

## **Background on Relevant Federal Committees, Commissions, and Task Forces**

The American Nephrology Nurses Association (ANNA) Health Policy Consultants at Drinker Biddle & Reath have compiled this document as a guide to the key federal committees, commissions, and task forces of interest to ANNA members. The document was last updated in July 2017.

### **Key Terms and Acronyms**

ACA	Affordable Care Act (health reform)
AHRQ	Agency for Healthcare Research and Quality
CSR	Center for Scientific Review (within NIH)
FDA	Food and Drug Administration
GAO	Government Accountability Office
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
IRGs	Integrated Review Groups (within the Center for Scientific Review at NIH)
NIH	National Institutes of Health
NICHD	National Institute of Child Health and Human Development (within NIH)
NHLBI	National Heart, Lung, and Blood Institute (within NIH)
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases (within NIH)
NIMHD	National Institute on Minority Health and Health Disparities (within NIH)
NINR	National Institute of Nursing Research (within NIH)
OMH	Office of Minority Health (within HHS)
PCORI	Patient-Centered Outcomes Research Institute
VA	Department of Veterans Affairs

### **Nephrology/Kidney-Related Issues**

- [FDA] Cardiovascular and Renal Drugs Advisory Committee:** The 11-member Advisory Committee reviews and evaluates data concerning the safety and effectiveness of marketed and investigational human drug products for use in the treatment of cardiovascular and renal disorders and makes appropriate recommendations. Members include authorities knowledgeable in the fields of cardiology, hypertension, arrhythmia, angina, congestive heart failure, diuresis, and bio-statistics. The core of voting members may include one technically qualified member, selected by the Commissioner or designee, who is identified with consumer interests and is recommended by either a consortium of consumer-oriented organizations or other interested persons.

[\(https://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/CardiovascularandRenalDrugsAdvisoryCommittee/\)](https://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/CardiovascularandRenalDrugsAdvisoryCommittee/)

- **[NIH – Center for Scientific Review] Digestive, Kidney, and Urologic Systems (DKUS) IRG:** The DKUS IRG reviews applications on basic and clinical aspects of gastrointestinal, hepatobiliary, pancreatic, kidney, urinary tract, and male genital system physiology and pathobiology, as well as the disposition and action of nutrients and xenobiotics. The DKUS IRG also reviews applications aimed at the development and evaluation of new techniques, therapies and treatments related to the disorders of the GI tract, hepatobiliary, pancreas, kidney, urinary tract, and male genital system.  
(<https://public.csr.nih.gov/studysections/integratedreviewgroups/dkusirg/Pages/default.aspx>)
  - **Kidney Molecular Biology and Genitourinary Organ Development Study Section:** Reviews grant applications involving basic and applied aspects of normal and abnormal renal physiology, cell biology, transport biology, hormone action and signal transduction, vascular biology, genetic disorders, cell-matrix interactions, biophysics, and bioenergetics.  
(<http://public.csr.nih.gov/StudySections/IntegratedReviewGroups/DKUSIRG/KMBD/Pages/default.aspx>)
  - **Pathobiology of Kidney Disease Study Section:** Reviews grant applications involving basic and clinical studies of kidney disease, investigations of pathophysiology, diagnosis, consequences and treatment of acute and chronic disorders of the kidney, the consequences of kidney disease and failure, as well as studies of the normal structure and function of the glomerulus.  
(<http://public.csr.nih.gov/StudySections/IntegratedReviewGroups/DKUSIRG/PBKD/Pages/default.aspx>)
  - **Renal and Urological Sciences Small Business Activities Special Emphasis Panel:** Reviews Small Business Innovation Research and Small Business Technology Transfer grant applications that focus primarily on kidney, urinary tract, and male genital system therapies, devices, and diagnostics. One such topic for consideration by the panel is the development of new techniques and evaluation of the efficacy of dialysis.  
(<http://public.csr.nih.gov/StudySections/IntegratedReviewGroups/DKUSIRG/DKUS11/Pages/default.aspx>)
- **[NIH – Center for Scientific Review] Population Sciences and Epidemiology IRG: Kidney, Nutrition, Obesity, and Diabetes Study Section:** Reviews grant applications on the epidemiology, genetic epidemiology and prevention of kidney and urinary diseases, prostate, gastrointestinal and liver diseases, obesity (including the metabolic syndrome), and diabetes in human populations. Other areas considered include the epidemiology and determinants of health disparities of these disease of interest as well as the determinants and outcomes of organ donation and transplantation and bariatric surgery.  
(<http://public.csr.nih.gov/StudySections/IntegratedReviewGroups/PSEIRG/KNOD/Pages/default.aspx>)

