



Restless Legs Syndrome Foundation Virtual Advocacy

Help us get the word out to members of Congress – increase their awareness of restless legs syndrome and help them better understand how they can help us. We are encouraging our community to call and/or email their representatives to discuss the policy priorities of the RLS community.

Take action:

- Email your two Senators and your House of Representatives member to share your experience with RLS and to ask them to help us (specific asks included in email templates provided)
- Call the offices of your two Senators and your House of Representatives member to share your experience with RLS and ask them to help us (specific asks included in call scripts provided)

Making Contact

To find and contact your U.S. Senator:

1. Visit the Senate website www.senate.gov
2. Conduct a search using the **Find Your Senators** pull-down menu in the upper right corner (select your state and click Go).
3. On the results page is a link to the Senators' website, contact information and links to an online contact form (forms vary by Senator).

To find and contact your U.S. Representative:

1. Visit the House of Representatives website www.house.gov
2. Conduct a search using the **Find Your Representative** zip code search box in the upper right corner (enter your zip code and click Go).
3. On the results page is a photo of your Representative(s), links to the Representative's personal website and online contact form, and a local map.
4. In the event your zip code overlaps with multiple congressional districts, the results page will include boxes for you to enter your zip code+4 or mailing address to find the correct Representative.

SAMPLE CALL SCRIPT

Hello!

My name is _____ and I live in _____.

I am an advocate with the Restless Legs Syndrome Foundation. The RLS Foundation advocates for all persons affected by restless legs syndrome, or RLS, and supports a legislative and policy agenda that meets the needs of the RLS community.

RLS is a serious neurological disease that causes a distressing urge to move the legs and, in some cases, other parts of the body such as the arms. The urge is accompanied by sensory disturbances ranging from discomfort to pain in the affected parts of the body. Symptoms can range from relatively mild to severe and may be experienced only rarely for some but may be an intense daily torture for others. RLS may have profoundly disruptive effects on sleep quality, sleep quantity and daily life.

Currently, in the United States, it is estimated that more than 10 million adults and 1.5 million children and adolescents suffer from RLS. There is no known cure for RLS.

{Share your RLS experience. Be concise but let them know how RLS has affected your life.}

I am calling today to ask for _____ (Name of Senator or Representative)'s help.

We ask for support in increasing funding for federal programs and protecting the needs of patient communities who depend on appropriate access to low total daily doses of opioid therapies to manage debilitating conditions.

There is currently no cure for RLS and treatment options are limited. Research remains critical to improve the health of the 10 million individuals suffering from this disorder. We urge you to support a funding level of \$50.924 billion for NIH in the FY 2024 Labor-HHS-Education Appropriations bill. This level of funding will support the progress NIH has made on medical research.

Over the past decade, "sleep disorders" has been listed as a condition eligible for study through the Department of Defense Peer-Reviewed Medical Research Program (PRMRP). Please work with your colleagues to ensure that "sleep disorders" is listed once again in the FY 2024 Defense Appropriations Bill. The RLS and sleep research community asks that your office contact your colleagues on the Defense Appropriations Subcommittee to communicate your support for this request.

RLS is not a chronic pain condition; opioids are used to treat the underlying neuropathology issues associated with RLS, not a sensation of pain. If patients ever lose access to opioid therapies, they will lose the ability to manage their RLS, resulting in severe loss of sleep, continuous misery, and worse. When low-total daily doses of opioids are indicated to treat RLS, the condition specifically requires that opioid medications are not reduced over time. Research

continues to show that addiction and dependence are not common complications for affected individuals, as the total daily dose of opioids used to manage RLS is quite low.

The needs of RLS patients who depend on regular use of low-total daily doses of opioids to manage their disease must be considered in crafting legislation, policy, and regulations aimed at drug abuse and addiction. Please work with your colleagues in Congress to ensure that RLS patients retain access to physician-directed care and treatment.

Poor provider education on Restless Legs Syndrome routinely leads to misdiagnosis and under-treatment for patients. Delay and misdirection of treatment often result in irreparable harm to patients. Improved provider education can drastically bolster effective treatment outcomes for patients. The CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) supports several programs that work to increase public awareness and improve professional education. Please provide \$5 million for the National Neurological Conditions Surveillance System (NNCSS) and \$6 million for the Chronic Diseases Education and Awareness Program. This approach would utilize a competitive grant process to strengthen the science base for prevention, education, and public health awareness for a variety of chronic diseases.

Please consider me a resource for you and your office about any health-related and patient issues.

Sample Email Copy

Good afternoon,

My name is _____ and I live in _____.

I am an advocate with the Restless Legs Syndrome Foundation. The RLS Foundation advocates for all persons affected by restless legs syndrome, or RLS, and supports a legislative and policy agenda that meets the needs of the RLS community.

RLS is a serious neurological disease that causes a distressing urge to move the legs and, in some cases, other parts of the body such as the arms. The urge is accompanied by sensory disturbances ranging from discomfort to pain in the affected parts of the body. Symptoms can range from relatively mild to severe and may be experienced only rarely for some but may be an intense daily torture for others. RLS may have profoundly disruptive effects on sleep quality, quantity and daily life.

Currently, in the United States, it is estimated that more than 10 million adults and 1.5 million children and adolescents suffer from RLS. There is no known cure for RLS.

{Share your RLS experience. Be concise but let them know how RLS has affected your life.}

I am emailing today to ask for _____(Name of Senator or Representative)'s help.

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therapies to manage debilitating conditions.

There is currently no cure for RLS and treatment options are limited. Research remains critical to improve the health of the 10 million individuals suffering from this disorder. We urge you to support a funding level of \$50.924 billion for NIH in the FY 2024 Labor-HHS-Education Appropriations bill. This level of funding will support the progress NIH has made on medical research.

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Please consider me a resource for you and your office about any health-related and patient issues.

[Name]

[Address]

[City,State], [Zip]



Restless Legs Syndrome Foundation Legislative Agenda 118th Congress, 1st Session

About the Foundation

The Restless Legs Syndrome (RLS) Foundation is a 501(c)(3) nonprofit organization dedicated to improving the lives of men, women and children who live with restless legs syndrome (RLS), an often-devastating disease. Founded in 1989, the Foundation's goals are to increase awareness, improve treatments and, through research, find a cure for RLS. The Foundation serves healthcare providers, researchers, 5,600 members, and millions of people in the U.S. and around the world who have RLS. The RLS Foundation has members in every state, local and virtual support groups, and a research grant program that has awarded nearly \$2 million to fund medical research into the causes and cures for RLS.

About Restless Legs Syndrome

RLS is a serious neurological disease that devastates the lives of millions of Americans. An estimated 12 million men, women and children in the U.S. have RLS. One in 33 adults (3%) needs daily clinical treatment. Treatment is life-long, and there is no cure. People with RLS experience an overwhelming, agitating and uncontrollable urge to move their legs, which is only relieved by moving or walking. RLS is at its strongest in the evening and at night, severely disrupting sleep. It is 3 to 4 times more common in women than men, and twice as common older Americans.

The sleep loss caused by RLS robs people of the ability to work and live normally, and may lead to depression, anxiety and suicidal thoughts. The RLS Foundation loses members every year to suicide because their symptoms become unbearable. Profound sleep loss puts people with RLS at risk for hypertension, diabetes, heart attack, stroke and Alzheimer's disease.

RLS treatment options are limited; FDA-approved RLS treatments do not provide life-long coverage. First-line medications don't work for some patients, and over time actually make the disease worse for many others due to a serious side effect known as augmentation.

For the millions of people who have chronic, unrelenting, nightly RLS symptoms, opioids are an established, highly effective treatment option when first-line therapies have failed. Opioids, taken in low- total- daily- doses, bring dramatic relief to an estimated 90% to 95% of RLS patients.

