

Charter
Defense Health Board

1. Committee's Official Designation: The committee shall be known as the Defense Health Board ("the Board").
2. Authority: The Secretary of Defense, in accordance with the Federal Advisory Committee Act (FACA) (5 U.S.C., App.) and 41 C.F.R. § 102-3.50(d), established this discretionary advisory committee.
3. Objectives and Scope of Activities: The Board provides independent advice and recommendations to maximize the safety and quality of, as well as access to, health care for Department of Defense (DoD) health care beneficiaries.
4. Description of Duties: The Board will focus 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, the Chief Management Officer of the Department of Defense (CMO), or the Under Secretary of Defense for Personnel and Readiness (USD(P&R)).
5. Agency or Official to Whom the Committee Reports: The Board reports to the Secretary of Defense and the Deputy Secretary of Defense, through the USD(P&R), who may act upon the Board's advice and recommendations in accordance with DoD policy and procedures.
6. Support: The DoD, through the Office of the USD(P&R), provides support for the Board's functions and ensures compliance with the requirements of the FACA, the Government in the Sunshine Act ("the Sunshine Act"), governing Federal statutes and regulations, and DoD policy and procedures.
7. Estimated Annual Operating Costs and Staff Years: The estimated annual operating cost, to include travel, meetings, and contract support, is approximately \$1,850,000.00. The estimated annual personnel cost to the DoD is 3.00 full-time equivalents.
8. Designated Federal Officer (DFO): The Board's Designated Federal Officer (DFO) shall be a full-time or permanent part-time DoD civilian officer or employee, or active duty member of the Uniformed Services, designated in accordance with DoD policy and procedures.

The Board's DFO is required to attend all Board and subcommittee meetings 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 in accordance with DoD policy and procedures, shall attend the entire duration of all Board and subcommittee meetings.

The DFO, or the Alternate DFO, approves and calls all Board and subcommittee meetings; prepares and approves all meeting agendas; and adjourns any meeting when the DFO, or the Alternate DFO, determines adjournment to be in the public's interest or required by governing regulations or DoD policy and procedures.

9. Estimated Number and Frequency of Meetings: The Board shall meet at the call of the Board's DFO, in

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consultation with the Board's President. The estimated number of meetings is four per year.

10. Duration: The need for this Board is on a continuing basis; however, the Board is subject to renewal every two years when its charter is filed again.
11. Termination: The Board will terminate upon completion of its mission or two years from the date this charter is filed, whichever is sooner, unless the Board is renewed in accordance with DoD policy and procedures.
12. Membership and Designation: The Board shall be composed of no more than 19 members. The members shall be 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/or behavioral health.

The appointment of Board members will be approved by the Secretary of Defense, the Deputy Secretary of Defense, or the CMO ("the DoD Appointing Authority") for a term of service of one-to-four years, with annual renewals, in accordance with DoD policy and procedures. No member, unless approved by a DoD Appointing Authority, 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.

Board members who are not full-time or permanent part-time Federal civilian officers or employees, or active duty members of the Uniformed Services, shall 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 civilian officers or employees, or active duty members of the Uniformed Services, shall be appointed pursuant to 41 C.F.R. § 102-3.130(a) to serve as regular government employee (RGE) members.

A DoD Appointing Authority shall appoint the Board's leadership from among the membership previously approved to serve on the Board in accordance with DoD policy and procedures for a one-to-two year term of service, with annual renewal, not to exceed the member's approved appointment.

All members of the Board are appointed to exercise their own best judgment on behalf of the DoD, without representing any particular point of view, and to discuss and deliberate in a manner that is free from conflicts of interest.

With the exception of reimbursement of official Board-related travel and per diem, Board members serve without compensation.

13. Subcommittees: The DoD, as necessary and consistent with the Board's mission and DoD policy and procedures, may establish subcommittees, task forces, or working groups to support the Board. Establishment of subcommittees will be based upon a written determination, to include terms of reference (ToR), by a DoD Appointing Authority or the USD(P&R), as the Board's Sponsor. All subcommittees operate in accordance with the FACA, the Sunshine Act, governing Federal statutes and regulations, and DoD policy and procedures. If a subcommittee's duration, as determined by its ToR, exceeds that of the Board and the DoD does not renew the Board, then the subcommittee shall terminate when the Board does.

Subcommittees shall not work independently of the Board and shall report all of their recommendations

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and advice solely to the Board for its thorough deliberation and discussion at a publicly noticed and open Board meeting, subject to the Sunshine Act. Subcommittees have no authority to make decisions and recommendations, orally or in writing, on behalf of the Board. Neither the subcommittee nor any of its members may provide updates or report directly to the DoD or any Federal officer or employee, whether orally or in writing. 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 FACA which govern the Board's operations.

Individual appointments to serve on Board subcommittees shall be approved by a DoD Appointing Authority for a term of service of one-to-four years, with annual renewals, in accordance with DoD policy and procedures. No member shall serve more than two consecutive terms of service on the subcommittee, unless approved by a DoD Appointing Authority. Subcommittee members, who are not full-time or permanent part-time Federal civilian officers or employees, or active duty members of the Uniformed Services, shall 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 civilian officers or employees, or active duty members of the Uniformed Services, shall be appointed pursuant to 41 C.F.R. § 102-3.130(a) to serve as RGE members.

A DoD Appointing Authority shall appoint subcommittee leadership from among the membership previously approved to serve on the subcommittee in accordance with DoD policy and procedures, for a one-to-two year term of service, with annual renewal, not to exceed the member's approved appointment.

Each subcommittee member is appointed to exercise his or her own best judgment on behalf of the DoD, without representing any particular point of view, and to discuss and deliberate in a manner that is free from conflicts of interest.

With the exception of reimbursement of official Board- and subcommittee-related travel and per diem, subcommittee members serve without compensation.

The Board has five permanent subcommittees:

- a. Health Care Delivery Subcommittee: composed of no more than nine members who are eminent authorities in at least one of the following disciplines: health care research/academia, strategic decision making, health care policy, and clinical health care. The subcommittee, when tasked in accordance with DoD policy and procedures, provides advice to the Board for its consideration on matters pertaining to health care delivery, to include DoD health care policy and program management, as well as research.
- b. Medical Ethics Subcommittee: composed of no 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. At least one member must have formal bioethics or medical ethics training or expertise. The subcommittee, when tasked in accordance with DoD policy and procedures, provides advice to the Board for its consideration on matters pertaining to medical ethics.
- c. Neurological/Behavioral Health Subcommittee: composed on no more than 10 members, who are eminent authorities in the disciplines of neuroscience or behavioral health. The subcommittee, when tasked in accordance with DoD policy and procedures, provides advice to the Board for its consideration on matters pertaining to psychological/mental health issues and neurological symptoms

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or conditions among members of the Armed Forces and their families.

- d. Public Health Subcommittee: composed of no 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 in accordance with DoD policy and procedures, provides advice to the Board for its consideration on matters pertaining to improving the overall health of members 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: composed of no more than 10 members who are eminent authorities in the disciplines of trauma medicine or systems. The subcommittee, when tasked in accordance with DoD policy and procedures, provides advice to the Board for its consideration 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 Record Schedule 6.2, Federal Advisory Committee Records or other approved agency records disposition schedule, and the appropriate DoD policy and procedures. 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: December 6, 2020