

2018 Current Fiscal Year Report: CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment

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1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2018
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 During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	11/25/2016	11/25/2018	

8a. Was Terminated During FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next FiscalYear	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	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 FiscalYear

17a. Open Meetings and Dates 3 **17b. Closed Meetings and Dates** 0 **17c. Partially Closed Meetings and Dates** 0 **Other Activities** 0 **17d. Total Meetings and Dates** 3

Purpose	Start	End
Full committee meeting to discuss topics related to (1) strategies to link, retain, and re-engage people living with HIV into the Ryan White HIV/AIDS Program system of care; (2) HAB's benchmarking and risk adjustment initiatives; (3) HRSA and CDC initiatives regarding congenital syphilis; and (4) committee workgroup reports.	10/25/2017	10/26/2017
Full committee meeting to discuss topics related to (1) workgroup reports and updates; (2) information regarding the National Ryan White HIV/AIDS Program Conference; and (3) Committee business-related items.	02/22/2018	02/22/2018
Full committee meeting to discuss topics related to (1) HIV, Viral Hepatitis, and STD consequences of the Opioid Crisis; (2) Perspectives on, and experiences with, syringe services programs (SSPs); (3) Hepatitis A Outbreaks - Coordinating outbreak response and outreach to at-risk populations; (4) Continued discussion on HIV transmission risk in the context of Antiretroviral Therapy (ART) use and Viral Suppression (Treatment as Prevention or TasP); and (5) committee workgroup reports.	05/09/2018	05/10/2018

Number of Committee Meetings Listed: 3

Current FY Next FY

18a(1). Personnel Pmts to Non-Federal Members	\$11,250.00	\$18,000.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$146,631.00	\$147,981.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$19,665.00	\$20,980.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$3,045.00	\$4,426.00
18b(4). Travel and Per Diem to Non-member Consultants	\$2,450.00	\$1,427.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$13,977.00	\$14,119.00
18d. Total	\$197,018.00	\$206,933.00
19. Federal Staff Support Years (FTE)	1.03	1.03

20a. How does the Committee accomplish its purpose?

The Centers for Disease Control and Prevention (CDC)/Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral Hepatitis and Sexually Transmitted Diseases (STD) Prevention and Treatment (CHACHSPT) meets, deliberates, and provides recommendations to the U.S. Department of Health and Human Services (HHS) Secretary, the CDC Director, and/or the HRSA Administrator on timely topics relevant to the Committee's focus. The establishes workgroups to research and provide report on issues related to (1) prevention and control of HIV, viral hepatitis, and STDs, and (2) the status of health care services to affected populations. The CHACHSPT accomplishes its purpose through support of the CDC and HRSA.

20b. How does the Committee balance its membership?

The membership of the committee is composed of physicians, academicians, public health administrators, epidemiologists, STD, HIV, hepatitis and school health experts, and representatives of education and community-based organizations. The recruitment process ensures that the memberships are fairly balanced by geographic region, race/ethnicity, gender, and expertise. Committee members also include persons living with HIV/AIDS.

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

The CHACHSPT met three times in fiscal year 2018. Frequent meetings are relevant as the Committee provides directions and guidance on high priority topics to make recommendations for the future direction of CDC and HRSA programs to prevent, control, and treat STDs, HIV, and viral hepatitis. The CHACHSPT HIV and Aging workgroup focused on HIV and the aging population to research the unique aspects of persons aging with HIV and to identify clinical practices that improve health indicators and quality of life within this specific population. The workgroup met five times since it was established,

