

116TH CONGRESS
2D SESSION

H. RES. 1160

Expressing support for the designation of September 2020 as “Pain Awareness Month” and recognizing the disproportionate impact of migraine disease and headache disorders on women.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 30, 2020

Ms. DEAN (for herself and Mrs. LAWRENCE) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Expressing support for the designation of September 2020 as “Pain Awareness Month” and recognizing the disproportionate impact of migraine disease and headache disorders on women.

Whereas approximately 36,000,000 Americans live with migraine disease, more than have asthma or diabetes combined, and 6,000,000 Americans experience chronic migraine, a highly disabling neurological disorder and the second-leading cause of global disability;

Whereas a migraine attack can cause severe throbbing pain or a pulsing sensation, usually on one side of the head, which is often accompanied by nausea, vomiting, and extreme sensitivity to light, sound, and smells;

Whereas migraine attacks can last for hours to days, with pain so severe that it interferes with daily activities and quality of life;

Whereas the pain of cluster headache attacks is one of the most excruciating human experiences;

Whereas persons living with migraine disease and headache disorders also experience significant stigma, often coming from friends, family, and coworkers;

Whereas migraine disease affects approximately 28,000,000 women in the United States, and 85 percent of those with chronic migraine are women;

Whereas migraine disease and headache disorders are not only physical conditions that require living with chronic pain, but there is also the constant worry that these attacks can strike at any moment, taking an emotional toll and increasing the likelihood of anxiety and depression;

Whereas differences in diagnosis and treatment of headache and migraine disorders in Black, indigenous, and people of color communities may indicate racial and ethnic disparities in access and quality of care for these patients;

Whereas the physical pain of women is routinely dismissed by medical professionals and society as a whole, contributing to their pain and the cascading effects therefrom;

Whereas the physical pain of women of color is routinely dismissed by medical professionals and society as a whole, contributing to their pain and the cascading effects therefrom;

Whereas studies have shown that racial bias can affect how doctors assess and treat pain, including a 2016 study that showed trainees who believed that Black people are

not as sensitive to pain as White people were less likely to treat Black people's pain appropriately;

Whereas migraine disease is three times more common in women, reaching peak prevalence between 30 and 39 years of age, at a time when many women are rapidly growing in their career and balancing work, family, and social obligations, further contributing to the wage gap;

Whereas women account for a large majority of the estimated \$78,000,000,000 in migraine-associated economic costs in the United States, representing about 80 percent of both direct medical costs and lost labor costs including presenteeism and absenteeism;

Whereas migraine disease has significant negative consequences for individuals, their families, and society as a whole;

Whereas the National Institutes for Health (NIH) funded less than \$40,000,000 in headache disorders research in fiscal year 2019, amounting to 0.1 percent of the total NIH budget, and comparisons with NIH funding of other diseases of similar disability and disease burden indicate that funding of headache disorders research should instead exceed \$200,000,000 each year;

Whereas migraine disease and cluster headache are disabling diseases but largely symptomatic, without reliable diagnostic physical signs or lab findings, meaning that Federal regulations prohibiting claimant symptoms from supporting SSDI/SSI eligibility as medically determinable impairments in sequential evaluation unfairly prevent their inclusion; and

Whereas access to relief from cluster headache is often inexplicably limited by lack of insurance and Medicare

coverage of safe and effective oxygen therapy: Now,
therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) expresses support for the designation of
3 “Pain Awareness Month” in order to highlight invis-
4 ible diseases like migraine and headache disorders
5 which have a disproportionate impact on women;

6 (2) emphasizes the need for additional Federal
7 support for migraine disease and headache dis-
8 orders, including increased Federal research fund-
9 ing, access to treatment options and diagnostic
10 methods including telemedicine, and economic incen-
11 tives for additional employer accommodations; and

12 (3) recognizes and reaffirms a commitment to
13 public education about migraine disease and head-
14 ache disorders to reduce stigma.

○