



Boards and Commissions Established by PPACA

Advisory Body and Statutory Authority	Criteria for Members and Nomination/Confirmation Process	Responsibilities	Timelines
<p>National Prevention, Health Promotion and Public Health Council</p> <p>Section 4001</p>	<p>Established within HHS Chaired by the Surgeon General.</p> <p>Composed of Secretaries of: HHS, Agriculture, Transportation, Labor, Homeland Security, FTC Chairman, EPA Administrator, Director of National Drug Control Policy, Director of the Domestic Policy Council, Assistant Secretary for Indian Affairs, Chairman of the Corporation for National and Community Services, and the head of any other Federal agency the Surgeon General determines appropriate.</p>	<p>Provide coordination and leadership at the Federal level and among all Federal departments and agencies with respect to prevention wellness and health promotion practices, the public health system, and integrative health care.</p> <p>Develop a national prevention, health promotion, public health and integrative health care strategy that incorporates the most effective and achievable means of improving health status and reducing incidence of preventable illness and disability.</p> <p>Provide recommendations to the President and Congress on the most pressing health issues confronting the United States and changes in Federal policy to achieve national wellness, health promotion, and public health goals including reduction of tobacco use, sedentary behavior and poor nutrition.</p> <p>Consider and propose evidence-based models, policies and innovative approaches for the promotion of transformative models of prevention, integrative health and</p>	<p>Effective date of enactment.</p> <p>By July 1, 2010, and annually thereafter through January 1, 2015, the Council shall submit a report to the President and the relevant committees of Congress.</p> <p>Meets subject to the call of the Chairman</p> <p>No later than March 23, 2011 the Surgeon General in consultation with council shall develop and make public a national prevention, health promotion and public health strategy and shall review and revise periodically.</p>

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<p>Commission on Key National Indicators</p> <p>Section 5605</p>	<p>8 Members appointed equally by the Majority and Minority Leaders of the Senate, Speaker and House Minority Leader. No Members of Congress or other elected Federal, State or local government officials can serve on the Commission. Members are appointed for 2 year terms except 1 initial appointment will be for 3 years.</p> <p>Qualified individuals will have shown a dedication to improving civic dialogue and decision making through a wide use of scientific evidence and factual information.</p> <p>Commission will select 2 co-chairs.</p>	<p>public health on individual and community levels.</p> <p>To conduct a comprehensive oversight of newly established key national indicators system and annually report to Congress.</p>	<p>Members of Commission shall be appointed no later than April 23, 2010.</p> <p>Commission to develop and implement a schedule for completion of review and reports by May 23, 2010.</p> <p>Annual report to Congress beginning no later than 1 year after the selection of co-chairs.</p> <p>Annual reports to national Academy of Sciences beginning no later than 6 months after the selection of co-chairs.</p>
<p>Negotiated Rulemaking Committee and Facilitator for Development of Methodology and Criteria for Designation of Medically Underserved Populations and HPSAs</p> <p>Section 5602</p>	<p>Secretary of HHS shall provide for the appointment of a Committee and the nomination of a facilitator. Secretary asked for nominations in May 13 HRSA Notice of Intent to Form Negotiated Rulemaking Committee.</p> <p>Nominations due by June 10th.</p>	<p>Work on consensus for development of methodology and criteria for designating medically underserved populations and health professions shortage areas.</p>	<p>Appointment no later than 30 days after the end of the comment period (July 12, 2010)</p> <p>Committee shall report to the Secretary by April 1, 2010 about Committee's progress on achieving consensus on rulemaking. Final report submitted to Secretary one month before target publication date of rule.</p>
<p>Interagency Task Force to Assess and Improve Access to Health Care in Alaska</p> <p>Section 5104</p>	<p>Task Force appointed by the Secretary of HHS, Secretary of Defense, Secretary of the Army, Secretary of the Air Force, Secretary of VA, and the Secretary of Homeland Security. Will include one representative from: HHS, CMS,</p>	<p>To assess access to health care in Alaska for beneficiaries in the Federal health care system and develop a strategy for the Government to improve delivery to</p>	<p>Task Force appointed by May 7, 2010.</p> <p>Task Force to meet at the call of the Chair and shall</p>

