

Healthcare and Public Health Sector Government Coordinating Council Charter

1. Official Designation

The official designation of this Council is the “Healthcare and Public Health Sector Government Coordinating Council,” herein after referred to as the “GCC”. The “Healthcare and Public Health Sector” will hereafter be referred to as the “Sector”.

2. Authority

Presidential Policy Directive-21 (PPD-21) establishes a national policy directing Federal departments and agencies to identify, prioritize, and coordinate security and resilience of the United States’ critical infrastructure, and to guard against efforts to undermine or exploit those sector assets. PPD-21 implementation is described by the 2013 National Infrastructure Protection Plan (NIPP) and supporting Sector-Specific Plans. The 2013 NIPP defines critical infrastructure as “systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of these matters.” Healthcare and public health critical Infrastructure are the backbone for essential services for American society; disruption or degradation of which could cause catastrophic health effects, mass casualties, negative impacts on economic well-being, or profoundly affect national prestige and morale.

Federal departments and agencies will work with State, local, tribal, and territorial governments and develop partnerships with the private sector, to leverage complementary resources within government and between government and industry and build a more robust, resilient and secure sector. The designated Sector Specific Agency (SSA) for the healthcare and public health sector is the Department of Health and Human Services (HHS). PPD-21 directs the SSAs to collaborate with sector partners; to conduct or facilitate vulnerability assessments of the sector; and to encourage risk management strategies to protect against and mitigate the effects of attacks against sector critical infrastructure. The SSA manages the overall process for building security partnerships, relationships, and resources within its sector.

The NIPP calls for the establishment of a Government Coordinating Council (GCC) for each of the 16 critical infrastructure sectors to facilitate interagency and cross-jurisdictional cooperation for the purpose of protecting critical infrastructure. It also provides further guidance on the specifics of the role of the GCC and its role as a partner in the prevention, deterrence, and mitigation of deliberate efforts to destroy, incapacitate, or exploit the sector. This charter governs the organization and activities of the GCC for the Sector.

3. Objective

The objective of the GCC is to provide effective coordination of sector security and resilience strategies and activities, policy, and communication across government, between the Federal, State, local, and tribal governments, and between government and the private sector. The GCC will help develop and implement security strategies and initiatives for the healthcare and public health sector, as defined by PPD-21, in support of the nation's homeland security mission. The Council serves as the counterpart and partner to the private industry-led Sector Coordinating Council (SCC). Collectively, these bodies will coordinate, plan, implement and execute sector-wide critical infrastructure security and resilience programs for the nation's healthcare and public health infrastructure. In addition, the GCC facilitates coordination with other Councils as needed.

The work of the Healthcare and Public Health GCC includes, but is not limited to: 1) contributing information and data, and recruiting subject matter experts as needed to assist in the development and execution of the Sector Specific Plan (an annex to the NIPP) and Sector Annual Report; 2) collaborating with its private sector counterpart, the SCC, to identify, prioritize and protect sector critical infrastructure; 3) collaborating with those sectors responsible for protection of assets, systems, networks, or services upon which the healthcare and public health sector is dependent; and 4) assisting in the development of products as requested by the Department of Homeland Security (DHS).

4. Scope of Activity

The GCC will accomplish its objectives through the following functions and roles:

- **Ensure efficient, effective policy coordination on homeland security issues.** The GCC shall bring together diverse federal, state, local, tribal, and territorial representatives to identify and develop collaborative strategies that advance critical infrastructure security and resilience (CISR). In addition, the GCC shall identify needs/gaps in IP plans, programs, policies, procedures and strategies and leverage resources. Also, the GCC will ensure that strategies integrate roles, responsibilities, authorities and practices of GCC member organizations in support of coordinated preparedness and response to healthcare and public health threats. The GCC leadership shall also ensure coordination on these issues with the SCC. The GCC will coordinate with appropriate GCCs in other sectors to enhance cross-sector security and to improve understanding of cross-sector interdependencies such as water, energy, communications, transportation, and critical manufacturing.
- **Promote efficient, effective strategic communication concerning homeland security and emergency management issues.** The GCC will strive to enhance information sharing both within government and between government and private sector stakeholders on sector IP and resilience issues. The GCC will facilitate the sharing of threat information, experiences, ideas, best practices, innovative approaches, and other useful information to enhance sector CISR protection.
- **Contribute subject matter expertise to develop planning and implementation documents.** The GCC will promote and facilitate, within government and between government and stakeholders, those activities and practices that further the development of consistent, sustainable, effective and measurable plans for sector-specific critical infrastructure protection and resilience. It will

be involved in development, implementation and revision of the SSP and other plans and documents related to CISR including revisions to the NIPP; coordinate issue management and resolution among government entities within the sector; coordinate with and support the efforts of the SCC to plan, implement, and execute the Nation's healthcare and public health critical infrastructure security and resilience mission.

5. Roles and Responsibilities

The HPH GCC will have a leadership structure consisting of 2 co-Chairs: one permanent and one rotating. As the SSA, the Department of Health and Human Services Critical Infrastructure Protection (CIP) Program Manager will serve as the permanent co-Chair. The rotating co-Chair will be a Core or Contributing member of the GCC, elected via a simple majority vote during the annual in-person GCC meeting.

The co-Chairs will work with GCC membership and DHS to identify agenda issues to address and will bring those issues to the GCC for consideration and deliberation. The co-Chairs, with the assistance of the Sector, will monitor and make certain that initiatives or issues are discussed and brought to closure.

