

PETER SHUMLIN
Governor



State of Vermont
OFFICE OF THE GOVERNOR

February 8, 2016

The Honorable Lamar Alexander, Chairman
The Honorable Patty Murray, Ranking Member
Committee on Health, Education, Labor and Pensions
United States Senate

Dear Chairman Alexander and Ranking Member Murray,

I am aware that you, and your colleagues of the Senate H.E.L.P Committee, are actively drafting the Senate companion bill to the 21st Century Cures Act (H.R. 6) for reform of the NIH and the FDA.

I am writing to you at this time to strongly urge you to include provisions within this bill that ensure sufficient NIH funding for fundamental, translational, and clinical research on chronic pain.

Pain is the single most costly medical problem facing our country.

The National Academy of Medicine (NAM) has estimated that 100 million Americans experience chronic pain each year, at a total annual societal cost that may reach \$635 billion, not including \$55 billion lost to opioid misuse and addiction. Yet compared to other major diseases, pain research has been significantly underfunded relative to its societal costs.

	US total costs (billions) (2011 NAM estimates)	NIH Research Funding (billions) (2014 NIH estimates)	Research funding / economic costs (relative to "Pain")
Pain	\$560 to \$635	\$0.499	1
Heart Disease	\$309	\$1.224	>4.4 times higher
Diabetes	\$188	\$1.011	>6 times higher
Cancer	\$243	\$5.392	>25 times higher

NIH has not announced any plans to increase their funding of pain research. Though they recently indicated that in the future they intend to pay greater attention to disease burden measures in prioritizing their research portfolio, it is not at all certain how this new policy might impact pain research. Consequently, I urge you to include provisions for markedly increased pain research funding in the NIH/FDA reform bill that you are currently negotiating.

Moreover, there is another crucial reason to increase pain research at this time: the need to find effective, affordable, and *non-addictive* alternatives to current opioid analgesics.

The nation's current opioid and heroin crisis can be traced back to the mid-1990s, when the FDA approved OxyContin for chronic pain, despite a lack of evidence for its long-term safety and efficacy. As we all now know, the consequences have been disastrous. As long as opioid medications remain the

default mainstay therapies for chronic pain, these drugs will constitute an ever-present risk for diversion and addiction.

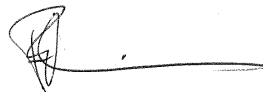
We need to address the prescription opioid crisis at its source: opioid medications, as we know them, must be made obsolete. This will require a significant but necessary NIH investment. The benefits of discovery of better chronic pain therapies will far out-weigh these research costs in terms of reduced suffering and shattered lives, increased workplace productivity, innovative product development, and overall societal cost-savings.

Multiple bills are currently under consideration in this Congress to address the prescription opioid and heroin crisis. But no congressional bill is addressing the concurrent crisis of mistreatment of chronic pain - which lies at the origin of the addiction crisis, and will remain so until better and safer pain medications are discovered.

The NIH/FDA reform bill that you are currently drafting is the logical legislative vehicle to provide NIH with necessary directives on this issue. I urge you to seize this important opportunity.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to be 'Peter Shumlin', with a long horizontal line extending to the right.

Peter Shumlin
Governor