



KEY: ~~stricken~~ = removed, old language. underscored = added, new language.

[Authors and Status](#)

[List versions](#)



H.F. No. 2386, as introduced - 86th Legislative Session (2009-2010) Posted on May 13, 2009

1.1 A bill for an act

1.2 relating to health; establishing an education and research program related to

1.3 complex regional pain syndrome;proposing coding for new law in Minnesota

1.4 Statutes, chapter 145.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. **[145.935] COMPLEX REGIONAL PAIN SYNDROME EDUCATION**

1.7 **AND RESEARCH PROGRAM ACT.**

1.8 Subdivision 1. **Definitions.** The following terms have the meanings given:

- 1.9 (1) "commissioner" means the commissioner of health; and
- 1.10 (2) "complex regional pain syndrome" or "CRPS" means a debilitating and
- 1.11 progressively chronic syndrome characterized by severe burning pain, pathological
- 1.12 changes in bone and skin, excessive sweating, tissue swelling, and extreme sensitivity
- 1.13 to touch.

1.14 Subd. 2. **Findings.** The legislature finds and declares the following:

1.15 (a) Complex regional pain syndrome (CRPS), also known as reflex sympathetic

1.16 dystrophy syndrome, is a debilitating and progressively chronic syndrome characterized

1.17 by severe burning pain, pathological changes in bone and skin, excessive sweating, tissue

1.18 swelling, and extreme sensitivity to touch, and occurs in five percent of all nerve injuries.

1.19 (b) More specifically, CRPS is thought to be a neuropathic pain syndrome that

1.20 generally occurs at the site of a minor or major trauma injury, but may also occur without

1.21 an apparent injury to the affected person.

1.22 (c) While the cause of CRPS is unknown, the syndrome is thought to be the result of

1.23 damaged nerves of the sympathetic nervous system.

2.1 (d) The syndrome is unique in that it simultaneously affects the nerves, skin,

2.2 muscles, blood vessels, and bones, and if untreated, can result in permanent disability and

2.3 chronic pain.

2.4 (e) CRPS is often misdiagnosed because this syndrome is either unknown or is

2.5 poorly understood. The prognosis for patients suffering from CRPS is generally much

2.6 better when identified and treated as early as possible.

2.7 (f) If treatment is delayed, CRPS can quickly spread to the entire limb, and changes

2.8 in bone and muscle may become irreversible, resulting in limited mobility, atrophy of the

2.9 muscles and eventual permanent disability of patients.

2.10 (g) Since a delay in diagnosis or treatment for this syndrome can result in severe

2.11 physical and physiological problems, and early recognition and prompt treatment of

2.12 CRPS provides the greatest opportunity for recovery, it is in the best interest of the public

2.13 to establish a program to educate both individuals and medical professionals regarding

2.14 this debilitating condition and to promote research to accurately identify, diagnose, and

2.15 treat CRPS.

2.16 Subd. 3. **Education and research programs.** (a) The commissioner must establish

2.17 a CRPS education and research program. The purpose of the program is to promote

2.18 public awareness of the causes of CRPS, the value of early detection and the diagnosis of

2.19 and possible treatments for CRPS, and to promote research, through public and private

2.20 sources, to accurately identify, diagnose, and treat CRPS.

2.21 (b) The commissioner must establish a public education program through the

2.22 department's Web site, to promote CRPS education, which will enable individuals to make

- 2.23 informed decisions about their health, including, but not limited to, the following elements:
- 2.24 (1) the cause and nature of CRPS;
- 2.25 (2) the risk factors that contribute to the manifestation of CRPS;
- 2.26 (3) available treatment options, including risks and benefits of those options;
- 2.27 (4) environmental safety and injury prevention;
- 2.28 (5) rest and use of appropriate body mechanics;
- 2.29 (6) the availability of CRPS diagnostic, treatment, and outreach services in the
- 2.30 community; and
- 2.31 (7) any other factors or elements that might mitigate the effects of CRPS.
- 2.32 (c) The commissioner must notify local public health departments, hospitals, clinics,
- 2.33 and other healthcare providers about the availability of information concerning CRPS on
- 2.34 the department's Web site.
- 2.35 (d) Within the limits of funds available to the Department of Health for this purpose,
- 2.36 the commissioner must coordinate, promote, and offer professional education programs,
- 3.1 through institutions of higher education, for healthcare providers and health-related
- 3.2 community-based organizations, which may include, but are not limited to, the following
- 3.3 elements:
- 3.4 (1) research findings;
- 3.5 (2) the cause and nature of CRPS;
- 3.6 (3) the risk factors, including, but not limited to, lifestyle, heredity, and drug
- 3.7 interactions;
- 3.8 (4) diagnostic procedures and appropriate indications for their use;
- 3.9 (5) medical and surgical treatment options, including experimental and established
- 3.10 drug therapies, and the risks and benefits of each option;
- 3.11 (6) environmental safety and injury prevention; and
- 3.12 (7) the availability of CRPS diagnosis and treatment and support services in the
- 3.13 community.
- 3.14 (e) The commissioner must promote research, through both private and public
- 3.15 funding sources, to accurately identify, diagnose, and treat CRPS.
- 3.16 Subd. 4. **Resources.** The commissioner may accept and expend any grants, awards,
- 3.17 or other funding resources or appropriations available for purposes of this section.

Please direct all comments concerning issues or legislation
to your [House Member](#) or [State Senator](#).

For Legislative Staff or for directions to the Capitol, visit the [Contact Us](#) page.

[General questions or comments.](#)

last updated: 04/15/2009