

**H.R. 2184**  
**Rep. Tom Allen and Rep. Jo Ann Emerson**  
**Enhanced Health Care Value For All Act**

**Objectives**

To finance new research on the comparative effectiveness of health care services (including prescription drugs, medical devices, procedures, and other treatments). Funding would support both new research and syntheses of existing research, including newly generated research resulting from Agency for Healthcare Research and Quality (AHRQ) contracts. The financing would be broad based, since this research is a public good.

To strengthen AHRQ's advisory board for comparative effectiveness research in order to set priorities more effectively, make recommendations concerning research findings, and determine how to disseminate the findings. The board would also determine, within two years of passage of this act, whether one or more federally funded research and development centers (FFRDC) sponsored by AHRQ should be established to conduct and review this research.

To ensure access to health data, promote the development of methods and researchers, and coordinate health services research to strengthen the bridge from research to practice.

**Research**

Authorize research on comparative effectiveness of health care items and services, based on Section 1013 of the Medicare Modernization Act.

Research findings will be publicly available.

**Governance**

Establish a Comparative Effectiveness Advisory Board appointed by the Comptroller General of the United States. Financial conflicts of interest will be taken into consideration during the selection process of the board and any panels that report to the board.

The board will include private health care payers including employers and consumers, health care providers, health care researchers, health care consumer representatives, and health industry representatives. The board will:

- Recommend how to organize research funded under this section taking into consideration the full range of appropriate methodologies, including randomized control trials, practical clinical trials, observational studies, and syntheses of existing research.
- Provide input on research priorities.
- Consider establishment of one or more FFRDCs.

## **Clinical Advisory Panel**

A clinical panel/ peer advisory panel will be established for each research priority to validate the science and methods used to conduct comparative effectiveness studies. The panel, selected by the Comparative Effectiveness Advisory Board, would comprise of methodologists, health services researchers, and medical experts. Financial conflicts of interest will be taken into consideration during the selection process.

## **Transparency**

- Setting of agenda and conduct of research will be insulated from inappropriate political or stakeholder influence.
- Methods of conducting research shall be scientifically based.
- All aspects of the prioritization of research, conduct of the research, and any recommendations based on the research will be carried out in a transparent manner.

## **Inclusion of Input from Stakeholders**

- Patients, providers, health care consumer representatives, and health industry professionals will be consulted regarding the decisions, priorities, and use of research.

## **Reports to Congress**

No later than one year after enactment and each year thereafter, AHRQ will submit a report to Congress on the activities conducted under this section.

In 2012, the GAO will issue a report to Congress on total activities under this section, including an evaluation of return on investment and backlog of unfunded research projects.

## **Funding**

AHRQ is authorized at \$3 billion over five years. Funding would ramp up over the five years (\$100 million in the first year; \$200 million in the second year; remainder divided over remaining 3 years).

An “all-payer system” will be established. Medicare, private health plans and self-ensured health plans would each contribute a "fair share" of funding based on number of enrollees. The Medicare contribution is limited to \$200m each year (\$1B total over 5 years.) A “Health Care Comparative Effectiveness Trust Fund” will be established to collect and distribute these funds.

## **Coordinating Council for Health Services Research**

Establishes a coordinating council for health services research across HHS and other federal agencies (e.g., VA, DoD). Responsibilities of the coordinating council include:

- Clarify public data access policy.
- Report on current stock of the research infrastructure—training programs and grants, methods development, and investigator-initiated research—and identify future needs, as the infrastructure is critical to conducting comparative effectiveness as well as other types of policy-relevant research.
- Identify a national health services research agenda.