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I am Professor and Chief of the Stanford University Division of Pain Medicine where I who care for a large number of older adults with pain. I also direct an NIH funded lab that researches pain and its treatment.

I would like to share with you some of the conclusions and recommendations from, first, the IOM committee I served on that developed the *Relieving Pain in America Report*. Secondly the NIH task force that I, with Dr. Linda Porter from NINDS, was honored to Co-Chair the Oversight Committee that developed The National Pain Strategy.

From the IOM Pain Report, we noted that the magnitude of pain in the United States is astonishing**.** More than 100 million Americans have chronic pain, with a total cost to our country exceeding half a trillion dollars per year. This is higher than the costs of cancer, cardiovascular diseases and diabetes combined. And that number is increasing with our aging population.

We noted that there are many disparities in pain care that disproportionally effect older adults including:

- Pain prevalence, seriousness, and undertreatment
- Quality data on pain in older adults is lacking
- Older adults have higher rates of medication side effects
- Concurrent problems complicate diagnosis and treatment
- Better research is needed as they are excluded from many clinical trials

In the IOM report the Committee concluded that relieving pain will require a cultural transformation in how pain is perceived and judged both by people with pain and by clinicians. Our Committee's report offered a blueprint for achieving this transformation that included 16 recommendations, a few of which I will highlight.

One of the first recommendations to be achieved was the NIH designating a single Institute to oversee pain research. That is NINDS under the Direction of Dr. Walter Koroshetz. Another key recommendation was for the Secretary of HHS to create a comprehensive population-level strategy for pain prevention, treatment, and research. That recommendation led to the development of The National Pain Strategy.

Following the release of the IOM report, the Assistant Secretary for Health asked the NIH to oversee creation of The NPS. Whereas the IOM report was a blueprint - a 30,000 foot view of where we are and where we need to go – The NPS took that blueprint and turned it into a document of action. A specific, tactical report, with timelines, measurable outcomes, and identified stakeholders who are accountable.

In developing the NPS, we brought together 80 national experts covering a wide range of the biopsychosocial aspects of pain – including expertise from clinical and public health,

legal, ethical, and payment, including both traditional and complementary medicine and representation from private and federal agencies.

We formed working groups to align with the IOM recommendations. And then developed 17 tactical objectives and released the draft NPS report for public commentary.

Some of the 17 objectives included:

- To improve the quality of the data on pain, its treatment and costs, including vulnerable populations such as older adults.
- To improve access to high-quality pain care for vulnerable populations including older adults
- To incentivize comprehensive and cost-effective care through a "whole-person" approach
- To improve pain knowledge and skills for all clinicians.
- To develop a national public education campaign on the seriousness of pain and on safe medication use, especially opioid use

We received hundreds of public comments with overwhelming support. The final version is pending edits and release by Secretary Burwell.

These recommendations of the IOM and the objectives of the National Pain Strategy serve to create a comprehensive, population-level strategy for pain prevention, management and research. The problems we face in pain management are formidable; the limitations in the knowledge and skills of health care professional are glaringly obvious. To achieve the necessary transformation will require collaboration of the healthcare community with the people who are suffering with pain, as well as professional medical societies and patient advocacy groups, and state and **federal** government. We need to address pain at the public health level while still recognizing each individual's source of suffering. Successful implementation of these strategic objectives will create the cultural transformation in pain prevention, care, and education that desperately needed by the American public.

I appreciate the opportunity to appear before you today and look forward to responding to any questions you may have.

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