



Highest Priority Boards and Commissions Authorized by PPACA

Type of Program	Provision	Purpose	Requirements
Medicaid and CHIP Payment and Access Commission (MACPAC)	MACPAC reviews Medicaid and CHIP regulation and may comment through reports to the Secretary and Congress; consult with states and MedPAC	Improve the quality, efficiency and cost of health services provided by Medicaid and CHIP	Individuals with direct experience as enrollees and individuals with national reputations in safety net programs, health finance, actuarial science, integrated delivery systems, reimbursement, HIT, etc., including physicians and health services researchers
Quality Measurement Selection	Multi-stakeholder groups will convene to provide input on the HHS selection of quality measures	Providing input to the Secretary	Those selected are subject to public nomination and public comment and must report findings by February 1, 2011
Public Reporting of Performance Information	Secretary shall consult with quality improvement entities (SS1890a of SSA) and others to identify useful quality information to facilitate reporting; multi-stakeholder groups should be consulted	To standardize performance information data	Stakeholder involvement includes those selected by the Secretary and those contracted with HHS under SS1890a of the SSA.
CMS Innovation Center (CMI)	CMI shall consult with clinical and analytical experts in medicine and health care management and use open door forums and other means	Establish an innovation center that tests payment and delivery models that reduce expenditures and enhance quality	Stakeholder involvement is at the discretion of the Secretary and CMI; must be started by 2011
Independent Payment Advisory Board	IPAB shall present proposals to Congress that reduce Medicare expenditures	Improve the quality of care, reduce spending growth and extend the life of Medicare	15 member board appointed by the President with advice and consent of the Senate; comprised of those with expertise in health

			finance, actuarial science, health facility management, reimbursement, and a diverse representation of physicians and other providers
Advisory Group on Prevention Health Promotion and Integrative and Public Health	<p>The advisory group is established by the President</p> <p>://www.whitehouse.gov/the-press-office/executive-order-establishing-national-prevention-health-promotion-and-public-health</p>	Consult with its counterpart that is comprised of federal cabinet officers	Advise on lifestyle-based chronic disease prevention and management, integrative health practices and promotion; 25 non-federal members appointed by the President including integrative health practitioners with expertise in worksite health promotion, community services, preventive medicine, health coaching, public health education, geriatrics and rehabilitative medicine
Independent Preventive Services Task Force	Convened by the director of CDC	Develop recommendations and update previous clinical preventive recommendations	Comprised of those with “appropriate expertise” to review the scientific evidence related to effectiveness, appropriateness, and cost-effectiveness of clinical preventive services
Community Preventive Services Task Force	Convened by the director of CDC	Develop recommendations to be published in the Guide to Community Preventive Services	Comprised of those with “appropriate expertise” to review the scientific evidence related to effectiveness, appropriateness, and cost-effectiveness of community preventive services

National Health Care Workforce Commission	<p>Establishes the commission</p>  <p>FedRegister.Notice.2 010-10826.pdf</p>	Serves as a national resource for Congress, the President, states and localities	<p>15 members appointed by the Comptroller General with national recognition in health care labor market analysis, finance, facility management, workforce education and training, and healthcare philanthropy, as well as providers and related individuals</p> <p>Nominee: Mark Schwartz</p>
Cultural Competency, Prevention and Public Health and Individuals with Disabilities Training	Secretary shall collaborate with stakeholders	Develop the noted programs	Stakeholders include health professional societies; licensing and accreditation entities; health professions schools; and experts in minority health/cultural competency; prevention, public health and disability groups; and others designated by the Secretary
Commission on Key National Indicators	Established in law	Conduct comprehensive oversight of new key national indicators system; recommend how to improve system; coordinate with information providers	8 members appointed congressional leadership; must show dedication to improving civic dialog and decision-making through the use of factual information
PCORI Board of Governors	Established in the law	To govern the institute	Directors of AHRQ and NIH, plus 17 persons, including 7 representing physicians and providers (at least four of whom

	 FedRegister.Notice.2 010-10826.pdf		are physicians), one representing quality improvement or HSR; appointed by the Comptroller General Nominee: Sheldon Greenfield
PCORI Methodology Committee	Institute shall establish a standing Methodology Committee	Develop and improve the science and methods of comparative clinical effectiveness research	15 members appointed by the Comptroller General, experts in HSR, biostatistics, genomics, research methodologies; appointed by 2012; must take input from experts and stakeholders
PCORI Advisory Panels	Permanent or ad hoc as determined appropriate	Assist in identifying research priorities and establishing the research project agenda	Panels will include representatives of practicing researchers and clinicians, patients and experts in HSR, health services delivery, and EBM; also experts in integrative health and primary prevention strategies
Cure Acceleration Network Review Board	Established in the law	Advise the Director of NIH on the conduct of CAN-related activities	24 members appointed by the Secretary of HHS with experience in basic research, medicine, biopharmaceuticals, discovery of medical products, bioinformatics, gene therapy, medical instrumentation, and regulatory review; 4 persons from venture capital; 8 from disease advocacy organizations; and ex officio

			members from federal agencies
Review Panel for the Evaluation of Alternatives to Current Medical Tort Litigation	Comptroller General shall solicit nominations from the public	Evaluate alternatives to current medical tort litigation	Appoint 9-13 persons, including patient advocates, health care providers, health care organizations, attorneys, medical malpractice insurers, and patient safety experts