GCC membership will comprise key organizations from Federal, State, local, tribal, and territorial government bodies responsible for sector safety, security and protection of healthcare and public health critical infrastructure. These standing, permanent member organizations (Core members) of the Council will be represented by director-level representatives, or their assignees. Core members have decision making authority on behalf of his/her agency. In addition, each Core member may designate an alternate representative in the event the primary representative is unavailable. The alternate will have decision-making authority as designated by the member as the member deems appropriate for the issues to be presented at a meeting. Each Core member has the flexibility to have other representation at meetings other than the official alternates, but must clearly designate the representative's decision-making authority prior to the meeting. For Core organizations that are a professional association or other type of membership organization, the association may select a voting representative and alternate from among their membership. An association staff member and alternate may also be appointed to serve as non-voting members.

The Co-Chairs may also solicit participation of specific sub-components of government departments and agencies not represented in the core membership group in coordination with the related GCC members. GCC participants representing these departmental and agency sub-components will also be considered Contributing members. The GCC reserves the right to add other Contributing members representing entities not described above as deemed necessary or appropriate by the leadership. Contributing members are participants whose criteria and qualifications for participation are based upon the ongoing needs for specific organizational and institutional expertise. Contributing members are invited to attend all meetings and conference calls and participate in developing action plans, recommendations, and consensus decisions.

Ad hoc members will be identified and called upon by the GCC to provide subject matter expertise and contribute to work group tasks and deliverables as needed.

New member candidates, including additional departments, agencies, and organizational entities, may be recommended to GCC leadership by existing council members. New members may be granted membership in any of the categories listed above. GCC leadership will make decisions on new members.

When the representatives of member organizations change, the GCC leadership will work with the organization to ensure their membership is current.

The GCC will maintain, through a Secretariat, the following items including but not limited to: 1) meeting and organizational support to include coordinating agenda development; 2) ongoing monitoring of issues and initiatives; and 3) administrative support to include logistics and member management. In addition, HHS will ensure a communication mechanism exists for sharing information among GCC membership, and to share information with appropriate counterparts and leadership of the SCC.

6. Process

A quorum for decision-making is defined as the presence of representatives, primary or alternate, from at least half of the core membership organizations, either in person or via teleconference.

Council members will work to achieve consensus through a consultative process that encourages the exchange of information and points of view, and will strive to understand and close the gaps creating disagreement. Dissension will be recognized and recorded and reasons clearly understood by all other members when a member absolutely cannot agree with a GCC decision. However, HHS, as SSA, will exercise its leadership responsibilities in the best interest of the Sector and move the Council forward with the goal of meeting the Council's overall objectives. GCC leaders/members will strive to meet timelines and deliverables even when there is less than full agreement.

The Council recognizes that each member represents a government entity or organization with inherent legal authorities and parameters within which they must operate. At times, these authorities may restrict a member's ability to provide agreement on a decision. These inherent legal authorities must be clearly articulated to the Council as the basis for dissent and the inability to enter into consensus.

For issues requiring decisions, an email will be disseminated and members will have three business days to comment from the time the email is sent.

GCC goals and priorities will be set at the annual in-person meeting.

7. Workgroups

The Council will establish workgroups for substantial tasks that cannot be achieved at a regular GCC meeting session, such as investigation or research. Workgroups will have a leader designated by the GCC, a specific charge, a time limit for achieving this charge, and a clearly defined deliverable. Joint workgroups with the SCC will be co-chaired by one GCC member and one SCC member. All workgroup products are meant to advise Council members on various issues, directions, or processes and workgroups will submit their deliverables and recommendations for consideration of the GCC as a whole. Workgroup membership will be determined by the scope of the topic. Joint SCC-GCC working groups may be formed under the Critical Infrastructure Partnership Advisory Council (CIPAC) framework.

8. Work Products and Deliverables

The GCC will participate in developing and producing an array of documents and other work products including but not limited to: Sector Specific Plan updates; the Sector Annual Report; and other documents as required by DHS and HHS and in accordance with the GCC's mission in support of the CISR mission of the healthcare and public health sector. Further, the GCC may develop work products related to issues or initiatives the GCC feels are in line with current GCC priorities and objectives.

9. Number and Frequency of Meetings

The full Council will meet at least quarterly in person or by conference call, with additional meetings and/or conference calls of the full Council, or workgroups, to be held as needed.

10. Adoption and Signatories

This Charter was revised and agreed to by voice vote at the May 20, 2014, Healthcare and Public Health Government Coordinating Council meeting, following which, it was signed by the Council Co-Chairs. Future revisions of the Charter will be administered in the same manner.

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ANNEX A

Membership

Core members will represent the following Federal, State, local, tribal, and territorial entities:

- Department of Health and Human Services (permanent Co-Chair)
- Department of Homeland Security
- Association of Public Health Laboratories (APHL)
- Association of State and Territorial Health Officials (ASTHO)
- Council of State and Territorial Epidemiologists (CSTE)
- Department of Agriculture
- Department of Defense
- Department of the Interior
- Department of Veterans Affairs
- National Association of County and City Health Officials (NACCHO)

Contributing members will represent the following Federal departments and agencies and other entities:

- American Red Cross
- Assistant Secretary for Health / HHS
- Centers for Disease Control and Prevention / HHS
- Centers for Medicaid and Medicare / HHS
- Emergency Services Sector Specific Agency
- Federal Bureau of Investigation / DoJ
- Food and Agriculture Sector Specific Agency
- Food and Drug Administration / HHS
- Health Affairs / DoD
- Homeland Defense and America's Security Affairs / DoD
- National Guard / DoD
- National Institute for Occupational Safety and Health (NIOSH) / CDC / HHS
- NORAD / US NORTHCOM / DoD
- Occupational Safety and Health Administration (OSHA) / Department of Labor
- Office of Health Affairs / DHS
- Office of International Health and Biodefense / Department of State
- Office of the National Coordinator for Health Information Technology / HHS