



**THE SECRETARY OF HEALTH AND HUMAN SERVICES**  
**WASHINGTON, D.C. 20201**

**CHARTER**  
**NATIONAL CLINICAL CARE COMMISSION**

**COMMITTEE'S OFFICIAL DESIGNATION**

National Clinical Care Commission

**AUTHORITY**

The National Clinical Care Commission (hereafter referred to as the Commission) is required under the National Clinical Care Commission Act (Public Law 115-80). The Commission is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

**OBJECTIVES AND SCOPE OF ACTIVITIES**

The Secretary of Health and Human Services (Secretary) is required to establish a committee to evaluate and make recommendations regarding improvements to the coordination and leveraging of programs within the Department and other Federal agencies related to awareness and clinical care for at least one, but not more than two, complex metabolic or autoimmune diseases resulting from issues related to insulin that represent a significant disease burden in the United States, which may include complications due to such diseases.

**DESCRIPTION OF DUTIES**

The Commission shall evaluate and make recommendations, as appropriate, to the Secretary and Congress regarding:

- (1) Federal programs of the Department of Health and Human Services that focus on preventing and reducing the incidence of complex metabolic or autoimmune diseases resulting from issues related to insulin that represent a significant disease burden in the United States, which may include complications due to such diseases;
- (2) Current activities and gaps in Federal efforts to support clinicians in providing integrated, high-quality care to individuals with the diseases and complications;

*National Clinical Care Commission*

- (3) The improvement in, and improved coordination of, Federal education and awareness activities related to the prevention and treatment of the diseases and complications, which may include the utilization of new and existing technologies;
- (4) Methods for outreach and dissemination of education and awareness materials that
  - (a) address the diseases and complications;
  - (b) are funded by the Federal Government; and
  - (c) are intended for health care professionals and the public; and
- (5) Whether there are opportunities for consolidation of inappropriately overlapping or duplicative Federal programs related to the diseases and complications.

**AGENCY OR OFFICIAL TO WHOM THE COMMISSION REPORTS**

The Commission shall provide recommendations to the Secretary and Congress.

Not later than 90 days after its first meeting, the Commission shall submit to the Secretary and the Congress an operating plan for carrying out the activities of the Commission. Such operating plan may include:

- (1) A list of specific activities that the Commission plans to conduct for purposes of carrying out the duties described above;
- (2) A plan for completing the activities;
- (3) A list of members of the Commission and other individuals who are not members of the Commission who will need to be involved to conduct such activities;
- (4) An explanation of Federal agency involvement and coordination needed to conduct such activities;
- (5) A budget for conducting such activities; and
- (6) Other information that the Commission deems appropriate.

By not later than three years after the date of the Commission's first meeting, the Commission shall submit to the Secretary and the Congress a final report containing all of the findings and recommendations required.

**SUPPORT**

The Assistant Secretary for Health (ASH) shall provide guidance and oversight for the Commission's function and activities. Management and support services for the Commission's activities shall be provided by the Office of Disease Prevention and Health Promotion (ODPHP). ODPHP is a program office within the Office of the Assistant Secretary for Health (OASH), which is a staff division within the Office of the Secretary in the Department of Health and Human Services.

## **ESTIMATED ANNUAL OPERATING COSTS AND STAFF YEARS**

The estimated annual cost for operating the Commission, including travel expenses for members but excluding staff support is \$435,036. The estimated annual staff support required for the Commission is 1.30 at an estimated annual cost of \$289,400.

## **DESIGNATED FEDERAL OFFICER (DFO)**

The ASH shall select the Designated Federal Officer (DFO) from among permanent full-time or part-time staff within OASH, who has knowledge of the subject matter and skills and experience necessary to manage the Commission. The ASH may appoint an Alternate DFO who shall carry out these duties in the event that the appointed DFO cannot fulfill the assigned responsibilities for the Commission. In the absence of the appointed DFO or Alternate DFO, the ASH shall temporarily appoint one or more permanent full-time or part-time program staff to carry out the assigned duties.

The DFO shall schedule and approve all meetings of the Commission and any subcommittees that may be established by the Commission. The DFO shall prepare and approve all meeting agendas. The DFO may collaborate with the Commission Chair in this activity, and when deemed appropriate, with chairs of any existing subcommittees that have been established by the Commission. The DFO, Alternate DFO, or designee shall attend all meetings of the Commission and all meetings of any subcommittees that have been established to assist the Commission. The DFO has authority to adjourn meetings, when it is determined to be in the public interest, and the DFO can be directed by the Secretary or designee to chair meetings of the Commission.

