

Patient-Centered Outcomes Research Institute (PCORI) Reauthorization

Summary of Changes

Extension of Funding. The discussion draft extends funding for the PCOR Trust Fund for 10 years (through FY 2029).

Board Composition. The discussion draft makes one substantive and one technical change to the composition of PCORI's Board. The substantive change will add 4 additional slots (to 7 total) for private payers. The discussion draft increases the total number of Board members to accommodate this change. The discussion draft makes a technical change that corrects an error in the original statute that misstated the total number of appointed Board Members as "17" rather than "19."

Transfer of Responsibility for Appointments to the Methodology Committee. The discussion draft transfers the responsibility to make appointments to the Methodology Committee from the Comptroller General of the United States to PCORI's Board.

Consideration of Full Range of Outcomes Data. The discussion draft directs researchers to collect data on the potential burdens and economic impacts of the utilization of medical treatments, items, and services on different stakeholders and decision-makers. These potential burdens and economic impacts include medical out-of-pocket costs, non-medical costs to the patient and family, effects on future costs of care, workplace productivity and absenteeism, and healthcare utilization.

Establishment of Expert Advisory Panel for High-Impact Research. The discussion draft establishes an 'Expert Advisory Panel for High-Impact Research' to assist and advise PCORI on ways to better take into account and target diseases, conditions, and care interventions that have a high-impact on national health expenditures and advance the incorporation of practical evidence into health care delivery in the national priorities for research and the research project agenda.

Coverage for PCORI-Funded Clinical Trials. The discussion draft updates the definition of an approved clinical trial in the individual and group markets to include trials approved or funded by PCORI. Additionally, the discussion draft adds PCORI as a "deemed entity" for the purposes of providing automatic Medicare coverage of reasonable and necessary items and services in PCORI-funded clinical trials or studies.

PCORI Annual Report Improvement. The discussion draft adds a requirement that PCORI include narrative statements of its funding announcements to the annual report to provide additional context around its work and priorities.

Cost and Other Barriers in PCORI-Funded Studies. The discussion draft requires that PCORI detail in its annual report any barriers that researchers funded by the Institute have encountered in conducting studies or clinical trials, including challenges covering the cost of any medical treatments, services, and items. Additionally, the discussion draft requires GAO to report on any barriers that researchers funded by the Institute have encountered in conducting studies or clinical trials, including challenges covering the cost of any medical treatments, services, and items at least once every five years.

Strengthen PCORI and AHRQ's Dissemination Mandates. The discussion draft includes changes to clarify Congress's intent that PCORI and AHRQ promote the timely implementation of research findings disseminated with PCOR Trust Fund dollars. Both PCORI and AHRQ currently engage in implementation activities, but the updated language aims to highlight the importance of the uptake of these research findings.

Exemption from Paperwork Reduction Act Requirements. The discussion draft exempts AHRQ's PCOR Trust Fund activities from the requirements of the Paperwork Reduction Act in order to improve the quality, efficiency, and timeliness of AHRQ's evaluation of dissemination and implementation activities.

Balancing Short-Term and Long-Term Priorities. The discussion draft amends PCORI's directive in identifying its research priorities to require a balance between long-term priorities and short-term priorities, and responsiveness to changing medical evidence and health care treatments.