

Policy Backgrounder

Future of Federal Health Advisory Committees & Policy Planning

The Department of Health and Human Services (HHS) has instituted reforms to influential Federal health advisory committees. These developments and possible further changes have implications for both health care providers and patients for the process of public health guidance, clinical practices standards, and the acceptance of HHS decision-making by the scientific community.

Trusted Insights for What's Ahead ®

- HHS Secretary Kennedy's public commitment to eliminating "conflicts of interest" has led to sweeping removals of expert members across multiple panels, with replacements often aligned with Administration viewpoints, reflecting a shift that has raised questions about the balance between Administration priorities and independent expert input.
- The advisory committee ecosystem is being reshaped, with important implications for Federal health policymaking.
- As a result of these changes, regulatory timelines may shift, coverage criteria could change, and long-standing Federal signals that guide investment and operational decisions may become less predictable.
- Public health advocates and professional societies have challenged these moves by filing lawsuits and issuing public letters, claiming erosion of scientific integrity and public trust.

Role of Federal Health Advisory Committees

HHS is responsible for managing [268](#) Federal advisory committees, significantly more than any other agency. As of Fiscal Year 2025, HHS has terminated 72, and 23 were classified as “administratively inactive,” leaving at least 173 active. These committees cover a wide range of topics, from functional areas such as the [World Trade Center Health Program](#), which are typically managed by agencies within HHS such as the Centers for Disease Control (CDC), National Institutes of Health (NIH), and FDA, to broader committees such as [President’s Council on Sports, Fitness, and Nutrition](#) which HHS manages with support from other agencies.

The [Federal Advisory Committee Act \(FACA\)](#) governs how advisory committees operate. Congress, the President, and agencies use them to gain expertise and policy advice. Committees are [required](#) to operate with transparency and have a membership that is “fairly balanced in terms of the points of view represented and the functions to be performed by the advisory committee” ([5 USC §1004\(b\)\(2\)](#)). For HHS, these committees provide scientific, clinical, and stakeholder input to inform certain Federal decisions on health policy, regulation, research funding, and program implementation. Their recommendations, while generally not formally binding, often shape national standards, influence agency actions, and can guide legislative and regulatory priorities.

These committees often consist of subject matter experts, agency representatives, and stakeholder representatives. Appointing agencies vet committee members through an extensive process, including a security clearance background check, and appoint them to terms that each committee’s charter defines, typically ranging from two to eight years. A new Administration reviews committee membership and scope, making changes that can range from minor adjustments to extensive replacements.

Priorities Under Secretary Robert F. Kennedy Jr.

During his confirmation hearings, Senators from both parties [sought](#) guarantees that he would maintain the integrity of the advisory committee process, given its influence over health policy. Upon taking office, Secretary Kennedy’s welcoming [remarks](#) to HHS staff honed in on these committees, stating “we will remove conflicts of interest on the committees and research partners whenever possible or balance them with other stakeholders.”

In Secretary Kennedy’s first six months, HHS made a series of significant changes to health advisory committees. Multiple committees have been restructured, dissolved, or suspended. These actions marked a notable shift in how the Department receives expert input and have drawn close scrutiny from public health stakeholders and policymakers.

On February 19, the President signed an [Executive Order](#) which specifically called on HHS to terminate two advisory committees set up by the previous Administration. In March 2025, the Administration also [terminated](#) the [Healthcare Infection Control Practices Advisory Committee \(HICPAC\)](#) using that Order as authority; its charter had expired in January. Starting in 1991,

HICPAC (operating under CDC) issued over 540 recommendations to help develop national guidelines on infection prevention in healthcare settings—including protocols for hand hygiene, personal protective equipment, isolation practices, and environmental cleaning. Members were reportedly informed that the committee would not be reestablished in early May. At the time, HICPAC was close to finalizing updated airborne pathogen guidelines (the first revisions since 2007). HICPAC's mask recommendations had become [controversial](#) during the pandemic.

In June, HHS [removed](#) all 17 members of the [Advisory Committee on Immunization Practices \(ACIP\)](#), the CDC's expert panel responsible for making national vaccine recommendations. HHS [stated](#) this was intended to restore public trust, address potential conflicts of interest, and broaden the range of perspectives informing vaccine policy. Secretary Kennedy had [criticized](#) ACIP as “plagued with persistent conflicts of interest” resulting in the committee functioning as a “rubber stamp for any vaccine.” (However, a [recent study](#) found that apparent conflicts of interest had fallen to a historic low.)

The decision came shortly before a scheduled meeting on [COVID-19](#) and other vaccine guidance (which FDA separately [released](#) on August 27). HHS replaced the members with [new appointees](#), some of whom have publicly [expressed](#) skepticism toward vaccine safety and allegedly [promoted](#) misinformation. Since the transition, the committee has issued updated positions on topics including [thimerosal in flu vaccines](#) and [childhood immunization schedules](#).

