



CHARTER
of the
CDC/HRSA ADVISORY COMMITTEE ON HIV, VIRAL HEPATITIS AND STD
PREVENTION AND TREATMENT

Authority

The CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment was established under Section 222 of the Public Health Service (PHS) Act [42 U.S.C. §217a], as amended. The committee is governed by the provisions of the Federal Advisory Committee Act, as amended, (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees.

Objective and Scope of Activities

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 by the PHS Act 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, suppressing, and treating communicable diseases and other preventable conditions and in promoting health and well-being; and (3) assist public and non-profit private entities in preventing, controlling and treating sexually transmitted diseases (STDs), including HIV (human immunodeficiency virus); (4) improve health and achieve health equity through access to quality services and a skilled health workforce and innovative programs; and, (5) support healthcare services to persons living with or at risk for HIV, Viral Hepatitis and other sexually transmitted diseases (STDs), and the education of health professionals and the public about HIV, Viral Hepatitis and other STDs.

Description of Duties

The CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment shall advise the Secretary, HHS; the Director, CDC; and the Administrator, HRSA, regarding objectives, strategies, policies, and priorities for HIV, Viral Hepatitis, and other STDs; prevention and treatment efforts including surveillance of HIV infection, AIDS, Viral Hepatitis, other STDs, and related behaviors; epidemiologic, behavioral, health services, and laboratory

research on HIV/AIDS, Viral Hepatitis, and other STDs; identification of policy issues related to HIV/Viral Hepatitis/STD professional education, patient healthcare delivery, and prevention services; agency policies about prevention of HIV/AIDS, Viral Hepatitis 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, Viral Hepatitis, and other STDs; and, support to the agencies in their development of responses to emerging health needs related to HIV, Viral Hepatitis and other STDs.

To assist CDC and HRSA in carrying out their responsibilities, the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT) will assess CDC's and HRSA's activities related to the HIV, Acquired Immunodeficiency Syndrome (AIDS), Viral Hepatitis and other STDs, and make recommendations for the future directions of CDC's and HRSA's programs to prevent, control, and treat STDs, HIV/AIDS, and Viral Hepatitis.

CHACHSPT will advise CDC and HRSA on activities related to the prevention and control of HIV/AIDS, Viral Hepatitis 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, Viral Hepatitis 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, Viral Hepatitis and other STDs.

Agency or Official to Whom the Committee Reports

The committee reports to the Secretary, HHS; the Director, CDC; and the Administrator, HRSA.

Support

Management and support services shall be provided by CDC and HRSA.

Estimated Annual Operating Costs and Staff Years

Estimated annual cost for operating the committee, including compensation and travel expenses for members, but excluding staff support is \$54,310. Estimate of annual person-years of staff support required is 0.93, at an estimated annual cost of \$146,105.

Designated Federal Officer

CDC and HRSA will each select a fulltime or permanent part-time Federal employee to serve as the Designated Federal Officers (DFO) to attend each committee meeting and ensure that all procedures are within applicable statutory, regulatory, and HHS General Administration Manual directives. The DFOs will approve and prepare all meeting policies and agendas, call all of the committee and subcommittee meetings, adjourn any meeting when the DFOs deems adjournment to be in the public interest, and chair meetings when directed to do so by the official to whom the committee reports. The DFOs or their designee(s) shall be present at all meetings of the full committee and subcommittees.

Meetings

Meetings shall be held approximately twice a year at the call of the DFOs, in consultation with the co-chairs. The DFOs 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 other 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.

Duration

Continuing

Termination Date

Unless renewed by appropriate action prior to its expiration, the CHACHSPT will terminate two years from the date this charter is filed.

Membership and Designation

The committee shall consist of 18 public 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 his/her 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/Viral Hepatitis/STD community-based organizations; and the ethical or religious community. At least four members shall be persons living with HIV/AIDS. Members shall be deemed Special Government Employees.

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

There shall also be nonvoting liaison representative from the Presidential Advisory Council on HIV/AIDS; and such other nonvoting representatives from organizations with interests in the prevention and control of HIV/AIDS, STD and Viral Hepatitis, as the Secretary deems necessary for the committee to effectively carry out its functions. Liaisons are deemed representatives.

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

Subcommittees composed of members and nonmembers of the parent committee may be established with the approval of the Secretary, HHS, or his/her designee. The subcommittees must report back to the parent committee and do not provide advice or work products directly to the agency. 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.

Recordkeeping

The records of the board, established subcommittees, or other subgroups of the board, shall be managed in accordance with General Records Schedule 26, Item 2, or other approved agency records disposition schedule. These records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. §552.

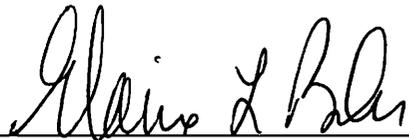
Filing Date

November 25, 2014

Approved:

11/17/14

Date



Director

Management Analysis and Services Office