

110TH CONGRESS
1ST SESSION

H. R. 2184

To amend the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to expand comparative effectiveness research and to increase funding for such research to improve the value of health care.

IN THE HOUSE OF REPRESENTATIVES

MAY 7, 2007

Mr. ALLEN (for himself and Mrs. EMERSON) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to expand comparative effectiveness research and to increase funding for such research to improve the value of health care.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Enhanced Health Care
5 Value for All Act of 2007”.

1 **SEC. 2. RESEARCH ON COMPARATIVE EFFECTIVENESS OF**
2 **HEALTH CARE ITEMS AND SERVICES.**

3 (a) EXPANSION OF SCOPE OF RESEARCH.—Sub-
4 section (a) of section 1013 of the Medicare Prescription
5 Drug, Improvement, and Modernization Act of 2003 (Pub-
6 lic Law 108–173) is amended—

7 (1) in paragraph (1)—

8 (A) in subparagraph (A)—

9 (i) by striking “programs established
10 under titles XVIII, XIX, and XXI of the
11 Social Security Act” and inserting “Fed-
12 eral health care programs (as defined in
13 subparagraph (C))”;

14 (ii) by striking “shall conduct and
15 support research” and inserting “shall con-
16 duct and support research, which may in-
17 clude clinical research,”;

18 (iii) in clause (i), by striking “and” at
19 the end;

20 (iv) in clause (ii), by striking the pe-
21 riod at the end and inserting “; and”; and

22 (v) by adding at the end the following:

23 “(iii) gaps in current research which
24 may necessitate research beyond system-
25 atic reviews of existing evidence.”;

(B) by adding at the end the following new subparagraph:

“(C) FEDERAL HEALTH CARE PROGRAMS DEFINED.—For purposes of this section, the term ‘Federal health care program’ means each of the following:

“(i) Any program established under title XVIII, XIX, or XXI of the Social Security Act.

“(ii) The Federal employees health benefits program under chapter 89 of title 5, United States Code.

“(iii) A health program operated under title 38, United States Code, by the Department of Veterans Affairs.

“(iv) The TRICARE program under chapter 55 of title 10, United States Code.

“(v) A medical care program of the Indian Health Service or of a tribal organization.”;

(2) in paragraph (2)—

(A) in subparagraph (C)(i), by striking “the programs established” and inserting “Federal health care programs, including the programs established”;

1 (B) in subparagraph (C)(ii), by striking
2 “and” at the end;

3 (C) in subparagraph (C)(iii), by striking
4 the period at the end and inserting “; and”;

5 (D) by inserting after subparagraph (C)
6 the following:

7 “(iv) shall provide for edu-
8 cation to physicians, other health
9 care providers, and the public
10 (including patients and con-
11 sumers) about the information on
12 comparative effectiveness that is
13 available as a result of research
14 funded under this section.”; and

15 (E) by adding at the end the following:

16 “(D) COMPARATIVE EFFECTIVENESS ADVI-
17 SORY BOARD.—

18 “(i) IN GENERAL.—Effective as of the
19 date of the enactment of the Enhanced
20 Health Care Value for All Act of 2007, the
21 stakeholder group consulted for purposes
22 of subparagraph (C)(1) shall be known as
23 the Comparative Effectiveness Advisory
24 Board. Any reference in a law, map, regu-
25 lation, document, paper, or other record of

1 the United States to such stakeholder
2 group shall be deemed to be a reference to
3 the Comparative Effectiveness Advisory
4 Board.

5 “(ii) COMPOSITION OF BOARD.—The
6 members of the Comparative Effectiveness
7 Advisory Board shall consist of—

8 “(I) the Director of the Agency
9 for Healthcare Research and Quality;
10 and

11 “(II) up to 14 additional mem-
12 bers who shall represent broad con-
13 stituencies of stakeholders including
14 clinicians, patients, researchers, third-
15 party payers, consumers of Federal
16 and State beneficiary programs, and
17 health care industry professionals.