## **ESTIMATED NUMBER AND FREQUENCY OF MEETINGS**

The Commission shall meet at least twice and not more than four times a year. These meetings will be in person, but may be conducted by teleconference or videoconference at the discretion of the DFO. The meetings shall be open to the public, except as determined otherwise by the Secretary, or other official to whom authority has been delegated, in accordance with the guidelines under Government in the Sunshine Act, 5 U.S.C. 552b(c). Notice of all meetings shall be provided to the public in accordance with the FACA. Meetings shall be conducted and records of the proceedings shall be kept, as required by applicable laws and departmental policies. A quorum is required for the Commission to meet to conduct business. A quorum shall consist of a majority of the Commission's voting members.

When the Secretary or designee determines that a meeting shall be closed or partially closed to the public, in accordance with stipulations of Government in the Sunshine Act, 5 U.S.C. 552b(c), then a report shall be prepared by the DFO that includes, at a minimum, a list of members and their business addresses, the Commission's functions, date and place of the meeting, and a summary of the Commission's activities and recommendations made during the fiscal year. A copy of the report will be provided to the Department Committee Management Officer.

## **DURATION**

Establishment of the Commission was mandated under the National Clinical Care Commission Act (Public Law 115-80). The Commission shall operate pursuant to the stipulations in the authorizing legislation.

## **TERMINATION**

Unless extended by Congress, the Commission shall terminate 60 days after submitting its final report, but not later than the end of fiscal year 2021. Unless renewed by appropriate action, the charter for the Commission will expire two years from the date it is filed.

## **MEMBERSHIP AND DESIGNATION**

The Commission shall consist of 23 voting members. The composition shall include eleven ex-officio members and twelve non-federal members. The ex-officio members shall consist of the heads of, or subordinate officials designated by the heads of, the following federal departments, agencies, or components: The Centers for Medicare and Medicaid Services, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Indian Health Service, the Department of Veterans Affairs, the National Institutes of Health, the Food and Drug Administration, the Health Resources and Services Administration, the Department of Defense, the Department of Agriculture, and the Office of Minority Health.

The twelve non-federal members shall be appointed as special government employees (SGEs) by the Secretary and shall have expertise in prevention, care, and epidemiology of any of the diseases and complications described in Section 2(a) of the National Clinical Care Commission Act. The non-federal members shall include at least one individual from each of the following categories: physician specialties, including clinical endocrinologists, that play a role in the prevention or treatment of diseases and complications; primary care physicians; non-physician health care professionals; patient advocates; national experts, including public health experts; and health care providers furnishing services to a patient population that consists of a high percentage (as specified by the Secretary) of individuals who are enrolled in a State plan under title XIX of the Social Security Act or who are not covered under a health plan or health insurance coverage. One of the non-federal members shall be selected by the members of the Commission to serve as the Chair.

The ex-officio members and non-federal members shall be appointed to serve for the duration of the time that the Commission is authorized to operate. Any vacancy of a non-federal member shall be filled in the same manner as the original appointments. Any non-federal member who is appointed to fill the vacancy of an unexpired term shall be appointed to serve for the remainder of that term.

Pursuant to advance written agreement, each non-federal member of the Commission will waive his or her right to compensation for performing services as a member of the Commission. However, non-federal members shall receive per diem and reimbursement for travel expenses incurred in relation to performing duties for the Commission, as authorized by FACA and 5 U.S.C. §5703 for persons who are employed intermittently to perform services for the Federal

government and in accordance with Federal travel regulations. Ex-officio members of the Commission remain covered under their current compensation system.

**SUBCOMMITTEES**

In carrying out its function, the Commission (with the approval of the DFO) may establish subcommittees composed of members of the Commission, as well as other individuals who have expertise and knowledge about the topics and issues that are pertinent to the mission of the Commission. The established subcommittees may consider issues in accordance with the mission of the Commission, and shall, as appropriate, make recommendations and/or reports to the Commission for consideration. Recommendations and/or reports of the subcommittee that are provided to the Commission shall be discussed at an open public meeting that is held by the Commission. No established subcommittee of the Commission may report directly to the Secretary or another federal official unless there is specific statutory authority for such reporting. The Department Committee Management Officer shall be notified upon establishment of each subcommittee, and shall be given information regarding its name, membership, function, cost, and estimated frequency of meetings.

**RECORDKEEPING**

Records of the Commission and any established subcommittees shall be handled in accordance with the General Records Schedule 6.2, Federal Advisory Committee Records or other approved agency records disposition schedule. Applicable records shall be made available to the public for inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. 552.

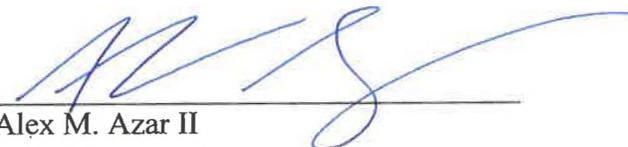
**FILING DATE:**

April 3, 2020

**APPROVED:**

**APR 01 2020**

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Alex M. Azar II