

118TH CONGRESS  
2D SESSION

# H. R. 7164

To advance population research for chronic pain.

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IN THE HOUSE OF REPRESENTATIVES

JANUARY 31, 2024

Ms. CARAVEO (for herself and Mr. NUNN of Iowa) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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 2024”.

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:

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

11 “(a) IN GENERAL.—The Secretary, in consultation  
12 with the Director of the Centers for Disease Control and

1 Prevention, the Director of the National Institutes of  
2 Health, and the heads of other agencies as the Secretary  
3 determines appropriate, shall—

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

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

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

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

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

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

- 1           “(E) diagnosis and progression markers;
- 2           “(F) both direct and indirect costs of ill-
- 3           ness;
- 4           “(G) the epidemiology of the conditions;
- 5           “(H) the detection, management, and
- 6           treatment of the conditions;
- 7           “(I) the epidemiology, detection, manage-
- 8           ment, and treatment of frequent secondary or
- 9           co-occurring conditions, such as depressive, anx-
- 10          iety, and substance use disorders;
- 11          “(J) the utilization of medical and social
- 12          services by patients with chronic pain condi-
- 13          tions, including the direct health care costs of
- 14          pain treatment, both traditional and alternative,
- 15          and the indirect costs (such as missed work,
- 16          public and private disability, and reduction in
- 17          productivity); and
- 18          “(K) the effectiveness of evidence-based
- 19          treatment approaches on chronic pain condi-
- 20          tions;
- 21          “(3) develop, in collaboration with individuals
- 22          and organizations with appropriate chronic pain ex-
- 23          pertise, including patients or patient advocates, epi-
- 24          demiologists, representatives of national voluntary
- 25          health associations, health information technology

1 experts, clinicians, and research scientists, standard  
2 definitions and approaches for population research  
3 on chronic pain to efficiently promote greater com-  
4 parability of data; and

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

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

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

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

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

1 search standards for researchers, with recommenda-  
2 tions updated annually to incorporate research find-  
3 ings from the prior year.

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

19 “(d) REPORT.—Not later than 2 years after the date  
20 of the enactment of the Advancing Research for Chronic  
21 Pain Act of 2024, the Secretary shall submit a report to  
22 Congress concerning the implementation of this section.  
23 Such report shall include information on—

24 “(1) the development and maintenance of the  
25 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.”.

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