CHBRP's analysis of Assembly Bill 2585 (2022): Nonpharmacological Pain Management Treatment

At a Glance

Background Context



CA law requires coverage of certain **nonpharmacological therapies** for pain management, including acupuncture and physical therapy. Additionally, existing law requires health plans to provide coverage for **appropriately prescribed** pain management medications for terminally ill

patients.

Pain management approaches addressed by AB 2585:

- Pharmacological
- Restorative*
- Interventional*
- Behavioral Health**
- Complementary and Integrative Health



*Instrument-based therapy per AB 2585 **Behavioral-based therapy per AB 2585

Bill Summary



AB 2585 would authorize, not mandate, coverage for nonpharmacological pain management treatments (NPMTs). The bill defines NPMT as pain management treatment without the use of medication, including any FDA approved behavioral or instrument-based therapy intended to manage or treat pain.

Insurance Subject to the Mandate

Providing Objective Legislative Analysis

Medical Effectiveness

- For nonpharmacological restorative treatments, evidence regarding the effects of TENS on pain intensity, quality of life, and use of opioid pain medication is largely inconclusive, and there is insufficient evidence to assess the effects of PENS.
 For interventional pain management, there is a preponderance of evidence that SCS and RFA are more effective at relieving pain than comparison treatments, and limited evidence that IPDs and PNS are more effective than comparators at relieving pain and improving quality of life. More studies are needed on impacts on opioid use.
- There is insufficient evidence regarding the effects of RelieVRx, the only FDA-approved behavioral health approach for treating pain,



Enrollees in CDIregulated policies on pain intensity, quality of life, and use of opioid pain medication.



While nonpharmacological therapies for alleviating pain are not associated with severe harms, there may be potential harm associated with interventional pain management NPMTs.

Benefit Coverage and Cost Impacts

Public Health Impacts

100%

All enrollees with health insurance subject to AB 2585 currently have coverage for instrument-based NPMTs if deemed medically necessary by the enrollee's health plan or policy.

0%

No enrollees currently have coverage for behavioral-based NPMTs.



AB 2585 does not mandate coverage of NPMTs, thus CHBRP estimates no fiscal impact due to the enactment of this bill.



Despite evidence that suggests that some forms of NPMT are medically effective, CHBRP projects **no public health impact** due to AB 2585.

CA Department of Managed Health Care (DMHC), CA Department of Insurance (CDI), CA Department of Health Care Services (DHCS), U.S. Food and Drug Administration (FDA), Nonpharmacological Pain Management Treatments (NPMTs), Transcutaneous electrical nerve stimulation (TENS), Percutaneous electric nerve stimulation (PENS), Radiofrequency ablation (RFA), Spinal cord stimulation (SCS), Interspinous Process Devices (IPDs), Peripheral Nerve Stimulation (PNS)