

2025 Current Fiscal Year Report: CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment

Report Run Date: 07/12/2025 07:37:28 AM

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|---------------------------------------------------------------------------------------|------------------------------|
| 1. Department or Agency | 2. Fiscal Year |
| Department of Health and Human Services | 2025 |
| 3. Committee or Subcommittee | 3b. GSA Committee No. |
| CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment | 15124 |

| | | | |
|------------------------------------|---------------------------|---------------------------------|------------------------------|
| 4. Is this New Fiscal Year? | 5. Current Charter | 6. Expected Renewal Date | 7. Expected Term Date |
| No | 11/25/2024 | 11/25/2026 | 03/31/2025 |

| | | |
|-----------------------------------------------|-------------------------------------------|-----------------------------|
| 8a. Was Terminated During Fiscal Year? | 8b. Specific Termination Authority | 8c. Actual Term Date |
| No | E.O. 14217 | |

| | | |
|------------------------------------------------------|-------------------------------------------|----------------------------------|
| 9. Agency Recommendation for Next Fiscal Year | 10a. Legislation Req to Terminate? | 10b. Legislation Pending? |
| Terminate | Not Applicable | Not Applicable |

11. Establishment Authority Authorized by Law

| | | | |
|---------------------------------------------|---------------------------|---------------------------|---------------------------|
| 12. Specific Establishment Authority | 13. Effective Date | 14. Committee Type | 14c. Presidential? |
| 42 U.S.C. 217a | 11/17/1962 | Continuing | No |

15. Description of Committee Scientific Technical Program
Advisory Board

16a. Total Number of Reports No Reports for this Fiscal Year

17a. Open 0 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 0

Meetings and Dates
No Meetings

| | Current FY | Next FY |
|------------------------------------------------------------------------------------------------|---------------|------------|
| 18a(1). Personnel Pmts to Non-Federal Members | \$0.00 | \$0.00 |
| 18a(2). Personnel Pmts to Federal Members | \$0.00 | \$0.00 |
| 18a(3). Personnel Pmts to Federal Staff | \$0.00 | \$0.00 |
| 18a(4). Personnel Pmts to Non-Member Consultants | \$0.00 | \$0.00 |
| 18b(1). Travel and Per Diem to Non-Federal Members | \$0.00 | \$0.00 |
| 18b(2). Travel and Per Diem to Federal Members | \$0.00 | \$0.00 |
| 18b(3). Travel and Per Diem to Federal Staff | \$0.00 | \$0.00 |
| 18b(4). Travel and Per Diem to Non-member Consultants | \$0.00 | \$0.00 |
| 18c. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings) | \$0.00 | \$0.00 |
| 18d. Other (all other funds not captured by any other cost category) | \$0.00 | \$0.00 |
| 18e. Total Costs | \$0.00 | \$0.00 |
| 19. Federal Staff Support Years (FTE) | 0.00 | 0.00 |

20a. How does the Committee accomplish its purpose?

The Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral Hepatitis and Sexually Transmitted Diseases (STD) Prevention and Treatment (CHAC) accomplishes its purpose by deliberating and making recommendations to the U.S.

Department of Health and Human Services (HHS) Secretary, the CDC Director, and the HRSA Administrator on timely topics relevant to the Committee's focus. The Committee establishes workgroups to research and provide reports on objectives, strategies, policies, and priorities for HIV, viral hepatitis, and STD prevention and treatment efforts including (1) surveillance; (2) epidemiologic, behavioral, health services, and laboratory research; (3) identification of policy issues and opportunities related to prevention and treatment including but not limited to professional education, healthcare delivery, social determinants of health, research, and prevention and treatment services; (4) strategic issues influencing the ability of CDC and HRSA to fulfill their missions; (5) development and implementation of federal programs focused on prevention and treatment; and (6) providing support to the agencies in their response to emerging health needs.

20b. How does the Committee balance its membership?

