7, 10]



AMA House of Delegates

ASRAPM's representation in the **AMA House of Delegates (HOD)** has amplified its voice in national policy discussions. Collaborations with the AMA have focused on:

- ❖ **Medicare payment reforms** to address reimbursement inequities [2, 5]
- ❖ **Advocacy for non-opioid treatment access**, reducing opioid reliance [7, 10]
- ❖ **Mitigating administrative barriers**, such as prior authorization delays, which contribute to physician burnout and poor outcomes [4]



CPT and RUC Participation

Active participation in the **Current Procedural Terminology (CPT)** Editorial Panel and the Resource-Based **Relative Value Scale Update Committee (RUC)** ensures the accurate valuation of procedures, directly impacting practice sustainability and access to care:

- ❖ Approval of **new codes for fascial plane blocks**, effective 2025 [5]
- ❖ Reclassification of **percutaneous interlaminar lumbar decompression** to Category I, effective 2026 [6]
- ❖ Advocacy for appropriate coding and reimbursement structures that reflect the complexity of pain interventions [3, 5]



Pain Medicine Coalition

In 2024, **ASRAPM partnered with the American Society of Anesthesiologists (ASA) to launch the Pain Medicine Coalition (PMC)**, strengthening the specialty's voice in healthcare policy, reinforcing standards in pain management. This collaboration aims to:

- ❖ **Promote** responsible, evidence-based pain care
- ❖ **Address** challenges such as scope-of-practice expansions that threaten patient safety
- ❖ **Strengthen** the integrity of physician-led care and promote multidisciplinary collaboration [8]



Discussion

By fostering collaboration, developing future leaders, and advocating for fair policies and practices, ASRAPM continues to shape the future of pain management. This comprehensive approach enhances the specialty's influence, ultimately benefiting physicians, patients, and medicine.

Workforce Development and Mentorship

- ❖ Prioritizing engagement of residents/fellows via the Resident and Fellow Committee (RFC).
- ❖ Bridging the gap between trainees and mid-to-late career physicians by pushing for the establishment of Young Physician Section (YPS)
- ❖ Supporting early-career physicians with mentorship opportunities, professional development programs, and educational resources [8, 9].

Impact on Patient Care and Equity

- ❖ Addressing disparities in pain management [9]
- ❖ Promoting access to non-opioid treatment options to mitigate opioid crisis [7, 10]

Future Directions

- ❖ Expanding advocacy training programs to empower physician engagement in policy
- ❖ Increasing mentorship funding to support leadership development
- ❖ Strengthening partnerships with the PMC and AMA to address Medicare reform, reimbursement inequities, and highlight the value of pain interventions [2, 4, 8]

References

1. ASRA Pain Medicine. *ASRA Pain Medicine's Growing Role in the AMA and RUC*. ASRA Pain Medicine News. 2023. Available at: www.asra.com.
2. American Medical Association. *AMA Advocacy Efforts*. 2024. Available at: www.ama-assn.org.
3. Provenzano DA, et al. *Interventional Pain Medicine: Challenges and Opportunities*. Pain Med. 2019;20(Suppl 1):S2-S12. doi:10.1093/pm/pnz019.
4. Resneck J Jr. *Refocusing Prior Authorization on Its Intended Purpose*. JAMA. 2021;325(8):695-696. doi:10.1001/jama.2021.0440.
5. ASRA Pain Medicine. *CPT and RUC Process: Securing Fair Reimbursement*. Available at: www.asra.com.
6. Guy GP Jr, et al. *Vital Signs: Changes in Opioid Prescribing in the United States, 2006–2015*. MMWR Morb Mortal Wkly Rep. 2017;66(26):697-704. doi:10.15585/mmwr.mm6626a4.
7. Dowell D, et al. *CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016*. JAMA. 2016;315(15):1624–1645. doi:10.1001/jama.2016.1464.
8. ASRA Pain Medicine. *President's Message: ASRA Pain Medicine Advocacy and the Development of Future Physician Leaders*. ASRA Pain Medicine News. 2024. Available at: www.asra.com.
9. Meghani SH, et al. *Time to Take Stock: A Meta-Analysis and Systematic Review of Analgesic Treatment Disparities for Pain in the United States*. Pain Med. 2012;13(2):150-174. doi:10.1111/j.1526-4637.2011.01310.x.
10. American Society of Anesthesiologists. *National Pain Medicine Coalition Advocacy*. Available at: www.asahq.org.