American Society of Anesthesiologists®

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Walter Koroshetz, MD, Director
National Institute of Neurological Disorders and Stroke
31 Center Dr
Bethesda, MD 20892

Nora D. Volkow, MD, Director
National Institute on Drug Abuse
Three White Flint North
11601 Landsdown Street
North Bethesda, MD 20852

Dear Dr. Koroshetz and Dr. Volkow:

On behalf of the more than 55,000 members of the American Society of Anesthesiologists (ASA), I thank you for the opportunity to provide input on the future direction of the NIH HEAL Initiative. While the current efforts to address opioid use disorder (OUD) and overdose are crucial, we believe there is an urgent need to rebalance the HEAL portfolio to improve focus on clinical pain care and support for pain research, particularly for existing therapies including interventional approaches. Many of these beneficial therapies are considered experimental and are being removed as covered treatment options leaving patients without effective non-opioid therapies.

The current HEAL Initiative has made significant strides in addressing OUD and overdose prevention. However, to truly tackle the root causes of the opioid crisis, we must place greater emphasis on treating chronic pain effectively. By doing so, we can dramatically reduce OUD by reducing the need for opioid prescriptions in the first place. We propose that HEAL increase its investment in clinical pain research, with a particular focus on optimizing existing therapies and developing new non-opioid interventions.

Specifically, we recommend expanding research into interventional pain therapies, such as nerve blocks, radiofrequency ablation, and neuromodulation techniques. These approaches have shown promise in managing chronic pain conditions, but more robust clinical studies are needed to establish their efficacy, optimize protocols, and identify the most appropriate patient populations. By providing alternatives to opioids, we can significantly reduce the risk of OUD while improving pain management outcomes.

Furthermore, we believe there is a critical need for improved informatics infrastructure specifically tailored to chronic pain research. While the current HEAL Initiative has made strides in developing data resources for OUD, similar efforts are needed in the pain management field. We propose the establishment of centralized registries and data repositories for chronic pain conditions, treatments, and outcomes. This infrastructure would facilitate large-scale, multi-center studies, enable the identification of pain biomarkers and predictors, and support the development of personalized pain management strategies.

To achieve these goals, we recommend that HEAL foster stronger connections between basic science researchers and clinical pain specialists. By bridging this gap, we can accelerate the translation of promising laboratory findings into practical clinical applications. This could be accomplished through the creation of translational research networks focused on pain management, bringing together clinicians, researchers, and patients to collaboratively develop and test new pain therapies.

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Lastly, we urge HEAL to prioritize research on pathways to care for individuals with chronic pain, particularly those with co-morbid psychiatric or other medical disorders. This research should encompass not only the development of new treatments but also the optimization of existing multidisciplinary pain management approaches. By improving access to comprehensive pain care, we can reduce reliance on opioids and mitigate the risk of OUD.

By rebalancing the HEAL portfolio to include a stronger focus on clinical pain research, supporting studies of existing and novel pain therapies, developing robust pain informatics infrastructure, and fostering translational research networks, we believe the NIH can make significant strides in addressing both the opioid crisis and the underlying issue of chronic pain management. This approach will not only help prevent OUD but also improve the quality of life for millions of Americans living with chronic pain.

Thank you for the opportunity to provide input on this important topic. If you have any questions, please do not hesitate to contact Emily Olearczyk at e.olearczyk@asahq.orhg or 202-330-4888.

Sincerely,



Ronald Harter, MD, FASA
President, American Society of Anesthesiologists (ASA)