18 “(iii) APPOINTMENT; TERMS.—The
19 Comptroller General of the United States
20 shall appoint the members of the Compara-
21 tive Effectiveness Advisory Board. Each
22 member shall be appointed for a term of 2
23 years. The members appointed for the first
24 term following the date of the enactment
25 of the Enhanced Health Care Value for All

1 Act of 2007 shall be appointed not later
2 than 90 days after such date of enactment.
3 Any member serving on the Advisory
4 Board as of the date of the enactment of
5 the Enhanced Health Care Value for All
6 Act of 2007 may continuing serving
7 through the end of the member's term.

8 “(iv) CONFLICTS OF INTEREST.—In
9 appointing the members of the Compara-
10 tive Effectiveness Advisory Board (and the
11 members of any panel that reports to the
12 Board), the Comptroller General of the
13 United States shall take into consideration
14 any financial conflicts of interest.

15 “(E) ADDITIONAL AUTHORITIES.—In addi-
16 tion to any authorities vested in the Compara-
17 tive Effectiveness Advisory Board as of the day
18 before the date of the enactment of the En-
19 hanced Health Care Value for All Act of 2007,
20 the Comparative Effectiveness Advisory Board
21 shall have the following authorities:

22 “(i) To provide input on research pri-
23 orities.

24 “(ii) To recommend how to organize
25 research funded under this section taking

1 into consideration the full range of appro-
2 priate methodologies, including randomized
3 control trials, practical clinical trials, ob-
4 servation studies, and synthesis of existing
5 research.

6 “(iii) To make recommendations on
7 how findings resulting from research fund-
8 ed under this section should be described,
9 presented, and disseminated.

10 “(iv) To make recommendations to
11 the Congress and the Secretary, not later
12 than 2 years after the date of the enact-
13 ment of the Enhanced Health Care Value
14 for All Act of 2007, regarding the estab-
15 lishment of one or more federally-funded
16 research and development centers.

17 “(v) To identify, consistent with sub-
18 paragraph (C)(i), highest priorities (such
19 as treatments that are highly utilized or
20 are for high-cost, chronic illnesses) for re-
21 search, demonstrations, and evaluations to
22 support and improve Federal health care
23 programs.

1 “(vi) To ensure that such priorities
2 are in accordance with the principles de-
3 scribed in subparagraph (F).

4 “(vii) To establish a clinical peer re-
5 view advisory panel (comprised of meth-
6 odologists, health service researchers, and
7 medical experts) for each such priority to
8 advise the Secretary on validating the
9 science and methods used to conduct com-
10 parative effectiveness studies.

11 “(F) PRINCIPLES.—Research conducted or
12 supported under this section shall be in accord-
13 ance with the following principles:

14 “(i) INDEPENDENCE.—The setting of
15 the agenda and use of the research shall be
16 insulated from inappropriate political or
17 stakeholder influence.

18 “(ii) SCIENTIFIC CREDIBILITY.—The
19 methods for conducting the research shall
20 be scientifically based.

21 “(iii) TRANSPARENCY.—All aspects of
22 the prioritization of research, the conduct
23 of the research, and any recommendations
24 based on the research shall be carried out
25 in a transparent manner.

1 “(iv) INCLUSION OF INPUT FROM
 2 STAKEHOLDERS.—Patients, providers,
 3 health care consumer representatives,
 4 health industry representatives, and law-
 5 makers shall be consulted regarding prior-
 6 ities and dissemination of the research.”;

7 (3) in paragraph (3)(C), by adding at the end
 8 the following:

9 “(iii) UPDATES.—The Secretary shall
 10 make available and disseminate updated
 11 evaluations, syntheses, and findings under
 12 this subparagraph not less than every 6
 13 months.”; and

14 (4) in paragraph (4)(A), by striking “the pro-
 15 grams established under titles XVIII, XIX, and XXI
 16 of the Social Security Act” and inserting “the Fed-
 17 eral health care programs”.