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	<p>Indian Health Care Service, TRICARE Management Activity, Army Medical Department, Air Force officers performing medical service functions, VA, the Veterans Health Administration, and the US Coast Guard.</p> <p>The Secretary of HHS will appoint the chairperson at the time of appointment of members.</p>	those beneficiaries	submit a report to Congress on the activities of the Task force by September 23, 2010.
<p>Advisory Committee for Young Women’s Breast Health Awareness Education Campaign</p> <p>Section 10413</p>	Appointed by Secretary of HHS through CDC Director. Members as deemed necessary and shall include organizations and individuals with expertise in breast cancer, disease prevention, early detection, diagnosis, public health, social marketing, genetic screening and counseling, treatment, rehabilitation, palliative care, and survivorship in young women.	Advise HHS Secretary on creating and conducting an education campaign to increase awareness of young women’s knowledge of breast health	By May 22, 2010
<p>Personal Care Attendants Workforce Advisory Panel</p> <p>Section 8002</p>	Size of Panel is not specified by notes that Secretary shall include members include: Individuals with disabilities of all ages; seniors; representatives of individuals with disabilities; representatives of seniors individuals; representatives of workforce and labor organizations; representatives of home and community-based service providers; representatives of assisted living providers.	Examine and advise and the Secretary and Congress on workforce issues related to personal care attendant workers, including with respect to the adequacy of the number of such workers, the salaries, wages, and benefits of such workers, and access to the services provided by such workers.	By June 23, 2010
<p>Temporary Advisory Board for State Cooperatives</p> <p>Section 1322</p>	<p>15 Members appointed by Comptroller General.</p> <p>Individuals appointed must meet ethics and conflict of interest standards protection against insurance industry involvement and interference.</p>	Make recommendations to HHS Secretary re: loans and grants for creating insurance CO-OPs	<p>Appointed no later than June 23, 2010.</p> <p>Board terminates December 31, 2015.</p>
<p>Advisory Group on Prevention, Health Promotion, and Integrative and Public Health</p> <p>Section 4001</p>	No more than 25 non-federal members appointed by the President. Group will include practitioners who have expertise in worksite health promotion; community services, including community health centers; preventive medicine; health coaching; public health education; geriatrics; and rehabilitation medicine.	<p>Will develop policy and program recommendations and advise the Council on lifestyle-based chronic disease integrative health care practices, and health promotion.</p> <p>Reports to the Surgeon General</p>	<p>No date specified for advisory group</p> <p>First report due July 1, 2010.</p>

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<p>Board of Governors for Patient-Centered Outcomes Research Institute</p> <p>Section 6301</p> <p>*Institute may appoint permanent or ad hoc expert advisory panels. Panels will include representation of practicing and research clinicians, patients, and experts in scientific and health services research and delivery, and evidence based medicine that have experience in the relevant topic, and as appropriate experts in integrative health and primary prevention strategies. Institute may include a technical expert of each manufacturer or each medical technology that is included under the relevant topic or project the panel is established.</p>	<p>Public-Private Board including: Director of AHRQ and Director of NIH and 17 additional members appointed by the Comptroller General. Of the 17-members: 3 members represent patients and health care consumers; 5 members represent physicians and providers, including at least 1 surgeon, nurse, State-licensed integrative health care practitioner, and representative of a hospital; 3 members represent private payers, of whom at least 1 member shall represent health insurance issuers and at least 1 member shall represent employers who self-insure employee benefits; 3 members represent pharmaceutical, device, and diagnostic manufacturers or developers; 1 member representing quality improvement or independent health service researchers; and 2 members represent the Federal Government or the States, including at least 1 member representing a Federal health program or agency.</p> <p>Each board member shall represent a broad range of perspectives and collectively have scientific expertise in clinical health sciences research, including epidemiology, decisions sciences, health economics, and statistics. Members of the Board will be recused from relevant Institute activities in the case where a member or an immediate family member has a conflict of interest directly related to a project.</p> <p>Board members are appointed for a term of 6 years, except the first appointed, whose terms shall be staggered evenly over 2-year increments. No individual shall be appointed to the Board for more than 2 terms.</p> <p>Comptroller General shall designate a Chairman and Vice-Chairman to serve a term in those positions for 3 years.</p>	<p>Carry out the duties of the Patient-Centered Outcomes Research Institute</p>	<p>Appointments no later than September 23, 2010.</p> <p>Initial report due within 18 months of enactment</p>