- **[NIH – Center for Scientific Review] Immunology IRG: Transplantation, Tolerance, and Tumor Immunology Study Section:** Reviews grant applications involving the making and breaking of immune tolerance. This includes human and animal studies of immune-mediated transplant rejection, basic mechanisms of acquired immune tolerance, and studies of tumor immunology and vaccine development.  
<http://public.csr.nih.gov/StudySections/IntegratedReviewGroups/IMMIRG/TTT/Pages/default.aspx>)
- **[NIH – Center for Scientific Review] Endocrinology, Metabolism, Nutrition and Reproductive Sciences IRG: Integrative Physiology of Obesity and Diabetes Study Section:** Reviews grant applications dealing with etiology and treatment of metabolic disturbances associated with obesity and diabetes, involving endocrinology, molecular/genetic, biochemical, neuroanatomical, systems biology, dietary, metabolic, and integrative physiological approaches. Emphasis is on integrative systems approaches to elucidating peripheral and central regulatory pathways of carbohydrate, lipid, and energy homeostasis in animals.  
<http://public.csr.nih.gov/StudySections/IntegratedReviewGroups/EMNRIRG/IPOD/Pages/default.aspx>)
- **[NIH – Center for Scientific Review] Endocrinology, Metabolism, Nutrition and Reproductive Sciences IRG: Cellular Aspects of Diabetes and Obesity Study Section:** Reviews grant applications concerned with all aspects of metabolic regulation related to type 1 and type-2 diabetes. Experimental systems include primarily cellular and animal models.  
<http://public.csr.nih.gov/StudySections/IntegratedReviewGroups/EMNRIRG/CADO/Pages/default.aspx>)
- **[NIH – NIDDK] National Diabetes and Digestive and Kidney Diseases Advisory Council:** The Advisory Council meets three times a year to provide advice on the NIDDK research portfolio and provide a second-level peer review of grant applications that have been scored by scientific review groups. Members are drawn from both the “scientific and lay communities” for four year terms and represent all areas within NIDDK’s mission.  
<https://www.niddk.nih.gov/about-niddk/advisory-coordinating-committees/national-diabetes-digestive-kidney-disease-advisory-council/Pages/advisory-council.aspx>)
- **[NIH – NIDDK] National Kidney Disease Education Program (NKDEP) Coordinating Panel:** The NKDEP Coordinating Panel consists of individuals who are actively engaged in improving chronic kidney disease detection and treatment within their organizations and health care settings. Panel members assist the NKDEP by providing feedback on strategy, activities, and materials development.  
<http://www.nkdep.nih.gov/about-nkdep/coordinating-panel.shtml>)
- **[NIH – NIDDK] NKDEP Working Groups:** On occasion, NKDEP invites Coordinating Panel members and other experts to participate in ad hoc Working Groups, which are established for a specific purpose. Current NKDEP working groups include the Laboratory Working Group, Pharmacy Working Group, and Health Information Technology Working Group. Former NKDEP working groups include the Dialysis

Center Working Group and Evaluation Working Group.  
(<https://www.niddk.nih.gov/health-information/health-communication-programs/nkdep/working-groups/Pages/working-groups.aspx>)