18 (b) REPORTS TO CONGRESS.—Such section is further
 19 amended—

20 (1) by redesignating subsection (e) as sub-
 21 section (f); and

22 (2) by inserting after subsection (d) the fol-
 23 lowing:

24 “(e) REPORTS.—Not later than 1 year after the date
 25 of the enactment of the Enhanced Health Care Value for

1 All Act of 2007, and annually thereafter, the Secretary,
2 in consultation with the Comparative Effectiveness Advi-
3 sory Board, shall submit to Congress a report on the ac-
4 tivities conducted under this section. The report submitted
5 under this subsection in 2012 shall include a description
6 of the total activities conducted under this section since
7 the date of the enactment of the Enhanced Health Care
8 Value for All Act of 2007, including—

9 “(1) an evaluation of the return on the invest-
10 ment in the program conducted under this section,
11 including the overall cost of the program, the sci-
12 entific knowledge created through the program, and
13 the ways in which such knowledge has been used;

14 “(2) an evaluation of any backlog of unfunded
15 research projects; and

16 “(3) an assessment of—

17 “(A) how the program is working;

18 “(B) the governance structure of the pro-
19 gram;

20 “(C) the ability of the program to include
21 public comment and patient perspectives in pri-
22 ority setting; and

23 “(D) the ability of the program to dissemi-
24 nate findings and conclusions.”.

1 **SEC. 3. HEALTH CARE COMPARATIVE EFFECTIVENESS RE-**
 2 **SEARCH TRUST FUND; FINANCING FOR**
 3 **TRUST FUND.**

4 (a) ESTABLISHMENT OF TRUST FUND.—

5 (1) IN GENERAL.—Subchapter A of chapter 98
 6 of the Internal Revenue Code of 1986 (relating to
 7 trust fund code) is amended by adding at the end
 8 the following new section:

9 **“SEC. 9511. HEALTH CARE COMPARATIVE EFFECTIVENESS**
 10 **RESEARCH TRUST FUND.**

11 “(a) CREATION OF TRUST FUND.—There is estab-
 12 lished in the Treasury of the United States a trust fund
 13 to be known as the ‘Health Care Comparative Effective-
 14 ness Research Trust Fund’ (hereinafter in this section re-
 15 ferred to as the ‘Trust Fund’), consisting of such amounts
 16 as may be appropriated or credited to such Trust Fund
 17 as provided in this section and section 9602(b).

18 “(b) TRANSFERS TO FUND.—There are hereby ap-
 19 propriated to the Trust Fund the following:

20 “(1) Amounts equivalent to the net revenues re-
 21 ceived in the Treasury from the fees imposed under
 22 subchapter B of chapter 34 (relating to fees on
 23 health insurance and self-insured plans).

24 “(2) Subject to subsection (c)(2), for each fiscal
 25 year beginning with fiscal year 2008, amounts deter-
 26 mined by the Secretary of Health and Human Serv-

1 ices to be equivalent to fair share amount deter-
 2 mined under subsection (c) multiplied by the average
 3 number of individuals entitled to benefits under part
 4 A, or enrolled under part B, of title XVIII of the So-
 5 cial Security Act during such fiscal year.

6 The amounts appropriated under paragraph (2) shall be
 7 transferred from the Federal Hospital Insurance Trust
 8 Fund (established under section 1817 of the Social Secu-
 9 rity Act) and from the Federal Supplementary Medical In-
 10 surance Trust Fund (established under section 1841 of
 11 such Act), and from the Medicare Prescription Drug Ac-
 12 count within such Trust Fund, in proportion (as estimated
 13 by the Secretary) to the total expenditures during such
 14 fiscal year that are made under title XVIII of such Act
 15 from the respective trust fund or account.

16 “(c) FAIR SHARE AMOUNT.—

17 “(1) IN GENERAL.—The Secretary of Health
 18 and Human Services shall compute for each fiscal
 19 year (beginning with fiscal year 2008) a fair share
 20 amount under this subsection that is an amount
 21 that, when applied under this section and subchapter
 22 B of chapter 34 of the Internal Revenue Code of
 23 1986, will result in revenues to the Trust Fund (tak-
 24 ing into account any outstanding balance in the
 25 Trust Fund) for the fiscal year as follows:

1 “(A) for fiscal year 2008, \$100,000,000;

2 “(B) for fiscal year 2009, \$200,000,000;

3 and

4 “(C) for each of fiscal years 2010 through
5 2012, \$900,000,000.

