Health Reform Law - Advisory Panels, Boards, Commissions, & Stakeholder Involvement			
Type of Program	**Provision**	**Purpose**	**Requirements**
Reporting Requirements *§1001 adding §2717 of the PHSA*	-experts in health care quality and relevant stakeholders shall consult with the HHS Secretary in developing reporting requirements for specified health insurance offering groups with respect to coverage benefits	-reporting requirements will seek to improve health outcomes through care coordination, implement activities to prevent hospital readmissions, implement policies to improve patient safety, and implement wellness promotion activities	-relevant stakeholders shall have certain expertise as deemed appropriate by the HHS Secretary
Health Information Transactions *§1104(g)*	-the HHS Secretary shall adopt a uniform set of operating rules with regard to health information transactions -in developing these rules, the HHS Secretary shall consider recommendations from qualified nonprofit entities	-to reduce clerical burden by creating as much uniformity as possible	-qualified nonprofit entities shall have expertise in administrative simplification and experience in developing transparent, uniform standards
State Exchange Operations *§1321(a)(2)*	-the HHS Secretary shall issue regulations setting standards for the establishment and operation of State exchanges	-to ensure that States meet certain requirements when establishing and operating an Exchange	-in issuing regulations, the HHS Secretary shall consult with the National Association of Insurance Commissioners (NAIC), health insurance issuers, consumer organizations, and such other individuals the Secretary selects -in selecting additional individuals, the HHS Secretary must ensure balanced representation among interested parties
CO-OP Advisory Board	-the Comptroller General of the United States shall appoint 15	-to provide recommendations to the HHS Secretary with respect	-individuals will be appointed by the Comptroller General of the

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Type of Program	**Provision**	**Purpose**	**Requirements**
§1322(b)(4)	individuals with the necessary qualifications to serve on the advisory board -the board shall provide recommendations to the HHS Secretary with respect to the CO-OP grant program	to the CO-OP grant program	United States and will be subject to certain qualification requirements -an appointed individual shall meet specified ethics requirements -the Advisory Board will either terminate once it completes its duties or by December 31, 2015
Medicaid and CHIP Payment and Access Commission (MACPAC) *§2801*	-legislation makes improvements to MACPAC and provides the commission with additional regulatory authority -MACPAC shall review Medicaid and CHIP regulations and may comment through submission of a report to Congress and the HHS Secretary -in submitting recommendations, MACPAC shall also consult with States -MACPAC shall consult with MedPAC with respect to Medicaid beneficiaries that are dually eligibly for Medicaid and Medicare -legislation provides $11 million in funding for FY 2010	-to improve the quality, efficiency, and cost or health services provided by Medicaid and CHIP	-MACPAC members will include individuals who have had direct experience as enrollees and individuals with national recognition for expertise in Federal safety net health programs, health finance, actuarial science, integrated delivery systems, reimbursement for health care, HIT, and other providers who provide a mix of different services -MACPAC shall include physicians, dentists, third-party payers, individuals with expertise in health services, etc.
Advisory Panel for the Early Childhood Home Visitation Program	-the HHS Secretary shall establish an advisory panel for the purpose of obtaining recommendations regarding the	-to help entities develop and implement improvement plans with respect to the Early Childhood Home Visitation	-the Secretary shall establish this panel

