



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

Committee's Official Designation (Title).

Centers for Disease Control and Prevention (CDC)/Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC).

Authority.

CHAC was established under Section 222 of the Public Health Service 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 2.

Objective and Scope of Activities.

The Secretary, Department of Health and Human Services (HHS), and by delegation, the Director, CDC, and the Administrator, HRSA, are authorized by the Public Health Service 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; (3) assist public and non-profit private entities in preventing, controlling and treating sexually transmitted diseases (STDs), including the Human Immunodeficiency Virus (HIV); (4) improve health and achieve health equity through access to quality services and a skilled health workforce and innovative programs; (5) support healthcare services to persons with or who experience risk for HIV, viral hepatitis and other STDs; (6) advance the education of health professionals and the public about HIV, viral hepatitis and other STDs; and (7) adolescent and school health as it pertains to HIV, viral hepatitis, and STDs.

The CHAC shall advise the Secretary, HHS; the Director, CDC; and the Administrator, HRSA, regarding: objectives, strategies, policies, and priorities for HIV, viral hepatitis, and STD prevention and treatment efforts including (1) surveillance; (2) epidemiologic, behavioral, health

services, and laboratory research; (3) identification of policy issues and opportunities related to prevention and treatment including but not limited to professional education, healthcare delivery, social determinants of health, research, and prevention and treatment services; (4) strategic issues influencing the ability of CDC and HRSA to fulfill their missions; (5) development and implementation of federal programs focused on prevention and treatment; and (6) provide support to the agencies in their response to emerging health needs.

Description of Duties.

CHAC will assist HHS, CDC and HRSA with carrying out their responsibilities, by assessing activities related to HIV, viral hepatitis and other STDs, and making recommendations for the future directions of CDC's and HRSA's programs to prevent, control, treat, and reduce disparities in these diseases and infections.

CHAC will advise HHS, CDC and HRSA on activities related to the prevention and control of HIV, viral hepatitis and other STDs; the support of healthcare services to persons with HIV and those that could benefit from HIV prevention; and the education of health professionals and the public about HIV, viral hepatitis and other STDs. The Committee will support the HHS process of identifying and responding to the prevention and health service delivery needs of affected communities, and the needs of individuals with or who experience 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 \$140,390. Estimate of annual person-years of staff support required is 2.42, at an estimated annual cost of \$389,790.

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 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.

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 CHAC 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 designee, from authorities knowledgeable in the fields of public health; epidemiology; laboratory practice; immunology; infectious diseases; substance use disorder; behavioral science; health education; healthcare delivery; state health programs; clinical care; preventive health; medical education; health services and clinical research; health equity; and healthcare financing. The Committee must also include at least four members who are persons with HIV. The Committee may also include representation from persons with lived experience, such as those who have experienced viral hepatitis, STDs, and drug use; state and local health and education agencies; HIV/viral hepatitis/STD community-based organizations; and the ethics or faith-based community. These members shall be deemed Special Government Employees.

There shall also be nonvoting ex officio members from the following agencies: three representatives from the National Institutes of Health including: one from the Office of AIDS Research (OAR), one from the National Institute of Allergy and Infectious Diseases (NIAID), and one from the National Institute of Mental Health (NIMH); 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; the HHS Office of Infectious Disease and HIV/AIDS Policy; and such additional HHS officers as the Secretary deems necessary for the committee to effectively carry out its functions.

There shall also be a 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, 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. 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 of the parent committee and other subject matter experts 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 Committee, established subcommittees, or other subgroups of the Committee shall be managed in accordance with General Records Schedule 6.2, Federal Advisory Committee Records, 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, 2022

Approved:

Date

Kalwant Smagh -S  Digitally signed by Kalwant Smagh
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Date: 2022.11.15 15:02:25 -05'00'

Director
Strategic Business Initiatives Unit