

108TH CONGRESS
1ST SESSION

H. R. 2356

To require the National Institutes of Health to conduct research, and the Agency for Healthcare Research and Quality to conduct studies, on the comparative effectiveness and cost-effectiveness of prescription drugs that account for high levels of expenditures or use by individuals in federally funded health programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 5, 2003

Mr. ALLEN (for himself, Mrs. EMERSON, Mr. BERRY, Mr. BEREUTER, Mr. WAXMAN, Mr. BURTON of Indiana, Mr. DAVIS of Florida, Mr. GUTKNECHT, Mr. SNYDER, Mrs. BONO, Mr. COOPER, and Mr. WAMP) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the National Institutes of Health to conduct research, and the Agency for Healthcare Research and Quality to conduct studies, on the comparative effectiveness and cost-effectiveness of prescription drugs that account for high levels of expenditures or use by individuals in federally funded health programs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Prescription Drug
3 Comparative Effectiveness Act of 2003”.

4 **SEC. 2. NIH RESEARCH AND AHRQ STUDY ON EFFECTIVE-**
5 **NESS OF CERTAIN PRESCRIPTION DRUGS.**

6 (a) IN GENERAL.—

7 (1) RESEARCH BY NIH.—The Director of the
8 National Institutes of Health, in coordination with
9 the Director of the Agency for Healthcare Research
10 and Quality, shall conduct research, which may in-
11 clude clinical research, to develop valid scientific evi-
12 dence regarding the comparative effectiveness, cost-
13 effectiveness, and, where appropriate, comparative
14 safety of covered prescription drugs relative to other
15 drugs and treatments for the same disease or condi-
16 tion.

17 (2) ANALYSIS BY AHRQ.—

18 (A) IN GENERAL.—The Director of the
19 Agency for Healthcare Research and Quality,
20 taking into consideration the research of the
21 National Institutes of Health under this sec-
22 tion, shall use evidence-based practice centers to
23 conduct studies or other analyses of the com-
24 parative effectiveness, cost-effectiveness, and,
25 where appropriate, comparative safety of cov-
26 ered prescription drugs relative to other drugs

1 and treatments for the same disease or condi-
2 tion.

3 (B) SAFETY.—In any analysis of compara-
4 tive effectiveness or cost-effectiveness under this
5 subparagraph, the Director of the Agency for
6 Healthcare Research and Quality shall include
7 a discussion of available information on relative
8 safety.

9 (3) STANDARDS.—The Director of the Agency
10 for Healthcare Research and Quality, in consultation
11 with the Commissioner of Food and Drugs, the Di-
12 rector of the National Institutes of Health, and
13 stakeholders, shall develop standards for the design
14 and conduct of cost-effectiveness studies under this
15 subsection.

16 (b) COVERED PRESCRIPTION DRUGS.—For purposes
17 of this section, the term “covered prescription drugs”
18 means prescription drugs that, as determined by the Di-
19 rector of the Agency for Healthcare Research and Quality
20 in consultation with the Administrator of the Centers for
21 Medicare & Medicaid Services, account for high levels of
22 expenditures or use by individuals in federally funded
23 health programs, including Medicare and Medicaid.

24 (c) ANNUAL REPORT.—Each year the Director of the
25 Agency for Healthcare Research and Quality shall prepare

1 a report on the results of the research, studies, and anal-
2 yses conducted by the National Institutes of Health and
3 the Agency for Healthcare Research and Quality under
4 this section and submit the report to the following:

5 (1) The Congress.

6 (2) The Secretary of Defense.

7 (3) The Secretary of Health and Human Serv-
8 ices.

9 (4) The Secretary of Veterans Affairs.

10 (5) The Administrator of the Centers for Medi-
11 care & Medicaid Services.

12 (6) The Director of the Indian Health Service.

13 (7) The Director of the National Institutes of
14 Health.

15 (8) The Director of the Office of Personnel
16 Management.

17 (d) REPORTS FOR PRACTITIONERS.—As soon as pos-
18 sible, but not later than a year after the completion of
19 any study pursuant to subsection (a)(2), the Director of
20 the Agency for Healthcare Research and Quality shall—

21 (1) prepare a report on the results of such
22 study for the purpose of informing health care prac-
23 titioners; and

24 (2) transmit the report to the Director of the
25 National Institutes of Health.

1 (e) NIH INTERNET SITE.—The Director of the Na-
2 tional Institutes of Health shall publish on the Institutes’
3 Internet site, and through other means that will facilitate
4 access by practitioners, each report prepared under sub-
5 section (c) or (d) by the Director of the Agency for
6 Healthcare Research and Quality.

7 (f) EVIDENCE.—In carrying out this section, the Di-
8 rectors of the National Institutes of Health and the Agen-
9 cy for Healthcare Research and Quality shall consider only
10 methodologically sound studies, giving preference to stud-
11 ies for which the Directors have access to sufficient under-
12 lying data and analysis to address any significant concerns
13 about methodology or the reliability of data.

14 (g) AUTHORIZATIONS OF APPROPRIATIONS.—

15 (1) NIH.—There are authorized to be appro-
16 priated to the National Institutes of Health to carry
17 out this section \$50,000,000 for fiscal year 2004,
18 and such sums as may be necessary for fiscal years
19 thereafter.

20 (2) AHRQ.—There are authorized to be appro-
21 priated to the Agency for Healthcare Research and
22 Quality to carry out this section \$25,000,000 for fis-
23 cal year 2004, and such sums as may be necessary
24 for fiscal years thereafter.

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