C H A R T E R

NATIONAL ADVISORY BOARD ON MEDICAL REHABILITATION RESEARCH

1. **Advisory Committee's Official Designation.** National Advisory Board on Medical Rehabilitation Research.

2. **Authority.** Required by 42 U.S.C. 285g-4, section 452 of the Public Health Service (PHS) Act, as amended. The National Advisory Board on Medical Rehabilitation Research (Board) is governed by the provisions of the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. §§ 1001-1014).

3. **Objectives and Scope of Activities.** The Board will review and assess Federal research priorities, activities, and findings regarding medical rehabilitation research, and shall advise the Director, National Center for Medical Rehabilitation Research (NCMRR) and the Director, Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) on the provisions of the Research Plan required under 42 U.S.C. 285g-4(d), section 452(d) of the PHS Act, as amended. The Board will also advise the Director, National Institutes of Health (NIH), the Director, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), and the Director, National Center for Medical Rehabilitation Research (NCMRR), on matters and policies relating to NCMRR's medical rehabilitation research and training programs.

4. **Description of Duties.** The Board will review and assess Federal research priorities, activities, and findings regarding medical rehabilitation research. The Board will also advise on the provisions of the statute-required comprehensive research plan for the conduct, support, and coordination of medical rehabilitation (Research Plan) developed by the Director, NCMRR, in consultation with the Director, NICHD, and other relevant NIH Institutes and Centers. The Research Plan will:

    A. Identify current medical rehabilitation research activities conducted or supported by the Federal Government, opportunities and needs for additional research, and priorities for such research;
    B. Make recommendations for the coordination of such research conducted or supported by the National Institutes of Health and other agencies of the Federal Government; and
    C. Include goals and objectives for conducting, supporting, and coordinating medical rehabilitation research.

    The Director, NCMRR, in consultation with the Director, NICHD, and other relevant NIH Institutes and Centers will revise and update the Research Plan periodically, as appropriate, or not less than every 5 years. Not later than 30 days after the Research Plan is so revised and updated, the Director, NCMRR, will transmit the revised and updated Research Plan to

the President, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives. The Director, NCMRR, in consultation with the Director, NICHD, will prior to revising and updating the Research Plan, prepare a report that describes and analyzes the progress during the preceding fiscal year.

As needed, and with the approval of the Designated Federal Officer, the Board may call upon special consultants, assemble ad hoc working groups, appoint subcommittees and convene conferences, workshops, or other activities.

5. **Agency or Federal Officer Receiving the Advisory Committee's Advice/Recommendations.** The Board will advise, consult with, and make recommendations to the Director, NIH, the Director, NICHD, and the Director, NCMRR.

6. **Support.** Management and support services will be provided by the Office of the Director, NCMRR, NICHD.

7. **Estimated Annual Operating Costs and Staff Years.** The estimated annual cost for operating the Board, including compensation and travel expenses for members, but excluding staff support, is $69,213. The estimated annual person-years of staff support required is 0.6, at an estimated annual cost of $106,098.

8. **Designated Federal Officer (DFO).** The Director, NICHD, will assign a full-time or permanent part-time NICHD employee as the Designated Federal Officer (DFO) of the Board. In the event that the DFO cannot fulfill the assigned duties of the Board, one or more full-time or permanent part-time NICHD or NIH employees will be assigned as DFO and carry out these duties on a temporary basis. In carrying out these duties, the DFO will:

    A. Ensure the committee's activities comply with the FACA, the FACA Final Rule, agency administrative procedures, and any other applicable laws and regulations;
    B. Approve or call all of the committee's and subcommittees' meetings;
    C. Approve the agenda;
    D. Attend all of the committee's and subcommittees' meetings for their duration;
    E. Fulfill the requirements under § 10(b) of FACA (codified at 5 U.S.C. § 1009(b));
    F. Adjourn any meeting when the DFO determines it to be in the public interest;
    G. Chair any meeting when so directed by the agency head;
    H. Maintain information on committee's activities and provide such information to the public, as applicable; and
    I. Ensure committee and subcommittee members, as applicable, receive the appropriate training for efficient operation and compliance with the FACA and FACA Final Rule.