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Type of Program	**Provision**	**Purpose**	**Requirements**
(Program Implementation) *§2951, adding §511 of the SSA*	level of technical assistance that is needed to help institute improvement plans for eligible entities	Program	
Advisory Panel for the Early Childhood Home Visitation Program (Program Design) *§2951, adding §511(g)(1) of the SSA*	-the HHS Secretary shall appoint an independent advisory panel consisting of experts in early childhood development, education, and program evaluation and research	-to review and make recommendations on, the design and plan for the required evaluation of the program -to maintain and advise the Secretary regarding the process of the evaluation -to comment on the Secretary's report to Congress	-the Secretary shall establish this panel -the panel shall make recommendations by 2011
National Strategy to Improve the Delivery of Health Care Services *§3011, adding §399HH of the PHSA*	-the HHS Secretary, through a collaborative process, shall develop a national strategy to improve the delivery of health care services	-to improve health outcomes, efficiency and patient-centeredness of health care for all populations	-the HHS Secretary shall submit the initial strategy to Congress by 2011 -in developing this strategy, the HHS Secretary shall consider the recommendations submitted by an entity with a contract under 1890 (a) of the Social Security Act -the HHS Secretary shall also consult State agencies responsible for administering Medicaid and CHIP
Quality Measure Development *§3013, adding*	-the HHS Secretary shall identify gaps in quality measures for health care services provided	-to identify areas that need to be improved, updated, or expanded	-in developing these measures, the Secretary shall consult with the Director of Agency for Health Research and Quality

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Type of Program	**Provision**	**Purpose**	**Requirements**
§931 of the SSA			and the Administrator of CMS -the Secretary shall also consider recommendations submitted by an entity with a contract under 1890 (a) of the Social Security Act
Quality Measurement Selection *§3014*	-multi-stakeholder groups shall convene to provide input on the HHS selection of quality measures	-to provide input on the selection of quality measures	-individuals selected shall be subject to public nomination and public comment -beginning in 2012, multi-stakeholder groups shall report recommendations to the HHS Secretary by February 1
Public Reporting of Performance Information *§3015, adding §§399II and 399JJ to the PHSA*	-the HHS Secretary shall consult with entities under contract of section 1890(a) of the Social Security Act and other appropriate entities to determine the type of quality information that is useful to consumers and the format that best facilitates quality and performance reporting -entities with a contract under section 1890(a) of the Social Security Act shall consult multi-stakeholder groups to review the design and format of each Internet website -legislation authorizes such sums as may be necessary between FY 2010 and 2014 to	-to make performance information data on quality measures publicly available via standardized Internet websites	-stakeholder involvement includes individuals selected by the Secretary and entities with a contract under Section 1890(a) of the Social Security Act

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Type of Program	**Provision**	**Purpose**	**Requirements**
	carry out this program		
CMS Innovation Center (CMI) *§3021(a)(3)*	-in carrying out its duties, CMI shall consult with representatives of relevant Federal agencies and clinical and analytical experts with expertise in medicine and health care management -the CMI shall also use open door forums and other mechanisms to seek input from interested parties	-to establish an innovation center within CMS that tests payment and delivery models that reduce expenditures and enhance quality of care furnished	-stakeholder involvement is subject to the HHS Secretary and members of the CMI -CMI must be carrying out its responsibilities by 2011
HHS Study on Home Health Agencies *§3131(d)(4)*	-the HHS Secretary shall conduct a study to evaluate the cost and quality of care among home health agencies	-to evaluate the cost and quality of care among home health agencies	-in conducting this study, the Secretary shall consult with stakeholders representing home health agencies, groups representing Medicare beneficiaries, the Inspector General of HHS and the Comptroller General of the United States -the Secretary shall submit this report to Congress by March 1, 2011
Formulation Requirements for PDPs and MA-PD plans *§3307*	-in promulgating regulations with respect to formulation requirements for PDPs and MA-PD plans, the HHS Secretary shall allow for a public notice and comment period	-to improve formulary requirements by allowing the Secretary to identify Part D drugs in categories and classes that must be covered by PDP sponsors	-these provisions shall apply to plan year 2011 an subsequent plan years -public comment may be made on the Secretary's proposals
Reducing Wasteful Dispensing of	-the HHS Secretary shall consult with relevant stakeholders to	-to reduce wasteful dispensing in long-term care facilities for	-relevant stakeholders include representatives of nursing

