CHARTER

ADVISORY COMMITTEE ON INFANT MORTALITY

Authority

The Advisory Committee on Infant Mortality (ACIM) was established under provisions of 42 USC 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. App. 2), which sets forth standards for the formation and use of Advisory Committees.

Objectives and Scope of Activities

The Advisory Committee on Infant Mortality (ACIM) will advise the Secretary of the Department of Health and Human Services (HHS) on Department activities and programs that are directed at reducing infant mortality and improving the health status of pregnant women and infants. The Committee will represent a public and private partnership at the highest level to provide guidance, and to focus attention on the policies and resources required to address the reduction of infant mortality. The Committee will also provide advice on how best to coordinate the myriad federal, state, local, and private programs and efforts that are designed to deal with the health and social problems impacting on infant mortality.

Description of Duties

As part of its general duties, the Committee shall established by-laws to specify its operation procedures. The Committee shall advise the Secretary of the Department of Health and Human Services and the Administrator of the Health Resources and Services Administration (HRSA) on HHS programs and activities related to infant mortality, including implementation of the Healthy Start program and infant mortality objectives from Healthy People 2020: National Health promotion and Disease Prevention Objectives.

Agency or Official to Whom the Committee Reports

ACIM will submit recommendations and reports to the Secretary of the U.S. Department of Health and Human Services.

Support

Management and support services shall be provided by HRSA’s Maternal and Child Health Bureau.

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 $214,086. Estimated annual person-years of staff support required is 0.65 FTE, at an estimated annual cost of $91,070.
Designated Federal Officer

HRSA will select a full-time or permanent part-time federal employee to serve as the Designated Federal Official (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 agendas, call to order all of the Committee or Subcommittee/workgroup meetings, adjourn any meeting when the DFO determines 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 or his/her designee shall be present at all meetings of the full committee and Subcommittees/workgroups.

Estimated Number and Frequency of Meetings

Meetings shall be held approximately two times a year. Meetings shall be open to the public except as determined otherwise by the Secretary or designee in accordance with the Government In the Sunshine Act 5 U.S.C. 552b (c) and 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.

Duration

Continuing.

Termination Date

Unless renewed by appropriate action, the Committee will terminate two years from the date its charter is filed.

Membership and Designation

The Committee shall consist of the following: Assistant Secretary for Health; the Assistant Secretary for Children and Families; the Administrator for the Centers for Medicare and Medicaid Services; a representative from the Department of Education; the Deputy Assistant Secretary for Minority Health/Director of the Office of Minority Health; the Director of the Centers for Disease Control and Prevention’s (CDC) Center on Birth Defects and Developmental Disabilities; the Director of CDC’s Division of Reproductive Health; a representative from the Department of Housing and Urban Development; a representative from the CDC’s National Center for Health Statistics; the Director of the Indian Health Service’s Office of Clinical and Preventive Services; Director of HHS Office on Women’s Health; a representative from the Department of Labor; the Director of the Agency for Healthcare Research and Quality’s Center for Primary Care, Prevention, and Clinical Partnerships; the Assistant Secretary for Food and Consumer Services, the United States Department of Agriculture; a representative from the National Institutes of Health’s National Institute of Child Health and Human Development (NICHD); any appropriately qualified representative of the
Department of Health and Human Services or other Agencies of the Federal Government designated by the Secretary as ex-officio members; and 21 members, including the Committee Chair, selected by the Secretary. Members shall be representatives of both the public and private sectors. Members from the private sector may represent corporations and foundations, the religious community, consumers, health and other professional organizations, health plans, and employers. Members from the public sector may include elected officials and health and human services administrators from the state and local levels including representatives of minority, rural, and urban interests.

Non-federal members will serve as Special Government Employees.

Members shall be invited to serve for terms of up to 4 years. However, any member appointed to fill a vacancy of an unexpired term shall be appointed for the remainder of such term, but then be eligible for a full four-year term. A member may continue to serve after the expiration of his or her term until a successor is appointed, but no longer than 180 days.

**Subcommittees**

Subcommittees may be established with the approval of the Secretary or designee. Subcommittees may be composed of members of the parent committee. The Subcommittee shall make recommendations to be deliberated by the parent committee. 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**

Meetings of the Committee and its Subcommittees will be conducted according to the Federal Advisory Committee Act, other applicable laws and Department policies. Committee and Subcommittee records will be handled in accordance with General Records 6.2, Federal Advisory Committee Records or other approved agency records disposition schedule. These records will be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. 552.

Filing Date:

September 30, 2017

Approved:

27 September 2017

/s/ Amy McNulty

Amy McNulty
Acting Director, Division of the Executive Secretariat
NOTICE OF RENEWAL OF THE

ADVISORY COMMITTEE ON INFANT MORTALITY

I determine, after appropriate consultation between this Department and the General Services Administration, that renewal of the Advisory Committee on Infant Mortality beyond September 30, 2017, is in the public interest in connection with the performance of duties imposed on the Department by law and that such duties can best be performed through the advice and counsel of such a group. The Committee is continued until September 30, 2019.

I deem that it is not feasible for the Department or any of its existing committee to perform these duties, and that a satisfactory plan for appropriate balance of committee membership has been submitted.

27 September 2017
Date

/s/ Amy McNulty
Amy McNulty
Acting Director, Division of the Executive Secretariat