

118TH CONGRESS
1ST SESSION

S. 2922

To advance population research for chronic pain.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 26 (legislative day, SEPTEMBER 22), 2023

Mr. CASEY (for himself, Mrs. BLACKBURN, Mr. KAINE, and Mr. CRAMER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To advance population research for chronic pain.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Advancing Research
5 for Chronic Pain Act of 2023”.

6 **SEC. 2. NATIONAL CHRONIC PAIN INFORMATION SYSTEM.**

7 Part P of title III of the Public Health Service Act
8 (42 U.S.C. 280g et seq.) is amended by adding at the end
9 the following:

1 **“SEC. 399V-8. CHRONIC PAIN RESEARCH.**

2 “(a) IN GENERAL.—The Secretary, acting through
3 the Director of the Centers for Disease Control and Pre-
4 vention in consultation with the Director of the National
5 Center for Injury Prevention and Control and the Director
6 of the National Center for Chronic Disease Prevention and
7 Health Promotion, and in coordination with the NIH
8 Helping to End Addiction Long-term Initiative and with
9 other agencies as the Secretary determines appropriate,
10 shall—

11 “(1) utilize available Federal research data to
12 clarify the incidence and prevalence of chronic pain
13 from any source, including injuries, operations, and
14 diseases and conditions;

15 “(2) identify gaps in the available research data
16 and collect deidentified population research data
17 using medical claims and survey data to fill gaps in
18 available research data, such as information con-
19 cerning—

20 “(A) incidence and prevalence of specific
21 pain conditions;

22 “(B) demographics and other information,
23 such as age, race, ethnicity, gender, and geo-
24 graphic location;

25 “(C) the incidence and prevalence of
26 known chronic pain conditions, as well as of

1 diseases and conditions that include or lead to
2 pain;

3 “(D) risk factors that may be associated
4 with chronic pain conditions, such as genetic
5 and environmental risk factors and other infor-
6 mation, as appropriate;

7 “(E) diagnosis and progression markers;

8 “(F) both direct and indirect costs of ill-
9 ness;

10 “(G) the epidemiology of the conditions;

11 “(H) the detection, management, and
12 treatment of the conditions;

13 “(I) the epidemiology, detection, manage-
14 ment, and treatment of frequent secondary or
15 co-occurring conditions, such as depressive, anx-
16 iety, and substance use disorders;

17 “(J) the utilization of medical and social
18 services by patients with chronic pain condi-
19 tions, including the direct health care costs of
20 pain treatment, both traditional and alternative,
21 and the indirect costs (such as missed work,
22 public and private disability, and reduction in
23 productivity); and

1 “(K) the effectiveness of evidence-based
2 treatment approaches on chronic pain condi-
3 tions;

4 “(3) develop, in collaboration with individuals
5 and organizations with appropriate chronic pain ex-
6 pertise, including patients or patient advocates, epi-
7 demiologists, representatives of national voluntary
8 health associations, health information technology
9 experts, clinicians, and research scientists, standard
10 definitions and approaches for population research
11 on chronic pain to efficiently promote greater com-
12 parability of data; and

13 “(4) disseminate, pursuant to the public
14 webpage under subsection (b), and, as appropriate,
15 to the public and to other Federal departments and
16 agencies, any findings, developed population research
17 standards, and available Federal data sources re-
18 lated to chronic pain.

19 “(b) DISSEMINATION.—The Secretary, acting
20 through the Director of the Centers for Disease Control
21 and Prevention, shall establish a public webpage, to be
22 known as the Chronic Pain Information Hub, that—

23 “(1) aggregates and summarizes available Fed-
24 eral data sources, indicators, and peer-reviewed re-
25 search related to chronic pain;

1 “(2) includes an up-to-date summary of com-
2 plete, underway, and planned data collection and
3 analysis related to chronic pain that is conducted
4 and supported by the Centers for Disease Control
5 and Prevention; and

6 “(3) translates research findings into clinical
7 tools and resources, recommendations for closing re-
8 search gaps, and recommendations for population re-
9 search standards for researchers, with recommenda-
10 tions updated annually to incorporate research find-
11 ings from the prior year.

12 “(c) CONFLICTS OF INTEREST.—If an individual or
13 organization that collaborates with the Secretary in car-
14 rying out subsection (a) receives a payment or other trans-
15 fer of value of a type described in section
16 1128G(a)(1)(A)(vi) of the Social Security Act from a man-
17 ufacturer of a drug (including a biological product) or de-
18 vice that would be required to be disclosed pursuant to
19 section 1128G(a)(1) of the Social Security Act, if the indi-
20 vidual or organization were a covered recipient or if such
21 disclosure were required upon request of or by designation
22 on behalf of a covered recipient pursuant to such section,
23 the individual or organization shall disclose to the Sec-
24 retary information regarding such payment or other trans-

1 fer of value. The Secretary shall make such disclosures
2 publicly available.

3 “(d) REPORT.—Not later than 2 years after the date
4 of the enactment of the Advancing Research for Chronic
5 Pain Act of 2023, the Secretary shall submit a report to
6 Congress concerning the implementation of this section.

7 Such report shall include information on—

8 “(1) the development and maintenance of the
9 Chronic Pain Information Hub;

10 “(2) the information made available through
11 the Chronic Pain Information Hub;

12 “(3) the data gaps identified, and planned ef-
13 forts to address such gaps;

14 “(4) the process established for soliciting feed-
15 back from collaborators; and

16 “(5) feedback received from collaborators.

17 “(e) DEFINITION.—In this section, the term ‘chronic
18 pain’ means persistent or recurrent pain lasting longer
19 than 3 months.

20 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
21 carry out this section, there is authorized to be appro-
22 priated such sums as may be necessary for each of fiscal
23 years 2024 through 2028.”.

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