



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

CHARTER

ADVISORY COMMITTEE ON MINORITY HEALTH

AUTHORITY

Establishment of the Advisory Committee on Minority Health (ACMH; the Committee) was mandated by statutes of the Health Professions Education Partnerships Act of 1998, P.L. 105-392, as amended by the Minority Health and Health Disparities Research and Education Act of 2000, P.L. 106-525. The Committee was established to provide advice on the programs and activities of the Office of Minority Health (OMH), which was established under Section 1707 of the Public Health Service Act, 42 U.S.C. 300u-6, Section 1707 of the Public Health Service Act, as amended. The Committee also is governed by provisions of Public Law 92-463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees.

OBJECTIVES AND SCOPE OF ACTIVITIES

The revision and extension of programs of the Office of Minority Health (OMH) that are stipulated under Section 201 of Public Law 105-392, directs the Secretary of Health and Human Services to establish an advisory committee for the purpose of advising the Deputy Assistant Secretary for Minority Health on issues related to minority health.

DESCRIPTION OF DUTIES

The Advisory Committee on Minority Health shall advise the Deputy Assistant Secretary for Minority Health on improving the health of each racial and ethnic minority group and on development of the following goals and specific program activities of the OMH:

- 1) Establishing short-range and long-range goals and objectives and coordinate all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research concerning such individuals;
- 2) entering into interagency agreements with other agencies of the Public Health Service;
- 3) supporting research, demonstrations, and evaluations to test new and innovative models;
- 4) increasing knowledge and understanding of health risk factors;
- 5) developing mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including individuals who are members of racial or ethnic minority groups;
- 6) ensuring that the National Center for Health Statistics collects data on the health status of each minority group;
- 7) with respect to individuals who lack proficiency in speaking the English language, enter into contracts with public and nonprofit private providers of primary health services for the purpose of increasing the access of the individuals to such services by developing and carrying out programs to provide bilingual or interpretive services;
- 8) supporting a national minority health resource center to carry out the following:
 - (a) facilitating the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in appropriate use of health care;
 - (b) facilitating access to such information;
 - (c) assisting in the analysis of issues and problems relating to such matters;
 - (d) providing technical assistance with respect to the

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exchange of such information (including facilitating the development of materials for such technical assistance); (9) carrying out programs to improve access to health care services for individuals with limited proficiency in speaking the English language (activities under the preceding sentence shall include developing and evaluating model projects); and (10) advising in matters related to the development, implementation, and evaluation of health professions education in decreasing disparities in health care outcomes, including cultural competency as a method of eliminating health disparities.

AGENCY OR OFFICIAL TO WHOM THE COMMITTEE REPORTS

It is stipulated in the authorizing legislation that the Advisory Committee on Minority Health shall advise the Deputy Assistant Secretary for Minority Health.

SUPPORT

Management and support services for Committee activities will be provided by the OMH, which is a staff program office within the Office of the Assistant Secretary for Health (OASH). OASH is a staff division within Office of the Secretary of the Department of Health and Human Services.

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 \$256,419. Estimated annual person-years of staff support required is 1.3 at an estimated annual cost of \$100,000.

DESIGNATED FEDERAL OFFICER (DFO)

The DFO for the Committee will be selected by the Deputy Assistant Secretary for Minority Health or designee from among permanent full-time or part-time senior level staff within the Office of Minority Health. In the event that the DFO cannot fulfill the assigned responsibilities for the Committee, then the Deputy Assistant Secretary for Minority Health or designee will temporarily select one or more permanent full-time or part-time senior level OMH staff to carry out the assigned duties.

The DFO will schedule and approve all meetings of the parent Committee and respective subcommittees to be held. The DFO will prepare and approve all meeting agendas; development of the meeting agenda can be done in collaboration with the Committee Chair. The DFO or designee will attend all meetings of the parent Committee and respective subcommittees. The DFO also has authority to adjourn meetings, when it is determined to be in the public interest, and can be directed by the Deputy Assistant Secretary for Minority Health or designee to chair Committee meetings.

