

2025 Current Fiscal Year Report: Interagency Pain Research Coordinating Committee

Report Run Date: 04/25/2026 12:11:59 AM

1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2025

3. Committee or Subcommittee	3b. GSA Committee No.
Interagency Pain Research Coordinating Committee	73655

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	07/08/2024	07/08/2026	

8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Not Applicable	Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
42 USC 284q(b)	01/01/2010	Continuing	No

15. Description of Committee Scientific Technical Program Advisory Board

16a. Total Number of Reports No Reports for this Fiscal Year

17a. Open 1 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 1

Meetings and Dates

Purpose	Start	End
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The meeting will cover committee business items and Interagency Pain Research Coordinating Committee member updates. Items discussed will include updates on 12/04/2024 - 12/04/2024 Federal Pain Research Strategy research progress, communication and dissemination strategies and workgroup updates.

Number of Committee Meetings Listed: 1

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$2,000.00	\$4,800.00
18a(2). Personnel Pmts to Federal Members	\$2,207.00	\$10,298.00
18a(3). Personnel Pmts to Federal Staff	\$217,776.00	\$252,739.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)	\$0.00	\$0.00
18d. Other (all other funds not captured by any other cost category)	\$11,912.00	\$12,031.00
18e. Total Costs	\$233,895.00	\$279,868.00

19. Federal Staff	0.50	0.50
Support Years (FTE)		

20a. How does the Committee accomplish its purpose?

The Interagency Pain Research Coordinating Committee accomplishes its purpose by meeting regularly to coordinate all pain research efforts within HHS and across other relevant Federal Agencies. These meetings have resulted in recommendations to ensure no unnecessary duplication of effort, to identify critical gaps in knowledge, to disseminate information, and develop strategies for pain prevention, treatment, management, education, and research. The Committee also establishes expert work groups to address IPRCC goals and objectives.

20b. How does the Committee balance its membership?

The Committee is composed of not more than 7 voting Federal representatives from agencies that conduct pain care research and treatment and 12 non-Federal voting members. The 12 non-Federal members include (a) 6 non-Federal members from among scientists, physicians, and other health professionals and (b) 6 non-Federal members from members of the general public who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions.

20c. How frequent and relevant are the Committee Meetings?

The committee met once in this reporting period.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The composition of the committee provides a

unique balance of expertise and opinions that cannot be obtained totally from federal staff across multiple agencies or on an ad hoc basis because of the diversity in scientific and non-scientific viewpoints needed, the importance of non-federal perspectives, and the need for continuity as the Committee considers issues over time.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

Based on the assignment of duties, the Designated Federal Officer and the committee decision maker positions are both held by Dr. Irene Amy Adams Reports: The committee did not produce any public reports. The following members were on administrative extensions during the reporting period: Paul Arnstein, Tamara Baker, Scott Fishman, Elisabeth Kato, Helene Langevin, Monica Malampalli, Renee Manworren, and Kate Nicholson. The Committee Charter authorizes up to 19 voting members, including Special Government Employees (SGEs) and Regular Government Employees (RGEs). The Charter also permits the inclusion of non-voting members, as determined appropriate by the Secretary, who are not counted toward the total number of authorized members. There are currently two Ex-Officio members: Shannon Zenk and Nora Volkow.

Designated Federal Officer

Irene Amy Adams Health Science Policy Advisor

Committee Members	Start	End	Occupation	Member Designation
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Arnstein, Paul	01/02/2024	06/30/2026	Professor of Nursing (Adjunct)	Special Government Employee (SGE) Member
Baker, Tamara	01/02/2024	06/30/2026	Professor	Special Government Employee (SGE) Member
Buckley, Maggie	04/10/2022	01/31/2025	Board of Directors, The Pain Community	Special Government Employee (SGE) Member
D'Souza, Rena	01/01/2021	05/22/2025	Director, National Institute of Dental & Craniofacial Research, National Institutes of Health, DHHS	Ex Officio Member
Darnall, Beth	06/07/2020	01/31/2025	PROFESSOR, DEPARTMENT OF ANESTHESIOLOGY, PERIOPERATIVE AND PAIN MEDICINE, STANFORD UNIVERSITY SCHOOL OF MEDICINE	Special Government Employee (SGE) Member
Fishman, Scott	01/02/2024	06/30/2026	Charles & Patricia Fullerton Endowed Chair in Pain Medicine	Special Government Employee (SGE) Member
Kato, Elisabeth	06/07/2020	06/30/2026	Medical Officer, Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality	Regular Government Employee (RGE) Member
Koroshetz, Walter	01/29/2018	01/31/2025	Director, National Institute of Neurological Disorders and Stroke	Regular Government Employee (RGE) Member
Langevin, Helene	11/05/2021	10/31/2025	Director, National Center for Complementary and Integrative Health	Regular Government Employee (RGE) Member

