2024 Current Fiscal Year Report: Board of Scientific Counselors, Center for Preparedness and Response

Report Run Date: 04/25/2024 07:22:54 PM

1. Department or Agency				2. Fiscal Year	
Department of Health and Human Services				2024	
3. Committee or Subcommittee				3b. GSA Committee No.	
Board of Scientific Counselors, Center for Preparedness and Response				33551	
4. Is this New D	uring 5. Cur	rent	6. Exp	pected	7. Expected
Fiscal Year?	Charte	er	Renev	wal Date	Term Date
No	11/05/	2021	11/05/	2023	
8b. Specific 8a. Was Terminated During Termination FiscalYear? Authority				8c. Actual Term Date	
No					
9. Agency Recommendatio FiscalYear	on for Next		Legisl to Ter	lation minate?	10b. Legislation Pending?
Continue		Not	Applica	ble	Not Applicable
11. Establishme	ent Authority	y Au	thorized	d by Law	
12. Specific Est Authority	ablishment	13. Effe Dat	ective e	14. Commit Type	14c. ee Presidential?
Section 222 of the Health Service A U.S.C.§ 217a) as Public Law 92-46 amended (5 U.S 15. Description Advisory Board 16a. Total Number of Reports	act (42 s amended, 63, as .C. App. 2)	ee S			

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

No Meetings

	Current Next	
	FY	FY
18a(1). Personnel Pmts to	¢0.02	0\$0.00
Non-Federal Members	φ0.0	0.00
18a(2). Personnel Pmts to	\$0.02	0\$0.00
Federal Members	ψ0.00	υψυ.υυ
18a(3). Personnel Pmts to	\$0.02	0\$0.00
Federal Staff	ψ0.00	υψυ.υυ
18a(4). Personnel Pmts to	\$0.02	0\$0.00
Non-Member Consultants	ψ0.00	υψυ.υυ
18b(1). Travel and Per Diem to	\$0.02	0\$0.00
Non-Federal Members	ψ0.00	υψυ.υυ
18b(2). Travel and Per Diem to	\$0.02	0\$0.00
Federal Members	ψ0.00	υψυ.υυ
18b(3). Travel and Per Diem to	\$0.02	0\$0.00
Federal Staff	ψ0.00	υψυ.υυ
18b(4). Travel and Per Diem to	\$0.02	0\$0.00
Non-member Consultants	φ0.0	000.00
18c. Other(rents,user charges,	\$0.0	0\$0.00
graphics, printing, mail, etc.)	φ0.0	000.00
18d. Total	\$0.0	0\$0.00
19. Federal Staff Support Years	0.0	0.00
(FTE)	0.00	0.00

20a. How does the Committee accomplish its purpose?

The Board provides advice and guidance to the Secretary, Department of Health and Human Services (HHS); the Assistant Secretary for Health (ASH), HHS; the Director, Centers for Disease Control and Prevention (CDC); and the Director, Center for Preparedness and concerning strategies and goals for preparedness and response activities pertaining to programs and research within the agency and the CPR Divisions and monitors the overall strategic direction and focus of the divisions and offices. The Board also may perform second-level peer-review of applications for grants-in-aid for research and research training activities, cooperative agreements, and research contract proposals relating to the broad areas within the center. Second level peer review and review of other agreements or research contract proposals have not been scheduled at this time. The Board also utilizes working groups to facilitate its work. Currently the BSC, CPR has two working groups, one addressing biosafety and containment of polioviruses and another providing are review of the center's Strategic Capacity and Building Innovation Program.

20b. How does the Committee balance its membership?

CPR identified the need to have a diverse, multi-disciplinary group of experts to serve on the Board. The disciplines represented on the Board include business, crisis leadership, emergency response and management, epidemiology, health policy and management, laboratory science, medicine, mental and behavioral health, public health practice, risk communication, and social science. The Board members represent a geographic mix and a diverse sampling of professional backgrounds [academic, medical, government (national, state and local) and private not-for-profit]. CPR continues to identify and solicit nominees who represent a wide variety of ethnic and minority groups, as well as maintain and increase the geographic balance to obtain the broadest representation of different points of views.

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

The current charter specifies at least two meetings per calendar year. The BSC met in person at CDC, Atlanta, GA, November 15-16, 2022, and March 30, 2023. The BSC met virtually via Zoom webinar January 23, 2023, and continues to plan for at least two meetings each year. Meetings were open to the public in accordance with the Government in the Sunshine Act and Federal Advisory Committee Act. Agenda topics for the meetings can be found in the Meetings section of this report. Meeting minutes are published on-line https://www.cdc.gov/cpr/bsc/meetingminutes.htm.