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Type of Program	**Provision**	**Purpose**	**Requirements**
Outpatient prescription drugs in long-term care facilities *§3310*	utilize specific, uniform dispensing techniques to reduce wasteful dispensing	MA-PD and PDP enrollees that are subject to 30-day fills	facilities, residents of nursing facilities, pharmacists, the pharmacy industry, PDPs, MA-PD plans, and other stakeholders that the Secretary deems appropriate -this provision applies to plans beginning on or after January 1, 2012
Independent Payment Advisory Board *§3403, adding §1899A to the SSA*	-the HHS Secretary shall establish an Independent Payment Advisory Board to present proposals to Congress that reduce Medicare expenditures -legislation provides $15 million in FY 2012 for the Board to carry out its duties -funding for subsequent years is increased by the annual percentage increase in CPI for all urban consumers	-to improve the quality of care for beneficiaries, reduce the per capita rate of growth in Medicare spending and to extend Medicare solvency	-the Board shall present proposals to Congress that may modify provider or supplier payments for payment years 2015 and beyond -the Board shall present proposals to Congress that modify payments for hospitals for payment years 2020 and beyond -the Board shall be composed of 15 members appointed by the President by and with the advice and consent of the Senate -appointees shall include individuals with national recognition for their expertise in health finance and economics, actuarial science, health facility management, health plans and integrated systems, reimbursement to health facilities, allopathic and

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Type of Program	**Provision**	**Purpose**	**Requirements**
			osteopathic physicians, and other providers who provide a mix of different professions, broad geographic representation, and a balance between urban and rural communities
Consumer Advisory Council *§3403(k), adding §1899A(k) to the SSA*	-there is established a consumer advisory council to advise the Independent Medicare Advisory Board on the impact of payment policies with respect to consumers	-to advise the Independent Medicare Advisory Board on the impact of payment policies with respect to consumers	-the Council shall be composed of 10 consumer representatives appointed by the Comptroller General of the United States (one member from among each of the 10 regions established by the Secretary) -members of the Council shall represent the interests of consumers and identified communities
Medication Therapy Management (MTM) Services *§3503(e), adding §935 to the PHSA*	-in establishing MTM services grant program, the HHS Secretary shall consult with identified stakeholders	-to ensure best practices with respect to the MTM grant program	-identified stakeholders include Federal, State, private entities, public-private entities, academic entities, pharmacy and pharmacist organizations, health care organizations, consumer advocates, chronic disease groups, and other stakeholders involved with the research and implementation of MTM services
HHS Office on Women's Health	-the HHS Secretary shall establish an Office on Women's Health	-to increase focus on issues and policies addressing women's health	-the Office shall establish short-range and long range goals and objectives within HHS, provide

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§3509	-legislation provides such sums as may be necessary for each of the fiscal years 2010 through 2014 -Offices on Women's Health shall also be established in the CDC, AHRQ, HRSA, and FDA -such offices shall face similar requirements -in carrying out responsibilities and duties, Federal agencies shall consult with health professionals, nongovernmental organizations, consumer organizations, women's health professionals, and other individuals and groups as appropriate		expert advice on women's health issues, monitor HHS agencies and regional activities regarding women's health -the Office shall also establish a HHS Coordinating Committee on Women's Health, establish a National Women's Health Information Center, coordinate efforts to promote women's health programs, and exchange information with health professionals and the general public
National Prevention, Health Promotion, and Public Health Council *§4001(a)-(d)*	-the President shall establish within HHS the National Prevention, Health Promotion, and Public Health Council	-to coordinate policies at the Federal level with respect to quality of health care and to develop a national prevention, health promotion, public health and integrative health strategy	-the President shall appoint the Surgeon General to serves as the chairperson of the Council -the Council shall be composed of the HHS Secretary, the Agriculture Secretary, the Education Secretary, the Chairman of the FTC, the Transportation Secretary, the Labor Secretary, the DHS Secretary, the Administrator of the EPA, the Director of the Office of National Drug Control, the Assistant Secretary for

