



Sound Policy. Quality Care.

July 24, 2009

Honorable Donna Christensen
1510 Longworth House Office Building
Washington, DC 20515

Honorable Jay Inslee
403 Cannon House Office Building
Washington, DC 20515

Honorable Fred Upton
2183 Rayburn House Office Building
Washington, DC 20515

Honorable Greg Walden
2352 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Christensen, Inslee, Upton, and Walden:

As the Alliance of Specialty Medicine, our mission is to advocate for sound federal health care policy that fosters patient access to the highest quality specialty care and improves timely access to high quality medical care for all Americans. As patient and physician advocates, the Alliance supports your amendment, which is largely based on HR 2502, the "Comparative Effectiveness Research Act of 2009," in the House Energy and Commerce Committee consideration of HR 3200, the "America's Affordable Health Choices Act."

The Alliance is pleased with your comprehensive focus on comparative effectiveness research (CER), including the provisions to ensure transparency, public input, and patient safeguards. Like you, the Alliance believes CER should enhance information about treatment options and outcomes for patients and physicians, helping them to choose the care that best meets the individual needs of the patient (including quality-of-life measures). A CER entity should not be a vehicle for making centralized coverage and payment decisions or recommendations; and it should focus on *clinical* effectiveness.

We also greatly appreciate that you have included language to ensure that physicians must be included as members of expert advisory panels that are convened to conduct CER and that a physician is the Chairperson. Since patients may respond differently to the same intervention, the Alliance feels strongly that the needs of the individual must be taken into consideration. We are therefore pleased that your bill also ensures that CER recognizes the diversity, including racial and ethnic diversity, of patient populations and subpopulations and communicates results in ways that reflect the differences in individual patient needs.

To ensure an open and transparent CER process, the Alliance prefers your public-private funding partnership and independent structure of CER. CER analyses, by their very design, are oftentimes very

complicated. Therefore, we appreciate your efforts to ensure that they are appropriately designed without strong government influence.

As you work to get this legislation enacted, the Alliance also urges you to include medical liability protections for health care providers when they follow practice guidelines recommended by the CER entity.

Thank you for commitment and leadership on this issue.

Sincerely,

American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American Gastroenterological Association
American Society of Cataract and Refractive Surgery
American Urological Association
Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons
Heart Rhythm Society
National Association of Spine Specialists
Society for Cardiovascular Angiography and Interventions