Legislation containing a 10-year reauthorization of PCORI’s funding became law in December 2019. This means we can continue to fulfill our mission of funding research that helps patients, in consultation with their doctors, weigh their healthcare options and make the best choices based on their values, preferences, and circumstances. Key provisions of the law are outlined below.

**Federal Mandatory Appropriations**
Funding for the PCOR Trust Fund extends for 10 years, through September 30, 2029. This section does not extend the original statutory provision for transfers from the Medicare Trust Fund; however, the amount of federal appropriations has increased to nearly compensate for the Medicare transfers.

**Health Insurance Policies/Other Health Plans**
This provision extends the per-life covered fee for the PCOR Trust Fund on private health insurers as well as self-insured and employer-sponsored health plans for 10 years.

**Research Priorities**
The statute adds the topics of intellectual and developmental disabilities and maternal mortality as research priorities for PCORI. Additionally, this section states that PCORI, when identifying research priorities and establishing a research project agenda, must reflect a balance of short- and long-term priorities and be responsive to changes in medical evidence and healthcare treatments.

**Methodology Committee**
This section shifts responsibility of appointing the PCORI Methodology Committee from the Government Accountability Office (GAO) to the PCORI Board of Governors.

**Range of Outcomes Data**
This section directs PCORI-funded studies to capture data, as appropriate, on the potential burdens and economic impacts of medical treatments, items, and services on different stakeholders and decision makers, including patients, clinicians, purchasers, and policy makers. This data includes medical out-of-pocket costs; nonmedical costs to patients and family; effects on future costs of care; and workplace productivity and absenteeism.

**Board Composition**
The number of PCORI Board members approved by the GAO increases to at least 19 but not more than 21, with the number of payer and purchaser representatives increasing from three to up to five slots. Additionally, Board members who were appointed to fill a vacancy are eligible for a full-term reappointment following the completion of their predecessor’s term. The directors of NIH and AHRQ continue to serve on the Board.

**GAO Oversight**
This provision directs the GAO to review PCORI’s dissemination, training, and capacity-building activities, including related financial commitments, uptake of research findings, and the extent to which PCORI collaborates with the Agency for Healthcare Research and Quality and stakeholders on dissemination activities. This section also directs the GAO to analyze PCORI’s dissemination program using a range of available data and performance metrics. Further, GAO must review any barriers that PCORI-funded researchers have encountered in conducting their studies. These reviews must occur at least every five years.