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			Indian Affairs, the Chairman of the Corporation for National and Community Service, and heads of other Federal agencies that the chairperson determines appropriate -the Council shall provide coordination at the Federal level and develop a national prevention, health promotion, public health and integrative health strategy -the Council shall establish a process to allow public input on an ongoing basis
Advisory Group on Prevention Health Promotion, and Integrative and Public Health *§4001(f)*	-the President shall establish an Advisory Group on Prevention Health Promotion, and Integrative and Public Health	-to consult with the National Prevention, Health Promotion, and Public Health Council in developing a national prevention, health promotion and public health strategy	-the Advisory Group shall develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion -the Advisory Group shall be composed of no more than 25 non-Federal members to be appointed by the President -the President shall ensure that the Advisory Group includes a diverse group of licensed health professions, including integrative health practitioners

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Type of Program	**Provision**	**Purpose**	**Requirements**
			who have expertise in worksite health promotion, community services, preventive medicine, health coaching, public health education, geriatrics, and rehabilitation medicine
Independent Preventive Services Task Force *§4003(a)*	-the Director of the CDC shall convene an Independent Preventive Services Task Force -legislation provides such sums as may be necessary for each fiscal year to carry out the activities of the task force	-to develop recommendations for the health care community and update previous clinical preventive recommendations	-the Task Force shall be composed of individuals with appropriate expertise -the Task Force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services
Community Preventive Services Task Force *§4003(b), adding §399U to the PHSA*	-the Director of the CDC shall convene an independent Community Preventive Services Task Force -legislation provides such sums as may be necessary for each fiscal year to carry out the activities of the task force	-to develop recommendations that will be published in the Guide to Community Preventive Services	-the Task Force shall be composed of individuals with appropriate expertise -the Task Force shall review the effectiveness, appropriateness, and cost-effectiveness of community preventive intervention
Guidelines for Health Risk Assessments *§4103(b)(4)(A)*	-the HHS Secretary shall establish publicly available guidelines for health risk assessments	-to establish publicly available guidelines for health risk assessments	-such guidelines shall be developed in consultation with relevant groups and entities and shall provide health risk assessments that meet certain requirements
Advisory Council for Epidemiology-Laboratory	-the CDC Director shall establish an advisory council with respect to epidemiology-laboratory	-to assist public health agencies in improving surveillance for, and response to, infectious	-the CDC Director shall appoint the advisory council

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Type of Program	**Provision**	**Purpose**	**Requirements**
Capacity Grants *§4304, adding §2821(a)(3) of the PHSA*	capacity grants	diseases and other conditions	
Interagency Pain Research Coordination Committee *§4305, adding §409J(b) of the PHSA*	-the Secretary shall establish and maintain as necessary a committee, to be known as the Interagency Pain Research Coordinating Committee	-to coordinate all efforts within the Department of HHS and other Federal agencies that relate to pain research	-the Secretary shall establish this committee by 2011 -the committee shall be composed of not more than 7 voting Federal representatives appointed by the Secretary from agencies that conduct pain research and treatment and 12 additional voting members -additional voting members include 6 non-Federal members, which shall be appointed from among scientists, physicians, and other health professionals, and 6 members appointed by the general public who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions
National Health Care Workforce Commission *§5101(a)-(d)*	-there is established a National Health Care Workforce Commission -legislation authorizes such sums as may be necessary to establish and maintain the Commission	-to serve as a national resource for Congress, the President, States, and localities regarding America's health care workforce	-the Commission shall be composed of 15 members to be appointed by the Comptroller General -members of the Commission shall have national recognition in health care labor market

