

September 14, 2007

The Honorable Fortney Pete Stark
Chairman
Subcommittee on Health
Committee on Ways and Means
United States House of Representatives
1135 Longworth House Office Building
Washington, DC 20515

Dear Chairman Stark,

The Coalition for Health Services Research commends you for including Section 904 of the “Children’s Health and Medicare Protection Act” 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 3,800 researchers, scientists, and policy experts, as well as 135 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 Section 904 of the “Children’s Health and Medicare Protection Act” 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 health care delivery.

As you prepare for conference on the “Children’s Health and Medicare Protection Act,” we respectfully ask that you consider the following suggestions to further strengthen Section 904:

- **Ensure Support for All Health Services Research**—We are pleased that Section 904 provides for a serious, and necessary, investment in comparative effectiveness research. We also hope you will strive to ensure that other important health services research does not suffer at the expense of comparative effectiveness research funding. In light of the critical challenges facing our health care system, and continuing concerns and attention placed on the quality, appropriateness, availability, and cost-effectiveness of health care delivery, it is essential that we don’t lose sight of the need for actionable knowledge that informs the provision of health services to the American people. Without the comprehensive and trustworthy scientific research that results from health services research, we will not have the necessary information to maximally advance health in America.

- **Strengthen the Commission for Comparative Effectiveness Research**—We appreciate that you have taken steps to ensure that the Commission’s recommendations on research priorities are considered and implemented by the new Center for Comparative Effectiveness and by the Agency for Healthcare Research and Quality (AHRQ). We believe you could further broaden the Commission’s scope and strengthen its influence by expanding its duties to ensure that the results of the comparative effectiveness research are translated to the general public, as well as public and private health plans. Accordingly, we suggest that you require the Commission, as part of its duties and in consultation with patients and health care providers, to determine national priorities for research and report to Congress annually on progress among public and private payers in the use of comparative effectiveness research for the design and administration of benefits and health plans.
- **Broaden the Scope of Work**—We are concerned that comparative cost effectiveness is overlooked as one of the duties of the Center for Comparative Effectiveness Research in Section 904. We do not suggest that the Center be required to conduct comparative cost analyses; rather, we suggest that the Center’s scope of work be broadly defined so that cost analyses may be undertaken if identified as a research priority by the Commission. Therefore, we suggest striking the word “clinical” from “comparative clinical effectiveness” when describing the research that the center will conduct, support, and synthesize.
- **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. We suggest that Section 904 be revised so that some portion of the Comparative Effectiveness Research Trust Fund may be drawn down to not only support, conduct, and disseminate research, but also to enhance data systems, develop and refine research methodologies, and train new researchers. Doing so will ensure our capacity to effectively and efficiently support comparative effectiveness research and satisfy demands for this research.
- **Facilitate Coordination**—We believe that a member of the Commission for Comparative Effectiveness Research should serve on the Coordinating Council for Health Services Research since both groups have a role in developing research priorities and translating research findings into practice. Commission representation on the Coordinating Council will reinforce the extent to which federal agencies supporting and conducting health services research—the National Institutes of Health, the Centers for Medicare and Medicaid Services, the Veterans Health Administration, and others—collaborate with AHRQ and the new Center.

A robust, adequately-funded comparative effectiveness program will provide a much needed basis for improvements in our health care system that benefit the general

public. The Coalition thanks the Committee for its efforts to make a serious investment in comparative effectiveness research and the health services research infrastructure. If you have any questions, please contact Emily Rowe, Director of Government Relations at 202.292.6743 or emily.rowe@academyhealth.org.

Sincerely,

A handwritten signature in black ink that reads "Jeanne M. Lambrew". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

Jeanne Lambrew, Ph.D.
Chair
Coalition for Health Services Research

A handwritten signature in black ink that reads "David Helms". The signature is written in a cursive style with a large initial "D" and a long horizontal stroke at the end.

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