CHAC's membership is composed of recognized HIV, viral hepatitis, and STD experts in the fields of public health; epidemiology; laboratory practice; immunology; infectious diseases; substance use disorder; behavioral science; health education; healthcare delivery; state health programs; clinical care; preventive health; medical education; health services and clinical research; health equity; and healthcare financing. The Committee must include at least four members who are persons living with HIV. The Committee membership may also include representation from persons with lived experience, such as those who have experienced viral hepatitis, STDs, and drug use; state and local health and education agencies; HIV/viral

hepatitis/STD community-based organizations; and the ethics or faith-based community. CDC and HRSA's recruitment processes ensure that the membership is balanced by geographic region, race/ethnicity, gender, and expertise.

20c. How frequent and relevant are the Committee Meetings?

CHAC met twice in fiscal year (FY) 2024: October 2023 and April 2024. The CHAC activities included holding its regular meetings to discuss critical and timely issues, establishing workgroups to focus on specific topic areas, and presenting findings and outcomes to CHAC. The CHAC provided recommendations and advice to the HHS Secretary, HRSA Administrator, and CDC Director. The Committee provided direction and guidance on a variety of high priority topics. Topics addressed by the committee included: HIV and hepatitis C co-infection, congenital syphilis, quality of life in HRSA's Ryan White HIV/AIDS Program (RWHAP), addressing social determinants of health, HIV long-acting injectables (LAI), community partnerships, youth sexually transmitted infections (STI) and mental health services, partnerships, syringe service programs, and HIV lifetime survivors. In the October 24-25, 2023, meeting, topics discussed included reducing barriers and improving outcomes in HIV and hepatitis C co-infection, congenital syphilis and coordinating success, a framework for operationalizing quality of life within the RWHAP, and innovative payment models and pathways to addressing social determinants of health. Members voted to extend the Long-Acting Injectable Workgroup (LAIWG), Community Partnerships Workgroup (CPWG), and Workforce Workgroup (WWG). Additionally, members voted to recommend that CDC and HRSA 1) work with

the Centers for Medicare & Medicaid Services to investigate how to standardize the provision of LAIs across payers for HIV prevention and treatment and to increase access for all populations; 2) work and partner with Indian Health Service (IHS) to add LAIs to the IHS formulary; and 3) work with the HHS Adolescent and Adult Antiretroviral Treatment and Guidelines Committee on two items: 1) evaluating the emergence of new data that will allow people living with HIV to access direct to inject broadly and in settings of non-viral suppression; and 2) reevaluating the LAI pre-exposure prophylaxis guidelines to include permissive utilization in unique circumstances. The CHAC LAIWG met four times in 2024 (February 29, March 18, and March 21) to gather data to present at the April 10, 2024, CHAC meeting. During these meetings the LAIWG conducted a literature review to understand the landscape of people with lived experience of LAIs, and met with Dr. Mermin to discuss outcomes from the 2024 CROI meeting. The LAIWG reviewed 14 qualitative studies published between 2018-2023 to understand lived experience of >300 people. From this work, the LAIWG presented the following proposed recommendations to CHAC on April 10th, 2024, regarding 1) Ask the CDC/HRSA to work with partners, such as NIH and the RWHAP, to request current grantees working in the LAI space to share the current state of their learnings from 2022-present; 2) Ask CDC/HRSA to convene existing advisory boards of people with lived experience to discuss the current barriers to access and uptake of LAI (for HIV treatment and prevention)(for instance in August 2024 National Ryan White Conference); 3) Ask CDC/HRSA to partner with CBOs specifically related to populations demonstrating rising risk, such as

