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The 111th Congress
U.S. House of Representatives
Washington, DC 20515

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October 30, 2009

Improve the Quality and Affordability of Health Care

Support H.R 2502, the Comparative Effectiveness Research Act of 2009

Endorsed by over 100 groups representing patients, providers, people with disabilities, minority communities, & researchers.

Dear Colleague:

As healthcare reform legislation moves forward, it is essential that comparative effectiveness research be included. We also need to ensure such research is focused on patient needs and grounded in sound science. That is why I intend to offer HR 2502, the Comparative Effectiveness Research Act of 2009, as an amendment during next week's Rules Committee consideration of the Affordable Health Care for America Act. This bipartisan legislation is supported by over 60 Members of the House of Representatives and I urge you to join as a cosponsor in advance of the Rules Committee consideration process.

While the current comparative effectiveness language in the House legislation was changed to reflect some of the principles in HR 2502, it fails to reinforce the core tenet of healthcare – that **patients and doctors should be making medical decisions, not insurance companies or large employers**. By advancing the conduct and communication of research on patient health outcomes, HR 2502 gives patients and doctors the information they need to make good medical choices, without dictating those choices to them. It also ensures a role for the federal government in improving the understanding and distribution of comparative effectiveness research in public and private settings, which will help us substantially achieve long-term efficiencies and value, including potential savings, in health reform.

Equally important, HR 2502 is the only way to ensure that CER is aligned with the emerging science of personalized medicine, which holds untold promises in understanding, preventing, and curing deadly diseases like Alzheimers and cancer. This is a critically important issue, and in fact was recently highlighted by NIH Director Dr. Francis Collins, whose accomplishments include spearheading the effort to map the

human genome. Dr. Collins notes the federal government's push to control health costs through comparative effectiveness research could threaten strides in personalized medicine, in which medicines are tailored to an individual's genetic makeup. According to Dr. Collins a CER approach, similar to the one included in the Affordable Health Care for America Act, has the potential to undermine the promise of personalized medicines because "studies on genomically defined subpopulations that would advance personalized medicine are going to get lost in the wash by considering everybody equivalent, which we know they are not."

That is why I am pleased that the **Personalized Medicine Coalition has announced its support for HR 2502** as the right framework for advancing CER that meets patient needs and is aligned with the emerging science of personalized medicine. As noted by the PMC, the Comparative Effectiveness Research Act of 2009 will ensure the expertise and views of a wide range of experts and scientists from government agencies and the private sector can be considered, and will ensure CER is in step with the latest advances in genetics and molecular medicine.

Please join me in advancing CER that is focused on patients and based on sound science, and support HR 2502. If you would like more information or to become a cosponsor, please contact Jeremiah Rigsby in my office at 5-5711 or jbrigsby@mail.house.gov

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt Schrader". The signature is fluid and cursive, with a prominent "K" and "S".

KURT SCHRADER
Member of Congress