

Charter
Defense Health Board

1. Committee's Official Designation: The committee shall be known as the Defense Health Board (DHB).
2. Authority: The Secretary of Defense, in accordance with the Federal Advisory Committee Act (FACA) (5 U.S.C., Appendix) and 41 C.F.R. § 102-3.50(d), established this discretionary Federal advisory committee.
3. Objectives and Scope of Activities: The DHB provides independent advice and recommendations to maximize the safety and quality of, as well as access to, health care for Department of Defense (DoD) health care beneficiaries.
4. Description of Duties: The DHB will focus on matters pertaining to: a) DoD healthcare policy and program management; b) the delivery of high-quality health care services to DoD beneficiaries; c) the promotion of health, wellness, and prevention within the DoD; d) the treatment of disease and injury by the DoD; e) health research priorities; and f) other health-related matters of special interest to the DoD, as determined by the Secretary of Defense or the Deputy Secretary of Defense ("the DoD Appointing Authority"), or the Under Secretary of Defense for Personnel and Readiness (USD(P&R)). All DHB work will be in response to written terms of reference (ToR) approved by the DoD Appointing Authority or the USD(P&R), unless otherwise provided in statute or Presidential directive.
5. Agency or Official to Whom the Committee Reports: The DHB reports to the DoD Appointing Authority through the USD(P&R), who may act upon the DHB's advice and recommendations in accordance with DoD policy and procedures.
6. Support: The DoD, through the Office of the USD(P&R), provides support for the DHB's functions and ensures compliance with the requirements of the FACA, the Government in the Sunshine Act ("the Sunshine Act") (5 U.S.C. § 552b), governing Federal statutes and regulations, and DoD policy and procedures.
7. Estimated Annual Operating Costs and Staff Years: The estimated annual operating cost, to include travel, meetings, and contract support, is approximately \$2,083,000.00. The estimated annual personnel cost to the DoD is 3.00 full-time equivalents.
8. Designated Federal Officer (DFO): The DHB's Designated Federal Officer (DFO) shall be a full-time or permanent part-time DoD Federal civilian officer or employee, or active-duty member of the Armed Forces, designated in accordance with governing DoD policy and procedures.

The DHB's DFO is required to attend all DHB and subcommittee meetings for the entirety of every meeting, including subcommittee meetings. However, in the absence of the DHB's DFO, a properly approved Alternate DFO duly designated to the DHB in accordance with DoD policy and procedures, shall attend the entire duration of all DHB and subcommittee meetings. The DFO, or the Alternate DFO, approves and calls all DHB and subcommittee meetings.

The DFO, or the Alternate DFO, calls all DHB and subcommittee meetings; prepares and approves all meeting agendas; and adjourns any meeting when the DFO, or the Alternate DFO, determines

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adjournment to be in the public's interest or required by governing regulations or DoD policy and procedures.

9. Estimated Number and Frequency of Meetings: The DHB shall meet at the call of the DHB's DFO, in consultation with the DHB's President. The estimated number of meetings is four per year.
10. Duration: The need for the DHB is on a continuing basis; however, the DHB is subject to renewal every two years.
11. Termination: The DHB shall terminate upon completion of its mission or two years from the date, this charter is filed, whichever is sooner, unless the DoD renews the DHB in accordance with DoD policy and procedures.
12. Membership and Designation: The DHB shall be composed of no more than 20 members, and as determined by the DoD Appointing Authority, the DHB's total parent-level and subcommittee-level membership cannot exceed 50 members unless otherwise directed by the DoD Appointing Authority. Membership will consist of private and public healthcare leaders with a diversity of background, experience, and thought in support of the DHB mission in one or more of the following disciplines: health systems, clinical health care, infectious disease, public health, trauma medicine, beneficiary representation, health informatics, patient care safety/quality care, neuroscience, and/or behavioral health.

The appointment of DHB members will be approved by the DoD Appointing Authority for a term of service of one-to-four years, with annual renewals, in accordance with DoD policy and procedures. No member, unless approved by the DoD Appointing Authority, may serve more than two consecutive terms of service on the DHB, to include its subcommittees, or serve on more than two DoD Federal advisory committees at one time. The DoD Appointing Authority shall appoint the DHB's leadership from among the membership previously approved to serve on the DHB in accordance with DoD policy and procedures for a leadership term of service of one-to-two years, with annual renewal, not to exceed the member's approved DHB appointment.

DHB members who are not full-time or permanent part-time Federal civilian officers or employees, or active-duty members of the Uniformed Services, shall be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as special government employee (SGE) members. DHB members who are full-time or permanent part-time Federal civilian officers or employees, or active-duty members of the Uniformed Services, shall be designated pursuant to 41 C.F.R. § 102-3.130(a) to serve as regular government employee (RGE) members.

All members of the DHB are appointed or designated to exercise their own best judgment on behalf of the DoD, without representing any particular point of view, and to discuss and deliberate in a manner that is free from conflicts of interest. With the exception of reimbursement of official DHB-related travel and per diem, DHB members serve without compensation

13. Subcommittees: The DoD, as necessary and consistent with the DHB's mission and DoD policy and procedures, may establish subcommittees, task forces, or working groups ("subcommittees") to support the DHB. Establishment of subcommittees shall be based upon a written determination, to include ToR, by the DoD Appointing Authority or the USD(P&R), as the DHB's Sponsor. All subcommittees operate in accordance with the FACA, the Sunshine Act, governing Federal statutes

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and regulations, and DoD policy and procedures. All subcommittees shall terminate when the DHB does.

