



CHARTER
of the
HEALTHCARE INFECTION CONTROL PRACTICES
ADVISORY COMMITTEE

Committee's Official Designation.

Healthcare Infection Control Practices Advisory Committee (HICPAC or Committee).

Authority.

Section 222 of the Public Health Service Act [42 U.S.C. §217a], as amended. The Committee is governed by the provisions of Public Law 117-286, (5 U.S.C. § 10).

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), are authorized under Section 301 [42 U.S.C. §241] and Section 311 [42 U.S.C. §243] of the Public Health Service Act, as amended, to: (1) conduct, encourage, cooperate with, and assist other appropriate public 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 the prevention of infectious diseases and other preventable conditions, and in promoting health and well-being; and (3) train State and local personnel in health work. The HICPAC shall provide advice and guidance to the Secretary, HHS; the Director, CDC; the Deputy Director for Infectious Diseases (DDID), CDC; the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), CDC; and the Director, Division of Healthcare Quality Promotion (DHQP), NCEZID, CDC, regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections, antimicrobial resistance, and related events in settings where healthcare is provided. These settings include hospitals, outpatient settings, long-term care facilities, and home health agencies.

Description of Duties.

The Committee activities may include providing advice and guidance to the Secretary, HHS; the Director, CDC; Deputy Director, DDID, CDC; the Director, NCEZID, CDC; and the Director, DHQP, NCEZID, CDC, on the development and evaluation of healthcare infection prevention and control guidelines and guidance; the development of policy statements regarding the prevention and surveillance of healthcare-associated infections and healthcare-related conditions; and new and updated surveillance methodologies related to healthcare-associated infections.

Agency or Official to Whom the Committee Reports.

The Committee reports to the Secretary, HHS; the Director, CDC; the Deputy Director, DDID, CDC; the Director, NCEZID, CDC; and the Director, DHQP, NCEZID, CDC.

Support.

Management and support services shall be provided by DHQP.

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 \$383,368. Estimate of annual person-years of staff support required is 0.21, at an estimated annual cost of \$34,874.

Designated Federal Officer.

CDC will select a fulltime or permanent part-time Federal employee to serve as the Designated Federal Officer (DFO) to attend each committee meeting and ensure that all procedures are within applicable statutory, regulatory, and HHS General Administration Manual directives. The DFO will approve and prepare all meeting policies and agendas, call all of the Committee and subcommittee meetings, adjourn any meeting when the DFO 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 DFO shall be present at all meetings of the full Committee and subcommittees. In the event that the DFO cannot fulfill the assigned duties of the Committee, one or more full-time or permanent part-time employees will be assigned as DFO and carry out these duties on a temporary basis.

Estimated Number and Frequency of Meetings.

Meetings shall be held up to eight times a year at the call of the DFO, in consultation with the Directors of DHQP, NCEZID, CDC and the Chair or 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 1009(a)(2) of the provisions of 5 U.S.C. § 10. Notice of all meetings shall be given to the public.

Duration.

Continuing.

Termination Date.

Unless renewed by appropriate action prior to its expiration, the HICPAC will terminate on January 19, 2025.

Membership and Designation.

The Committee shall consist of 14 non-Federal members, including the Chair or Co-Chairs. Members shall be selected by the Secretary, or designee, from authorities knowledgeable in the fields of expertise including, but not limited to, infectious diseases, infection prevention, healthcare epidemiology, nursing, clinical and environmental microbiology, surgery, hospitalist medicine, internal medicine, epidemiology, health policy, health services research, public health, and related medical fields. These non-Federal employees shall be deemed Special Government Employees.

The Committee shall also consist of non-voting ex officio members from the Agency for Healthcare Research and Quality, the Administration for Strategic Preparedness and Response, the Food and Drug Administration, the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the National Institutes of Health, and the Indian Health Service.

There shall also be non-voting liaison representatives from the Association of Professionals in Infection Control and Epidemiology, Inc.; the Society for Healthcare Epidemiology of America; the Association of peri-Operative Registered Nurses; the American Hospital Association; the American Health Care Association; the American College of Occupational and Environmental Medicine; the Joint Commission; the Advisory Council for the Elimination of Tuberculosis; the Health Care Acquired Infections Centre for Communicable Diseases and Infection Control, the Public Health Agency of Canada; the Society of Hospital Medicine; the Society of Critical Care Medicine; the Infectious Diseases Society of America; the Council of State and Territorial Epidemiologists; America's Essential Hospitals; the Association of State and Territorial Health Officials; the National Association of County and City Health Officials; the Surgical Infection Society; DNV-GL; the American College of Surgeons; the American Nurses Association; the American Society of Nephrology; the Pediatric Infectious Disease Society; the American Association of Kidney Patients; the Organization for Safety, Asepsis, and Prevention; the National Rural Health Association; the Patient Safety Action Network, and such other non-voting liaison representatives as the Secretary deems necessary to effectively carry out the functions of the Committee. Liaisons shall be 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 and non-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 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.

January 19, 2023

Approved:

Date

Director
Strategic Business Initiative Unit