during the November 2016 CHACHSPT meeting, and continues to collaborate with relevant HHS Agency-level workgroups to glean information and further research the subject. The workgroup plans to provide findings to the full Advisory Committee at the November 7-8, 2018 meeting. The CHACHSPT school-aged lesbian, gay, bisexual, transgender, and questioning (LGBTQ) workgroup was charged to research and report findings on LGBTQ youth risk behaviors and protective factors with public and private organizations that serve school-aged youth or their providers. The workgroup compiled promising practices for programmatic interventions, communications strategies, and organizational policies that are likely to have the biggest impact on the health and safety of school-aged LGBTQ within and external to school settings and within healthcare settings. The workgroup met several times since November 2016, provided reports and findings to the Advisory Committee at subsequent CHACHSPT meetings, and, as a result, on January 10, 2018, CHACHSPT sent a letter of recommendation to the CDC Director. The correspondence recommended that CDC prioritize high-impact investments through schools to improve the health and well-being of young LGBTQ. The CHACHSPT expanded viral hepatitis workgroup focused on perinatal hepatitis C virus (HCV) testing and surveillance. The workgroup held teleconferences and discussed feedback on their reviews and findings for HCV testing of women of childbearing age, including pregnant women and women planning to become pregnant, and HCV exposed and at-risk infants. The workgroup presented findings at all CHACHSPT meetings in fiscal year 2018 and, as a result, the CHACHSPT deliberated and voted to submit recommendations to the CDC Director during the October 26, 2017, Advisory Committee meeting. The CHACHSPT submitted correspondence to the CDC Director on December 4, 2017, which recommended development of expanded guidelines for HCV screening in pregnancy. Additionally, on May 10, 2018, the workgroup provided findings and recommendations to the CHACHSPT and, as a result of the Advisory Committee's vote, the workgroup's findings will be used to develop a CDC Morbidity and Mortality Weekly Report (MMWR) article with the HCV guidelines. The CHACHSPT STD workgroup was charged to 1) provide feedback on the proposed recommendations for the provision of quality STD clinical services that should be available at both basic and specialty levels; 2) provide input to CDC's existing process to update the STD Treatment Guidelines; and 3) recommend system level interventions to improve STD prevention, screening/testing, care, and treatment in both primary and subspecialty care settings. The workgroup held four teleconferences to discuss feedback from their review of the draft document, "Recommendations for Providing Quality STD Clinical Services." A summary report was prepared and presented to the Advisory Committee at the October 25-26, 2017, CHACHSPT meeting. As a result of the Committee's vote, CDC will finalize and publish the Clinical Services document in the MMWR. Furthermore, as a result of the workgroup's findings, on December 19, 2017, CHACHSPT sent correspondence to the CDC Director

and HRSA Administrator recommending the Agencies address the increase in reported sexually transmitted infections in the United States. The CHACHSPT Treatment as Prevention (TasP) workgroup provided recommendations to the full CHACHSPT regarding development of messaging by CDC and HRSA on transmission risk in the context of treatment and viral suppression. As a result of the workgroups findings, the CHACHSPT deliberated at the October 2017 Advisory Committee meeting and, on November 21, 2017, sent correspondence to the HHS Acting Secretary recommending that CDC, HRSA, and other HHS operational divisions and agencies, promptly provide guidance to the field (inclusive of providers, advocates, front-line staff, and others) to integrate TasP messaging into HIV prevention and care services. On May 10, 2018, the CHACHSPT dissolved the workgroup noting that the workgroup's charge was fulfilled. On May 10, 2018, the CHACHSPT voted and established a Ryan White HIV/AIDS Program (RWHAP) Reauthorization Workgroup. The RWHAP Reauthorization Workgroup was charged to research and present findings to the full CHACHSPT regarding considerations for future RWHAP reauthorization. The workgroup plans to provide preliminary report of findings to the full Advisory Committee at the November 7-8, 2018, CHACHSPT meeting. During the May 9-10, 2018, CHACHSPT meeting, the Advisory Committee deliberated and voted, and, on July 18, 2018, the CHACHSPT submitted correspondence to the HHS Secretary that recommended that the Office of the Assistant Secretary for Health (OASH) promptly re-seat membership and resume advisory activities of the Presidential Advisory Council on HIV/AIDS (PACHA).

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

The CHACHSPT consists of a diverse, informed, and dedicated membership and proves essential in researching, deliberating, and voting to (1) advise the HHS Secretary, Director of CDC, and/or the Administrator of HRSA on activities related to the prevention, control, and treatment of HIV, viral hepatitis and STDs; (2) supporting the provision of health care services to people living with HIV; (3) promoting the education of health professionals and the public about HIV, viral hepatitis, and STDs; (4) helping develop and prioritize policies and strategies for HIV, viral hepatitis and STD prevention and treatment efforts; and (5) increasing coordinated recommendations to HHS, CDC, and/or HRSA on HIV, viral hepatitis, and STD prevention and treatment.

