

## **Chronic Fatigue Advisory Committee Meeting Charter 2010-2012**

### **Chronic Fatigue Syndrome Advisory Committee**

#### **Purpose**

The purpose of the Chronic Fatigue Syndrome Advisory Committee (CFSAC) is to provide advice and recommendations to the Secretary of Health and Human Services (HHS) via the HHS Assistant Secretary for Health on issues related to chronic fatigue syndrome (CFS). These include factors affecting access and care for persons with CFS; the science and definition of CFS; and broader public health, clinical, research and educational issues related to CFS.

#### **Authority**

CFSAC is authorized under 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended. The Committee is governed by the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

#### **Function**

The Committee shall advise and make recommendations to the Secretary, through the Assistant Secretary for Health, on a broad range of topics including: (1) the current state of knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome, and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of programs to inform the public, health care professionals, and the biomedical, academic and research communities about chronic fatigue syndrome advances.

#### **Structure**

The Committee shall consist of 11 members, including the Chair, appointed by the Secretary or the Secretary's designee. Of the 11 members, seven shall be biomedical research scientists with demonstrated expertise in biomedical research applicable to chronic fatigue syndrome; four shall be individuals with expertise in health care delivery, private health care services or insurers, or voluntary organizations concerned with the problems of individuals with CFS. All members of this Committee are classified as special Government employees (SGEs).

In addition, the Committee shall include six non-voting *ex officio* members: a representative from the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), the Social Security Administration (SSA); and the Agency for Healthcare Research and Quality (AHRQ). Other U.S. Government employees may be invited to participate as non-voting *ex officio* members, as the Secretary, or designee, deems necessary to effectively carry out the Committee's function.

Committee members shall be appointed to serve overlapping terms of up to four years. The Committee is chartered for two years and terms of more than two years are contingent upon the renewal of the Committee's charter by appropriate action prior to its expiration. A member may serve up to 180 days after the expiration of the member's term if a successor has not taken office.

If a vacancy occurs among the appointed members, the Secretary (or designee) shall make an appointment to fill the vacancy within 90 days from the date the vacancy occurs. Any individual who is appointed to fill a vacancy for the unexpired term of a member shall be appointed only for the remainder of that term.

As necessary, the Committee may establish standing and *ad hoc* subcommittees composed of members of the parent committee, assemble *ad hoc* working groups, convene conferences and workshops, and seek advice from non-member special consultants, with the approval of the Secretary (or designee). A quorum for each subcommittee or working group shall be three members. The HHS Committee Management Officer shall be notified upon establishment of each standing subcommittee and shall be provided with information on its name, membership, function, and estimated frequency of meetings.

The advice of a subcommittee shall be reported to the parent committee. The full committee shall review reports and any recommendations made by the subcommittees. The Committee will discuss their findings at a public meeting, at which time the full committee will determine the appropriate action.

Management and support services shall be provided within the Office of Public Health and Science (OPHS), with direction and guidance from the Assistant Secretary for Health. The OPHS with its expertise in coordinating federal activities and its advisory role to the Secretary will:

1. Assure coordination and communication between the Chronic Fatigue Syndrome Advisory Committee and HHS agencies.
2. In coordination with the Committee Chair, act as the Committee liaison to HHS; other government agencies; the CFS biomedical, academic, and research communities; the public; and other non-governmental entities.

## **Meetings**

Meetings of the full Committee shall be held not more than two times a year. Meetings shall be held at the call of the Designated Federal Officer (DFO), who is responsible for developing the meeting agenda. Development of the meeting agenda may be done in collaboration with the Committee Chair. The DFO or other official to whom the authority has been delegated shall be present at all meetings of the full Committee and any subcommittees/working groups that have been assembled to assist this Committee. A quorum for the conduct of business by the full Committee shall consist of a majority of the Committee's voting members.

Meetings shall be open to the public except as determined otherwise by the Secretary (or designee), in accordance with the guidelines under Government in the Sunshine Act at 5 U.S.C.

552b(c) and the Federal Advisory Committee Act. Notice of all meetings shall be given to the public.

### **Compensation**

Members shall be paid at a rate not to exceed \$200 per day, plus per diem and travel expenses, as authorized by Section 5703, Title 5 U.S.C., as amended, for persons employed intermittently in the Government service. Members who are officers or employees of the United States Government shall not receive compensation for service on the Committee.

### **Annual Cost Estimate**

Estimated annual cost for operating the Committee, including compensation and travel expenses for members, but excluding staff support is \$130,000. The estimate of annual person-years of staff support required is 1.5, at an estimated annual cost of \$225,000.

### **Reports**

When it is determined that a meeting shall be closed or partially closed to the public, as determined by the Secretary (or designee), in accordance with Government in the Sunshine Act at 5 U.S.C. 552b(c) and the Federal Advisory Committee Act, then a report shall be prepared that will contain, at a minimum, a list of members and their business addresses, the Committee's functions, dates, places of meetings, and a summary of committee 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 charter for the Chronic Fatigue Syndrome Advisory Committee will expire on September 5, 2012.