6 “(2) LIMITATION ON MEDICARE FUNDING.—In
7 no case shall the amount transferred under sub-
8 section (b)(2) for any fiscal year exceed
9 \$200,000,000.

10 “(d) EXPENDITURES FROM FUND.—Amounts in the
11 Trust Fund are available to the Secretary of Health and
12 Human Services for carrying out section 1013 of the
13 Medicare Prescription Drug, Improvement, and Mod-
14 ernization Act of 2003.

15 “(e) NET REVENUES.—For purposes of this section,
16 the term ‘net revenues’ means the amount estimated by
17 the Secretary based on the excess of—

18 “(1) the fees received in the Treasury under
19 subchapter B of chapter 34, over

20 “(2) the decrease in the tax imposed by chapter
21 1 resulting from the fees imposed by such sub-
22 chapter.”.

23 (2) CLERICAL AMENDMENT.—The table of sec-
24 tions for such subchapter A is amended by adding
25 at the end thereof the following new item:

“Sec. 9511. Health Care Comparative Effectiveness Research Trust Fund.”.

1 (b) FINANCING FOR FUND FROM FEES ON INSURED
2 AND SELF-INSURED HEALTH PLANS.—

3 (1) GENERAL RULE.—Chapter 34 of the Inter-
4 nal Revenue Code of 1986 is amended by adding at
5 the end the following new subchapter:

6 **“Subchapter B—Insured and Self-Insured**
7 **Health Plans**

“Sec. 4375. Health insurance.

“Sec. 4376. Self-insured health plans.

“Sec. 4377. Definitions and special rules.

8 **“SEC. 4375. HEALTH INSURANCE.**

9 “(a) IMPOSITION OF FEE.—There is hereby imposed
10 on each specified health insurance policy for each policy
11 year a fee equal to the fair share amount determined
12 under section 9511(c)(1) multiplied by the average num-
13 ber of lives covered under the policy.

14 “(b) LIABILITY FOR FEE.—The fee imposed by sub-
15 section (a) shall be paid by the issuer of the policy.

16 “(c) SPECIFIED HEALTH INSURANCE POLICY.—For
17 purposes of this section—

18 “(1) IN GENERAL.—Except as otherwise pro-
19 vided in this section, the term ‘specified health in-
20 surance policy’ means any accident or health insur-
21 ance policy issued with respect to individuals resid-
22 ing in the United States.

23 “(2) EXEMPTION OF CERTAIN POLICIES.—The
24 term ‘specified health insurance policy’ does not in-

1 clude any insurance policy if substantially all of the
2 coverage provided under such policy relates to—

3 “(A) liabilities incurred under workers’
4 compensation laws,

5 “(B) tort liabilities,

6 “(C) liabilities relating to ownership or use
7 of property,

8 “(D) credit insurance,

9 “(E) medicare supplemental coverage, or

10 “(F) such other similar liabilities as the
11 Secretary may specify by regulations.

12 “(3) TREATMENT OF PREPAID HEALTH COV-
13 ERAGE ARRANGEMENTS.—

14 “(A) IN GENERAL.—In the case of any ar-
15 rangement described in subparagraph (B)—

16 “(i) such arrangement shall be treated
17 as a specified health insurance policy, and

18 “(ii) the person referred to in such
19 subparagraph shall be treated as the
20 issuer.

21 “(B) DESCRIPTION OF ARRANGEMENTS.—

22 An arrangement is described in this subpara-
23 graph if under such arrangement fixed pay-
24 ments or premiums are received as consider-
25 ation for any person’s agreement to provide or

1 arrange for the provision of accident or health
2 coverage to residents of the United States, re-
3 gardless of how such coverage is provided or ar-
4 ranged to be provided.

