The problem: “The magnitude of pain suffered by individuals and the associated costs constitute a crisis for America, both human and economic.” (IOM, 2011)

The burden: Pain affects 100 million American adults at an annual cost of over $600 billion, exceeding that of any other priority health condition in our nation. (IOM, 2011)

The solution: “Addressing the nation’s enormous burden of pain will require a cultural transformation in the way pain is assessed, understood and treated.” (IOM, 2011)

The **Consumer Pain Advocacy Task Force** is united with **one goal** – to work collectively to promote, support and monitor the implementation of the **National Pain Strategy**.

**What is the National Pain Strategy?**

The National Pain Strategy (NPS) is the federal government’s first coordinated interagency plan to achieve a system of effective, safe, high-quality, evidence-based pain care in America. This improved system of care is critical to reducing the burden of chronic pain, as well as ameliorating the nation’s opioid abuse, overdose and addiction crisis.

The NPS provides a clear, actionable and achievable roadmap that will generate critical population research and health services data; advance prevention and pain care strategies; address disparities in pain assessment and treatment; improve pain service delivery and reimbursement; improve medical professional education and training; and foster public education and communication strategies.

It was developed by six federal agencies, along with 80 experts from the medical-scientific, public, private, patient and advocacy communities. It delineates short, medium and long-term deliverables, identifies key federal and non-federal stakeholders and provides strategies to measure impact.

**How Congress Can Help**

In March 2016, the Department of Health and Human Services (HHS) released the National Pain Strategy (NPS). The HHS Office of the Assistant Secretary for Health (OASH) has been charged with implementing the NPS across HHS agencies and in coordination with the Department of Defense and Department of Veterans Affairs.

Since its release, under the leadership of Dr Thomas Novotny, OASH has assembled a Principals’ Coordinating Council and Implementation Work Groups.

With HHS Secretary Price confirmed, implementation of the objectives in the NPS must commence. The NPS holds solutions integral to improving pain care while simultaneously reducing opioid abuse, misuse, and addiction.

We implore Congress to ask Secretary Price for a strategic plan for implementing and funding the NPS for FY2017 & 2018.

**Consumer Pain Advocacy Task Force (CPATF)**

**Who We Are & What We Believe**

Formed in 2014, the CPATF is a coalition of 16 consumer organizations working to improve the health, well-being, and treatment of those living with life-altering chronic pain.

Integral to our collaboration, we unite with the following beliefs, which guide our collective work:

- Chronic pain is a real and complex disease that may exist by itself or be linked with other medical conditions.

- Chronic pain is both an under-recognized and under-resourced public health crisis with devastating personal and economic impact.

- Effective chronic pain care requires access to a wide range of treatment options, including biomedical, behavioral health and complementary treatments.

- Denying appropriate care to people with chronic pain is unethical and can lead to unnecessary suffering, depression, disability and even suicide.

For more information, please visit: [www.ConsumerPainAdvocacy.org](http://www.ConsumerPainAdvocacy.org) | Contact: info@ConsumerPainAdvocacy.org