

June 11, 2025

The Honorable Robert Aderholt
Chairman
Labor HHS Appropriations Subcommittee
2358-B Rayburn House Office Building
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
Labor HHS Appropriations Subcommittee
2413 Rayburn House Office Building
Washington, DC 20510

The Honorable Julia Letlow
Vice Chair
Labor HHS Appropriations Subcommittee
142 Cannon House Office Building
Washington, DC 20515

Dear Chairman Aderholt, Vice Chair Letlow, and Ranking Member DeLauro,

The millions of patients, caregivers, clinicians, and scientists represented by the sixty (60) signatories below strongly urge the House Appropriations LHHs Subcommittee, in its Fiscal Year 2026 appropriations process, to:

- protect the overall NIH pain research budget and critical NIH infrastructure for coordinating and administering pain research programs; and
- ensure that the Helping to End Addiction Long-term (HEAL) Initiative includes a specific appropriation comparable with that of FY2025, which totaled \$640 million.

Chronic pain is the most common, costly, and disabling chronic disease in the U.S., affecting nearly [one in four adults](#) and [one in five children and adolescents](#). [Twenty-two million](#) adults have chronic pain that regularly interferes with work and life activities, and [rates of new cases](#) now surpass that of other chronic diseases, such as diabetes or hypertension. Chronic pain costs the US more than [half a trillion dollars annually](#) and is a leading cause of [long-term disability](#) and workforce reduction. Yet despite this, chronic pain research remains grossly underfunded relative to other conditions, receiving about one tenth of the research funding dedicated to cancer, for example. The results of this have been devastating – leaving millions without safe and effective pain treatment and contributing to an over-reliance on opioids.

Recognizing the urgent need to address this public health crisis, Congress took decisive action in 2018 by appropriating \$500 million to accelerate research on opioid use disorder, pain management, and non-addictive alternatives to opioids – launching what is now the transformative HEAL Initiative. This bold investment marked a turning point in pain science, and its potential is only beginning to be realized through groundbreaking discoveries. For example, last year, the country experienced the first

[substantial drop in opioid overdose deaths](#) – 27,000 fewer deaths – and the [FDA approved](#) the first non-opioid pain medication (for acute pain) in decades. In addition, pioneering research has transformed our understanding of chronic pain as a complex, chronic neurological and multi-system disease – even when it arises secondary to chronic conditions like cancer or diabetes. This shift has opened new paths to treat and prevent chronic pain beyond symptom management.

Now is not the time to scale back – we must double down on strategic investments to protect this hard-won progress. The President’s proposed budget falls dangerously short, undermining the momentum behind recent breakthroughs in chronic pain prevention and treatment, including the development of urgently needed non-addictive therapeutics for chronic pain. Catastrophic cuts and the imprudent NIH reorganization threaten to derail critical pain research, including that funded through the HEAL Initiative. The proposed 40% reduction in the NIH budget and a 15% cap on indirect costs will endanger life-saving research. The damage has already begun: NIH has lost critical infrastructure, with key pain research offices dismantled by the Reduction in Force. We cannot afford to let this progress unravel.

Investment in pain research drives more than scientific progress – it fuels economic growth. Every dollar invested in NIH research returns [\\$2.56](#) to the economy and sustains jobs in communities nationwide. Continued NIH funding is the cornerstone to maintaining America’s global leadership in biomedical innovation. The health of our families, solutions to our dual crises of opioid use disorder and chronic pain, and the strength of local and national economies all hinge on robust NIH support.

We strongly urge you to prioritize the preservation of vital NIH pain research funding and its critical infrastructure in the FY2026 Appropriations process. Without it, proposed cuts will have devastating consequences for not only our nation’s economic future, but the health, well-being and productivity of millions of people with chronic pain.

If we can provide any further information, please contact Jennifer Haythornthwaite, PhD, Chief Administrative Officer, USASP by email (admin@usasp.org), phone (443-858-2811) or mail (7 Gladden Rd, Annapolis, MD 21401).

Sincerely,

AiArthritis

Alliance for Headache Disorders Advocacy

American Academy of Pain Medicine

American Academy of Physical Medicine and Rehabilitation

American Association for Dental, Oral, and Craniofacial Research

American Association of Pain Psychology

American Chronic Pain Association

American Headache Society

American Migraine Foundation

American Physical Therapy Association

American Society for Pain Management Nursing
American Society of Acupuncturists
American Society of Regional Anesthesia and Pain Medicine
Association of Academic Physiatrists
Caregiver Action Network
Center on Alcohol, Substance use, And Addictions
Challenges in Managing and Preventing Pain (CHAMPP) Clinical Research Center, University of Pittsburgh
Chronic Migraine Awareness
Chronic Pain Research Alliance
Clusterbusters Inc
Coalition for Headache and Migraine Patients (CHAMP)
Comprehensive Center for Pain and Addiction
Crohn's & Colitis Foundation
Danielle Byron Henry Migraine Foundation
Eastern Pain Association
The Ehlers-Danlos Society
Endometriosis Association
Fibromyalgia Association
Fibromyalgia National Health Organization
For Grace: Women In Pain
Global Alliance of Partners for Pain Advocacy
Gout Support Group of America
Headache Cooperative of the Pacific
HealthyWomen
Hope in Pain, Inc.
Infusion Access Foundation
International Association for the Study of Pain
International Pain and Spine Intervention Society
International Pelvic Pain Society
Interstitial Cystitis Association
Lupus and Allied Diseases Association, Inc.
Massachusetts Pain Initiative
Miles for Migraine
National Fibromyalgia Association (NFA)
National Headache Foundation
National Infusion Center Association
National Pain Advocacy Center
National Vulvodynia Association
NDPHAWARE
Pain Medicine Coalition
Pain Research Center, Department of Anesthesiology, University of Cincinnati
Patient Advocacy Strategies
Pittsburgh Center for Pain Research
Psychedelics and Pain Association

The Foundation for Peripheral Neuropathy
The TMJ Association, Ltd.
#ThroughThePain Inc
Tight Lipped
U.S. Pain Foundation
United States Association for the Study of Pain

cc:
Members, House Labor, Health and Human Services, Education, and Related Agencies Appropriation
Subcommittee