5 **“SEC. 4376. SELF-INSURED HEALTH PLANS.**

6 “(a) IMPOSITION OF FEE.—In the case of any appli-
7 cable self-insured health plan for each plan year, there is
8 hereby imposed a fee equal to the fair share amount deter-
9 mined under section 9511(c)(1) multiplied by the average
10 number of lives covered under the plan.

11 “(b) LIABILITY FOR FEE.—

12 “(1) IN GENERAL.—The fee imposed by sub-
13 section (a) shall be paid by the plan sponsor.

14 “(2) PLAN SPONSOR.—For purposes of para-
15 graph (1) the term ‘plan sponsor’ means—

16 “(A) the employer in the case of a plan es-
17 tablished or maintained by a single employer,

18 “(B) the employee organization in the case
19 of a plan established or maintained by an em-
20 ployee organization,

21 “(C) in the case of—

22 “(i) a plan established or maintained
23 by 2 or more employers or jointly by 1 or
24 more employers and 1 or more employee
25 organizations,

1 “(ii) a multiple employer welfare ar-
2 rangement, or

3 “(iii) a voluntary employees’ bene-
4 ficiary association described in section
5 501(c)(9),

6 the association, committee, joint board of trust-
7 ees, or other similar group of representatives of
8 the parties who establish or maintain the plan,
9 or

10 “(D) the cooperative or association de-
11 scribed in subsection (c)(2)(F) in the case of a
12 plan established or maintained by such a coop-
13 erative or association.

14 “(c) APPLICABLE SELF-INSURED HEALTH PLAN.—
15 For purposes of this section, the term ‘applicable self-in-
16 sured health plan’ means any plan for providing accident
17 or health coverage if—

18 “(1) any portion of such coverage is provided
19 other than through an insurance policy, and

20 “(2) such plan is established or maintained—

21 “(A) by one or more employers for the
22 benefit of their employees or former employees,

23 “(B) by one or more employee organiza-
24 tions for the benefit of their members or former
25 members,

1 “(C) jointly by 1 or more employers and 1
 2 or more employee organizations for the benefit
 3 of employees or former employees,

4 “(D) by a voluntary employees’ beneficiary
 5 association described in section 501(c)(9),

6 “(E) by any organization described in sec-
 7 tion 501(c)(6), or

8 “(F) in the case of a plan not described in
 9 the preceding subparagraphs, by a multiple em-
 10 ployer welfare arrangement (as defined in sec-
 11 tion 3(40) of Employee Retirement Income Se-
 12 curity Act of 1974), a rural electric cooperative
 13 (as defined in section 3(40)(B)(iv) of such Act),
 14 or a rural telephone cooperative association (as
 15 defined in section 3(40)(B)(v) of such Act).

16 **“SEC. 4377. DEFINITIONS AND SPECIAL RULES.**

17 “(a) DEFINITIONS.—For purposes of this sub-
 18 chapter—

19 “(1) ACCIDENT AND HEALTH COVERAGE.—The
 20 term ‘accident and health coverage’ means any cov-
 21 erage which, if provided by an insurance policy,
 22 would cause such policy to be a specified health in-
 23 surance policy (as defined in section 4375(c)).

24 “(2) INSURANCE POLICY.—The term ‘insurance
 25 policy’ means any policy or other instrument where-

1 by a contract of insurance is issued, renewed, or ex-
2 tended.

3 “(3) UNITED STATES.—The term ‘United
4 States’ includes any possession of the United States.

5 “(b) TREATMENT OF GOVERNMENTAL ENTITIES.—

6 “(1) IN GENERAL.—For purposes of this sub-
7 chapter—

8 “(A) the term ‘person’ includes any gov-
9 ernmental entity, and

10 “(B) notwithstanding any other law or rule
11 of law, governmental entities shall not be ex-
12 empt from the fees imposed by this subchapter
13 except as provided in paragraph (2).

