1	"(2) As appropriate, the heads of other Federal
2	departments and agencies whose programs have a
3	significant impact upon health (as determined by the
4	Secretary).
5	"(3) As appropriate, nonprofit and for-profit
6	entities.
7	"(4) The Association of State and Territorial
8	Health Officials and the National Association of
9	County and City Health Officials.
10	"(5) The Task Force on Community Preventive
11	Services and the Task Force on Clinical Preventive
12	Services.
13	"Subtitle C—Prevention Task
13 14	"Subtitle C—Prevention Task Forces
14	Forces
14 15	Forces "SEC. 3131. TASK FORCE ON CLINICAL PREVENTIVE SERV-
14 15 16	Forces  "SEC. 3131. TASK FORCE ON CLINICAL PREVENTIVE SERV- ICES.
14 15 16 17 18	Forces  "SEC. 3131. TASK FORCE ON CLINICAL PREVENTIVE SERV- ICES.  "(a) IN GENERAL.—The Secretary, acting through
14 15 16 17 18	Forces  "SEC. 3131. TASK FORCE ON CLINICAL PREVENTIVE SERV- ICES.  "(a) IN GENERAL.—The Secretary, acting through the Director of the Agency for Healthcare Research and
14 15 16 17 18	**SEC. 3131. TASK FORCE ON CLINICAL PREVENTIVE SERV- ICES.  ((a) IN GENERAL.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall establish a permanent task force to be
14 15 16 17 18 19 20	Forces  "SEC. 3131. TASK FORCE ON CLINICAL PREVENTIVE SERV- ICES.  "(a) IN GENERAL.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall establish a permanent task force to be known as the Task Force on Clinical Preventive Services
14 15 16 17 18 19 20 21	**SEC. 3131. TASK FORCE ON CLINICAL PREVENTIVE SERV- ICES.  '(a) IN GENERAL.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality, shall establish a permanent task force to be known as the Task Force on Clinical Preventive Services (in this section referred to as the 'Task Force').

1	"(2) review the scientific evidence related to the
2	benefits, effectiveness, appropriateness, and costs of
3	clinical preventive services identified under para-
4	graph (1) for the purpose of developing, updating,
5	publishing, and disseminating evidence-based rec-
6	ommendations on the use of such services;
7	"(3) as appropriate, take into account health
8	disparities in developing, updating, publishing, and
9	disseminating evidence-based recommendations on
10	the use of such services;
11	"(4) identify gaps in clinical preventive services
12	research and evaluation and recommend priority
13	areas for such research and evaluation;
14	"(5) pursuant to section 3143(c), determine
15	whether subsidies and rewards meet the Task
16	Force's standards for a grade of A or B;
17	"(6) as appropriate, consult with the clinical
18	prevention stakeholders board in accordance with
19	subsection (f);
20	"(7) consult with the Task Force on Commu-
21	nity Preventive Services established under section
22	3132; and
23	"(8) as appropriate, in carrying out this sec-
24	tion, consider the national strategy under section
25	3121.