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<p>National Healthcare Workforce Commission</p> <p>Section 5101</p>	<p>15 members appointed by the Comptroller General.</p> <p>Members serve 3 year terms.</p> <p>Individuals with national recognition for their expertise in health care labor market analysis, including health care workforce analysis; health care finance and economics; health care facility management; health care plans and integrated delivery systems; health care workforce education and training; health care philanthropy; providers of health care services; and other related fields; and</p> <p>Must represent combination of professional perspectives, broad geographic representation, and a balance between urban, suburban, rural, and frontier representatives.</p> <p>Majority of Commission shall be non-providers</p> <p>Must include at least one representative of: the health care workforce and health professionals; employers; third-party payers; individuals skilled in the conduct and interpretation of health care services and health economics research; representatives of consumers; labor unions; State or local workforce investment boards; educational institutions; small business; optometrists; and ophthalmologists.</p>	<p>Serve as a resource for governments</p> <p>Evaluates education and training activities to determine if demand for healthcare workers being met.</p> <p>Identifies & makes recommendations to address barriers to better coordination at federal, state, and local levels.</p> <p>Encourages innovations to address population needs, constant changes in technology, and other environmental factors.</p>	<p>Appointments of members made by September 30, 2010</p> <p>First report due by October 2011</p>
<p>Interagency Pain Research Coordinating Committee</p> <p>Section 4305</p>	<p>Includes no more than 7 Federal voting members appointed by the HHS Secretary from agencies that conduct pain care research and treatment; 12 non-federal voting members appointed by the HHS Secretary: 6 appointed from scientists, physicians, and other health professionals; 6 members from the general public, who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions.</p>	<p>To coordinate all efforts within the Department of Health and Human Services and other Federal agencies that relate to pain.</p>	<p>Committee appointed no later than March 23, 2011.</p> <p>Secretary shall review necessity of Committee at least once every 2 years.</p> <p>Committee shall meet at call of the Chairperson or</p>

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	<p>Secretary may include other non voting members as determined appropriate.</p> <p>Voting members of the Committee shall select a chairperson from the members. Chairperson selection is subject to the approval of the Director of NIH.</p>		<p>upon request of the Director of NIH. Must meet at least once per year.</p>
<p>Advisory Panel for Early Childhood Home Visitation Program</p> <p>Section 2951</p>	<p>HHS Secretary shall appoint an independent advisory panel consisting of experts in early childhood development, education, and program evaluation and research.</p>	<p>Panel will review and make recommendations on the design and plan for the required evaluation of the program. Panel will maintain and advise the Secretary about the process of the evaluation and comment on the Secretary's report to Congress</p>	<p>No date provided for appointment of panel.</p> <p>Panel shall make recommendations by March 23, 2011.</p>
<p>HHS Coordinating Committee on Women's Health</p> <p>Section 3509</p>	<p>Composed of senior level members of relevant departments and agencies and chaired by the deputy Assistant Secretary for Women's Health</p>	<p>Provide recommendations to the Secretary on matters pertaining to women's health</p>	<p>Not date provided for formation.</p> <p>Reports no later than 1 year after the date of enactment of this section.</p>
<p>Advisory Board on Elder Abuse, Neglect, and Exploitation</p> <p>Section 2022</p>	<p>27 Members appointed by the HHS Secretary. Members will be from the general public with experience and expertise in elder abuse, neglect, and exploitation prevention, detection, treatment, intervention, or prosecution.</p> <p>Each member of the Advisory Board shall be appointed for a 3 year term except in case of initial members first appointed: 9 shall be appointed for a 3 year term, 9 for a 2 year term and 9 for a 1 year term.</p> <p>Advisory Board shall elect a Chair and vice Chair from among its members and elect its initial Chair and Vice Chair at first meeting.</p>	<p>Create short and long-term multidisciplinary strategic plans for the development of the field of elder justice and to make recommendations to the Elder Justice Coordinating Council.</p> <p>The Advisory Board shall establish multidisciplinary panels to address, and develop consensus on, subjects relating to improving the quality of long-term care. At least 1 such panel shall address, and develop consensus on, methods for managing resident-to-resident abuse in long-term care.</p>	<p>No date specified for formation.</p> <p>No later than 18 months after Date of Enactment of the Elder Justice Act of 2009, and annually thereafter the Board shall prepare and submit to the Elder Justice Coordinating council, the Committees on Finance, Ways & Means, and Energy & Commerce.</p>
<p>Elder Justice Coordinating Council</p>	<p>Each member of the Council shall be an officer or employee of the Federal Government. The council will consist of the Secretary of HHS (or</p>	<p>The Council shall make recommendations to the Secretary for the coordination of activities of</p>	<p>No date specified for formation.</p>

