



CHARTER

ADVISORY COMMITTEE ON INFANT AND MATERNAL MORTALITY

1. Committee's Official Designation: The Committee shall be known as the Advisory Committee on Infant and Maternal Mortality (ACIMM or Committee).
2. Authority: ACIMM 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 the Federal Advisory Committee Act (5 U.S.C. 10), as amended.
3. Objectives and Scope of Activities: ACIMM advises the Secretary of the Department of Health and Human Services (HHS) on department activities, partnerships, policies, and programs directed at reducing infant mortality, maternal mortality and severe maternal morbidity, and improving the health status of infants and women before, during, and after pregnancy. The Committee provides advice on how best to coordinate federal, state, local, tribal, and territorial governmental efforts designed to improve infant mortality, related adverse birth outcomes, and maternal health, as well as influence similar efforts in the private and voluntary sectors. The Committee provides guidance and recommendations on the policies, programs, and resources required to address the disparities and inequities in infant mortality, related adverse birth outcomes and maternal health outcomes, including maternal mortality and severe maternal morbidity. With its focus on underlying causes of the disparities and inequities seen in birth outcomes for women and infants, the Committee advises the Secretary of HHS (Secretary) on the health, social, economic, and environmental factors contributing to the inequities and proposes structural, policy, and/or systems level changes.
4. Description of Duties:
 - a) Advise the Secretary on department activities, partnerships, policies, and programs directed at reducing infant and maternal mortality, severe maternal morbidity, and improving the health status of infants and women before, during, and after pregnancy.
 - b) Provide the Secretary with advice on how to best coordinate federal, state, local, tribal, and territorial governmental efforts that are designed to improve infant mortality, related adverse birth outcomes, and maternal health, including administration of the Title V MCH Block Grant Program, the Healthy Start program and maternal and infant health objectives from the Healthy People 2030 Objectives. Provide advice on how to influence similar efforts in the private and voluntary sectors.

- c) Review and inform the Secretary of factors contributing to disparities and inequities seen in birth outcomes for women and infants. Provide guidance and recommendations on the policies, programs, resources, and structural/systems level changes required to address the disparities and inequities in infant mortality, related adverse birth outcomes, and maternal health outcomes.
5. Agency or Official to Whom the Committee Reports: ACIMM submits recommendations and reports to the Secretary.
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 cost for operating the Committee, including compensation and travel expenses for members but excluding staff support is \$240,787. The estimated annual person-years of staff support required is 1.70 FTE at an estimated cost of \$333,730.
8. Designated Federal Officer: A full-time federal employee, appointed in accordance with agency procedure, will serve as the Designated Federal Official (DFO) and ensure that all procedures are within applicable statutory, regulatory, and HHS General Administration Manual directives. The DFO approves and prepares all meeting agendas, calls all committee or subcommittee meetings, attends all committee and subcommittee meetings, adjourns any meeting when the DFO determines adjournment to be in the public interest, and chairs meetings when directed to do so by the Secretary. In the event the DFO cannot fulfill the assigned duties of the committee, one or more full-time or permanent part-time HRSA employees will be designated (by the head of the Maternal and Child Health Bureau) as DFO and carry out these duties on a temporary basis.
9. Estimated Number and Frequency of Meetings: ACIMM shall meet approximately four times per year, either as virtual or in-person meetings. Each meeting must be called or approved by the DFO. Meetings shall be open to the public except as determined otherwise by the Secretary in accordance with the Government in the Sunshine Act (5 U.S.C. 552b) and the Federal Advisory Committee Act (5 U.S.C. 10). 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, regulations, and departmental policy.
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: ACIMM 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 advocacy organizations, corporations, foundations, health plans, and other stakeholder groups such as faith-based communities, consumers, health, and professional organizations. 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. All 21 members appointed by the Secretary will serve as Special Government Employees. The HRSA Administrator selects a Chair of ACIMM from the 21 members appointed by the Secretary.

The Committee also consists of the following non-voting ex-officio members: the Assistant Secretary for Health or designee; the Director of HHS Office on Women's Health or designee; the Deputy Assistant Secretary for Minority Health/Director of the Office of Minority Health or designee; the HRSA Administrator or designee; the Director of the Centers for Disease Control and Prevention's (CDC) Center on Birth Defects and Developmental Disabilities or designee; the Director of CDC's Division of Reproductive Health or designee; a representative from the CDC's National Center for Health Statistics; the Administrator for the Centers for Medicare & Medicaid Services or designee; the Assistant Secretary of the Administration for Children and Families or designee; a representative from the National Institutes of Health's National Institute of Child Health and Human Development; a representative from the Indian Health Service; a representative from the Substance Abuse and Mental Health Services Administration; a representative from the U.S. Department of Agriculture – Food and Nutrition Services; a representative from the Department of Housing and Urban Development; a representative from the Department of Labor – Women's Bureau; 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 ACIMM's jurisdiction. Subcommittees must report back to the parent 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: September 30, 2023

Approved:

September 8, 2023
Date

/Carole Johnson/
Carole Johnson
Administrator