Federal Advisory Committee (FAC)
Membership Balance Plan

Please read the Federal Advisory Committee Membership Balance Plan Guidance prior to completing this form

GENERAL SERVICES ADMINSTRATION

(1) FEDERAL ADVISORY COMMITTEE NAME
State the legal name of the FAC

Advisory Council on Blood Stem Cell Transplantation (ACBSCT)

(2) AUTHORITY
Identify the authority for establishing the FAC

Public Law 109-129 as amended by Public Law 111-264; 42 U.S.C. 274K; Section 379 of the Public Health Service Act. The Council is governed by the provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

(3) MISSION/FUNCTION
Describe the mission/function of the FAC

Public Law 111-264, the Stem Cell Therapeutic and Research Reauthorization Act of 2010, authorizes the operation of the C.W. Bill Young Cell Transplantation Program and the National Cord Blood Inventory (NCBI). The Council advises the Secretary, Department of Health and Human Services and Administrator, Health Resources and Services Administration on matters related to the activities of the C.W. Bill Young Cell Transplantation Program and the National Cord Blood Inventory Program. The Principal purpose of these programs is to make blood stem cells from adult donors and cord blood units available for patients who need a transplant to treat life-threatening conditions such as leukemia, and who lack a suitably matched relative who can be the donor. The Council shall, as requested by the Secretary, discuss and make recommendations regarding the C.W. Bill Young Cell Transplantation Program (Program).

(4) POINTS OF VIEW
Based on understanding the purpose of the FAC,
(a) describe the process that will be used to ensure the committee is balanced, and identify the categories (e.g. individual expertise or represented interests) from which candidates will be considered;
(b) consider indentifying an anticipated relative distribution of candidates across the categories; and
(c) explain how a determination was made to appoint any individuals as Special Government Employees or Representative members

The Council consists of up to 25 members, who are Special Government Employees, and 6 non-voting, ex-officio members. Members and the Chair are appointed by the Secretary to ensure objectivity and balance and reduce the potential for conflicts of interest. As mandated in P.L. 109-129, members appointed are recognized authorities and representatives of marrow donor centers and marrow transplant centers; representatives of cord blood banks and participating birthing hospitals; recipients of a bone marrow transplant; recipients of a cord blood transplant; persons who require such transplants; family members of such a recipient or family members of a patient who has requested the assistance of the program in searching for an unrelated donor of bone marrow or cord blood; persons with expertise in bone marrow and cord blood transplantation; persons with expertise in typing, matching, and transplant outcome data analysis; persons with expertise in the social sciences; basic scientists with expertise in the biology of adult blood stem cells; ethicists, hematology and transfusion medicine researchers with expertise in adult blood stem cells; persons with expertise in cord blood processing; and members of the general public. The Council membership also includes as non-voting, ex officio members, representatives from the Division of Transplantation of the Health Resources and Services Administration, the Department of Defense Marrow Recruitment and Research Program operated .

by the Department of the Navy, the Food and Drug Administration, the National Institutes of Health, the Centers for Disease Control and Prevention.

(5) OTHER BALANCE FACTORS

List any other factors your agency identifies as important in achieving a balanced FAC

The Department strives to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that the views of women, all ethnic and racial groups, and people with disabilities are represented on HHS Federal advisory committees and, therefore, the Department encourages nominations of qualified candidates from these groups. The Department also encourages geographic diversity in the composition of the committee. Appointment to this Council shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

(6) CANDIDATE IDENTIFICATION PROCESS

Summarize the process intended to be used to identify candidates for the FAC, key resources expected to be tapped to identify candidates and the key persons (by position, not name) who will evaluate FAC balance. The summary should:

(a) describe the process
(b) identify the agency key staff involved (by position, not name)
(c) briefly describe how FAC vacancies, if any, will be handled by the agency; and
(d) state the membership term limit of FAC members, if applicable

As members rotate off the Council, suggestions for members are sought, generally through a Federal Register notice. Individuals may nominate themselves or other individuals, and professional associations and organizations may nominate one or more qualified persons for membership. During the year, suggestions for membership to the Council are received from various sources. These submissions are compiled for consideration along with those received from the solicitation.

A listing of individuals nominated for service on the Council is prepared by the Executive Secretary of ACBSCT and forwarded to an internal review committee, comprised of Bureau, Agency, and/or Department staff for review and a final selection of a proposed slate of candidates.

The final nomination package is submitted to the Secretary, HHS, who appoints the member(s) to the Council. Formal letters of invitation to serve on the Council are extended by the Secretary. Members are invited to serve for a term of at least 2 years, and each such member may serve as many as three consecutive 2-year terms, except that such limitations shall not apply to the Chair of the Council (or the Chair-elect) or to the member of the Council who most recently served as the Chair; and one additional consecutive 2-year term may be served by any member of the Council who has no employment, governance, or financial affiliation with any donor center, recruitment organization, transplant center, or cord blood bank. A member of the Advisory Council may continue to serve after the expiration of the term of such member until a successor is appointed. In order to ensure the continuity of the Council, the Council shall be appointed so that each year the terms of approximately one-third of the members of the Council expires. Any members of the Council who has an employment, governance, or financial affiliation with a donor center, recruitment organization, transplant center, or cord blood bank will be prohibited from participating in any decision that materially affects the donor center, recruitment organization, transplant center, or cord blood bank. The number of members with such affiliations on the Council is limited.

A member who is unable to fulfill the full term on the Council may resign by submitting his/her resignation in writing to the Executive Secretary, ACBSCT. A vacancy on the Council is filled in the manner in which the original appointment was made and is subjected to any conditions

applied with respect to the original appointment. An individual chosen to fill a vacancy is appointed for the remainder of the term of the member replaced. The vacancy will not affect the power of the remaining members to execute the duties of the Council.

(7) SUBCOMMITTEE BALANCE

Subcommittees subject to FACA should either state that the process for determining FAC member balance on subcommittees is the same as the process for the parent FAC, or describe how it is different*
**This is relevant to those agencies that require their subcommittees to follow all FACA requirements.*

As necessary, standing and ad hoc subcommittees, composed of members of the parent Council, and others, with approval and/or recommendation of the Designated Federal Officer (DFO), may be established with the approval of the Secretary of HHS or designee to perform specific functions within the Council's jurisdiction. The Department Committee Management Officer shall be notified upon establishment of each subcommittee, and shall be provided information on its name, membership, function, and estimated frequency of meetings.

ACBSCT utilizes ad hoc subcommittees or work groups of the Council to review research data, published literature and expert opinion and develop findings and recommendations for presentation to the ACBSCT in open meeting, and this information is openly deliberated. The Council chair and the DFO/Executive Secretary select work group members. Work group members 1) must include identified ACBSCT members; 2) must include the DFO/Executive Secretary or his or her designee; and 3) may include "experts" who are not Government employees, ACBSCT voting or non-voting members.

(8) OTHER

Provide any additional information that supports the balance of the FAC

Not applicable.

(9) DATE PREPARED/UPDATED

Insert the actual date the Membership Balance Plan was initially prepared, along with the date(s) the Plan is updated

January 3, 2017