- **[NIH – NIDDK] National Diabetes Education Program (NDEP):** Established in 1997, the NDEP is a federally-funded program sponsored by HHS and the CDC that includes over 200 partners at the federal, state, and local levels, working together to improve the treatment and outcomes for people with diabetes, promote early diagnosis, and prevent or delay the onset of type 2 diabetes.  
(<https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/pages/index.aspx>)
- **[NIH – NIDDK] Kidney, Urologic, and Hematologic Diseases Interagency Coordinating Committee (KUHICC):** Established in 1987, the KUHICC encourages cooperation, communication, and collaboration among all Federal agencies involved in kidney, urology, and hematology research and other activities.  
(<http://www.niddk.nih.gov/about-niddk/advisory-coordinating-committees/kidney-urologic-hematologic-diseases-interagency-coordinating-committee/pages/default.aspx>)
- **[NIH – NIDDK] Diabetes Mellitus Interagency Coordinating Committee (DMICC)** Established in 1974, the DMICC is chaired by the NIDDK and includes other members of HHS and other federal agencies that support diabetes-related activities. The DMICC facilitates cooperation, communication, and collaboration on diabetes among these government entities. DMICC meetings, held several times a year, help members identify emerging issues and opportunities and develop ways in which different government components can work together and build upon each other’s expertise and resources. This approach helps ensure that federal diabetes activities are coordinated and not duplicated, as well as stimulates collaborations where appropriate.  
(<http://www.niddk.nih.gov/about-niddk/advisory-coordinating-committees/diabetes-mellitus-interagency-coordinating-committee/pages/background.aspx>)
- **[NIH – NIDDK] Digestive Diseases Interagency Coordinating Committee (DDICC):** The DDICC is charged with facilitating cooperation and collaboration in research efforts in digestive diseases among NIH Institutes and other relevant Federal health agencies to provide a structure for coordinated efforts to combat digestive diseases. The Committee also prepares reports on the status of digestive disease research funding, as well as needs for future research in specific areas of digestive diseases.  
(<http://www.niddk.nih.gov/about-niddk/advisory-coordinating-committees/digestive-diseases-interagency-coordinating-committee/pages/default.aspx>)
- **[NIH and NIDDK] Other Related Groups:**
  - **NIDDK Clinical Obesity Research Panel (CORP):** The NIDDK CORP is the successor to the National Task Force on Prevention and Treatment of Obesity, which was in existence from June 1991 until June 2003. The group is composed of leading obesity researchers and clinicians and is charged with providing advice to the NIDDK Advisory Council on important clinical research needs related to obesity prevention and treatment, including concepts for potential future clinical

studies and workshops. The CORP serves in an advisory capacity to the Weight-control Information Network, an information service of the NIDDK. The CORP is placed organizationally under the auspices of the NIDDK Advisory Council and a member of the NIDDK Advisory Council serves on the CORP as a liaison member.

(<https://www.niddk.nih.gov/about-niddk/advisory-coordinating-committees/clinical-obesity-research-panel/Pages/default.aspx>)

- **NIDDK Board of Scientific Counselors (BSC):** The BSC performs quadrennial reviews of independently resourced scientists in the NIDDK Intramural Research Program (IRP). The Scientific Director continually refines the structure of the IRP in response to these findings and overall advances in the field. The NIDDK Advisory Council receives a report annually of BSC activities.  
(<https://www.niddk.nih.gov/about-niddk/advisory-coordinating-committees/board-scientific-counselors/Pages/default.aspx>)
- **NIH Obesity Research Task Force:** The Task Force was established to accelerate progress in obesity research across the NIH, given the importance of the obesity epidemic as a public health problem and its relevance to the mission of most of the NIH Institutes, Centers, and Offices (ICs). The Task Force is co-chaired by the Director of NIDDK, the Director of NICHD, and the Director of NHLBI. The members of the Task Force are representatives from these and many other NIH ICs. (<https://www.niddk.nih.gov/about-niddk/advisory-coordinating-committees/nih-obesity-research-task-force/Pages/default.aspx>)
- **[VA] Medical Research Service Merit Review Panel for Nephrology:** The Merit Review Award Program is an intramural funding mechanism to support investigator-initiated research conducted by eligible Veterans Affairs (VA) investigators at VA medical centers or VA-approved sites. This program is the VA's principal mechanism for funding basic, preclinical biomedical, and behavioral studies, as well as clinical studies of disorders and diseases of importance to the health of veterans.  
([http://www.research.va.gov/services/csrd/merit\\_review.cfm](http://www.research.va.gov/services/csrd/merit_review.cfm))