Subcommittees shall not work independently of the DHB and shall report all their recommendations and advice solely to the DHB for its thorough deliberation and discussion at a properly noticed and open DHB meeting, unless it can be closed pursuant to one or more of the Sunshine Act exemptions. Subcommittees have no authority to make decisions and recommendations, orally or in writing, on behalf of the DHB. Neither the subcommittee nor any of its members may provide updates or report directly to the DoD or any Federal officer or employee, whether orally or in writing. If a majority of DHB members are appointed to a particular subcommittee, then that subcommittee may be required to operate pursuant to the same notice and openness requirements of FACA, which govern the DHB's operations.

Individual appointments to serve on DHB subcommittees, which are separate and distinct from appointments to the DHB itself, shall be approved by the DoD Appointing Authority for a term of service of one-to-four years, with annual renewals, in accordance with DoD policy and procedures. No member shall serve more than two consecutive terms of service on the subcommittee, unless approved by the DoD Appointing Authority. The DoD Appointing Authority shall appoint subcommittee leadership from among the membership previously approved to serve on the subcommittee in accordance with DoD policy and procedures, for a leadership term of service of one-to-two years, with annual renewal, not to exceed the member's approved appointment.

Subcommittee members, who are not full-time or permanent part-time Federal civilian officers or employees, or active-duty members of the Uniformed Services, shall be appointed as experts or consultants pursuant to 5 U.S.C. § 3109 to serve as SGE members. Subcommittee members who are full-time or permanent part-time Federal civilian officers or employees, or active-duty members of the Uniformed Services, shall be designated pursuant to 41 C.F.R. § 102-3.130(a) to serve as RGE members. Each subcommittee member is appointed or designated to exercise his or her own best judgment on behalf of the DoD, without representing any particular point of view, and to discuss and deliberate in a manner that is free from conflicts of interest. With the exception of reimbursement of travel and per diem related to the DHB or its subcommittees, subcommittee members serve without compensation.

The USD(P&R) has established five permanent subcommittees. While the number of individuals appointed to each subcommittee may vary, as determined by the DoD Appointing Authority, no individual subcommittee shall have more than 15 members and the total number of parent-level and subcommittee-level membership, as described in paragraph 12, above, shall not exceed 50 members unless otherwise provided for by the DoD Appointing Authority. These subcommittees, when tasked in accordance with DoD policy and procedures, shall provide advice and recommendations to the DHB for its consideration on matters prescribed for each respective subcommittee. The five permanent subcommittees are:

- a. Health Care Delivery Subcommittee: This subcommittee, when tasked in accordance with DoD policy and procedures, shall provide advice for the DHB's consideration on matters pertaining to the delivery of medical and dental care. Individuals appointed to this subcommittee shall be talented, innovative private and public sector healthcare leaders in at least one of the following disciplines: clinical health care, patient safety/quality care, and beneficiary representation.

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- b. Health Systems Subcommittee: This subcommittee, when tasked in accordance with DoD policy and procedures, shall provide advice for the DHB's consideration on matters pertaining to DoD health systems, including health care policy and program management, health economics, health insurance/benefit design, health disparities, ethics, and health technology, to include informatics and analytics. Individuals appointed to this subcommittee shall be talented, innovative private and public sector healthcare leaders in at least one of the following disciplines: health systems and health informatics.
 - c. Neurological/Behavioral Health Subcommittee: This subcommittee, when tasked in accordance with DoD policy and procedures, shall provide advice for the DHB's consideration on matters pertaining to psychological/mental health, biopsychosocial correlates of psychological/mental health, and neurological symptoms or conditions among members of the Armed Forces and their families. Individuals appointed to this subcommittee shall be talented, innovative private and public sector healthcare leaders in at least one of the following disciplines: neuroscience and behavioral health.
 - d. Public Health Subcommittee: This subcommittee, when tasked in accordance with DoD policy and procedures, shall provide advice for the DHB's consideration on matters pertaining to the public health of members of the Armed Forces, their families, and other beneficiaries through the evaluation of DoD public health programs and initiatives, including education, health promotion and communication, occupational/environmental health, and prevention activities, as well as disease and injury prevention. Individuals appointed to this subcommittee shall be talented, innovative private and public sector healthcare leaders in at least one of the following disciplines: infectious disease and public health.
 - e. Trauma and Injury Subcommittee: This subcommittee, when tasked in accordance with DoD policy and procedures, shall provide advice for the DHB's consideration on matters of trauma and injury, to include methods for prevention, recognition, clinical management, and treatment. Individuals appointed to this subcommittee shall be talented, innovative private and public sector healthcare leaders in trauma medicine.
14. Recordkeeping: The records of the DHB and its subcommittees shall be managed in accordance with General Record Schedule 6.2, Federal Advisory Committee Records or other approved agency records disposition schedule, and the appropriate DoD policy and procedures. These records shall be available for public inspection and copying, subject to the Freedom of Information Act (5 U.S.C. § 552).
15. Filing Date: December 6, 2022