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			analysis, health care finance, health care facility management, health care plans and integrated delivery systems, health workforce education and training, and health care philanthropy -members will also include providers of health care services and individuals in related fields -membership of the Commissions shall include no less than one representative of the health care workforce, employers, small businesses, third-party payers, individuals skilled in the conduct and interpretation of health care services, representatives of consumers, labor unions, State or local workforce investments boards, and educational institutions
Commissioned Corps and Ready Reserve Corps *§5210*	-there is established a commissioned Regular Corps and a Ready Reserve Corps for service in time of a national emergency -legislation provides $5 million for each of fiscal years 2010 through 2014 for recruitment and training	-to establish a commissioned Regular Corps and a Ready Reserve Corps for service in time of a national emergency	-Commissioned officers of the Ready Reserve Corps shall be appointed by the President -Commissioned officers of the Regular Corps shall be appointed by the President with the advice and consent of the Senate -commissioned officers of the

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Type of Program	**Provision**	**Purpose**	**Requirements**
	-legislation provides $12.5 million for each of fiscal years 2010 through 2014 for the Ready Reserve Corps		Ready Reserve Corps shall at all times be subject to call to active duty by the Surgeon General, including active duty for the purpose of training
Cultural Competency, Prevention, and Public Health and Individuals with Disabilities Training *§5307*	-in developing specified training programs, the HHS Secretary shall collaborate with relevant stakeholders -legislation authorizes such sums as may be necessary for each of fiscal years 2010 through 2015	-to develop Cultural Competency, Prevention, and Public Health and Individuals with Disabilities training programs	-relevant stakeholders include health professional societies; licensing and accreditation entities; health professions schools, and experts in minority health and cultural competency, prevention and public health and disability groups; community-based organizations; and other organizations that the Secretary deems appropriate
Negotiated Rulemaking for Development of Methodology and Criteria for Designating Medically Underserved Populations and Health Professions Shortage Areas *§5602(a)(b)(c)*	-in establishing a comprehensive methodology and criteria for the designation of medically underserved populations and health professions shortage areas, the Secretary shall consult with relevant stakeholders	-to develop, through a negotiated rulemaking process under sub-chapter 3 of chapter 5 of title 5, United States Code, a comprehensive methodology and criteria for the designation of medically underserved populations and health professions shortage areas	-relevant stakeholders include entities significantly affected by a proposed HHS rule (such as national, State and regional organizations representing affected entities) State health offices, community organizations, health centers, and other affected entities and interested parties
Negotiated Rulemaking	-the HHS Secretary shall provide for the appointment of	-to establish a negotiated rulemaking committee and	-the Secretary shall nominate the Committee under section

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Committee and Facilitator *§5602(d)-(h)*	a negotiated rulemaking committee	facilitator	565(a) of title 5, United States Code, by not later than 30 days after the end of the comment period provided for under section 564(c) of such title -the Secretary shall also nominate a facilitator under 566(c) of such title 5 by not later than 10 days after the date of appointment of the Committee
The Commission on Key National Indicators *§5605(b)-(c)*	-there is established a Commission on Key National Indicators	-to establish a Commission on Key National Indicators that conducts comprehensive oversight of a newly established key national indicators system; make recommendations on how to improve the system; and coordinate with Federal Government users and information providers	-the Commission shall be composed of 8 members, to be appointed equally by the majority and minority leaders of the Senate and the Speaker and minority leader of the House of Representatives -members of the Commission shall not include Members of Congress or other elected Federal, State, or local government officials -in making appointments, members of Congress shall appoint individuals who have shown a dedication to improving civic dialogue and decision-making through the wide use of scientific evidence and factual information