### Nursing-Related Issues

- **[HRSA] National Advisory Council on Nurse Education and Practice (NACNEP):** The NACNEP advises and makes recommendations to the Secretary of HHS and Congress on policy matters related to the Title VIII nursing workforce, education, and practice improvement programs. NACNEP prepares an annual report on its findings and recommendations. NACNEP is made up of between 21 and 23 members selected by the HHS Secretary.  
(<http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/About/index.html>)
- **[NIH – NINR] National Advisory Council for Nursing Research (NACNR):** NACNR provides second-level grant application review and provides the Director of NINR with recommendations about which grants should be funded. NACNR also reviews NINR's extramural programs and provides recommendations about intramural research activities. NACNR consists of six ex-officio members (federal agency

representatives) and 15 appointed members, at least seven of which are professional nurses recognized as experts in the areas of clinical practice, education, or research. (<http://www.ninr.nih.gov/AboutNINR/NACNR/>)

- **[NIH – NINR] Initial Review Group (IRG):** The NINR IRG is primarily responsible for the scientific review of individual training and career development grant applications. (<https://public.era.nih.gov/pubroster/jsp/roster.jsp?CID=100895>)
- **[NIH – NINR] Special Emphasis Panel (SEP):** The NINR SEP is responsible for the scientific review of applications received by NINR in response to a Request for Applications and the Ruth L. Kirschstein National Research Service Award Institutional Research Training Grants. (<https://www.ninr.nih.gov/researchandfunding/desp/srb>)

### **General Health Care-Related Issues**

- **[AHRQ] National Advisory Council for Healthcare Research and Quality:** The 21-member Advisory Council is made up of private-sector experts from a variety of fields, including representatives from health care plans, providers, purchasers, consumers, and researchers. Members weigh in on what are the most important questions that AHRQ's research should focus on in order to promote improvements in quality, outcomes, and cost-effectiveness of clinical practice. (<http://www.ahrq.gov/about/cip/about/organization/nac/index.html>)
- **[AHRQ] U.S. Preventive Services Task Force (USPSTF):** Created by the ACA, the USPSTF is an independent entity (convened by AHRQ) that provides evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications. The USPSTF is made up of 16 members with expertise in preventive medicine and primary care, including internal medicine, family medicine, pediatrics, behavioral health, obstetrics/gynecology, and nursing. (<https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/uspstf/index.html>)
- **[FDA] Cellular, Tissue, and Gene Therapies Advisory Committee:** The Committee reviews and evaluates data relating to the safety, effectiveness, and appropriate use of human cells, human tissues, gene transfer therapies, and xenotransplantation products that are intended for transplantation, implantation, infusion, and transfer in the prevention and treatment of a broad spectrum of human diseases and in the reconstruction, repair, or replacement of tissues for various conditions. The Committee consists of 13 members from authorities in a variety of fields related to transplantation and gene therapy issues. (<http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/BloodVaccinesandOtherBiologics/CellularTissueandGeneTherapiesAdvisoryCommittee/default.htm>)
- **[HHS] Advisory Committee on Organ Transplantation (ACOT):** ACOT, comprised of 25 members, was established to assist the HHS Secretary with enhancing organ donation, ensuring organ transplantation systems are grounded in the best available medical science, assuring the public that the system is as effective and equitable as possible, and increasing public confidence in the integrity and effectiveness of the

transplantation system. Members are non-governmental individuals with backgrounds in fields such as organ donation, health care public policy, transplantation medicine and surgery, critical care medicine and other medical specialties involved in the identification and referral of donors, non-physician transplant professions, nursing, epidemiology, immunology, law and bioethics, behavioral sciences, economics and statistics, as well as representatives of transplant candidates, transplant recipients, organ donors, and family members.