14 “(2) TREATMENT OF EXEMPT GOVERNMENTAL
15 PROGRAMS.—In the case of an exempt governmental
16 program, no fee shall be imposed under section 4375
17 or section 4376 on any covered life under such pro-
18 gram.

19 “(3) EXEMPT GOVERNMENTAL PROGRAM DE-
20 FINED.—For purposes of this subchapter, the term
21 ‘exempt governmental program’ means—

22 “(A) any insurance program established
23 under title XVIII of the Social Security Act,

1 “(B) the medical assistance program es-
2 tablished by title XIX or XXI of the Social Se-
3 curity Act,

4 “(C) any program established by Federal
5 law for providing medical care (other than
6 through insurance policies) to individuals (or
7 the spouses and dependents thereof) by reason
8 of such individuals being—

9 “(i) members of the Armed Forces of
10 the United States, or

11 “(ii) veterans, and

12 “(D) any program established by Federal
13 law for providing medical care (other than
14 through insurance policies) to members of In-
15 dian tribes (as defined in section 4(d) of the In-
16 dian Health Care Improvement Act).

17 “(c) TREATMENT AS TAX.—For purposes of subtitle
18 F, the fees imposed by this subchapter shall be treated
19 as if they were taxes.

20 “(d) NO COVER OVER TO POSSESSIONS.—Notwith-
21 standing any other provision of law, no amount collected
22 under this subchapter shall be covered over to any posses-
23 sion of the United States.”

1 (2) CLERICAL AMENDMENT.—Chapter 34 of
 2 such Code is amended by striking the chapter head-
 3 ing and inserting the following:

4 **“CHAPTER 34—TAXES ON CERTAIN**
 5 **INSURANCE POLICIES**

 “SUBCHAPTER A. POLICIES ISSUED BY FOREIGN INSURERS

 “SUBCHAPTER B. INSURED AND SELF-INSURED HEALTH PLANS

6 **“Subchapter A—Policies Issued By Foreign**
 7 **Insurers”.**

8 (3) EFFECTIVE DATE.—The amendments made
 9 by this section shall apply with respect to policies
 10 and plans for portions or policy or plan years begin-
 11 ning on or after October 1, 2007.

12 **SEC. 4. COORDINATION OF HEALTH SERVICES RESEARCH.**

13 (a) ESTABLISHMENT.—The Secretary of Health and
 14 Human Services shall establish a permanent council (in
 15 this section referred to as the “Council”) for the purpose
 16 of assisting the offices and agencies of the Department
 17 of Health and Human Services, the Department of Vet-
 18 erans Affairs, the Department of Defense, and any other
 19 department or agency to coordinate the conduct or sup-
 20 port of health services research. Such coordination shall
 21 include advising each such office and agency—

22 (1) on clarifying its policies regarding public ac-
 23 cess to data resulting from research conducted or
 24 supported by the office or agency, including the pro-

1 vision of reasons for not permitting any such data
2 to be publicly disclosed;

3 (2) on making such policies, as clarified, pub-
4 licly available; and

5 (3) on updating the publicly available versions
6 of such policies to reflect any subsequent modifica-
7 tions;

8 (b) MEMBERSHIP.—

9 (1) NUMBER AND APPOINTMENT.—The Council
10 shall be composed of 20 members. One member shall
11 be the Director of the Agency for Healthcare Re-
12 search and Quality. The Director shall appoint the
13 other members not later than 30 days after the en-
14 actment of this Act.

15 (2) QUALIFICATIONS.—

16 (A) IN GENERAL.—The members of the
17 Council shall include one senior official from
18 each of the following agencies:

19 (i) The Veterans Health Administra-
20 tion.

21 (ii) The Department of Defense Mili-
22 tary Health Care System.

23 (iii) The Centers for Disease Control
24 and Prevention.

1 (iv) The National Center for Health
2 Statistics.

3 (v) The National Institutes of Health.

4 (vi) The Center for Medicare & Med-
5 icaid Services.

6 (vii) The Federal Employees Health
7 Benefits Program.

