

January 28, 2009

The Honorable Daniel Inouye  
Chairman  
Committee on Appropriations  
U.S. Senate

The Honorable Thad Cochran  
Ranking Member  
Committee on Appropriations  
U.S. Senate

The Honorable Max Baucus  
Chairman  
Committee on Finance  
U.S. Senate

The Honorable Charles Grassley  
Chairman  
Committee on Finance  
U.S. Senate

The Honorable Tom Harkin  
Chairman  
Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education and Related Agencies  
U.S. Senate

The Honorable Arlen Specter  
Ranking Member  
Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education and Related Agencies  
U.S. Senate

Dear Senators Inouye, Cochran, Baucus, Grassley, Harkin, and Specter,

**Board of Directors**

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The Coalition for Health Services Research commends you for including in the American Recovery and Reinvestment Act of 2009 \$1.1 billion 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 150 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 your efforts to stimulate this type of scientific exploration 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.

The funding that you would provide through the American Recovery and Reinvestment Act would bolster comparative effectiveness research itself, as well as the infrastructure needed to produce this evidence—the data, methods, and researchers. The field of health services research has experienced an erosion of investment and if left unchecked, these declining investments in the research infrastructure and 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 are pleased that your legislation would support not only the conduct and dissemination of research, but also the development and refinement of research methodologies, the enhancement of data systems, and the education of new researchers. Doing so will ensure our capacity to effectively and efficiently support comparative effectiveness research and satisfy the growing demands for this research.

We also hope that some portion of the American Recovery and Reinvestment Act funding for comparative effectiveness research will be used 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](http://www.clinicaltrials.gov). Such a database would help in evaluating the federal government's investment in this research and inform future research priorities.

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 striving to develop 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 me (202.292.6700; [david.helms@academyhealth.org](mailto:david.helms@academyhealth.org)) or our representative, Emily Holubowich (202.484.1100; [eholubowich@dc-crd.com](mailto:eholubowich@dc-crd.com)).

Sincerely,

A handwritten signature in black ink, appearing to read "W. David Helms", with a long horizontal flourish extending to the right.

W. David Helms, Ph.D.  
President & CEO