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Section 2021	the Secretary's designee); the Attorney General (or the Attorney General's designee); the head of each Federal department or agency or other governmental entity identified by the Chair as having responsibilities, or administering programs, relating to elder abuse, neglect, and exploitation.	the Department of Health and Human Services, the Department of Justice, and other relevant Federal, State, local, and private agencies and entities, relating to elder abuse, neglect, and exploitation and other crimes against elders.	The Council shall meet at least 2 times per year, as determined by the Chair. Not later than 2 years after the date of enactment of the Elder Justice Act of 2009 and every 2 years thereafter, the Council shall submit a report to the Committees on Finance, Ways & Means, and Energy & Commerce.
Methodology Committee for Patient-Centered Outcomes Research Institute Section 6301	15 members appointed by the Comptroller General who are experts in their scientific field, such as health services research, clinical research, comparative clinical effectiveness research, biostatistics, genomics, and research methodologies. Includes the Directors of the NIH and AHRQ.	Develop and improve the science and methods of comparative clinical effectiveness research	Initial work due no later than June 23, 2011.
Multi Stakeholder Group on Quality Measurement Section 3014	Individuals selected subject to public nomination and comment period.	Multi stakeholder groups shall convene to provide input on selection of quality measures by HHS.	No date provided for nominating individuals. Beginning in 2012, multi-stakeholder groups shall report recommendations to HHS Sec. by February 1.
Consumer Advocacy Council for Independent Payment Advisory Board (IPAB) Section 3403	10 consumer representatives appointed by the Comptroller General, representing the 10 regions to be established by the Secretary. Must represent "the interests of consumers and particular communities"	To advise the IPAB on the impact of payment policies on consumers	No date specified for formation. Initial funding FY2012 Meets subject to the call of the Board, not less than 2 times a year. Advisory reports start no

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<p>Advisory Board for Multi-State Plans</p> <p>Section 1334</p>	<p>Appointed by Director of Office of Personnel Management</p> <p>A significant percentage of the members of the board shall be comprised of enrollees in a multi-State qualified health plan or representatives of such enrollees.</p>	<p>Provide recommendations on activities around multi-state plans (coverage, eligibility, consumer protection, administration etc) described in the legislation.</p>	<p>later than Jan. 2014</p> <p>No timeframe specified.</p>
<p>Independent Payment Advisory Board (IPAB)</p> <p>15 Members appointed by the President.</p> <p>Section 3403</p>	<p>15 Member board appointed by the President and confirmed by the Senate. President shall consult with the Senate Majority Leader, Senate Minority Leader, Speaker and House Minority Leader on appointment of 3 members each (12 total). Ex-officio members include the Secretary of HHS, CMS Administrator, and HRSA Administrator.</p> <p>Each member shall serve a 6 year term and can only serve 2 consecutive full terms. Initially, 5 of the members first appointed will be appointed for a 1 year term, 5 appointed for a 3 year term, and 5 appointed for a 6 year term.</p> <p>Chairperson to be appointed by the President and confirmed by the Senate.</p> <p>Qualifications of members include individuals with national recognition for their expertise in health finance and economics, actuarial science, health facility management, health plans and integrated delivery systems, reimbursement of health facilities, allopathic and osteopathic physicians, and other health providers, and other related fields who provide a mix of different professionals, broad geographic representation, and a balance between urban and rural representatives.</p> <p>Board to include (but not limited to): physicians and other health professionals, experts in the area of pharmaco-economics or prescription</p>	<p>Makes recommendations to President reduce excess cost growth and improve quality of care for Medicare beneficiaries.</p>	<p>No date specified for nomination or formation of IPAB.</p> <p>No board proposals submitted to President before January 15, 2014.</p>

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	drug benefit programs, employers, third-party payers, individuals skilled in the conduct and interpretation of biomedical, health services, and health economics research and expertise in outcomes and effectiveness research and technology assessment . Membership shall also include representatives of consumers and the elderly. Majority of members must be non-providers.		
Independent Preventive Services Task Force Section 4003	CDC Director will convene Independent task force comprised of individuals with appropriate expertise.	Review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health care community, and updating previous clinical preventive recommendations, to be published in the Guide to Clinical Preventive Services for individuals and organizations delivering clinical services ,including primary care professionals, health care systems, professional societies, employers, community organizations, non-profit organizations, Congress and other policy-makers, governmental public health agencies, health care quality organizations, and organizations developing national health objectives. Recommendations shall consider clinical preventive best practice recommendations from AHRQ, NIH, and CDC, the IOM, specialty medical associations, patient groups and scientific societies.	No date specified to convene. Must submit annual reports to Congress and related agencies that identify gaps in research such as preventive services that receive an insufficient evidence statement, and recommending priority areas that deserve further examination including areas related to populations and age groups not addressed in current recommendations.
Advisory Council for Epidemiology Laboratory Capacity Grants	CDC Director will establish and appoint the council. No other criteria specified.	To assist public health agencies improve surveillance for and response to infectious diseases and	No dates specified.