women, adolescents, and young adults, to increase uptake of LAI; 4) Ask the CDC/HRSA to work with partners (e.g., providers, consumers, pharmacists, insurers) in clinical practice to obtain information on variation of coverage, basis for variation, and preferred mechanism for reimbursement of LAI (pharmacy vs. medical benefit) for best patient access; 5) Request CHAC to consider revisiting the fall 2023 recommendation to more explicitly ask CDC/HRSA to seek standardization of LAI under exclusively pharmacy or medical benefit and to eliminate cost sharing/co-pays; 6) Request CHAC to consider revisiting the fall 2023 recommendation to more explicitly ask CDC/HRSA to drive study and recommendations related to increasing inter-injection intervals, decrease the burden of additional labs, and allow direct to treat when clinically appropriate; and 7) Request CHAC consider modifying scope of LAI WG and extending to include: tracking the emergence of new LAI for other conditions, driving ongoing study to evaluate and eliminate barriers for access to LAI. The CHAC considered these topics and determined many of these activities were underway and the LAIWG should evaluate these proposals for a presentation in the October 2024 meeting. The LAIWG then met on August 12, 2024, and determined to bring proposed recommendations 4 and 5 to the October 2024 meeting with stronger data and justification to discuss with the CHAC. The CHAC CPWG met three times in 2024 (March 6, March 19, April 3) to gather data to present at the April 10, 2024, CHAC meeting. During these meetings the CPWG evaluated the previous work done by CHAC members that were no longer serving, as well as reports from HRSA's RWHAP Part F Special Projects of National Significance (SPNS) Program,

NIH's All of Us program, 5280 Fast Track Cities Taks Force, the People Organizing Positively (POP) Grant through AIDS United (2015/2017), and RWHAP's Supporting People with HIV as Leaders in HIV Systems of Care program. The CPWG reported findings to the CHAC on April 10, 2024. The CHAC considered this report, voted, and approved to recommend CDC/HRSA to develop shared metrics to assess successful community partnerships across agencies considering syndemic and status neutral approaches including meaningful involvement of PWLE. The CHAC WFWG did not meet in FY 2024. Recommendations made during the April 2023 CHAC meeting were sent to PACHA for review and vote. The WFWG updated the CHAC on progress with PACHA at the October 2023 and the April 2024 meetings, noting that it was very clear that a strong commitment remains from PACHA to collaborate with CHAC on workforce. The task of moving the workforce recommendations forward was placed within PACHA's Ending the Epidemic Subcommittee, which is under the new leadership of Guillermo Chacón, who will be leading the PACHA component of the collaboration with CHAC. In the April 9-10, 2024, CHAC meeting, CHAC discussed syndemic approaches to testing, using prescription data to support the HIV care continuum, upcoming HCV diagnostics, LAIs, DoxyPEP implementation, and community partnerships. The meeting also included a panel discussion with lifetime survivors on HIV and aging. From these discussions CHAC voted to write two letters, the first a resolution in support of Syringe Service Programs, and the second a letter on regarding holistic and meaningful research and interventions for lifetime survivors focused on the following: 1) Addressing long-term health

outcomes for survivors (e.g., metabolic outcomes, mental health, fatigue, cancer, etc.); 2) Including long-term survivors in all aspects of programming at all levels of HHS; 3) Including lifetime survivors as a separate category in studies and surveillance, including NIH sponsored research, including those who acquire HIV through blood transfusions or perinatal transmissions; 4) Exploring different models of care and provider resource needs in terms of best practices, center of excellence, and hub of expertise; 5) Developing a healthcare transition toolkit; and 6) Potentially having a HRSA panel on transition of care across the lifespan. CHAC anticipates submission of these letters in early FY 2025. Additional key accomplishments made in FY24 include: CDC implemented CHAC's 2021 recommendations to promote and prioritize a national HCV testing strategy based on systematic single-step RNA-based testing and to implement a national approach to development of optimal HCV diagnostics. In June of 2024, FDA announced market availability of a HCV RNA point-of-care test, which CDC has promoted through a Dear Colleague Letter issued on July 28, 2024 and by holding national and regional calls with health departments. In Fall 2024 CDC will issue program implementation considerations and a cost calculator to assist health departments and other partners with planning for procuring the new test equipment and cartridges and the optimal utilization of POC HCV RNA testing in high impact settings. CDC is continuing its work to prepare a cost effectiveness analysis of several HCV viral-first testing strategies. A draft recommendation for HCV testing strategies is expected in the first half of 2025 for peer review and public comment. At the end of January, the Association of Public Health Laboratories is

