



## CHARTER

### ADVISORY COUNCIL FOR THE ELIMINATION OF TUBERCULOSIS

#### **Purpose**

The Secretary; the Assistant Secretary for Health; and by delegation the Director, Centers for Disease Control and Prevention (CDC), are authorized under Sections 301 and 311 of the Public Health Service Act, , [42 U.S.C. 241 and 42 U.S.C. 243], 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; and (2) assist States and their political subdivisions in preventing and suppressing communicable diseases and other preventable conditions and in promoting health and well-being.

#### **Authority**

42 U.S.C. 247b-6(f) (Section 2(b)), Public Law 101-368; (Section 317E of the Public Health Service Act, as amended). The Council is governed by the 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.

#### **Function**

The Advisory Council for the Elimination of Tuberculosis shall provide advice and recommendations regarding the elimination of tuberculosis to the Secretary; the Assistant Secretary for Health; and the Director, CDC. The Council shall make recommendations regarding policies, strategies, objectives, and priorities; address the development and application of new technologies; provide guidance and review on CDC's Tuberculosis Prevention Research portfolio and program priorities; and review the extent to which progress has been made toward eliminating tuberculosis.

## Structure

The Council shall consist of ten members including the Chair. Members and the Chair shall be selected by the Secretary from authorities knowledgeable in the fields of public health, epidemiology, immunology, infectious diseases, pulmonary disease, pediatrics, tuberculosis, microbiology, and preventive health care delivery. The Council shall also consist of nonvoting agency representatives from: the Agency for Healthcare Research and Quality; the U.S. Agency for International Development; the Department of Veterans Affairs; the Division of Immigration Health Services, Department of Homeland Security; the Food and Drug Administration; the Health Resources and Services Administration; the Indian Health Service; the National Institutes of Health; the Occupational Safety and Health Administration, Department of Labor; the Office of Minority Health, Office of the Secretary, Department of Health and Human Services; the Substance Abuse and Mental Health Services Administration; and such additional officials of the U.S. Government as the Secretary deems necessary for the Council to effectively carry out its function. The Council shall also include nonvoting liaison representatives from the American College of Chest Physicians, the American Lung Association, the American Medical Association, the American Thoracic Society, the Association for Professionals in Infection Control and Epidemiology, the Association of Public Health Laboratories, the Border Health Commission – United States Section, the Border Health Commission – Mexico Section, the Infectious Disease Society of America, the National Commission on Correctional Health Care, the National Tuberculosis Controllers Association, the North American Region of the International Union Against Tuberculosis and Lung Disease, the Society of Healthcare Epidemiology of America, the National Medical Association, and such other nonvoting representatives from organizations with interests in the prevention and control of tuberculosis as the Secretary deems necessary to effectively carry out the function of the Council.

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. Terms of more than two years are contingent upon the renewal of the council by appropriate action prior to its termination. A member may serve 180 days after the expiration of that member's term if a successor has not taken office.

Subcommittees may be established from time to time with the approval of the Secretary, HHS, or designee. 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.

Management and support services shall be provided by the Office of the Director, National Center for HIV, STD, and TB Prevention, CDC.

### Meetings

Meetings shall be held approximately three times per year at the call of the Designated Federal Official, in consultation with the Chair. The Designated Federal Official shall also approve the agenda and shall be present at all meetings.

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.

Meetings shall be conducted, and records of the proceedings kept, as required by applicable Federal laws and Departmental regulations.

### Compensation

Members who are not full-time Federal employees shall be paid at the rate of \$250 per day, or at the rate of \$31.25 per hour, as determined by the agency, not to exceed \$250 per day; plus per diem and travel expenses in accordance with standard government travel regulations.

### Annual Cost Estimate

Estimated annual cost for operating the Council, including compensation and travel expenses for members, but excluding staff support, is \$134,538. Estimate of annual person-years of staff support required is 1.10, at an estimated annual cost of \$91,569.

### Reports

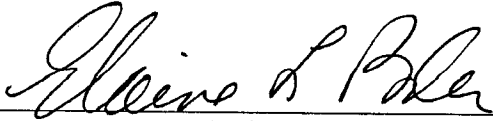
In the event a portion of a meeting is closed to the public, as determined by the Secretary, HHS, in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and Section 10(d) of the Federal Advisory Committee Act, a report shall be prepared which shall contain, as a minimum, a list of members and their business addresses, the committee's activities, and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

### Termination Date

Unless renewed by appropriate action prior to its expiration, the Advisory Council for the Elimination of Tuberculosis will terminate on March 15, 2009.

APPROVED:

2/16/07  
Date

  
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Acting Director  
Management Analysis and Services Office