8 (B) NATIONAL, PHILANTHROPIC FOUNDA-
9 TIONS.—The members of the Council shall in-
10 clude 4 senior leaders from major national,
11 philanthropic foundations that fund and use
12 health services research.

13 (C) STAKEHOLDERS.—The remaining
14 members of the Council shall be representatives
15 of other stakeholders in health services re-
16 search, including private purchasers, health
17 plans, hospitals and other health facilities, and
18 health consumer groups.

19 (D) PERIOD OF APPOINTMENT.—Members
20 of the Council shall be appointed for the life of
21 the Council. Any vacancies shall not affect the
22 power and duties of the Council and shall be
23 filled in the same manner as the original ap-
24 pointment.

1 (c) LEADERSHIP.—The Secretary of Health and
2 Human Services shall appoint the chair of the Council.
3 Not later than 15 days after the date on which all mem-
4 bers of the Council have been appointed under section
5 (b)(1), the Council chair shall designate a co-chair of the
6 Council. The co-chair shall be the leader of a national
7 foundation that funds health services research.

8 (d) SUBCOMMITTEES.—The Council may establish
9 subcommittees to assist in carrying out its duties.

10 (e) DUTIES.—

11 (1) PUBLIC MEETINGS.—Not later than 120
12 days after the designation of a co-chairperson under
13 subsection (c), the Council shall hold public meetings
14 with producers and users of health services research
15 to examine—

16 (A) the major infrastructure challenges
17 facing the field of health services research;

18 (B) the field’s research priorities over the
19 next 5 years;

20 (C) the current portfolio of health services
21 research being funded;

22 (D) ways to stimulate innovation in the
23 field of health services research; and

1 (E) ways in which the field of health serv-
2 ices research might help to transform the health
3 care system by 2020.

4 (2) ADDITIONAL MEETINGS.—The Council may
5 hold additional public meetings on subjects other
6 than those listed in the paragraph (1) so long as the
7 meetings are determined to be necessary by the
8 Council in carrying out its duties. Additional meet-
9 ings are not required to be completed within the
10 time period specified in paragraph (1).

11 (3) DEVELOP A STRATEGIC PLAN.—Not later
12 than 2 years after the meetings described in para-
13 graph (1) and (2) are completed, the Council shall
14 prepare and make public through the Internet and
15 other channels a strategic plan for the field of health
16 services research, which plan shall include the fol-
17 lowing:

18 (A) A health services research agenda to
19 address the Nation’s evolving health care prior-
20 ities.

21 (B) A plan for addressing the infrastruc-
22 ture needs of the field of health services re-
23 search, including professional development for
24 the next generation of researchers and improved
25 methods and data.

1 (C) A plan for fostering innovation in the
2 field of health services research.

3 (D) A uniform definition of health services
4 research and standard research categories to be
5 used across the funders of health services re-
6 search in developing research budgets and re-
7 porting research expenditures.

8 (f) ANNUAL REPORT.—Not later than 1 year after
9 the publication of the Council’s strategic plan under sub-
10 section (e)(3), and annually thereafter, the Council shall
11 report to the Congress on, and make public a detailed de-
12 scription of, the following:

13 (1) The Council’s progress in implementing the
14 strategic plan.

15 (2) Organizational expenditures in health serv-
16 ices research by the Federal agencies specified in
17 subsection (b)(2)(A) according to the uniform defini-
18 tion and standard research categories developed by
19 the Council.

20 (g) DETAIL OF EMPLOYEES.—Each Federal agency
21 represented on the Council may, on a non-reimbursable
22 basis, detail one employee to the Council. Each such detail
23 shall last no more than 2 years. Any detail of an employee
24 shall be without interruption or loss of civil services status
25 or privilege.

1 (h) CONTRACTING.—The Director of the Agency for
2 Healthcare Research and Quality may contract with an
3 outside entity to assist the Council in holding public meet-
4 ings, developing the strategic plan for the field of health
5 services research, and fulfilling annual reporting require-
6 ments.