hosting a convening of experts with open access to partners and the general public to gather any and all insights on a viral-first approach. CDC implemented CHAC's 2021 recommendation to support of a requirement for laboratory reporting of pregnancy status when reporting results of HIV, HBV, HCV and syphilis. The United States Core Data for Interoperability included pregnancy status as a core data element starting in version 3. The inclusion of pregnancy status in USCDI indicates it should be included in health IT systems and be shared electronically. CDC funded the Council of State and Territorial Epidemiologists (CSTE) to develop recommendations and guidance for improving pregnancy status reporting for conditions with known or unknown impact. CSTE also hosted the webinar, "Improving Capture of Pregnancy Status for COVID-19 and Other Reportable Conditions: Recommendations and Guidance for STLT Health Agencies" where state and local jurisdictions presented potential approaches for using electronic case reporting and electronic laboratory reporting to capture pregnancy status. The webinar materials are also available in the CSTE Webinar Library. HRSA implemented CHAC's 2022 recommendation to pursue studies to understand the barriers and create solutions to allow telehealth tools to close equity gaps. Specifically, HRSA's RWHAP Part F SPNS Telehealth Strategies to Maximize HIV Care Initiative identifies and maximizes the use of telehealth strategies that are most effective in improving linkage to care, retention in care, and health outcomes, including viral suppression, for people with HIV who receive RWHAP services. This initiative builds upon existing HRSA programs and aids in understanding the facilitators and barriers to implementing telehealth strategies in health care environments. The initiative is in its

final year of a three-year funding cycle. Additionally, HRSA's RWHAP Part F SPNS Using Innovative Intervention Strategies to Improve Health Outcomes among People with HIV (2is) initiative uses an implementation science framework to identify innovative intervention strategies, provide technical assistance to support implementation, and develop accessible dissemination products to promote the replication and scale-up of successful intervention strategies in the RWHAP and other HIV service organizations nationally. The initiative includes a focus area on using telehealth services to address mental health, substance use challenges, and HIV care engagement among people with HIV aged 18 years and older. The initiative is in its final year of a four-year funding cycle. CDC implemented CHAC's 2022 recommendation to undertake a campaign to teach providers how and where virtual services can assist in our goals to End the HIV Epidemic. CDC continues to support and encourage use of telehealth to increase access and adherence to PrEP and has embedded activities into the primary funding opportunities for HIV and STI prevention including PS24-0047: "Develop robust telemedicine programs that use electronic information and telecommunications technologies... to support and promote long-distance clinical health care and patient health-related education." and in the supplement "Establish, expand, or contract with an online, remote, telehealth option(s) for secure, HIPAA compliant access to PrEP/PEP services"; and PS24-0003: "Clinics should identify and possibly modify existing delivery approaches to expand PrEP... Strategies may include but are not limited to: Implementing telehealth services for ongoing monitoring of patients on PrEP..." CDC implemented CHAC's 2022 recommendation to

explore how virtual services can enhance routine STI screening for all populations and fund pilot service delivery models to seek to understand the impact of this model. CDC has supported several projects to explore how virtual services can enhance routine STI screening for all populations. CDC shared the findings from the "Telehealth: Using Human Centered Design to Reach Underserved Communities"

(<https://www.nachc.org/resource/telehealth-using-human-centered-design-to-reach-underserved> in various settings including with CDC wide Telehealth Workgroup. CDC funded American Medical Association's development of a toolkit for routinely screening for HIV, STIs, viral hepatitis, and latent TB in community health centers and emergency departments which supports meeting the patients where they are including through tele-mentoring:

<https://www.ama-assn.org/delivering-care/public-health/hiv-stis-viral-hepatitis-and-ltbi-routine-sci> To support the Ending the HIV Epidemic in the U.S. (EHE), the Department of Health and Human Services (HHS) has provided multiple funding opportunities to jurisdictions, including continued investments in sexual health clinics (<https://www.cdc.gov/sti/php/projects/ehe.html>).

