

Bob Casey

AMENDMENT NO. _____ Calendar No. _____

Purpose: To advance population research for chronic pain.

IN THE SENATE OF THE UNITED STATES—118th Cong., 1st Sess.

S. 3393

To reauthorize the SUPPORT for Patients and Communities Act, and for other purposes.

Referred to the Committee on _____ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. CASEY (for himself and Mr. Kaine)

Viz:

1 At the appropriate place in title I, insert the following:
2

3 **SEC. 1_____ NATIONAL CHRONIC PAIN INFORMATION SYSTEM.**
4

5 Part P of title III of the Public Health Service Act
6 (42 U.S.C. 280g et seq.) is amended by adding at the end
7 the following:

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

9 “(a) IN GENERAL.—The Secretary, in consultation
10 with the Director of the Centers for Disease Control and
11 Prevention, the Director of the National Institutes of

1 Health, and other agencies as the Secretary determines
2 appropriate, shall—

3 “(1) utilize available Federal research data to
4 clarify the incidence and prevalence of chronic pain
5 from any source, including injuries, operations, and
6 diseases and conditions;

7 “(2) identify gaps in the available research data
8 and collect deidentified population research data
9 using medical claims and survey data to fill gaps in
10 available research data, such as information con-
11 cerning—

12 “(A) incidence and prevalence of specific
13 pain conditions;

14 “(B) demographics and other information,
15 such as age, race, ethnicity, gender, and geo-
16 graphic location;

17 “(C) the incidence and prevalence of
18 known chronic pain conditions, as well as of
19 diseases and conditions that include or lead to
20 pain;

21 “(D) risk factors that may be associated
22 with chronic pain conditions, such as genetic
23 and environmental risk factors and other infor-
24 mation, as appropriate;

25 “(E) diagnosis and progression markers;

1 “(F) both direct and indirect costs of ill-
2 ness;

3 “(G) the epidemiology of the conditions;

4 “(H) the detection, management, and
5 treatment of the conditions;

6 “(I) the epidemiology, detection, manage-
7 ment, and treatment of frequent secondary or
8 co-occurring conditions, such as depressive, anx-
9 iety, and substance use disorders;

10 “(J) the utilization of medical and social
11 services by patients with chronic pain condi-
12 tions, including the direct health care costs of
13 pain treatment, both traditional and alternative,
14 and the indirect costs (such as missed work,
15 public and private disability, and reduction in
16 productivity); and

17 “(K) the effectiveness of evidence-based
18 treatment approaches on chronic pain condi-
19 tions;

20 “(3) develop, in collaboration with individuals
21 and organizations with appropriate chronic pain ex-
22 pertise, including patients or patient advocates, epi-
23 demiologists, representatives of national voluntary
24 health associations, health information technology
25 experts, clinicians, and research scientists, standard

1 definitions and approaches for population research
2 on chronic pain to efficiently promote greater com-
3 parability of data; and

4 “(4) disseminate, pursuant to the public
5 webpage under subsection (b), and, as appropriate,
6 to the public and to other Federal departments and
7 agencies, any findings, developed population research
8 standards, and available Federal data sources re-
9 lated to chronic pain.

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

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

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

22 “(3) translates research findings into clinical
23 tools and resources, recommendations for closing re-
24 search gaps, and recommendations for population re-
25 search standards for researchers, with recommenda-

1 tions updated annually to incorporate research find-
2 ings from the prior year.

3 “(c) CONFLICTS OF INTEREST.—If an individual or
4 organization that collaborates with the Secretary in car-
5 rying out subsection (a) receives a payment or other trans-
6 fer of value of a type described in section
7 1128G(a)(1)(A)(vi) of the Social Security Act from a man-
8 ufacturer of a drug (including a biological product) or de-
9 vice that would be required to be disclosed pursuant to
10 section 1128G(a)(1) of the Social Security Act, if the indi-
11 vidual or organization were a covered recipient or if such
12 disclosure were required upon request of or by designation
13 on behalf of a covered recipient pursuant to such section,
14 the individual or organization shall disclose to the Sec-
15 retary information regarding such payment or other trans-
16 fer of value. The Secretary shall make such disclosures
17 publicly available.

18 “(d) REPORT.—Not later than 2 years after the date
19 of the enactment of the SUPPORT for Patients and Com-
20 munities Reauthorization Act, the Secretary shall submit
21 a report to Congress concerning the implementation of
22 this section. Such report shall include information on—

23 “(1) the development and maintenance of the
24 Chronic Pain Information Hub;

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

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

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

7 “(5) feedback received from collaborators.

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

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