



Cancer Prevention and Treatment Fund



CENTER FOR MEDICAL CONSUMERS



July 15, 2009

The Honorable Fortney "Pete" Stark
Chairman, Ways and Means Subcommittee on Health
U.S. House of Representatives
Washington, DC 20515-3215

Dear Chairman Stark:

Members of the Patient and Consumer Coalition thank you for including permanent comparative effectiveness research language in the final health care reform legislation in the America's Affordable Health Choices Act of 2009. Given the billions of dollars that are wasted every year on medical procedures and products that are less effective than others that are available – and often less expensive – the wise use of comparative effectiveness research is the key to improving the quality of our nation's health care. We look forward to working with Congress to resolve the differences between the various versions of legislative language regarding comparative effectiveness research.

The Patient and Consumer Coalition includes nonprofit organizations that represent patients, consumers, health care providers, researchers, and other stakeholders who believe that our nation's health care will improve if based on the best possible evidence to support sound medical decision-making.

Independent, objective comparative effectiveness research is urgently needed to improve the quality and affordability of health care in this country. Used appropriately, these research findings will save lives and improve the quality of life for millions of Americans. This research

will offer more accurate information to doctors, other healthcare providers, patients, and family members, so that they can make better informed decisions.

Comparative effectiveness research can also identify specific subpopulations of patients for whom one intervention might be safer or more effective than other interventions. By supporting and conducting research that includes more diverse populations, including racial and ethnic minorities, those with co-morbidities, seniors, and children, we can reduce health disparities for racial and ethnic minority populations, and improve the healthcare of women, men, children, and elderly adults.

We strongly support the House bill's provision on comparative effectiveness research because it does not impose limits or requirements on how the evidence-based information may be used. Comparative effectiveness research will generate strong evidence that physicians, patients, and others can use to improve the quality of care. Language that limits its use would make it less likely that patients and physicians will be able to make informed treatment decisions.

We also support the recent recommendation of the Institute of Medicine (*Initial National Priorities for CER*) that a Comparative Effectiveness Research program should “fully involve consumers, patients and caregivers in key aspects of CER, including strategic planning, priority setting, research proposal development, peer review and dissemination.”

We look forward to working with you to pass health care reform legislation that includes strong, meaningful comparative effectiveness research provisions.

Thank you for your leadership on this important issue.

Sincerely,

Breast Cancer Action
Cancer Prevention and Treatment Fund (of the National Research Center for Women & Families)
Center for Medical Consumers
Consumers Union
Government Accountability Project (GAP)
National Consumers League
National Women's Health Network
Our Bodies Ourselves
THE TMJ Association
U.S. PIRG