HRSA implemented CHAC's 2023 recommendation to expand the best practices compendium generated by HRSA to be expanded and expedited to identify key variables that can be used to guide implementation in different settings based on available resources and needs. HRSA's RWHAP Best Practices Compilation is continuously expanding the types of content available to support implementation and replication of intervention types in different settings, populations, etc. The Compilation now includes over 100 intervention profiles highlighting organizations' efforts to improve health and other important outcomes for people with HIV, in both

RWHAP-funded and other HIV service delivery settings. The intervention profiles include information on, for example, needs addressed, core elements or activities essential to the approach, impact of the approach, planning and implementation, sustainability, lessons learned, etc. HRSA implemented CHAC's 2023 recommendation to require grant applicants to utilize and emphasize holistic and trauma-informed approaches to prevention and care, and to address syndemic considerations; to address the role of LAI PrEP and treatment; to incorporate training for community health workers and an interprofessional workforce with attention to the pipeline of the HIV/AIDS workforce and pathways for their advancement. In November 2023, HRSA issued a Notice of Funding Opportunity for RWHAP Part F Regional AIDS Education and Training Centers (AETC). Regional AETCs train health care organizations and team members to care for and treat people with or at risk of HIV through various educational techniques and technical assistance. Regional AETCs will be awarded grants in FY 2024 and will determine how to incorporate CHAC's recommended approaches based on their proposed workplans. CDC implemented CHAC's 2023 recommendations on STI self-testing and self-collection to 1) Collaborate with industry and academia to collect safety and stability data for Chlamydia trachomatis and Neisseria gonorrhoeae (CT/NG) NAAT testing outside the clinical setting and develop point of care CT/NG/syphilis testing with optimal sensitivity and specificity; 2) Identify and amplify success stories that increase access to STI testing, reporting, and treatment for people with barriers to care; and 3) Identify support systems for people with newly diagnosed STI that are HIV status neutral. CDC

and other HHS partners held a conference session at The International Society for Sexually Transmitted Diseases Research 2023 to communicate with industry and academia on safety and stability data needs for CT/NG testing outside the clinical setting. Since then, on August 16, 2024, the U.S. Food and Drug Administration (FDA) granted marketing authorization for the first at-home, over-the-counter test to detect *Treponema pallidum* (syphilis) antibodies in human blood. Results from this type of test alone are not sufficient to diagnose syphilis infection and should be followed by additional testing to confirm a diagnosis of syphilis

(<https://pubmed.ncbi.nlm.nih.gov/38683579/>).

CDC also supported development of a rapid point of care syphilis test that allows detection of both treponemal and non-treponemal antigens thru a Broad Agency Announcement in 2022. The entity supported is currently conducting the required clinical trials for submission to FDA. Additionally, a syphilis self-test has received FDA clearance in 2024, representing a more complete solution with test results available under 30 minutes

(<https://medcitynews.com/2024/08/syphilis-home-test-diagnostic-fda-nowdiagnostics-nowdx-otc->

CDC has published numerous success stories, bulletins and promising practices that identify and amplify increasing access to STI testing, reporting, and treatment for people with barriers to care (<https://www.cdc.gov/sti-funding/php/success-stories/> and

<https://www.cdc.gov/sti-funding/php/promising-practices/>).

In 2024, CDC, funded by the EHE initiative, awarded to 15 recipients to scale up HIV prevention and care services in sexual health clinics

(<https://www.cdc.gov/sti/php/projects/ehe.html>).

The CDC-supported contractor for the new POC CT/NG test has developed and conducted

validation studies of a highly accurate, low-cost LFA (2023). In Fall 2024, the contractor is optimizing CT LFA via screening of available antigen/antibody pairs; focused on 3 CT antigens. The objective is development of a multiplex LFA for GC/CT detection, matching the minimal assay performance characteristics requested from the World Health Organization target product profile (WHO TPP) (2023). In response to CHAC's 2024 recommendation to research and prioritize developing metrics to assess meaningful involvement of persons with lived experience and successful community partnerships, CDC has developed a framework for evaluating community engagement and partnerships which include community-based, private sector, and governmental organizations.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