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

The Director, CPR, and CDC are committed to increasing the application of science and evidence-based principles into public health emergency preparedness and response. This advisory group helps create and support a transparent, multi-disciplinary process for CPR to continuously improve processes, programs, and vision through the input of the Board. The Board's input and recommendations are essential to provide advice and consultation on current and future research priorities; monitor program quality improvement initiatives; and promote innovation related to readiness and response to public health emergencies.

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

21. Remarks

No formal reports are required of this committee at

this time. Hilary Marston FDA Ex-Officio replaced Denise Hinton February 8, 2023, and she did not serve during FY2023. (Denise Hinton start date: 1/23/2020 - end date September 30, 2022); David Lakey appointment start date (as chair) began on 8/1/2023, end date 9/30/2024. Marissa Levine resigned on 8/1/2023 (start date 5/13/2021 – end date August 1, 2023); Vinjay Gupta was ineligible to serve on the board.

Designated Federal Officer

Ian Williams Deputy Director, Office of Readiness and Response (ORR)

Committee Members	Start	End	Occupation	Member Designation
Askenazi, Michele	10/01/2019	09/30/2024	Director of Emergency Preparedness, Response, and Communicable Disease Surveillance	Representative Member
Bryant, Paula	01/15/2020	09/30/2024	National Institute Health	Ex Officio Member
Chan, Benjamin	10/01/2019	09/30/2024	State Epidemiologist	Representative Member
DeBord, Kristen	10/20/2020	10/19/2024	Office of the Assistant Secretary for Preparedness and Response	Ex Officio Member
Egan, Christina	10/01/2019	09/30/2024	Chief, Biodefense Laboratory, Wadsworth Center	Representative Member
Fischer, Julie	06/10/2022	09/30/2025	CRDF Global	Special Government Employee (SGE) Member
Halverson, Paul	06/08/2022	09/30/2025	Indiana University	Special Government Employee (SGE) Member
Lakey, David	05/13/2021	09/30/2024	The University of Texas System	Special Government Employee (SGE) Member
Lowe, John-Martin	07/31/2023	09/30/2026	University of Nebraska Medical Center	Special Government Employee (SGE) Member

Magana, Laura	10/01/2019	09/30/2024	President CEO	Representative Member
Marston, Hilary	02/08/2023	12/31/2024	Food and Drug Administration	Ex Officio Member
Meadows, Phyllis	08/07/2023	09/30/2026	The Kresge Foundation	Special Government Employee (SGE) Member
Schall, AJ	03/20/2020	09/30/2024	Director, Delaware Emergency Management Agency	e Representative Member
Shah, Umair	08/07/2023	09/30/2026	Washington State Health Department	Special Government Employee (SGE) Member
Tierney, Kathleen	06/13/2022	09/30/2025	University of Colorado at Boulder	Special Government Employee (SGE) Member

Number of Committee Members Listed: 15

Narrative Description

The Board of Scientific Counselors, Center for Preparedness and Response (CPR), provides advice and guidance to the Secretary, Department of Health and Human Services (HHS), the Assistant Secretary for Health (ASH); the Director, Centers for Disease Control and Prevention (CDC); and to the Director, CPR, concerning strategies and goals for preparedness and response activities pertaining to programs and research within the divisions and monitor the overall strategic director and focus of the divisions and offices. The Board may also administer and oversee peer review of CPR scientific programs.

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	Y
Other	

Outcome Comments

Not Applicable

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

What is the approximate <u>Number</u> of recommendations produced by this committee for the life of the committee?

305

Number of Recommendations Comments

To date, the Board has held 34 meetings. In FY2023, the BSC, CPR made a total of 6 recommendations. At the November 2022 meeting, the Board BSC, CPR made 5 formal recommendations. The first was to endorse the polio-containment policy entitled Interim Guidance for U.S. Laboratory Facilities to Store and Work with Poliovirus Potentially Infectious Materials. The Board also made 4 formal recommendations endorsing the Strategic Capacity Building and Innovation Program (SCIP) Review Working Group (SRWG) regarding the structure of the SCIP program and plans for implementation. At the January 2023 meeting, the Board made 1 formal recommendation to establish the Health Equity Workgroup. In FY2022, the BSC CPR made 3 formal recommendations endorsing 3 polio containment polices covering occupational health, incident response, and personal