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Type of Program	**Provision**	**Purpose**	**Requirements**
			-members of the Commission shall be appointed no later than 2010
Nursing Home Compare Medicare Website *§6103, adding subsection (i) to §1819 of the SSA*	-in conducting review with respect to the Nursing Home Compare Medicare Website, the HHS Secretary shall consult with relevant stakeholders	-to effectively review the clarity and accuracy of the Nursing Home Compare Medicare Website	-relevant stakeholders include State long-term care ombudsman programs, consumer advocacy groups, providers stakeholder groups, and any other representatives of program that the Secretary determines appropriate
Advisory Panels for the Patient-Centered Outcomes Research Institute *§6301, adding §1181 of the SSA*	-the Institute may appoint permanent or ad hoc expert advisory panels as determined appropriate	-to assist in identifying research priorities and establishing the research project agenda	-such advisory panels will focus on clinical trials and rare diseases -advisory panels shall include representatives of practicing research clinicians, patients, and experts in scientific and health services research, health services delivery, and evidence-based medicine who have experience in the relevant topic -as appropriate, advisory panels shall also include experts in integrative health and primary prevention strategies
Patient-Centered Outcomes Research Institute Methodology Committee	-the Institute shall establish a standing methodology committee to carry out certain functions	-to develop and improve the science and methods of comparative clinical effectiveness research	-the committee shall be composed of not more than 15 members appointed by the Comptroller General of the United States -members appointed to the

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§6301, adding §1181(d)(1)(6) of the SSA			Committee shall be experts in their scientific field, such as health services research, clinical research, comparative clinical effectiveness research, biostatistics, genomics, and research methodologies -stakeholders with such expertise may be appointed to the Committee -the Committee shall be established by 2012 -in developing methodological standards, the Committee shall allow input from relevant experts and stakeholders
Board of Governors for the Patient-Centered Outcomes Research Institute *§6301, adding §1181(f) of the SSA*	-the Institute shall have a Board of Governors	-to establish a Board of Governors at the Patient-Centered Outcomes Research Institute	-the Board shall consist of the Director of AHRQ, the Director of NIH, and 17 appointed members -the appointed members shall include: 3 members representing patients and health care consumers 7 members representing physicians and providers, including at least 4 physicians, 1 surgeon, 1 nurse, 1 State-licensed integrative health care practitioner, and an individual representing a hospital

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			3 members representing private payers, of whom at least 1 member shall represent health insurers and at least 1 member shall represent employers who self-insure employee benefits 3 members representing pharmaceutical device, and diagnostic manufacturers 1 member representing quality improvement or independent health service researchers 2 members representing the Federal Government or the States, including at least 1 member representing a Federal health program
The Elder Justice Coordinating Council *§6703, adding §2021 of the SSA*	-the HHS Secretary shall establish the Elder Justice Coordinating Council -legislation authorizes such sums as may be necessary	-to make recommendations to the Secretary for the coordination of activities of the HHS, the Department of Justice, and other relevant Federal State, local, and private agencies and entities relating to elder abuse, neglect, exploitation, and other crimes against elders	-the Council shall be composed of the HHS Secretary, the Attorney General, and the head of each Federal department or agency
Advisory Board on Elder Abuse, Neglect, and Exploitation	-there is established a board to be known as the Advisory Board on Elder Abuse, Neglect, and Exploitation	-to create short-and long-term multidisciplinary strategic plans for the development of the field of elder justice and to make recommendation so the Elder	-the Advisory Board shall be composed of 27 members appointed by the HHS Secretary from among members of the general public who are

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§6703, adding §2022 of the SSA		Justice Coordinating Council	individuals with experience and expertise in elder abuse, neglect, and exploitation prevention, detection, treatment, intervention, and prosecution -the Secretary shall publish a notice in the Federal Register soliciting nominations for the appointment of members of the Advisory Board
The Community Living Assistance Services and Supporters (CLASS) Independence Advisory Council *§8002, adding §3207 of the PHSA*	-in developing and carrying out the CLASS benefit program, the HHS Secretary shall establish and consult with the CLASS Independence Advisory Council	-to make improvements and modifications to the CLASS benefit program	-the Council shall evaluate alternative benefit plans and recommend for designation as the CLASS Independence Benefit Plan for offering to the public the plan that the Council determines best balances price and benefits to meet enrollees' needs in an actuarially sound manner, while optimizing the probability of the long-term sustainability of the CLASS program -the Council shall be composed of not more than 15 individuals appointed by the President -a majority of members shall be representatives who participate or are likely to participate in the CLASS program and representatives of older and

