

**Congress of the United States**  
**Washington, DC 20515**

April 28, 2021

The Honorable Rosa L. DeLauro  
Chairwoman  
House Appropriations LHHS Subcommittee  
2413 Rayburn House Office Building  
Washington, DC 20515

The Honorable Tom Cole  
Ranking Member  
House Appropriations LHHS Subcommittee  
2207 Rayburn House Office Building  
Washington, DC 20515

**RE: FY22 Funding for Migraine and Headache Disorders Research**

Dear Chairwoman DeLauro and Ranking Member Cole:

**As you finalize the Labor Health and Human Services Fiscal Year 2022 Appropriations, we respectfully request funding for the millions of Americans burdened by headache disorders. Specifically, we request the Subcommittee include \$50 million in line item funding within the total FY2022 HEAL Initiative that targets research on headache disorders as well as the inclusion of related report language.**

Headache disorders are far reaching – with Migraine being the 2<sup>nd</sup> leading cause of global disability, and the leading cause of disability among Americans under the age of 50<sup>1</sup>. Migraine is also distinctly different from other disabling pain disorders, in terms of genetics, pathophysiology, and therapeutics. Furthermore, cluster headache affects approximately 500,000 Americans, and is considered one of the most severe pains that humans live with<sup>2</sup>.

Tens of millions of Americans live with chronic forms of headache disorders (15 or more headache days per month), including migraine, cluster headache, post-traumatic headache, intracranial hypotension/hypertension, and more recently from Long-Haul COVID. Headache disorders have also been linked to opioid use disorders—and guidelines recommend avoiding them for headache disorders,<sup>3</sup> yet 59% of Americans seeking care for migraine in US Emergency Departments receive opioids<sup>4</sup>. Overall, 6 million Americans living with migraines are active opioid users.<sup>5</sup>

The NIH Heal Initiative is an effort to find solutions to curb the national opioid public health crisis by understanding, managing, and treating pain. The authorizing language<sup>6</sup> for the Initiative includes a call for research on “*the understanding of pain*”, “*the discovery and development of therapies for chronic pain*”, and pointedly, that the “*relative burdens of individual diseases and medical disorders to be regarded as crucial considerations in balancing the priorities of the Federal research portfolio*”.

In recognition of this authorizing language and the burden of headache disorders, the Subcommittee has issued multiple Report Language statements that “strongly urge” the NIH to

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<sup>1</sup> GBD 2016. *Lancet* 2017;390:1211-59.

<sup>2</sup> Burish MJ, et al., *Headache* 2020;61:117-124.

<sup>3</sup> Bigal ME, et al., *Neurology*. 2008;71:1821-8.

<sup>4</sup> Friedman BW, et al. *Cephalalgia* 2015;35:301-9.

<sup>5</sup> Lipton RB, et al. *Headache*. 2020;61:103–116.

<sup>6</sup> 42 U.S. Code § 284q–1

issue HEAL Initiative Requests for Applications (RFAs) specifically for headache disorders research. Unfortunately, the NIH has not done so and consequentially, less than 1% of HEAL Initiative appropriations have funded headache disorders research – the least funded NIH area among all the nation’s burdensome diseases.

To incentivize headache disorders research, we believe the FY2022 appropriations bill must include \$50 million in line item funding to support headache disorder research within the total FY2022 HEAL Initiative appropriations and the following report language:

*“Headache Disorders.– The Committee expects NIH to consider the burden of a disease when setting priorities and developing strategic plans across its Institutes and Centers. Migraine is the 2<sup>nd</sup> leading cause of US and global disability, affecting more than 17% of Americans. Annual NIH analyses over the past decade have shown that headache disorders research has consistently received the least funding among the nation’s most burdensome diseases. The statutory language providing authority for Helping End Addiction Long-Term (HEAL) Initiative appropriations specifically cites the necessity of attending to disease burden in prioritizing HEAL research programs [42 U.S. Code § 284q–1]. The Committee therefore provides \$50,000,000 of the appropriations designated under the HEAL Initiative to fund fundamental, translational, clinical, and social science research on headache disorders, including migraine, post-traumatic headache, analgesic/opioid-mediated headache, trigeminal autonomic cephalalgias, intracranial hypo/hypertension, toxic/airborne exposure related headache disorders, and infectious/post-infectious related headache disorders. Amounts appropriated in this Act (including the amendments made by this Act) shall be used to supplement, not supplant, current funding for headache disorders research at the NIH. Further, the Committee strongly urges NIH to shift the funding payline to the 25<sup>th</sup> percentile for all headache disorders grant proposal submissions, in accordance with the testimony of NIH Director Francis Collins that such a funding payline shift does not compromise research quality, but that it would incentivize talented investigators to pursue research in this area.”*

This language and funding will bring us closer to finding relief for tens of millions of Americans who live with this pain. We greatly appreciate your attention to this request and strongly urge you to take this opportunity to remedy the disparity in research funding for headache disorders. Thank you for your time and for considering our request.

Sincerely,



Madeleine Dean  
Member of Congress



Peter Welch  
Member of Congress



David B. McKinley P.E.  
Member of Congress



Brian Fitzpatrick  
Member of Congress

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Danny K. Davis  
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