9. **Estimated Number and Frequency of Meetings.** Meetings of the full Board will be held not less than two times within a fiscal year. Meetings will be open to the public except as determined by the Secretary of Health and Human Services (Secretary) at the request of the DFO in accordance with 5 U.S.C. 552 b(c) and 41 C.F.R. 102-3.155 including specifying the specific exception(s) that justifies closure. Notice of all meetings will be given to the public. In the event a portion of a meeting is closed to the public, as determined by the Secretary, in

accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and the Federal Advisory Committee Act, an annual report of closed or partially-closed meetings will be prepared which will contain, at a minimum, a list of members and their business addresses, the Board's functions, dates and places of meetings, and a summary of the Board's activities and recommendations made during the fiscal year.

10. Duration. The duration of the Board is continuing.

11. Termination. Unless renewed by appropriate action, prior to its expiration, the charter for the National Advisory Board on Medical Rehabilitation Research will expire two years from the date the charter is filed.

12. Membership and Designation. The Board will consist of 18 members appointed by the Director, NIH (appointed members), who are qualified representatives of the public and who are not officers or employees of the Federal Government. Of the 18 appointed members, 12 will be representatives of health and scientific disciplines with respect to medical rehabilitation and 6 will be individuals representing the interests of individuals undergoing, or in need of, medical rehabilitation.

Appointed members must be eligible to serve as Special Government Employees (SGEs) and will serve as SGEs, as defined by 18 U.S.C. § 202. None of the members serve as a Representative. Appointed members will be invited to serve for overlapping terms of up to four years. The members of the Board will select a chair from the appointed members. The chair will serve a two-year term and may be reelected. A member may serve after the expiration of that member's term until a successor has taken office. A quorum for the conduct of business by the full Board will consist of a majority of currently appointed members.

The following officials will serve as ex officio members of the Board:

- The Director, National Center for Medical Rehabilitation Research
- The Director, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development
- The Director, National Institute on Aging
- The Director, National Institute of Arthritis and Musculoskeletal and Skin Diseases
- The Director, National Institute on Deafness and Other Communication Disorders
- The Director, National Heart, Lung, and Blood Institute
- The Director, National Institute of Neurological Disorders and Stroke
- The Director, National Institute on Disability, Independent Living and Rehabilitation Research (formerly National Institute on Disability and Rehabilitation Research), U.S. Department of Health and Human Services
- The Director, Division of Program Coordination, Planning, and Strategic Initiatives, Office of the Director, National Institutes of Health
- The Commissioner for Rehabilitation Services Administration, U.S. Department of Education
- The Assistant Secretary of Defense for Health Affairs
- The Deputy Undersecretary for Health of the Department of Veterans Affairs

13. Subcommittees. As necessary, subcommittees and ad hoc working groups may be established by the DFO within the Board's jurisdiction. The advice/recommendations of a subcommittee/working group must be deliberated by the parent advisory committee. A subcommittee/working group may not report directly to the agency or any Federal officer.

Subcommittee membership may be drawn in whole or in part from the parent advisory committee. All subcommittee members may vote on subcommittee actions and all subcommittee members count towards the quorum for a subcommittee meeting. Ad hoc consultants are not considered subcommittee members, do not count towards the quorum and may not vote. A quorum for a subcommittee will be three members. The Department Committee Management Officer will be notified upon establishment of each standing subcommittee and will be provided information on its name, membership, function, and estimated frequency of meetings.

14. Recordkeeping. Board and subcommittee records will be handled in accordance with General Records Schedule 6.2or other approved agency records disposition schedule. These records will be available for public inspection and copying, subject to any applicable exemptions under the Freedom of Information Act, 5 U.S.C. 552(b) and 41 C.F.R. 102-3.170.

15. Filing Date. February 19, 2025.

APPROVED:

Memoli, Matthew (NIH/OD) [E]
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Date

Acting Director, NIH