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Section 4304		other conditions.	
<p>Ready Reserve Corps and Regular Corps for service in time of national emergency</p> <p>Section 5210</p>	<p>Commissioned officers of Ready Reserve Corps to be appointed by the President and must be US citizens.</p> <p>Commissioned officers of the Regular Corps shall be appointed by the President with advice and consent of the Senate.</p>	<p>Commissioned officers of Ready Reserve Corps shall at all times be subject to call of active duty by the Surgeon General.</p>	<p>No dates specified</p>
<p>CLASS Independence Trust Fund Board of Trustees</p> <p>Section 8002</p>	<p>Secretaries of Treasury, Labor, and HHS along with 2 members of the public of different political parties nominated by the President and confirmed by the Senate to serve a term of 4 years.</p>	<p>Hold and monitor soundness of the CLASS Independence Fund; annual reports to Congress; recommend changes as needed in management of Fund.</p>	<p>No date specified for formation.</p> <p>Board shall meet at least once each calendar year.</p> <p>Report to the Congress no later than April 1 each year on the operation and status of the CLASS Independence Fund during the preceding fiscal year and on its expected operation and status during the current fiscal year and the next 2 fiscal years.</p> <p>Must report immediately to the Congress whenever the Board is of the opinion that the amount of the CLASS Independence Fund is not actuarially sound.</p>
<p>CLASS Independence Advisory Board</p> <p>Section 8002</p>	<p>No more than 15 non Federal employees appointed by the President, a majority of whom shall be representatives of individuals who participate or are likely to participate in the CLASS program. Members shall include representatives of older and younger workers, individuals with disabilities, family caregivers,</p>	<p>Advise the Secretary on matters of general policy in the administration of the CLASS program and in the formulation of regulations including the development of the benefit plan, monthly premium, and the financial solvency of the</p>	<p>No date specified for formation of Board.</p>

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	<p>individuals with expertise in long-term care or disability insurance, actuarial science, economics and other relevant disciplines as determined by the Secretary.</p> <p>Council Members shall serve overlapping terms of 3 years and members shall not serve for more than 2 consecutive terms.</p> <p>The President shall from time to time appoint one of the Council Members to serve as the Chair.</p>	<p>program.</p>	
<p>Cures Acceleration Network (CAN) Review Board</p> <p>Section 10409</p>	<p>24 Members appointed by the HHS Secretary. Secretary shall appoint a Chair and Vice Chair. Each member shall be appointed to serve a 4 year term and cannot serve more than 3 terms and no more than 2 consecutive terms.</p> <p>Secretary shall appoint individuals to the board based upon individual's established record of distinguished service in: basic research; medicine; biopharmaceuticals; discovery and delivery of medical products; bioinformatics and gene therapy; medical instrumentation; and regulatory review and approval of medical products.</p> <p>At least 4 who are recognized leaders in professional venture capital or private equity organizations and have demonstrated experience in private equity investing.</p> <p>At least 8 who represent disease advocacy organizations.</p> <p>Ex officio members include: a representative of the NIH, recommended by the Secretary of HHS, a representative of the Office of the Assistant Secretary of Defense for Health Affairs, recommended by Secretary of Defense; a representative of the Office of the Under Secretary for Health for the Veterans Health</p>	<p>Advises Director of NIH on activities of CAN.</p>	<p>No date provided for establishment of the Board.</p> <p>The Board shall meet 4 times per calendar year, at the call of the Chairperson</p>

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	Administration, recommended by VA Secretary; a representative of the National Science Foundation, recommended by the Chair of the National Science Board; and a representative of the FDA, recommended by the Commissioner. Ex officio members will serve 3 year terms		
Review Panel on the Evaluation of Alternatives to Medical Tort Litigation Section 10607	9-13 Members appointed by Comptroller General (after soliciting nominations from the public). Review panel must include highly qualified and knowledgeable individuals. Panel must have representation by patient advocates, health care providers and health care organizations, attorneys with expertise in representing patients and health care providers, medical malpractice insurers, state officials and patient safety experts. Comptroller General (CG) or someone at GAO designated by CG shall designate a chair.	To help Secretary evaluate alternatives submitted by states (those wanting demonstration grants) to current medical tort litigation.	No dates specified.