

November 13, 2024

The Honorable Chuck Schumer  
Majority Leader  
United States Senate  
322 Hart Senate Office Building  
Washington, DC 20510

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
317 Russell Senate Office Building  
Washington, DC 20510

The Honorable Bernie Sanders  
Chair  
Senate HELP Committee  
322 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Bill Cassidy  
Ranking Member  
Senate HELP Committee  
455 Dirksen Senate Office Building  
Washington, DC 20510

Dear Majority Leader Schumer, Minority Leader McConnell, Chair Sanders and Ranking Member Cassidy:

The undersigned health care provider and patient organizations are reaching out to you with a timely request of great importance to 51 million Americans living with debilitating chronic pain, as well as those living with substance use disorders. **We urge you to take a full Senate vote on S.3393, the Senate SUPPORT for Patients and Communities Reauthorization Act** recommended favorably by the Senate HELP Committee last December, during the upcoming lame duck session of the 118<sup>th</sup> Congress. **Or, should the House and Senate agree to preconference the SUPPORT Act for inclusion in an end-of-year package, we kindly ask that you prioritize inclusion of the bipartisan Advancing Research for Chronic Pain Act (S.2922/H.R.7164) that was included in the bill HELP passed.**

Pain is the most common reason Americans access the health care system. Chronic musculoskeletal pain is the leading cause of disability nationally and globally. A 2023 National Institute of Health (NIH) study reported in JAMA Neurology found that new cases of chronic pain in the U.S. are growing at a faster rate than diabetes, depression, and hypertension.<sup>1</sup> The CDC's *Morbidity and Mortality Weekly Report* on April 14, 2023 reported that 20.9% of U.S. adults or 51.6 million Americans experienced chronic pain in 2021, and that 6.9% or 17.1 million experienced high-impact chronic pain that interferes with their ability to function on a daily basis.<sup>2</sup> High-impact chronic pain devastates a person's quality of life, negatively affecting all aspects of daily functioning — including sleep, work, social activities, and relationships. High-impact chronic pain leads to social isolation and often depression, anxiety, and double the risk of suicide.<sup>3</sup> Those living with pain struggle for years to find help, often seeing four, five, or more practitioners in a desperate effort to find treatments that will lessen their relentless pain.

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<sup>1</sup> <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2804995>

<sup>2</sup> <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7215-H.pdf>

<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/16420727/>

You would expect that for a public health problem of this enormity, CDC would regularly report population health data beyond these top-line numbers. But unlike other major health conditions such as cancer, diabetes, and heart disease, we lack more detailed high-quality data that would allow us to better understand the problem of pain and inform policy interventions to improve care. For instance, we lack data on incidence and prevalence of known pain conditions; demographics such as age, race, gender, and geographic location; risk factors, comorbidities, diagnosis, and progression markers; the effectiveness of various treatment approaches and the utilization of medical and social services, among others. The last time we had any cost data on chronic pain was in 2010. At that time, the direct (health care costs) and indirect (public and private disability, missed work, reduction in productivity) costs of pain were estimated to be between \$560 to \$635 billion annually.<sup>4</sup>

The Advancing Research for Chronic Pain Act would require CDC to report, aggregate, and annually update this data on a public chronic pain information hub or website. **To be clear, the information required by this bill is NOT redundant or duplicative of any work that CDC or any other U.S. Health and Human Services agency is currently doing.** Any population health data on chronic pain that has been reported by a government agency is high-level, piecemeal, erratic, and in most cases has come about due to years of repeated requests from Congress and pain advocates. This is much-needed, basic information that will enable us to better attack a costly and festering public health epidemic that we know is increasing at an alarming rate. This bill is a common-sense, inexpensive — estimated to cost less than \$7M — bi-partisan measure that we see as a crucial step in formulating smart, data-driven solutions to a pervasive, debilitating, and costly public health problem.

We applaud you for your work and leadership on the original SUPPORT Act in 2018 that included critical provisions to improve the care of Americans with substance use disorders as well as Americans living with chronic pain. We hope you will follow the recommendation of the Senate HELP Committee and take action to pass SUPPORT reauthorization in the full Senate. And, if a full vote is not taken, we ask that you ensure the Advancing Research for Chronic Pain Act is included in a final SUPPORT package agreed to by both the House and Senate. We, the 51.6 million Americans living with chronic pain, and the health care providers who care for them thank you for your consideration of our request. If you would like further information, please contact Cindy Steinberg, Director of Policy and Advocacy at the U.S. Pain Foundation at [cindy@uspainfoundation.org](mailto:cindy@uspainfoundation.org).

Sincerely,

AiArthritis

Alliance for Aging Research

Alliance for Gout Awareness

Alliance for Headache Disorders Advocacy

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<sup>4</sup> <https://www.ncbi.nlm.nih.gov/books/NBK92521/>

## AMBY HEALTHCARE

American Academy of Pain Medicine  
American Association of Kidney Patients (AAKP)  
American Association of Pain Psychology  
American Association of Payers, Administrators and Networks (AAPAN)  
American Chronic Pain Association  
American Massage Therapy Association  
American Occupational Therapy Association  
American Physical Therapy Association  
American Podiatric Medical Association  
American Society for Pain Management Nursing (ASPMN)  
American Society of Acupuncturists  
Amherst Cognitive Therapy  
Anodunos LLC  
Blue Sky Family Counseling and coaching  
BSHI, LLC  
Chronic Migraine Awareness  
Chronic Pain Research Alliance  
Coalition for Headache and Migraine Patients (CHAMP)  
Danielle Byron Henry Migraine Foundation  
Dysautonomia International  
Emery & Milne Psychological Group, LLC  
Evolvlove Sound Therapy  
Fibromyalgia Association  
For Grace: Women In Pain  
Foundation for Chiropractic Progress  
Gerontological Society of America  
Gout Support Group of America  
HealthyWomen  
Hope in Pain, Inc.  
Infusion Access Foundation  
Institute for Natural Medicine  
Integrative Medicine for the Underserved (IM4US)  
International Association for the Study of Pain  
International Association of Yoga Therapists  
Interstitial Cystitis Association  
Lupus and Allied Diseases Association, Inc.  
Miles for Migraine  
National Association of Social Workers

National Headache Foundation
National Pain Advocacy Center
National Vulvodynia Association
<a href="http://NDPHaware.org">NDPHaware.org</a>
Osher Center for Integrative Health
Pain Collaborative to Advance Equitable Value-Based Solutions
Patients Rising
Protecting Access to Pain Relief (PAPR) Coalition
Renal Physicians Association
San Mateo Medical Center Pain Management Clinic
Shatterproof
Sjogren's Foundation
Spina Bifida Association
Spondylitis Association of America
Swedish Medical Group
T1D Exchange, Inc.
The Ehlers-Danlos Society
The Foundation for Peripheral Neuropathy
The Hartford
The Headache and Migraine Policy Forum
The National Pancreas Foundation
Traden Health
U.S. Pain Foundation
United States Association for the Study of Pain
Wellward Medical

CC:

The Honorable Bob Casey  
The Honorable Tim Kaine  
The Honorable Marsha Blackburn  
The Honorable Kevin Cramer