ESTIMATED NUMBER AND FREQUENCY OF MEETINGS

The Committee will meet, at a minimum, two times each calendar year, depending upon the availability of funds. Meetings will be open to the public, except as determined otherwise by the Secretary or designee, in keeping with the guidelines under Government in the Sunshine Act, 5 U.S.C. 552b(c). Notice of all meetings will be given to the public. Meetings will be conducted and records of the proceedings will be kept, as required by applicable laws and Departmental policies. A quorum of the

membership is required for the parent Committee to meet to conduct business. A quorum is defined as being no less than seven (7) of the appointed ACMH members.

When it is determined by the Secretary or designee that a meeting will be closed or partially closed to the public, in accordance with stipulations of Government in the Sunshine Act, 5 U.S.C. 552b(c), then a report will be prepared that includes, at a minimum, a list of the members and their business addresses, the Committee's functions, date and place of the meeting, and a summary of the Committee's activities and recommendations made during the fiscal year. A copy of the report will be provided to the Department Committee Management Officer.

DURATION

The Advisory Committee on Minority Health is statutorily mandated; no specific end date has been established.

TERMINATION

Unless renewed by appropriate action prior to its expiration, the charter for the Committee will expire two years from the date it is filed.

MEMBERSHIP AND DESIGNATION

The Committee shall consist of 12 voting members. The Committee membership also may include non-voting *ex-officio* members. Voting members shall be appointed by the Secretary or designee from among individuals who are not officers or employees of the Federal Government and who have expertise regarding issues of minority health. The racial and ethnic minority groups shall be equally represented among such members. The Chairperson of the Committee shall be selected by the Secretary or designee from among the voting members of the Committee. All voting members of the Committee are classified as special Government employees (SGEs). Officials of HHS organizational components may be invited to serve as non-voting *ex-officio* members, as it is deemed to be appropriate by the Secretary or designee to effectively carry out the Committee's mission.

Each voting member shall be appointed to serve a term of four years. Terms of more than two years are contingent upon renewal of the Committee by appropriate action prior to its termination. The term of office of the Chairperson shall be two years.

A member may serve after the expiration of their term until their successor has taken office, but not longer than 180 days. If a vacancy occurs on the Committee, a new member shall be appointed by the Secretary or designee within 90 days from the date that the vacancy occurs, and serve for the remainder of the term for which the predecessor of such member was appointed. The vacancy shall not affect the power of remaining members to execute the duties of the Committee.

Members of the Committee who are not officers or employees of the United States shall be paid at a rate not to exceed \$200 per day (including travel time) that they are engaged in performing duties in relation to work being done by the Committee. Such compensation cannot be in an amount in excess of the daily equivalent of the annual maximum rate of basic pay payable under the General Schedule (under Title 5 U.S.C.) for positions above GS-15. Non-members who are selected to work with the Committee as special consultants and/or subcommittee members will be compensated for services performed at a rate of

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pay that is consistent with the rate of pay authorized for members of the parent committee. Individuals who serve as members of the parent committee and/or subcommittees also may receive per diem and reimbursement for any applicable travel expenses, as authorized by Section 5703, Title 5 U.S.C., for persons who are employed intermittently in the Government service. Members of the parent committee and/or subcommittees who are officers or employees of the United States Government shall serve without compensation.

SUBCOMMITTEES

With approval of the Secretary or designee, the Committee may establish subcommittees that are composed of members of the parent committee, as well as other individuals who have expertise regarding issues of minority health (including racial and ethnic health disparities) to provide assistance in carrying out the function of the Committee. The Department Committee Management Officer shall be notified upon establishment of each subcommittee and shall be given information regarding its name, membership, function, and estimated frequency of meetings.

RECORDKEEPING

Meetings will be conducted and records of the proceedings kept, as required by applicable laws and Departmental regulations. 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 17, 2013

APPROVED:

SEP 17 2013

Date



Kathleen Sebelius



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

NOTICE OF RENEWAL
OF THE
ADVISORY COMMITTEE ON MINORITY HEALTH

I have determined, after appropriate consultation between this Department and the General Services Administration, that renewal of the Advisory Committee on Minority Health (ACMH) is in the public interest. Performance of duties imposed on the Department by law can best be performed through the advice and counsel of such an advisory group. Continuation of the ACMH is authorized until September 17, 2015.

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

SEP 17 2013

Date

A handwritten signature in black ink, reading "Kathleen Sebelius", is written over a horizontal line.

Kathleen Sebelius