Mallampalli, Monica	01/02/2024	06/30/2026	Chief Executive Officer	Special Government Employee (SGE) Member
Manworren, Renee	01/02/2024	06/30/2026	Posy and Fred Love Chair in Nursing Research	Special Government Employee (SGE) Member
Nicholson, Kate	01/02/2024	06/30/2026	President and Founder	Special Government Employee (SGE) Member
Roca, Rigoberto	11/05/2021	01/31/2025	Director, Division of Anesthesiology, Addiction Medicine, and Pain Medicine, Food and Drug Administration	Regular Government Employee (RGE) Member
Rodriguez, Irma	06/07/2020	01/31/2025	Co-Founder, Vice President, & CFO, The Fred R. Fernandez-Irma R. Rodriguez Foundation	Special Government Employee (SGE) Member
Sandbrink, Friedhelm	12/02/2021	01/31/2025	Director, Pain Management Program, Washington VA Medical Center	Regular Government Employee (RGE) Member
Sang, Christine	07/06/2020	01/31/2025	Director, Translational Pain Research, Brigham and Women's Hospital	Special Government Employee (SGE) Member
Spevak, Christopher	12/30/2024	07/31/2026	Walter Reed National Military Center	Regular Government Employee (RGE) Member
Volkow, Nora	01/09/2012	07/31/2026	Director, National Institute on Drug Abuse, National Institutes of Health, DHHS	Ex Officio Member
Zenk, Shannon	01/01/2021	03/31/2025	Director, National Institute of Nursing Research, National Institutes of Health, DHHS	Ex Officio Member

Number of Committee Members Listed: 19

Narrative Description

As specified in Public Law 111-148 (“Patient Protection and Affordable Care Act”) and amended in H.R. 6, (“Support for Patients and Communities Act”) the Committee will: (A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, treatment, and management of pain and diseases and disorders associated with pain, including information on best practices for the utilization of non-pharmacologic treatments, non-addictive medical products, and other drugs or devices approved or cleared by the Food and Drug Administration; (B) identify critical gaps in basic and clinical research on the symptoms and causes of pain, including the identification of relevant biomarkers and screening models and the epidemiology of acute and chronic pain; the diagnosis, prevention, treatment, and management of acute and chronic pain, including with respect to non-pharmacologic treatments, non-addictive medical products, and other drugs or devices approved or cleared by the Food and Drug Administration; and risk factors for, and early warning signs of, substance use disorders in populations with acute and chronic pain; (C) make recommendations to the Director of NIH to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort; on how best to disseminate information on pain care and epidemiological data related to acute and chronic pain; and on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input type="checkbox"/>
Major policy changes	<input type="checkbox"/>
Advance in scientific research	<input checked="" type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>

- Implementation of laws or regulatory requirements
- Other

Outcome Comments

NA

What are the cost savings associated with this committee?

Checked if Applies

- None
- Unable to Determine
- Under \$100,000
- \$100,000 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$10,000,000
- Over \$10,000,000
- Cost Savings Other

Cost Savings Comments

The committee's mission includes making recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort and making recommendations on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

10

Number of Recommendations Comments

The committee did not make any new recommendations this year.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

75%

% of Recommendations Fully Implemented Comments

N/A

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

25%

% of Recommendations Partially Implemented Comments

Science advances are reported annually. The National Pain Strategy implementation is expected to take five years. The Federal Pain Research Strategy priority research areas benchmark currently are being reviewed. Updates on priority research areas identified by the Federal Pain Research Strategy are provided regularly to the IPRCC and NIH. Many priority research areas were funded by the NIH HEAL initiative.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

The committee receives feedback through minutes and reports presented at meetings. The IPRCC Designated Federal Officer has provided updates on IPRCC activities related to relevant legislation (e.g. SUPPORT ACT) to federal agencies and congressional staff as appropriate. The IPRCC also receives feedback from federal agencies on relevant activities as mandated in the ACA and SUPPORT ACT through their regularly held meetings. Information is provided to the public at each meeting. The public can view information related to the Committee through the committee's official website.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

- | | |
|-----------------------------------|-------------------------------------|
| Reorganized Priorities | <input type="checkbox"/> |
| Reallocated resources | <input type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> |

Action Comments

NIH is leading an effort to evaluate responsiveness of federally funded pain research to the priorities identified in the FPRS. The IPRCC is also leading workgroups in areas of

high importance for pain research: "Workforce and Provider Training in Pain Research", "Implemental Science in Pain Management" and "Resilience and Prevention in Chronic Pain" to facilitate activities in these areas.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

- | | |
|---------------------------|-------------------------------------|
| Contact DFO | <input checked="" type="checkbox"/> |
| Online Agency Web Site | <input checked="" type="checkbox"/> |
| Online Committee Web Site | <input checked="" type="checkbox"/> |
| Online GSA FACA Web Site | <input checked="" type="checkbox"/> |
| Publications | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Access Comments

Information on the IPRCC may be obtained from Carolyn Conlin at carolyn.conlin@nih.gov or from the website: <https://iprcc.nih.gov/>