(<https://organdonor.gov/about-dot/acot.html>)

- **[HHS] Advisory Group on Prevention, Health Promotion, and Integrative and Public Health:** The Advisory Group, created by the ACA, brings a non-federal perspective to the National Prevention Strategy's policy and program recommendations and to its implementation. The Presidentially appointed Group assists in the implementation of the Strategy, working with partners throughout the nation. The Group advises the National Prevention Council in developing public, private, and nonprofit partnerships that will leverage opportunities to improve our nation's health. The Group continues to develop and suggest policy and program recommendations to the Council. (<https://www.surgeongeneral.gov/priorities/prevention/advisorygrp/index.html>)
- **[HHS – OMH] Advisory Committee on Minority Health (ACMH):** ACMH advises the HHS Secretary on ways to improve the health of racial and ethnic minority populations, and on the development of related goals and program activities within HHS. Members are non-governmental experts regarding issues of minority health; racial and ethnic minority groups are equally represented. (<http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=3>)
- **Independent Payment Advisory Board (IPAB):** Created by the ACA, IPAB is a 15-member panel of health care experts tasked with restraining Medicare's cost growth. In theory, IPAB recommends cost-cutting measures that take effect automatically unless Congress enacts an alternative that saves an equal amount of money. IPAB has not yet been convened and, as there have been calls from both sides of the aisle to repeal the Board, it is uncertain whether the Board will go into effect. (<https://www.advisory.com/daily-briefing/2016/07/22/ipab-aca-cut-provider-rates>)
- **Medicaid and CHIP Payment Access Commission (MACPAC):** MACPAC is tasked with reviewing state and federal Medicaid and CHIP access and payment policies and making recommendations to Congress, the HHS Secretary, and states on a wide variety of issues related to Medicaid and CHIP populations, including health reform. (<http://www.macpac.gov/>)
- **Medicare Payment Advisory Commission (MedPAC):** MedPAC is an independent Congressional agency tasked with advising Congress on issues affecting the Medicare program, including on payments to private health plans participating in Medicare, payments to providers in Medicare's traditional fee-for-service program, and analyzing access to care, quality of care, and other issues affecting Medicare. MedPAC is comprised of 17 members with expertise in the financing and delivery of health services. (<http://www.medpac.gov/>)

- **[NIH] Cures Acceleration Network (CAN) Review Board:** The CAN was created by the ACA in order to advance the development of high-need cures and reduce barriers between research discovery and clinical trials. The Review Board is made up of 24 individuals appointed by the HHS Secretary. The Board advises and provides recommendations to the Director of NIH on the activities of the CAN program.  
(<https://ncats.nih.gov/advisory/canboard>)
- **[NIH – NIMHD] National Advisory Council on Minority Health and Health Disparities (NACMHD):** NACMHD provides advice regarding NIMHD’s research and research training activities with respect to minority health issues. Membership is comprised of health professionals and individuals with demonstrated expertise regarding minority health disparity and other health disparity issues and representatives of communities impacted by minority and other health disparities.  
(<https://www.nimhd.nih.gov/about/advisory-council/index.html>)
- **[GAO – PCORI] PCORI Board of Governors:** The 21-member Board of Governors is made up of the AHRQ Director; NIH Director; three members representing patients and health care consumers; seven members representing physicians and providers, including at least one surgeon, nurse, state-licensed integrative health care practitioner, and representative of a hospital; three members representing private payers, of whom one member represents health insurance issuers and at least one member represents employers who self-insure employee benefits; three members representing pharmaceutical, device, and diagnostic manufacturers or developers; one member representing quality improvement or independent health service researchers; two members representing the federal or state governments, one of which must be from a federal health agency or program.  
(<https://www.pcori.org/about-us/governance/board-governors>)