It's important to note that RLS is not chronic pain; it has a distinctly different underlying neuropathology. RLS is a neurological disease impacting sleep and is best managed by neurologists and sleep specialists. Clinical experience among experts who treat severe RLS with opioids has not shown the degree of drug misuse, dependency or addiction that is commonly associated with opioid treatment for chronic pain. RLS expert experience also indicates that the dose of opioids used to manage RLS daily is significantly lower than that used to treat chronic pain effectively. Evidence-based clinical [guidelines](#), published in two seminal Mayo Clinic

Proceedings articles, outline for clinicians’ recommendations for RLS treatment, management and the appropriate use of opioids in refractory RLS.

From the Patient’s Perspective

Steve Smith



“About a year ago, I had one of those nights when my RLS was out of control and I knew that I wasn’t going to get any sleep at all. So, I called my doctor’s night service and was instructed to go to the local hospital’s Emergency Room and to tell them to call my doctor for further instructions.

Contrary to hospital policy, the ER doctor decided not to call, despite the fact that he didn't understand RLS or my resulting insomnia. Instead, he focused on my depressed feelings from insufficient sleep, my RLS pacing (which he interpreted as agitation) and the prescribed opioid that I take for RLS. He incorrectly concluded that I had a drug problem and was suicidal. I specifically denied his assertions, but he refused to listen. So, he placed me under a 72-hour psychiatric hold and sent me to a psychiatric hospital.

I was transported 180 miles confined to the back seat of a car with raging RLS. The psychiatric hospital didn't carry one of my RLS medications, Tramadol, which forced me to go into withdrawal rather than locate a supply. The abrupt withdrawal from Tramadol led to hours of shakes and sweats followed by an entire night of RLS pacing for the second night in a row. Since Tramadol also acts as an SNRI anti-depressant, the abrupt withdrawal caused me to develop SNRI Withdrawal Syndrome. This caused migraine headaches, severe anxiety and depression, nightmares centered on the horrible experience of being involuntarily confined to the psychiatric hospital — all because an ER doctor didn’t understand or recognize my RLS—a neurological, not psychiatric, disorder. These symptoms went on for months and required medication and psychotherapy treatment for anxiety and severe depression.”

Legislative and Policy Priorities

Medical Research

- **Please provide the National Institutes of Health (NIH) with sustained funding in fiscal year (FY) 2024.** Important research on RLS is funded across NIH Institutes and Centers, including the National Institute of Neurological Disorders and Stroke (NINDS), the National Heart, Lung, and Blood Institute (NHLBI), the National Institute on Drug Abuse (NIDA), and the National Institute of Mental Health (NIMH). Sustained funding commitments are needed to identify better treatments and a cure for this devastating disorder.
- **Please continue to include “sleep disorders” in the Department of Defense Peer-Reviewed Medical Research Program (PRMRP) for FY 2024.** RLS is a major sleep disorder that affects an estimated 40,000 active-duty military personnel.

Patient Access to Appropriate Treatments

- **Please accommodate the needs of patients who rely on the regular use of low-total daily doses of opioids to manage their RLS.** As you consider any legislation and work with federal agencies

to address the opioid epidemic, please support a diagnosis- appropriate safe harbor for RLS patients, so they do not face arbitrary barriers. RLS patients need for their physicians to be able to prescribe opioids appropriately and without undue restriction.

Education and Awareness

- **Please provide \$5 million for the National Neurological Conditions Surveillance System (NNCSS) for FY 2024.** The NNCSS at the Centers for Chronic Disease Control and Prevention (CDC) collects and synthesizes data to help increase our understanding of neurological disorders and to support further neurologic research. RLS remains a severely misunderstood and underdiagnosed neurological disorder, and increased surveillance is vital to improving patient outcomes.
- **Please provide at least \$6 million for the Chronic Diseases Education and Awareness Program at the Centers for Disease Control and Prevention (CDC).** With the cessation of the National Healthy Sleep Awareness Project (NHSAP), CDC presently has only one active public health activity dedicated to sleep or sleep disorders, set to expire in 2024, even though sleep affects nearly every body system and many chronic diseases. Please allow the valuable scientific and public health efforts started during the NHSAP to continue.