protective equipment and hand hygiene and at the December 2021 meeting, the Board made a formal recommendation to establish the Strategic Capacity Building and Innovation Program Review Working Group (SRWG). In FY2021, the BSC CPR made 5 formal recommendations endorsing 5 polio containment policies covering biosafety strategies, security strategies, emergency response strategies, inactivation of infectious material, and shared use of labs for non-poliovirus and poliovirus work. In FY 2020, the BSC CPR made 3 formal recommendations regarding biosafety and polio containment. Based on activity of the Biological Agent Containment Working Group, at the January 2020 meeting, Board members voted to endorse a U.S. National Authority for Containment of Poliovirus (NAC) policy related to biorisk management systems and risk assessment in U.S. Polio Essential Facilities. In addition, at the July 2020 meeting, the Board recommended to sunset the Biological Agent Containment workgroup and establish the Polio Containment workgroup. The Board continues to provide advice and guidance that further promotes and enhances strategic progress throughout the CPR Divisions and Offices. All applicable comments are presented to the respective CPR Office/Division or CDC Centers/Institutes/Offices (CIOs) and updates may be requested and reviewed by the BSC at an upcoming meeting. To date, the Board has held 31 meetings. In FY19 the Board made 3 recommendations based on findings from the Biological Agent Containment workgroup. The Board also has made recommendations on external peer reviews of OPHPR (now CPR) programs resulting in a total of 145 formal recommendations. Of the 145 recommendations, 10 were in reference to Strategic National Stockpile (SNS) 2020 Report and brought to a vote during the April 2-3, 2013, BSC Meeting. The 10 recommendations were accepted for action by OPHPR. The Board deliberated and provided 19 additional recommendations to OPHPR in January 2012 following an external review of OPHPR's Preparedness and Emergency Response Research Centers completed on August 9-12, 2011. In 2011, the Board approved a total of 58 recommendations in two separate meetings. On April 22, 2011, the Board approved 45 recommendations from the external peer review of OPHPR's Division of Emergency Operations conducted on January 26-28, 2010. On August 14-15, 2011, the Board approved 4 recommendations from the external peer review of OPHPR's Division of Strategic National Stockpile conducted on July 28-30, 2009; and 9 recommendations from the external peer review of OPHPR's CPR's Career Epidemiology Field Officer Program completed on June 29-July 1, 2011. An external peer review for OPHPR's Division of State and Local Readiness completed on September 15-17, 2009, resulted in 15 recommendations from the Board which were approved on April 27, 2010. On April 27, 2009, 14 recommendations were approved by the Board following the first external review of the OPHPR Fiscal Allocation Process program conducted on February 25-27, 2009. An additional 29 recommendations made during the August 13-14, 2009, Board meeting resulted from the external review of OPHPR's Division of Select Agents and Toxins.

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

57%

% of Recommendations Fully Implemented Comments

The 6 formal recommendations made in FY23 were fully implemented. CPR's programs continue to take actions to implement the remaining recommendations and will report progress to the Board as applicable.

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

38%

% of Recommendations Partially Implemented Comments

All recommendations have been considered. Formal and informal BSC recommendations that have not been implemented are a result of CPR's mission and scope, resource limitations, or other programmatic or policy issues that limit implementation.

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

Yes 🗹 No 🗌 Not Applicable

Agency Feedback Comments

Annual reporting by CPR programs to the Board on actions taken to implement recommendations and advice are part of the review process that is deliberated on and approved by the Board. Programs that undergo external review by the Board are expected to provide a formal response after the Board deliberates and makes it recommendations. Since the Board usually meets twice per year, there could be up to a six-month lag time between completion of a program review and deliberation by the Board. Additional information regarding the Board may be obtained at https://www.cdc.gov/orr//bsc/index.htm.

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

	Checked if Applies
Reorganized Priorities	\checkmark
Reallocated resources	\checkmark
Issued new regulation	

Proposed legislation	
Approved grants or other payments	
Other	

Action Comments

It is anticipated that recommendations will impact CPR priorities, resource allocation, and other strategic program decisions.

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

No

Grant Review Comments

Not applicable at this time.

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

	Checked if Applies
Contact DFO	\checkmark
Online Agency Web Site	\checkmark
Online Committee Web Site	\checkmark
Online GSA FACA Web Site	\checkmark
Publications	
Other	\checkmark

Access Comments

Contact DFO by email at OPHPR.BSC.Questions@cdc.gov.