



THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201

## CHARTER

### CDC/HRSA ADVISORY COMMITTEE ON HIV AND STD PREVENTION AND TREATMENT

#### **Purpose**

The Secretary, Department of Health and Human Services (HHS), and by delegation, the Director, Centers for Disease Control and Prevention (CDC), and the Administrator, Health Resources and Services Administration (HRSA), are authorized under Sections 301, 311, 317, and 318 of the Public Health Service Act (42 U.S.C. 241, 42 U.S.C. 243, 42 U.S.C. 247b, and 42 U.S.C. 247c, as amended) to: (1) conduct, encourage, cooperate with, and assist other appropriate public health authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments; (2) assist states and their political subdivisions in preventing and suppressing communicable diseases and other preventable conditions and in promoting health and well-being; and (3) assist public and non-profit private entities in preventing and controlling sexually transmitted diseases (STDs), including Acquired Immunodeficiency Syndrome (AIDS). To assist CDC and HRSA in carrying out their responsibilities, the CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment (CHACHSPT) will assess CDC's and HRSA's activities related to the human immunodeficiency virus (HIV), AIDS, and other STDs, and make recommendations for the future directions of CDC's and HRSA's programs to prevent, control, and treat STDs, HIV, and AIDS.

The CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment will advise CDC and HRSA on activities related to the prevention and control of HIV/AIDS and other STDs, the support of healthcare services to persons living with HIV/AIDS, and the education of health professionals and the public about HIV/AIDS and other STDs. The committee will support the agencies' process of identifying and responding to the prevention and health service delivery needs of affected communities, and the needs of individuals living with or at risk for HIV and other STDs.

### **Authority**

42 U.S.C. 217a (Section 222 of the Public Health Service Act), as amended. The committee is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

### **Function**

The CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment shall advise the Director, CDC, and the Administrator and Associate Administrator for HIV/AIDS, HRSA, regarding objectives, strategies, policies, and priorities for HIV and STD prevention and treatment efforts including surveillance of HIV infection, AIDS, STDs, and related behaviors; epidemiologic, behavioral, health services, and laboratory research on HIV/AIDS and STDs; identification of policy issues related to HIV/STD professional education, patient healthcare delivery, and prevention services; agency policies about prevention of HIV/AIDS and other STDs, treatment, healthcare delivery, and research and training; strategic issues influencing the ability of CDC and HRSA to fulfill their missions of providing prevention and treatment services; programmatic efforts to prevent and treat HIV and STDs; and support to the agencies in their development of responses to emerging health needs related to HIV and other STDs.

### **Structure**

The committee shall consist of 18 members including 2 co-chairs. CDC and HRSA each shall recommend nominees for half of the committee membership. Members shall be selected by the Secretary, or designee, from authorities knowledgeable in the fields of public health, epidemiology, laboratory practice, immunology, infectious diseases, drug abuse, behavioral science, health education, healthcare delivery, state health programs, clinical care, preventive health, medical education, health services and clinical research, and healthcare financing. The committee shall also include representation of persons with HIV infection, minority populations, state and local health and education agencies, AIDS/HIV/STD community-based organizations, and the ethical or religious community. At least four members shall be persons living with HIV/AIDS.

There shall also be nonvoting ex officio members from the following agencies: National Institutes of Health; Centers for Medicare and Medicaid Services; Substance Abuse and Mental Health Services Administration; Agency for Healthcare Research and Quality; Indian Health Service; Food and Drug Administration; and such additional officers of the U.S. government as deemed necessary for the committee to effectively carry out its functions.

Members shall be invited to serve for overlapping terms of up to four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. Terms of more than two years are contingent upon the renewal of the committee by appropriate action prior to its termination. A member may serve 180 days after the expiration of that member's term if a successor has not taken office.

Subcommittees may be established from time to time with the approval of the Secretary, HHS, or designee. The Department Committee Management Officer will be notified upon establishment of each subcommittee, and will be provided information on its name, membership, function, and estimated frequency of meetings.

Management and support services shall be provided by CDC and HRSA. The appropriate operating divisions within CDC and HRSA will each be responsible for assigning a designated federal official from each respective agency.

### **Meetings**

Meetings shall be held approximately twice a year at the call of the Designated Federal Officials, in consultation with the co-chairs. The Designated Federal Officials shall also approve the agenda and shall be present at all meetings.

Meetings shall be open to the public except as determined otherwise by the Secretary, HHS, or another official to whom the authority has been delegated; in accordance with the Government in the Sunshine Act (5 U.S.C. 552B(c)) and Section 10(d) of the Federal Advisory Committee Act; notice of all meetings shall be given to the public.

Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and departmental regulations.

### **Compensation**

Members who are not full-time Federal employees shall be paid at the rate of \$250 per day, or at the rate of \$31.25 per hour, as determined by the agency, not to exceed \$250 per day; plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

### **Annual Cost Estimate**

Estimated annual cost for operating the committee, including compensation and travel expenses for members, but excluding staff support is \$100,837. Estimated annual person-years of staff support required is 0.80, at an estimated annual cost of \$95,862.

### **Reports**

In the event a portion of a meeting is closed to the public as determined by the Secretary, HHS, in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and Section 10(d) of the Federal Advisory Committee Act, a report shall be prepared which shall contain, at a minimum, a list of members and their business addresses, the committee's function, dates and places of meetings, and a summary of the committee's activities and recommendations made during the fiscal year. A copy shall be provided to the Department Committee Management Officer.

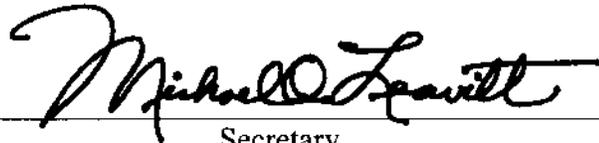
### **Termination Date**

Unless renewed by appropriate action prior to its expiration, the CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment will terminate November 25, 2008.

APPROVED:

NOV 27 2006

Date



Secretary