

Charter
Defense Health Board

1. Committee's Official Designation: The committee will be known as the Defense Health Board ("the Board").
2. Authority: The Secretary of Defense, in accordance with the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended) and 41 C.F.R. § 102-3.50(d), established this discretionary Board.
3. Objectives and Scope of Activities: The Board provides independent advice and recommendations to maximize the safety and quality of, as well as the access to, health care for Department of Defense (DoD) health care beneficiaries, as set out in paragraph four below.
4. Description of Duties: The Board provides the Secretary of Defense and the Deputy Secretary of Defense, through the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) and the Assistant Secretary of Defense for Health Affairs (ASD(HA)), independent advice and recommendations on matters pertaining to:
 - a. DoD healthcare policy and program management;
 - b. health research programs;
 - c. requirements for the treatment and prevention of disease and injury by the DoD;
 - d. promotion of health and wellness within the DoD and the effective and efficient delivery of high-quality health care services to DoD beneficiaries; and
 - e. other health-related matters of special interest to the DoD, as determined by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R).
5. Agency or Official to Whom the Committee Reports: The Board reports to the Secretary and the Deputy Secretary of Defense, through the USD(P&R) and the ASD(HA), who may act upon the Board's advice and recommendations.
6. Support: The DoD, through the office of the USD(P&R), provides support for the performance of the Board's functions and ensures compliance with the requirements of the FACA, the Government in the Sunshine Act of 1976 (5 U.S.C. § 552b, as amended) ("the Sunshine Act"), governing Federal statutes and regulations, and established DoD policies and procedures.
7. Estimated Annual Operating Costs and Staff Years: The estimated annual operating cost, to include travel, meetings, and contract support, is approximately \$1,380,000. The estimated annual personnel cost to the DoD is 3.75 full-time equivalents.
8. Designated Federal Officer: The Board's Designated Federal Officer (DFO), pursuant to DoD policy, shall be a full-time or permanent part-time DoD officer or employee, designated in accordance with DoD policies and procedures.

The Board's DFO is required to attend all meetings of the Board and its subcommittee for the entire duration of each and every meeting. However, in the absence of the Board's DFO, a properly approved Alternate DFO duly designated to the Board according to DoD policies and procedures, will attend the entire duration of all meetings of the Board or its subcommittees.

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The DFO, or the Alternate DFO, shall call all of the Board and its subcommittees meetings; prepare and approve all meeting agendas; and adjourn any meeting when the DFO, or the Alternate DFO, determines adjournment to be in the public interest or required by governing regulations or DoD policies and procedures.

9. Estimated Number and Frequency of Meetings: The Board will meet at the call of the Board's DFO, in consultation with the Board's President. The estimated number of meetings is approximately four per year.
10. Duration: The need for this advisory function is on a continuing basis; however, this charter is subject to renewal every two years.
11. Termination: The Board terminates upon completion of its mission or two years from the date this charter is filed, whichever is sooner, unless renewed by DoD.
12. Membership and Designation: The Board shall be composed of no more than 19 members who are eminent authorities in one or more of the following disciplines: health care research/academia, infectious disease, occupational/environmental health, public health, health care policy, trauma medicine/systems, clinical health care, strategic decision making, bioethics or ethics, beneficiary representative, neuroscience, and behavioral health.

The appointment of Board members will be authorized by the Secretary of Defense or the Deputy Secretary of Defense and administratively certified by the USD (P&R) for a term of service of one-to-four years, with annual renewals, in accordance with DOD policies and procedures. Members of the Board who are not full-time or permanent part-time Federal officers or employees will be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as special government employee (SGE) members. Board members who are full-time or permanent part-time Federal officers or employees will be appointed pursuant to 41 C.F.R. § 102-3.130(a) to serve as regular employee (RGE) members. No member, unless authorized by the Secretary of Defense or Deputy Secretary of Defense, may serve more than two consecutive terms of service on the Board, to include its subcommittees, or serve on more than two DOD federal advisory committees at one time.

Each Board member is appointed to provide advice on behalf of the government on the basis of his or her best judgment without representing any particular point of view and in a manner that is free from conflict of interest.

The USD(P&R), as the Board's DoD Sponsor, has the delegated authority to appoint the Board's leadership from among the membership previously appointed to the Board according to DoD policies and procedures and, in doing so, will determine the leader's term of service, which will not exceed the member's approved term of service.

With the exception of reimbursement of travel and per diem as it pertains to official Board business, Board members will serve without compensation.