Every year, millions of Americans are infected with HIV, viral hepatitis, and STDs, and tens of thousands die from their infections. The work of CHAC is important in assisting CDC and HRSA achieve their missions related to these infectious diseases. As a joint CDC and HRSA committee, CHAC plays a critical role ensuring an integrated approach to the prevention, care and treatment of HIV, viral hepatitis, and STDs. This unique composition allows for a unified approach to the national HIV, viral hepatitis, and STD agenda, including providing support for the Ending the HIV Epidemic in the U.S. initiative and HRSA and CDC programs.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

CHAC does not produce reports. Carl Dieffenbach stepped down 3/18/2024, replaced by Sarah Read 8/5/2024. Kali Lindsey stepped down on 3/5/2024.

Designated Federal Officer

Jonathan Mermin DFO

| Committee Members | Start | End | Occupation | Member Designation |
|---------------------------|------------|------------|--------------------------------------------------------------------------------------|------------------------------------------|
| Armstrong, Wendy | 12/09/2019 | 03/31/2025 | Emory University School of Medicine | Special Government Employee (SGE) Member |
| Arrington Sanders, Renata | 09/15/2023 | 03/31/2025 | Chief of Adolescent Medicine, The Children's Hospital of Philadelphia | Special Government Employee (SGE) Member |
| Beiser, Marguerite | 08/25/2023 | 03/31/2025 | Boston Health Care for the Homeless Program | Special Government Employee (SGE) Member |
| Cadena-Fulks, Keiva Lei | 09/15/2023 | 03/31/2025 | Director of Harm Reduction Services, Kumukahi Health + Wellness | Special Government Employee (SGE) Member |
| Cestou, Jorge | 08/25/2023 | 03/31/2025 | Chicago Department of Public Health | Special Government Employee (SGE) Member |
| Deal, Carolyn | 01/26/2023 | 03/31/2025 | National Institutes of Health, National Institute of Allergy and Infectious Diseases | Ex Officio Member |
| Dowler, Shannon | 05/25/2021 | 03/31/2025 | North Carolina Medicaid | Special Government Employee (SGE) Member |
| Driffin, Daniel | 06/20/2021 | 03/31/2025 | D3 Consulting | Special Government Employee (SGE) Member |

| | | | | |
|---------------------|------------|------------|--------------------------------------------------------------------------------------|------------------------------------------|
| Gandotra, Neerja | 11/21/2019 | 03/31/2025 | Substance Abuse and Mental Health Services Administration | Ex Officio Member |
| Gordon, Christopher | 01/26/2023 | 03/31/2025 | National Institutes of Health, National Institute of Mental Health | Ex Officio Member |
| Granados, Grissel | 09/15/2023 | 03/31/2025 | Deputy Director, The Well Project | Special Government Employee (SGE) Member |
| Greene, Meredith | 02/16/2021 | 03/31/2025 | University of California, San Francisco | Special Government Employee (SGE) Member |
| Haverkate, Richard | 11/14/2016 | 03/31/2025 | Indian Health Service | Ex Officio Member |
| Lathrop, Julia | 08/23/2024 | 03/31/2025 | U.S. Food and Drug Administration | Ex Officio Member |
| Mallick, Aditi | 11/03/2022 | 03/31/2025 | Centers for Medicare and Medicaid Services | Ex Officio Member |
| Markham, Christine | 12/01/2021 | 03/31/2025 | University of Texas Houston School of Public Health | Special Government Employee (SGE) Member |
| Read, Sarah | 08/05/2024 | 03/31/2025 | National Institutes of Health, National Institute of Allergy and Infectious Diseases | Ex Officio Member |
| Reilley, Brigg | 08/25/2023 | 03/31/2025 | Northwest Portland Area Indian Health Board | Special Government Employee (SGE) Member |
| Riester, Robert | 02/16/2021 | 03/31/2025 | Denver Element | Special Government Employee (SGE) Member |
| Rodriguez, Leandro | 02/16/2021 | 03/31/2025 | Latino Commission on AIDS | Special Government Employee (SGE) Member |
| Tookes, Hansel | 01/04/2024 | 03/31/2025 | Presidential Advisory Council on HIV/AIDS | Representative Member |

| | | | | |
|--------------|------------|------------|---------------------------------------------|------------------------------------------|
| Trent, Maria | 02/22/2024 | 03/31/2025 | Johns Hopkins University School of Medicine | Special Government Employee (SGE) Member |
|--------------|------------|------------|---------------------------------------------|------------------------------------------|

