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PIPC Continues to Press on Comparative Effectiveness Research

WASHINGTON, DC - The <u>Partnership to Improve Patient Care</u> (PIPC), is disappointed that the House Energy and Commerce Committee did not act on the bipartisan Christensen-Inslee-Upton-Walden amendment which promoted patient-centered comparative effectiveness research (CER). The amendment has strong bipartisan support and would advance an objective, credible and independent CER program that meets the needs of all patients.

"We appreciate Committee members' work on this issue, and Chairman Waxman's commitment to working to include the amendment in the final House health reform bill," PIPC Chairman Tony Coelho said. "PIPC will continue to work in support of patient-centered CER as part of comprehensive health care reform."

The Christensen-Inslee-Upton-Walden amendment was based on legislation introduced by Rep. Kurt Schrader (D-OR) in the House (H.R. 2502) and Sens. Baucus and Conrad in the Senate (S. 1213). "This approach to CER will ensure that the research is focused on the needs of patients, and is not used in ways that interfere with the treatment decisions made by doctors and their patients," Coelho said. "As a patient myself, I understand that every body is different, and we must protect the ability of physicians and patients to tailor care to the needs of the individual."

The Christensen-Inslee-Upton-Walden, like S. 1213 and H.R. 2502, would create an independent Institute to oversee a patient-centered research program. This approach, Coelho noted, is supported by the American Medical Association, <u>AARP</u>, and over 100 organizations representing patients, providers, minority groups, and people with disabilities. This approach also was supported by leaders of the New Democrat Coalition in a recent letter to members of the Energy and Commerce Committee, and by the Medicare Payment Advisory Commission.

About PIPC

The Partnership to Improve Patient Care was formed in November 2008 to support new comparative effectiveness research proposals that are centered on patient and provider needs; raise awareness about the value of well-designed CER; and promote the important role of continued medical innovation as part of the solution to cost and quality challenges in health care. Partnership members include a wide range of healthcare organizations representing patient, provider and industry advocacy groups.

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