13. Subcommittees: The DOD, when necessary and consistent with the Board's mission and DOD policies and procedures, may establish subcommittees, task forces, or working groups to support

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the Board. Establishment of subcommittees will be based upon a written determination, to include terms of reference, by the Secretary of Defense, the Deputy Secretary of Defense, or the USD(P&R) as the Board's Sponsor.

Such subcommittees shall not work independently of the Board and shall report all their recommendations and advice solely to the Board for full deliberation and discussion. Subcommittees, task forces, and working groups have no authority to make decisions and recommendations, verbally or in writing, on behalf of the Board. No subcommittee or any of its members can provide updates or reports, verbally or in writing, directly to the DoD or to any Federal officer or employee. If a majority of Board members are appointed to a particular subcommittee, then that subcommittee may be required to operate pursuant to the same notice and openness requirements of the FACA which govern the Board's operations.

Pursuant to Secretary of Defense policy, the USD(P&R), as the Board's DoD Sponsor, is authorized to administratively certify the appointment of subcommittee members if the Secretary of Defense or the Deputy Secretary of Defense has previously authorized the individual's appointment to the Board or another DoD advisory committee. If this prior authorization has not occurred, then the individual's subcommittee appointment must first be authorized by the Secretary of Defense or the Deputy Secretary of Defense and subsequently administratively certified by the USD(P&R).

Subcommittee members will be appointed for a term of service of one-to-four years, subject to annual renewals, according to DoD policies and procedures; however, no member shall serve more than two consecutive terms of service on the subcommittee. Subcommittee members, if not full-time or permanent part-time Federal officers or employees, will be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as SGE members. Subcommittee members who are full-time or permanent part-time Federal officers or employees will be appointed pursuant to 41 C.F.R. §102-3.130(a) to serve as RGE members.

The USD(P&R) has the delegated authority to appoint the leadership of a subcommittee from among the membership previously appointed to serve on the subcommittee according to DoD policies and procedures and, in doing so, will determine the leader's term of service, which will not exceed the subcommittee member's approved term of service.

Each subcommittee member is appointed to provide advice on behalf of the Government on the basis of his or her best judgment without representing any particular point of view and in a manner that is free from conflict of interest.

With the exception of reimbursement of travel and per diem as it pertains to official travel related to the Board or its subcommittees, subcommittee members serve without compensation.

All subcommittees operate under the provisions of the FACA, the Sunshine Act, governing Federal statutes and regulations, and established DoD policies and procedures.

Currently, DoD has approved the following permanent subcommittees to the Board:

- a. Health Care Delivery Subcommittee: This subcommittee is composed of not more than nine members, who are eminent authorities in at least one of the following disciplines: health care

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research/academia, strategic decision making, health care policy, and clinical health care. The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to health care delivery, to include DoD health care policy and program management, as well as research.

- b. **Medical Ethics Subcommittee:** This subcommittee is composed of not more than five members, who are eminent authorities in at least one of the following disciplines: strategic decision making, clinical health care, and bioethics or ethics. One member must have formal bioethics or medical ethics training or expertise. The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to medical ethics.
 - c. **Neurological/Behavioral Health Subcommittee:** This subcommittee is composed of not more than 10 members, who are eminent authorities in the discipline of neuroscience and behavioral health. The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to psychological/mental health issues and neurological symptoms or conditions among members of the Armed Forces and their families.
 - d. **Public Health Subcommittee:** This subcommittee is composed of not more than 10 members, who are eminent authorities in at least one of the following disciplines: infectious disease, occupational/environmental health, and public health. The subcommittee, when tasked according to DoD policy and procedures, provides advice on matters pertaining to improving the overall health of member of the Armed Forces and their families through the evaluation of DoD public health programs and initiatives, including education, health promotion, and prevention activities, as well as disease and injury prevention research.
 - e. **Trauma and Injury Subcommittee:** This subcommittee is composed of not more than 10 members, who are eminent authorities in the disciplines of trauma medicine and systems. The subcommittee, when tasked according to DoD policies and procedures, provides advice on matters pertaining to trauma and injury, to include methods for prevention, recognition, clinical management, and treatment.
14. **Recordkeeping:** The records of the Board and its subcommittees shall be managed in accordance with General Records Schedule 6.2, Federal Advisory Committee Records, or other approved agency records disposition schedule, and the appropriate DoD policies and procedures. These records shall be available for public inspection and copying, subject to the Freedom of Information Act of 1966 (5 U.S.C. § 552, as amended).
15. **Filing Date:** December 6, 2016