Advancing Chronic Pain Initiatives

CONGRESSIONAL BRIEFING RECAP

Policy Priorities that Reach Patients | September 9, 2026 | U.S. Capitol Visitor Center

Sen. Max Baucus (D-MT, 1978–2014) opens the briefing before a full room of congressional staff and stakeholders.

THE PROBLEM

~24%
of U.S. adults live with chronic pain, roughly 60 million people

~21M
experience high-impact chronic pain that regularly interferes with daily activities or work

1 in 3
adults 65 and up report chronic pain, versus 1 in 8 adults aged 18–29

$635B
in annual direct healthcare costs, plus $100B+ in missed work and $200B in lower wages

Chronic pain is not one condition. Fibromyalgia, diabetic peripheral neuropathic pain, trigeminal neuralgia, endometriosis, and musculoskeletal pain respond differently to different treatments, and what relieves one patient's pain may do nothing for another's. That creates two problems. First, **we do not count it.** The federal government knows roughly how many Americans live with chronic pain, but not how many live with each condition, where they are, or which treatments work. Second, **patients cannot reach what already exists.** New non-opioid medicines are coming to market, but Medicare's coverage rules have not kept pace: these therapies routinely land on the highest cost tiers, behind prior authorization and step therapy. Patients wait, clinicians work around the formulary, and the incentive to develop the next generation of treatments weakens.

WHAT WE HEARD

- **Sen. Max Baucus**, who helped write Part D, offered the lesson of that fight: major health legislation takes years of persistent work and looks obvious only in hindsight. Chronic pain deserves that effort.
- **Cindy Steinberg (U.S. Pain Foundation)** said many patients are now left with nothing: force-tapered off medications that had worked for years, and unable to find a physician willing to take a chronic pain patient at all. Better data, she argued, is what would let policymakers target treatment to the conditions and communities that need it most.
- **Katie Benson, USCG (Ret.)** served 12 years in the Coast Guard. A surgical injury left her with bilateral trigeminal neuralgia; diagnosis took three years, and it upended her career. *"Behind every prior authorization is a person."*
- **Dr. Linda Porter (NIH, Ret.)** traced two decades of federal coordination and a pain research portfolio that has grown from $173 million, once counted by hand, to roughly $1 billion today. That is about 2% of the NIH budget, for a condition affecting 60 million Americans.
- **Dr. Ian Meng (Univ. of New England)** noted the non-opioid analgesic approved last year traces to a target discovered in **1996**, nearly thirty years from discovery to pharmacy.
- **Erin Callahan (DPAC)** noted roughly half of people with diabetes develop neuropathy or neuropathic pain: *"We are whole people, not individual conditions… what gets measured gets managed."*
- **Don Hannaford (Rural Minds)** described what utilization management costs in rural America, where a specialist may be two hours out and two hours back on a workday you cannot take off.

THE LEGISLATION

Relief of Chronic Pain Act (S. 3064)

Sens. Daines, Cantwell

Waives the Part D deductible, requires the lowest cost-sharing tier, and prohibits step therapy and prior authorization for qualifying non-opioid chronic pain medicines.

Because generic opioids cost plans almost nothing, plans have little reason to cover newer non-opioid medicines on good terms. This bill clears those hurdles **without changing access to any treatment a patient already relies on.**

Advancing Research for Chronic Pain Act (S. 5041)

Sens. Kaine, Cramer, Kim, Daines

Directs CDC to clarify the prevalence and characteristics of chronic pain and fill gaps in available data, including risk factors, co-occurring conditions, treatment effectiveness, and the direct and indirect costs of pain.

Builds a centralized **Chronic Pain Information Hub** consolidating this data for researchers, clinicians, policymakers, and patients.

THE ASK

1. **Co-sponsor both bills in the Senate**, and **introduce both in the House.**
2. **Continue supporting policies that improve access and outcomes** for people living with chronic pain.

Sources: Chronic Pain and High-impact Chronic Pain in U.S. Adults, 2023, CDC, 2024; NIH, 2023; The Economic Costs of Pain in the United States, The Journal of Pain, 2012.