

119TH CONGRESS
2D SESSION

S. 5041

To advance population research for chronic pain.

IN THE SENATE OF THE UNITED STATES

JULY 21, 2026

Mr. KAINE (for himself, Mr. CRAMER, Mr. KIM, and Mr. DAINES) 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 2026”.

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, in consultation
3 with the Director of the Centers for Disease Control and
4 Prevention, the Director of the National Institutes of
5 Health, and other agencies as the Secretary determines
6 appropriate, shall—

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

11 “(2) identify gaps in the available research data
12 and collect deidentified population research data
13 using medical claims and survey data to fill gaps in
14 available research data, such as information con-
15 cerning, to the maximum extent practicable—

16 “(A) incidence and prevalence of specific
17 pain conditions;

18 “(B) demographics and other information,
19 such as age, race, ethnicity, gender, and geo-
20 graphic location;

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

25 “(D) risk factors that may be associated
26 with chronic pain conditions, such as genetic

1 and environmental risk factors and other infor-
2 mation, as appropriate;

3 “(E) diagnosis and progression markers;

4 “(F) both direct and indirect costs of ill-
5 ness;

6 “(G) the epidemiology of the conditions;

7 “(H) the detection, management, and
8 treatment of the conditions;

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

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

20 “(K) the effectiveness of evidence-based
21 treatment approaches on chronic pain condi-
22 tions; and

23 “(L) the utilization, effectiveness, and out-
24 comes associated with non-opioid and opioid
25 sparing treatment approaches used in combina-

1 tion in a multidisciplinary, multimodal manner
2 for chronic pain, and the identification of re-
3 maining research gaps in this area;

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, rec-
10 ommendations for standard definitions and ap-
11 proaches for population research on chronic pain to
12 efficiently promote greater comparability of data;
13 and

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

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

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

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

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

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

1 the individual or organization shall disclose to the Sec-
 2 retary information regarding such payment or other trans-
 3 fer of value. The Secretary shall make such disclosures
 4 publicly available.

5 “(d) REPORT.—Not later than 2 years after the date
 6 of the enactment of the Advancing Research for Chronic
 7 Pain Act of 2026, the Secretary shall submit a report to
 8 Congress concerning the implementation of this section.
 9 Such report shall include information on—

10 “(1) the development and maintenance of the
 11 Chronic Pain Information Hub;

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

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

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

18 “(5) feedback received from collaborators.

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

22 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
 23 carry out this section, there is authorized to be appro-

- 1 priated such sums as may be necessary for each of fiscal
- 2 years 2026 through 2030.”.