On July 9, HHS [canceled](#) a scheduled meeting of the [U.S. Preventive Services Task Force \(USPSTF\)](#), an independent panel responsible for evaluating and recommending preventive health services such as screenings, counseling, and medications. The USPSTF's recommendations help shape clinical guidelines and public health priorities; many private health insurers generally follow its recommendations for their coverage decisions. In its brief [notice](#), HHS stated: “Moving forward, HHS looks forward to engaging with the Task Force to promote the health and well-being of the American people.” In late July, Secretary Kennedy [reportedly](#) removed all members of the committee without giving a stated reason. This followed a Supreme Court decision [affirming](#) the HHS Secretary's authority over appointments to task force, raising the possibility of other future changes to the panel's structure or operations.

Responses and Policy Implications

Secretary Kennedy's reforms have prompted responses from the medical, scientific, and legal communities. After its dissolution, critics [warned](#) that without HICPAC's Federal coordination role, responsibility for managing emerging infectious threats would shift to individual states, health systems, and facilities, potentially leading to inconsistent standards, fragmented responses, and greater vulnerability in high-risk environments such as hospitals and long-term care settings. Public health experts and [labor organizations](#) also raised concerns about reduced transparency and diminished accountability in the CDC's policymaking process.

Similarly, [commentary](#) from outgoing ACIP members argued that the sudden changes risked reversing meaningful progress on US immunization policy, including access to lifesaving vaccines and growing concern toward the rise of dangerous and preventable illnesses. Another

leading health care policy publication called the abrupt dismissal of ACIP members a “[vaccine policy crisis](#),” citing the lack of transparency behind the decision and the uncertainty it carried for providers, manufacturers, and state-level health officials. Finally, pharmaceutical industry leaders have [warned](#) that the overhaul introduces uncertainty for vaccine manufacturers by disrupting guidance timelines, demand forecasting, and coordination with regulatory approval timelines. In early July, six leading medical organizations [sued](#) Secretary Kennedy, challenging changes to COVID-19 vaccine recommendations and alleging that committee members’ removals undermine public health.

Finally, in response to the cancelled USPSTF meeting, along with reports indicating the intent to remove all its members, the American Medical Association submitted a [letter](#) expressing deep concern at the ability of the body to remain committed to evidence-based clinical preventive services. AMA argues that because health insurers rely on the USPSTF’s recommendations that drive coverage policy, HHS should keep the appointed members and maintain regular meetings without interruption.

Broader developments add further complexity to the debate over advisory committee reform. At the same time, HHS has also expanded specific efforts. On August 14, the agency [revived](#) the Task Force on Safer Childhood Vaccines, a panel established by Congress that has been disbanded since 1998. Tasked with developing relevant recommendations concerning the [Vaccine Injury Compensation Program](#) alongside the [Advisory Commission on Childhood Vaccines](#), the committee’s revival has been a [key priority](#) for groups critical of childhood vaccine safety. Later in the month, the agency also [announced](#) a new external advisory focused on improving the finance and delivery of care in major public health programs, including Medicare and Medicaid. The [announcement](#) of the new “Health Advisory Committee,” while leaving its mandate broad, also highlights the Administration’s Make America Healthy Agenda.

Together, these developments highlight that the advisory ecosystem is being reshaped, with important implications for the credibility, balance, and predictability of Federal health policymaking.

Conclusion

This restructuring of Federal health advisory committees represents a significant shift in how scientific and clinical expertise informs health policy, introducing new uncertainty for both providers and patients in areas such as vaccine guidance, infection control standards, and preventive care recommendations. Other important advisory committees may also be subject to reform, restructuring, or disruption. This includes those FDA manages that advise on approvals regarding [oncologic drugs](#), [reproductive health](#), and [blood products](#), as well as others that inform coverage decisions such as the leading committee [for Medicare](#). Regulatory timelines may shift, coverage criteria could change, and long-standing signals that guide investment and operational decisions may become less predictable. Maintaining adaptability and informed engagement will be critical as the Federal health policy advisory landscape continues to evolve.

About the Authors



David Young, President, CED



John Gardner, Vice President, Public Policy



Anthony Reyes, Senior Economic Policy Analyst, Fiscal Policy, CED

THE CONFERENCE BOARD is the Member-driven think tank that delivers *trusted insights for what's ahead*®. Founded in 1916, we are a nonpartisan, not-for-profit entity holding 501(c)(3) tax-exempt status in the United States.

The Committee for Economic Development (CED) is the public policy center of The Conference Board. The nonprofit, nonpartisan, business-led policy center delivers trusted insights and reasoned solutions in the nation's interest. CED Trustees are chief executive officers and key executives of leading US companies who bring their unique experience to address today's pressing policy issues. Collectively, they represent 30+ industries and over 4 million employees.

© 2025 The Conference Board, Inc.