

**§ 299b-8. Federal Coordinating Council for Comparative Effectiveness Research**

**(a) Establishment**

There is hereby established a Federal Coordinating Council for Comparative Effectiveness Research (in this section referred to as the “Council”).

**(b) Purpose**

The Council shall foster optimum coordination of comparative effectiveness and related health services research conducted or supported by relevant Federal departments and agencies, with the goal of reducing duplicative efforts and encouraging coordinated and complementary use of resources.

**(c) Duties**

The Council shall—

(1) assist the offices and agencies of the Federal Government, including the Departments of Health and Human Services, Veterans Affairs, and Defense, and other Federal departments or agencies, to coordinate the conduct or support of comparative effectiveness and related health services research; and

(2) advise the President and Congress on—

(A) strategies with respect to the infrastructure needs of comparative effectiveness research within the Federal Government; and

(B) organizational expenditures for comparative effectiveness research by relevant Federal departments and agencies.

**(d) Membership**

**(1) Number and appointment**

The Council shall be composed of not more than 15 members, all of whom are senior Federal officers or employees with responsibility for health-related programs, appointed by the President, acting through the Secretary of Health and Human Services (in this section referred to as the “Secretary”). Members shall first be appointed to the Council not later than 30 days after February 17, 2009.

**(2) Members**

**(A) In general**

The members of the Council shall include one senior officer or employee from each of the following agencies:

(i) The Agency for Healthcare Research and Quality.

(ii) The Centers for Medicare and Medicaid Services.

(iii) The National Institutes of Health.

(iv) The Office of the National Coordinator for Health Information Technology.

(v) The Food and Drug Administration.

(vi) The Veterans Health Administration within the Department of Veterans Affairs.

(vii) The office within the Department of Defense responsible for management of the Department of Defense Military Health Care System.

**(B) Qualifications**

At least half of the members of the Council shall be physicians or other experts with clinical expertise.

**(3) Chairman; Vice Chairman**

The Secretary shall serve as Chairman of the Council and shall designate a member to serve as Vice Chairman.

**(e) Reports**

**(1) Initial report**

Not later than June 30, 2009, the Council shall submit to the President and the Congress a report containing information describing current Federal activities on comparative effectiveness research and recommendations for such research conducted or supported from funds made available for allotment by the Secretary for comparative effectiveness research in this Act.

**(2) Annual report**

The Council shall submit to the President and Congress an annual report regarding its activities and recommendations concerning the infrastructure needs, organizational expenditures and opportunities for better coordination of comparative effectiveness research by relevant Federal departments and agencies.

**(f) Staffing; support**

From funds made available for allotment by the Secretary for comparative effectiveness research in this Act, the Secretary shall make available not more than 1 percent to the Council for staff and administrative support.

**(g) Rules of construction**

**(1) Coverage**

Nothing in this section shall be construed to permit the Council to mandate coverage, reimbursement, or other policies for any public or private payer.

**(2) Reports and recommendations**

None of the reports submitted under this section or recommendations made by the Council shall be construed as mandates or clinical guidelines for payment, coverage, or treatment.

(Pub. L. 111-5, div. A, title VIII, §804, Feb. 17, 2009, 123 Stat. 187.)

REFERENCES IN TEXT

This Act, referred to in subsecs. (e)(1) and (f), is div. A of Pub. L. 111-5, Feb. 17, 2009, 123 Stat. 116. For complete classification of this Act to the Code, see Tables.

CODIFICATION

Section was enacted as part of the American Recovery and Reinvestment Act of 2009, and not as part of the Public Health Service Act which comprises this chapter.

TERMINATION OF FEDERAL COORDINATING COUNCIL FOR COMPARATIVE EFFECTIVENESS RESEARCH

Pub. L. 111-148, title VI, §6302, Mar. 23, 2010, 124 Stat. 747, provided that: “Notwithstanding any other provision of law, the Federal Coordinating Council for Comparative Effectiveness Research established under section 804 of Division A of the American Recovery and Reinvestment Act of 2009 (42 U.S.C. 299b-8), including the requirement under subsection (e)(2) of such section, shall terminate on the date of enactment of this Act [Mar. 23, 2010].”

PART C—PATIENT SAFETY IMPROVEMENT

**§ 299b-21. Definitions**

In this part: