

ABHC

Alliance for Better Health Care

February 11, 2009

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
H-232 Capitol Building
Washington, D.C. 20515

The Honorable David Obey
2314 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Charles Rangel
2354 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Henry Waxman
2344 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Jerry Lewis
2112 Rayburn House Office Building
Washington, D.C. 20515

The Honorable David Camp
341 Cannon House Office Building
Washington, D.C. 20515

Dear Conferees:

As you conference the American Recovery and Reinvestment Act of 2009, the Alliance for Better Health Care (ABHC) urges you to retain the \$1.1 billion funding for comparative effectiveness research. ABHC – a broad coalition of over 30 organizations representing consumers, employers, health care providers, health plans, pharmacists, researchers, unions, pharmaceutical benefit managers, and other interested stakeholders – has been a long time supporter of the Agency for Health Care Research and Quality (AHRQ's) work conducted pursuant to section 1013 of the Medicare Modernization Act.

Independent, objective comparative effectiveness research (CER) is urgently needed to improve health care quality and patient outcomes by ensuring consumers always receive the best care. This research can aid in health care decision-making to ensure that the resources expended by patients and payers result in the delivery of quality, evidence-based and high value healthcare that is appropriate for the individual patient. Well-designed comparative effectiveness research will seek to identify specific subpopulations of patients for whom one

intervention might be more appropriate than another intervention. As a result, such studies often enable physicians to make better decisions based on specific patient characteristics, applying the scientific information elicited in evaluating various treatment options.

According to some estimates, less than half of all medical care is based on or supported by adequate evidence on its effectiveness and a third of all health care delivered in the U.S. is unnecessary or, worse, harmful to patients. These are alarming figures under ordinary circumstances but are simply unacceptable in a health care crisis in the midst of an economic crisis.

CER holds the promise of improving health care quality and outcomes for all patients, but this can only be achieved if it is sound and trusted. We thank you again for recognizing the importance of comparative effectiveness research. ABHC looks forward to working with you on this issue. If you have any questions, please contact Anna Schwamlein Howard at AARP by phone at 202.434.3793 or by e-mail at ashoward@aarp.org.

Sincerely,

AARP • Academy of Managed Care Pharmacy • Aetna • AFL-CIO
Alliance of Community Health Plans • America's Health Insurance Plans
American Academy of Family Physicians • American Pharmacists Association
American Society of Health-System Pharmacists
Blue Cross Blue Shield Association • Blue Shield of California
Coalition for Health Services Research • CVS Caremark • DaimlerChrysler Corporation
Express Scripts, Inc. • Ford Motor Company • General Motors Corporation
Group Health Cooperative • Honeywell • Kaiser Permanente • Marshfield Clinic
Medco Health Solutions • National Business Group on Health
National Partnership for Women and Families • Prime Therapeutics
Service Employees International Union • The Dow Chemical Company
The Joint Commission • UnitedHealth Group • WellPoint, Inc.

Joined by,

Consumers Union