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			younger workers, individuals with disabilities, family caregivers of individuals who require services and supports to maintain their independence at home or in another residential setting of their choice in the community -members shall also include individuals with expertise in long-term care or disability insurance, actuarial science, economics, and other relevant disciplines as determined by the Secretary
Board of Trustees for the CLASS Independence Fund *§8002, adding §3206(c) of the PHSA*	-there is hereby created a body to be known as the Board of Trustees	-to hold the CLASS Independence Fund and report to Congress on the CLASS program	-the Board shall be composed of the Secretary of Treasury, the Secretary of Labor, the HHS Secretary and two members of the pubic who shall be nominated by the President subject to confirmation by the Senate
Personal Care Attendants Workforce Advisory Panel *§8002, adding §3210(c) of the PHSA*	-the HHS Secretary shall establish a Personal Care Attendants Workforce Advisory Panel	-to examine and advise the Secretary and Congress on workforce issues related to personal care attendant workers	-the Secretary shall appoint members of the panel by 2011 -members shall include individuals with disabilities of all ages, Senior individuals, representatives of individuals with disabilities, representatives of senior individuals, representatives of workforce

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			and labor organizations, representatives of home and community-based service providers, and representatives of assisted living providers
Cure Acceleration Network Review Board *§10409, adding §402C(d) of the PHSA*	-there is established a Cure Acceleration Network Review Board	-to advise the Director of NIH on the conduct of the activities of the Cure Acceleration Network	-the Board shall be comprised of 24 members who are appointed by the HHS Secretary and who serve at the pleasure of the Secretary -the Secretary shall appoint individuals to the Board based solely on the individual's established record of distinguished service in the following areas: basic research; medicine; biopharmaceuticals; discovery and delivery of medical products; bioinformatics and gene therapy; medical instrumentation; and regulatory review and approval of medical products -the Secretary shall select at least 1 individual who is eminent in such fields -at least 4 individuals shall be recognized leaders in professional venture capital or

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Health Reform Law - Advisory Panels, Boards, Commissions, & Stakeholder Involvement			
Type of Program	**Provision**	**Purpose**	**Requirements**
			private equity organizations and have demonstrated experience in private equity investing -at least 8 individuals shall represent disease advocacy organizations -in addition to the 24 Board members, the Secretary shall appoint ex-officio members of the Board from Federal departments
Advisory Committee for Breast Health and Cancer *§10413, adding §399NN(a)(4) of the PHSA*	-the Director of CDC shall establish an advisory committee with respect to Breast Health and Cancer	-to assist in creating and conducting a Breast Cancer Awareness education campaign	-the Director shall appoint such members as deemed necessary to properly advise the Secretary -such individuals and organizations shall have 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 -the Director shall appoint these individuals within 60 days after the enactment of the legislation
Interagency Task Force to Assess and Improve Access to Health	-there is established a task force to be known as the Interagency Access to Health Care In Alaska Task Force	-to assess access to health care for beneficiaries of Federal health care systems in Alaska	-the Task Force shall be comprised of Federal members appointed not later than 45 days after the date of

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Health Reform Law - Advisory Panels, Boards, Commissions, & Stakeholder Involvement			
Type of Program	**Provision**	**Purpose**	**Requirements**
Care in the State of Alaska *§5104*			enactment
Review Panel for the Evaluation of Alternatives to Current Medical Tort Litigation *§10607, adding §399V-4(d)(2) of the PHSA*	-the Comptroller General shall solicit nominations from the public for individuals to serve on the review panel	-to evaluate alternatives to current medical tort litigation	-the Comptroller General shall appoint, at least 9, but not more than 13, highly qualified individuals to serve on the review panel -the Comptroller General shall ensure that the following entities receive fair representation on such panel: 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

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