Number of Committee Members Listed: 22

Narrative Description

The Committee supports the missions of the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) by providing recommendations on important issues related to the prevention, control, and treatment of HIV, viral hepatitis and STDs, and the support of health care and treatment services to people with HIV.

What are the most significant program outcomes associated with this committee?

| | Checked if Applies |
|---------------------------------------------------|-------------------------------------|
| Improvements to health or safety | <input checked="" type="checkbox"/> |
| Trust in government | <input checked="" type="checkbox"/> |
| Major policy changes | <input checked="" type="checkbox"/> |
| Advance in scientific research | <input checked="" type="checkbox"/> |
| Effective grant making | <input type="checkbox"/> |
| Improved service delivery | <input checked="" type="checkbox"/> |
| Increased customer satisfaction | <input checked="" type="checkbox"/> |
| Implementation of laws or regulatory requirements | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> |

Outcome Comments

N/A

What are the cost savings associated with this committee?

| | Checked if Applies |
|-----------------------|-------------------------------------|
| None | <input type="checkbox"/> |
| Unable to Determine | <input checked="" type="checkbox"/> |
| Under \$100,000 | <input type="checkbox"/> |
| \$100,000 - \$500,000 | <input type="checkbox"/> |

| | |
|----------------------------|--------------------------|
| \$500,001 - \$1,000,000 | <input type="checkbox"/> |
| \$1,000,001 - \$5,000,000 | <input type="checkbox"/> |
| \$5,000,001 - \$10,000,000 | <input type="checkbox"/> |
| Over \$10,000,000 | <input type="checkbox"/> |
| Cost Savings Other | <input type="checkbox"/> |

Cost Savings Comments

There was no apparent cost-savings in comparison to the previous year.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

230

Number of Recommendations Comments

The recommendations in FY 2024 fall under these categories: long acting injectables, youth STI and mental health services, and partnerships. CHAC made 12 recommendations in FY24.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

73%

% of Recommendations Fully Implemented Comments

Since 2007, 168 recommendations were fully implemented.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

17%

% of Recommendations Partially Implemented Comments

Since 2007, 39 recommendations remain partially implemented. We work with programs on a routine basis to update partially implemented recommendations. Currently 23 recommendations have not been implemented by the agencies.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

Feedback is provided to the public at Committee meetings: by written and electronic correspondence; and in reports and recommendations, which are published in CDC's Morbidity and Mortality Weekly Reports.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

| | |
|-----------------------------------|-------------------------------------|
| Reorganized Priorities | <input checked="" type="checkbox"/> |
| Reallocated resources | <input checked="" type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Action Comments

The agencies work closely with the Committee Co-Chairs to identify priorities and issues to be addressed at committee meetings. Prior to the meetings, the agencies prepare agendas and provide background materials to Advisory Committee members. As needed, the agencies also support workgroups formed by CHACHSPT members, which include presentation by outside experts, to focus on priority issues under the scope of the Advisory Committee.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

N/A

How is access provided to the information for the Committee's documentation?

Checked if Applies

| | |
|---------------------------|-------------------------------------|
| Contact DFO | <input checked="" type="checkbox"/> |
| Online Agency Web Site | <input checked="" type="checkbox"/> |
| Online Committee Web Site | <input checked="" type="checkbox"/> |
| Online GSA FACA Web Site | <input checked="" type="checkbox"/> |
| Publications | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Access Comments

Information for On line Committee Web Site can be found at SBI website:
<https://www.cdc.gov/faca/committees/chachspt.html>