COMMITTEE ON FINANCE
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Remarks by Senator Max Baucus (D-Mont.)
Before the Partnership to Improve Patient Care Forum

Thank you, Tony, for that kind introduction. I am pleased to be here today to talk about patient-centered research in the new health reform law.

And thank you, Tony, for bringing more than 40 patient groups together around the issue of comparative effectiveness research. It's only fitting that patients are at the center of the research we seek to foster in the new law.

In 1901, at the beginning of the last century, the medical school pioneer William Osler said: "To study the phenomenon of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."

If he were speaking today, a century later, Osler might say that to study medicine without research about what works is to sail an uncharted sea, but research without putting patients first cannot go to sea at all.

The goals of comparative effectiveness research and the new health reform law are the same: Both are about making the health system more effective and efficient for patients.

The new law is not about making our system better for politicians, or for bureaucrats, or for bean counters. The goal of the new law is to improve the care delivered to patients.

No longer will Americans with serious health conditions suffer because they cannot get insurance. At last, Americans with serious health conditions will get the right care, when they need it.

The new health reform law provides immediate help for states to cover more uninsured Americans through high risk pools. And beginning in 2014, Americans will have health coverage across their lifetimes. Let us not lose sight: This is a proud moment in the history of our country.

No longer will insurers be able to cut patients out of the health system. Beginning this year, insurers cannot sell insurance policies that exclude coverage for children with pre-existing conditions. No longer can they place lifetime caps on insurance coverage.

Those practices may have been good for insurers' profits. But they were no good for patients' health.

No longer will patients and their doctors have too little information about how different treatments work.

America produces the most technologically-advanced medical care in the world. Doctors and patients have more tests and treatment options to choose from than ever before. But in many cases, doctors and patients simply don't have enough reliable evidence to help us choose among the options.

The new health reform law fosters research that will help doctors and patients make the best treatment decisions at the point of care. The law creates an independent institute — the "Patient Centered Outcomes Research Institute" — that will commission relevant, credible, unbiased research. And the new law provides funding for 10 years.

The new law puts patients at the center of the research. Patients will have strong representation on the governing board of the new Institute.

The Government Accountability Office is currently in the process of selecting members for the board. GAO solicited nominations from the public at large through an announcement in the Federal Register. I commend GAO for setting up an open nomination process. And I look forward to their selections by September 23.

The Institute will look at a range of health care delivery issues. It will look at the organization, design and management of patient care.

The research itself will focus on clinical outcomes in the real world. The research will focus on the information that doctors and patients find useful when making decisions about care.

The new law requires the Institute to consider subgroups of patients that may experience different effects from the same treatments, if evidence in the field warrants it. Every day we learn more about how patients differ, and why.

And the Institute will operate transparently and within a limited scope. It will vote publicly. It will engage the public and expert panels in setting an agenda.

The Institute will not develop medical guidelines, treatment protocols or coverage recommendations of any sort. The doctor-patient relationship is scared. This research will not change that relationship in any way. Rather, it will serve to strengthen it.

The law is clear: The purpose of the Institute is solely to generate useful information. By evaluating and comparing what works best, patients and providers can make better-informed decisions about care.

Thus the Institute will be characterized by strong patient representation, a focus on patient outcomes, transparency, and a focused scope. All these features put the needs of patients first.

We set out to develop a uniquely American approach. This is not Canada. This is not Britain. This is America. And we came up with a uniquely American solution. We put patients at the center of health care.

The same is true of comparative effectiveness research. Examples from other countries just didn't fit. We needed a uniquely American approach to study what works and what doesn't. We put patients at the center of the research.

The designs of the new health reform law and the new Institute are sound. But as well designed as they are, they both need good implementation. We will exercise diligent oversight authority over the new law and the new Institute.

I will use the full powers of the Finance Committee to see that the new Institute and health reform are implemented as Congress intended. Over the next few years, we will hold hearings, engage stakeholders, and monitor the administration.

And we will employ oversight agencies like the GAO to monitor and guide their progress, as well.

To reform our health care system, we need to get more evidence about what works and what doesn't. And we need to get that evidence into the hands of the people making medical decisions — patients and doctors.

And so, to study medicine without research about what works is to sail an uncharted sea. But to research without putting patients first would be to fail to go to sea at all.

We have now launched a great reform of America's health care system. And patient-centered research is a vital part of that reform. I look forward to continuing to work with you to make this journey a successful one.

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