

August 15, 2008

The Honorable Max Baucus
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Kent Conrad
Chairman
Committee on Budget
United States Senate
624 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Baucus and Chairman Conrad,

The Coalition for Health Services Research commends you for introducing the Comparative Effectiveness Research Act of 2008 (S. 3408) to bolster comparative effectiveness research. The Coalition's mission is to support research that leads to accessible, affordable, high-quality health care. As the advocacy arm of AcademyHealth, we represent the interests of 3,700 researchers, scientists, and policy experts, as well as 130 organizations that produce and use health services research.

Comparative effectiveness research—where pharmaceuticals, medical devices and medical procedures used to treat the same conditions are evaluated for their relative safety, effectiveness, and cost—has great potential to improve health care quality and patient outcomes while ensuring that consumers receive the best care at the best value. The Coalition supports S. 3408 and joins other experts and organizations—including the Congressional Budget Office, the Government Accountability Office, and MedPAC—in recognizing that better information on what works best, for whom, and in what circumstances will lead to more efficient and high quality health care delivery.

We respectfully ask that you consider the following suggestions to further strengthen the Comparative Effectiveness Research Act of 2008:

- **Broaden the Scope of Work**—In addition to conducting, supporting and synthesizing research on comparative clinical effectiveness, we suggest that the new Health Care Comparative Effectiveness Research Institute explore how to link and integrate research on comparative cost effectiveness as part of its duties.

Board of Directors

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- **Build the Research Infrastructure**—Increased investment in comparative effectiveness research must be coupled with greater investment in the research infrastructure: the data, methods, and researchers needed to conduct this work. The field of health services research has experienced an erosion of investment in its data, methods, and researchers. If left unchecked, these declining investments in the next generation of researchers could threaten the field’s capacity to address the nation’s comparative effectiveness and other health services research needs. For example, a study by AcademyHealth documents that the current lack of methodological training creates problems for the funding, conduct, and review of current comparative effectiveness studies. We suggest that S. 3408 be revised so that some portion of the Comparative Effectiveness Research Trust Fund may be used to not only support, conduct, and disseminate research and develop and refine research methodologies, but also to enhance data systems and train new researchers. Doing so will ensure our capacity to effectively and efficiently support comparative effectiveness research and satisfy demands for this research.
- **Improve Research Coordination**—We appreciate that S. 3408 directs the Institute and its Board of Governors to coordinate its own activities with that of other public and private agencies to minimize duplication and maximize efficiency. To further enhance coordination, we ask that you consider the establishment of a Coordinating Council for Health Services Research comprised of the major public and private funders, producers, and users of health services research, including the Institute. The Council would annually assess the contributions of health services research and outline the major health research priorities to improve the performance of the U.S. health care system. This report would provide an important mechanism for targeting new research and demonstrations to address critical health issues.
- **Expand the Board’s Duties**—We appreciate that one of the Board of Governors’ duties is to ensure that comparative effectiveness research findings are disseminated to the general public. We suggest that the Board also be required to develop a national clearinghouse of comparative effectiveness studies similar to what the National Institutes of Health now provides for clinical research through www.clinicaltrials.gov. The Board should also oversee the development of a report to Congress on the use of comparative effectiveness research among public and private payers in the design and administration of benefits and health plans.

We are pleased that your bill provides for a significant and necessary investment in comparative effectiveness research. As important as it is for Congress to make this needed investment in comparative effectiveness research, we urge that Congress continue to increase funding for the broader field of health services research to assure that research is available to guide decisions about the quality, appropriateness, availability, and cost-effectiveness of health care delivery.

The Coalition commends your leadership for developing a robust, adequately-funded comparative effectiveness program that will provide a much needed basis for improvements in our health care system. If you have any questions, please contact Emily Holubowich, Director of Government Relations at 202.292.6743 or emily.holubowich@academyhealth.org.

Sincerely,



Joseph Antos, Ph.D.
Chair
Coalition for Health Services Research



David Helms, Ph.D.
President & CEO
Coalition for Health Services Research