



CHARTER

ADVISORY COMMITTEE ON INFANT MORTALITY

1. Committee's Official Designation: The Committee shall be known as the Advisory Committee on Infant Mortality (ACIM or Committee).
2. Authority: The Advisory Committee on Infant Mortality (ACIM) is authorized by section 222 of the Public Health Service Act (42 U.S.C. 217a), 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.
3. Objectives and Scope of Activities: ACIM advises the Secretary of the Department of Health and Human Services (HHS) on department activities and programs directed at reducing infant mortality and improving the health status of pregnant women and infants. The Committee represents a public-private partnership at the highest level to provide guidance and focus attention on the policies and resources required to address the reduction of infant mortality and the improvement of the health status of pregnant women and infants. With a focus on life course, the Committee addresses disparities in maternal health to improve maternal health outcomes, including preventing and reducing maternal mortality and severe maternal morbidity. Improving maternal health outcomes has a direct impact on the health of infants. Women who experience conditions such as hypertension, malnutrition, substance use disorder, and/or diabetes during pregnancy are at an elevated risk of delivering a baby who is low birth weight or premature, which are two of the leading causes of infant mortality. The Committee provides advice on how best to coordinate the myriad of federal, state, local, and private programs and efforts that are designed to deal with the health and social problems affecting infant mortality and maternal health.
4. Description of Duties:
 - a) Advise the Secretary HHS on department activities and programs directed at reducing infant mortality and improving the health status of pregnant women and infants.
 - b) Address disparities in maternal health to improve maternal health outcomes, including preventing and reducing maternal mortality and severe maternal morbidity.
 - c) Provide the Secretary with advice on how best to coordinate the myriad of federal, state, local, and private programs and efforts that are designed to deal with the health and social problems impacting infant mortality and maternal health, including implementation of the Healthy Start program and maternal and infant health objectives from the National Health Promotion and Disease Prevention Objectives.

5. Agency or Official to Whom the Committee Reports: ACIM submits recommendations and reports to the Secretary of HHS.
6. Support: Management and support services are provided by HRSA's Maternal and Child Health Bureau.
7. Estimated Annual Operating Costs and Staff Years: The estimated annual cost for operating the Committee, including compensation and travel expenses for members but excluding staff support, is \$217,381. The estimated annual person-years of staff support required is 0.65 FTE, at an estimated annual cost of \$94,213.
8. Designated Federal Officer: A full-time or permanent part-time federal employee, appointed in accordance with agency procedure, will serve as the Designated Federal Official (DFO) (or designee) and ensure that all procedures are within applicable statutory, regulatory, and HHS General Administration Manual directives. The DFO (or designee) approves and prepares all meeting agendas, calls all committee or subcommittee meetings, attends all committee and subcommittee meetings, adjourns any meeting when the DFO (or designee) determines adjournment to be in the public interest, and chairs meetings when directed to do so by the Secretary.
9. Estimated Number and Frequency of Meetings: ACIM shall meet approximately two times per year. Each meeting must be called or approved by the DFO. 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) and the Federal Advisory Committee Act (5 U.S.C. App. 2). 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.
10. Duration: Continuing.
11. Termination Date: Unless renewed by appropriate action, the Committee will terminate 2 years from the date its charter is filed.
12. Membership and Designation: ACIM consists of up to 21 members appointed by the Secretary for a term of up-to 4 years. However, any member appointed to fill the vacancy of an unexpired term shall be appointed for the remainder of such term, but then be eligible for a full 4-year term. Members are 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.

The Committee also consists of the following ex-officio members: Assistant Secretary for Health; the Assistant Secretary for Children and Families; the Administrator for the Centers for Medicare & 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; HRSA Administrator or designee; 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); and any appropriately qualified representative of the Department of HHS or other agencies of the federal government designated by the Secretary as ex-officio members.

13. Subcommittees: Standing and ad hoc subcommittees, composed of members of the parent committee, may be established, with the approval of the Secretary or designee, to perform specific functions within the ACIM's jurisdiction. Subcommittees must report back to the parent Advisory Committee and do not provide advice or work products directly to the Department. The Department's Committee Management Officer will be notified upon the establishment of each subcommittee and will be provided information on the subcommittee's name, membership, function, and estimated frequency of meetings.
14. Recordkeeping: Records of the Committee, formally and informally established subcommittees, or other subgroups of the Committee, shall be handled in accordance with General Records Schedule 6.2, 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.
15. Filing Date: SEP 3 0 2019

Approved:

SEP 3 0 2019

Date

/S/ Thomas J. Engels

Thomas J. Engels
Acting Administrator,
Health Resources and Services Administration