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

N/A

21. Remarks

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

Designated Federal Officer

Jonathan Mermin DFO

Committee Members	Start	End	Occupation	Member Designation
Akolkar, Pradip	11/30/2002	11/30/2022	Food and Drug Administration	Ex Officio Member
Aleshire, Richard	05/13/2016	06/30/2019	Washington State Department of Health	Special Government Employee (SGE) Member
Anderson, Jean	06/06/2016	06/30/2019	Johns Hopkins Meidcal Institutions	Special Government Employee (SGE) Member
Belzer, Marvin	02/01/2017	06/30/2020	University of Southern California	Special Government Employee (SGE) Member
Berger, Mitchell	09/27/2018	10/28/2019	Substance Abuse and Mental Health Services Administrative	Ex Officio Member
Byrd, Peter	10/08/2015	06/04/2018	Advocate	Special Government Employee (SGE) Member
Campopiano, Melinda	08/07/2015	12/29/2017	Substance Abuse Mental Health Services Administration	Ex Officio Member
Daviss, Steven	02/27/2018	08/28/2018	Substance Abuse and Mental Health Services Administration	Ex Officio Member
Fukuda, H. Dawn	02/15/2013	11/30/2017	Massachusetts Department of Public Health	Special Government Employee (SGE) Member
Gaist, Paul	01/28/2014	11/30/2022	National Institue of Health	Ex Officio Member
Hauser, Debra	01/05/2015	11/30/2018	Advocates for Youth	Special Government Employee (SGE) Member
Havens, Peter	06/03/2016	06/30/2019	Children's Hospital of Wisconsin	Special Government Employee (SGE) Member
Haverkate, Richard	11/14/2016	11/14/2022	Indian Health Service	Ex Officio Member
Hayes, Kaye	03/12/2012	03/11/2022	Office of HIV/AIDS and Infectious Disease Policy	Ex Officio Member
Hursey, Devin	01/31/2017	06/30/2020	The U.S. People Living with HIV Caucus	Special Government Employee (SGE) Member
Kaplowitz, Lisa	12/21/2016	02/28/2018	Substance Abuse and Mental Health Services Administration	Ex Officio Member
Kates, Jennifer	10/26/2012	06/30/2020	Henry J. Kaiser Family Foundation	Special Government Employee (SGE) Member
Leonard, Amy	12/30/2014	11/30/2018	Legacy Community Health Services	Special Government Employee (SGE) Member
Mabry Hernandez, Iris	09/24/2012	09/23/2022	Agency for Healthcare Research and Quality	Ex Officio Member
Mera, Jorge	05/13/2016	11/30/2018	Cherokee Nation	Special Government Employee (SGE) Member
Millett, Greg	12/09/2016	11/30/2018	amfAR	Special Government Employee (SGE) Member
Ostrovsky, Andrey	10/07/2016	12/01/2017	Centers for Medicare and Medicaid Services	Ex Officio Member
Philip, Susan	01/11/2016	11/30/2019	San Francisco Department of Public Health	Special Government Employee (SGE) Member
Saag, Michael	01/27/2017	06/30/2020	University of Alabama at Birmingham	Special Government Employee (SGE) Member
Scruggs, Linda	05/17/2016	06/30/2019	Ribbon Consuklting Group	Special Government Employee (SGE) Member
Stoner, Bradley	12/06/2016	11/30/2020	Washington University School of Medicine	Special Government Employee (SGE) Member
Taylor, Lynn	12/06/2016	11/30/2020	Brown UniversityThe Miriam Hospital	Special Government Employee (SGE) Member
Wild, Richard	03/20/2012	03/18/2022	Centers for Medicare and Medicaid Services	Ex Officio Member

Number of Committee Members Listed: 29

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 and control of HIV/AIDS, Viral Hepatitis and STDs, and the support of health care and treatment services to persons living with HIV/AIDS.

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

Checked if Applies

- Improvements to health or safety
- Trust in government
- Major policy changes
- Advance in scientific research
- Effective grant making
- Improved service delivery
- Increased customer satisfaction
- Implementation of laws or regulatory requirements
- Other

Outcome Comments

N/A

What are the cost savings associated with this committee?

Checked if Applies

- None
- Unable to Determine
- Under \$100,000
- \$100,000 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$10,000,000
- Over \$10,000,000
- Cost Savings Other

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?

140

Number of Recommendations Comments

The recommendations fall under these categories: Establishment of a new Ryan White HIV/AIDS Program Reauthorization Workgroup; addressing the rise of reported sexually transmitted infections (STIs) in the United States (US); issue guidance to encourage universal HCV screening of pregnant women in the US; need to implement school-based interventions to improve the health and well-being of lesbian, gay, bisexual, transgender and questioning young people; provide guidance to the field (inclusive of providers, advocates, front-line staff, and others) about integrating Treatment as Prevention messaging into HIV prevention and care services; and Health Resources and Services Administration should continue to: 1) solicit successful intervention from recipients and public resources of best practices across HIV service programs; 2) present best practices form states/cities/programs at one or more national conference; 3) to prioritize, invest in, and advocate for low-threshold, accessible models of care to re-engage people living with HIV who are out of care; and 4) offer capacity building and technical assistance services to HIV programs to improve engagement and retention in care services.

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

71%

% of Recommendations Fully Implemented Comments

For the life of this committee since 2006, 125 recommendations were either fully or partially implemented. Fifteen recommendations have not been initiated by the agencies.

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

16%

% of Recommendations Partially Implemented Comments

We are working with the programs on routine basis to update partially implemented recommendations on a routine basis.

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 through several venues to the CHACHSPT 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 works closely with the Committee Co-Chairs to identify priorities and issues to be addressed at committee meetings. Prior to the meetings, the agencies prepares agendas and provides background materials to Advisory Committee members. As needed, the agencies also supports workgroups formed by CHACHSPT members and outside experts to focus on priority issues under the authority 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 MASO website:

<http://www.cdc.gov/maso/facm/facmCHACHSPT.htm>