

Colloquy of Chairman Baucus, Senators Hatch, Conrad, Enzi, Menendez, and
Carper of the Committee on Finance

Regarding Comparative Effectiveness Research

January 27, 2009

Chairman Baucus: Senator Enzi, I understand you have comments regarding provisions for comparative effectiveness research that will be included in the Appropriations mark for the American Recovery and Reinvestment Act of 2009.

Senator Enzi: Thank you Chairman Baucus. It is my understanding that the Appropriations Committee has in its mark of health provisions \$1.1 billion in new funds for comparative effectiveness research. This is an important issue to me as HELP Committee Ranking Member. Last Congress you introduced a comparative effectiveness research bill with Senator Conrad. It is my understanding that your bill:

- Supports research on clinical effectiveness, not cost effectiveness;
- Develops comparative effectiveness infrastructure but prohibits it from making any clinical guidelines or coverage decisions;
- Supports an open and transparent process;
- And requires that CE research consider differences in how people respond to treatments. We need to know what works and for whom.

I would like to see the \$1.1 billion used consistently with these principles, and ask that you advocate for these principles in conference.

Chairman Baucus: Thank you for your support of these principles. I agree with your summary of S. 3408, The Comparative Effectiveness Research Act of 2008—which would create a permanent institute to prioritize and provide for comparative effectiveness research for the U.S. I support the Appropriations Committee in including short-term funds for such research in the American Recovery and Reinvestment Act. And I agree that those funds should reflect the principles in S. 3408 from the 110th Congress. Senator Conrad and I plan to reintroduce our bill because we still need a long-term framework for this type of research in the U.S.

Senator Conrad: Senator Enzi, thank you for your support of these principles. Comparative effectiveness research needs to be a permanent part of our health system. It is one of the ways we will improve health care for all Americans. I look forward to working with you on this effort in this Committee.

Senator Menendez: I appreciate the remarks of Senator Enzi. Comparative effectiveness research should focus on clinical outcomes and produce information that patients and providers can use to make better decisions about their treatment options. I look forward to working with my colleagues and the Chairman on this important issue in the Finance Committee.

Senator Carper: Like my colleagues— I support comparative effectiveness research that builds on the principles set forth in S. 3408 from the 110th Congress. Clinical comparative effectiveness research has the capability of improving health care quality by advancing evidence-based decision making in our health care system. I look forward to working with the Chairman and Finance Committee members on this important issue.

Senator Hatch: I agree that the primary focus of comparative effectiveness research should be clinical effectiveness not cost. We can all agree that the “one size fits all” approach is the wrong approach for the American healthcare system. Based on our own personal experiences we all know that what works best for one, does not always work the same for the other. I look forward to working in a bipartisan and inclusive manner to come up with prudent legislation that will not only help us realize the true potential of comparative effectiveness but also preserve patient choice and innovation – the two hallmarks of our healthcare system.