

## **Healthcare and Public Health Sector Government Coordinating Council**

### **CHARTER**

#### **I. 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".

#### **II. 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.

### **III. Mission**

The mission of the GCC is to support the actions of the Sector's work to sustain the essential functions of the nation's healthcare and public health system and to support effective emergency preparedness and response to nationally significant hazards. Representatives from federal, state, local, and territorial government offices will work with private sector partners to evaluate risks; coordinate plans and policy advice; and provide guidance to prevent, protect, mitigate, respond to and recover from all hazards faced by the nation's Healthcare and Public Health critical infrastructure

### **IV. Objective**

The mission 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 GCC serves as the federal 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 protection, health system security, and resilience programs for the nation's healthcare and public health infrastructure. In addition, the GCC facilitates coordination with other SSAs 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).

## IV. Scope of Activity

The GCC will work toward accomplishing the following goals:

- 1.) The GCC membership will “leverage relationships and resources to assess and analyze threats to, vulnerabilities of, and consequences to HPH Sector critical infrastructure to inform risk management activities. Ensure that approaches consider the physical, cyber, and human elements of critical infrastructure security and resilience, supply chain issues, and interdependencies with other sectors”.<sup>1</sup>
- 2.) The GCC membership will “execute risk mitigation activities in a prioritized manner with clear plans and metrics for success”.<sup>2</sup>
- 3.) The GCC membership will “enhance existing and develop new mechanisms to ensure bidirectional sharing of information”.<sup>3</sup>
- 4.) The GCC membership will “exercise the ability of the sector to respond to natural or manmade disasters and incorporate lessons learned into future exercises and corrective actions”.<sup>4</sup>
- 5.) The GCC membership will “regularly review and assess the active roster of participating members to ensure appropriate representation is maintained to enhance sector resilience, facilitate necessary information sharing within the public sector and private sector offices, and respond to emergency events”.<sup>5</sup>

## 5V. Roles and Responsibilities

The HPH GCC will have a leadership structure consisting of 2 co-Chairs: one permanent and one rotating. As the SSA lead, 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 discussion. The co-Chairs, with the assistance of the SCC, 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 emergency support functions, health system security, physical safety, and protection of healthcare and public health critical infrastructure. These standing, permanent member organizations (Core members) of the GCC will be represented by director-level representatives, or their assignees. Core members have decision making authority on behalf of his/her agency. In

---

<sup>1</sup> “Healthcare and Public Health Sector-Specific Plan”, 2016 Edition, Table 3: HPH Goals and Priorities

<sup>2</sup> “Healthcare and Public Health Sector-Specific Plan”, 2016 Edition, Table 3: HPH Goals and Priorities

<sup>3</sup> “Healthcare and Public Health Sector-Specific Plan”, 2016 Edition, Table 3: HPH Goals and Priorities

<sup>4</sup> “Healthcare and Public Health Sector-Specific Plan”, 2016 Edition, Table 3: HPH Goals and Priorities

<sup>5</sup> “Healthcare and Public Health Sector-Specific Plan”, 2016 Edition, Table 3: HPH Goals and Priorities

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. 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.

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.

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.

## **VI. Process**

A quorum for decision-making is defined as the presence of representatives, primary or alternate, from at least thirty percent 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 on an annual basis.

## **VII. 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.

## **VIII. 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.

## **IX. Frequency of Meetings**

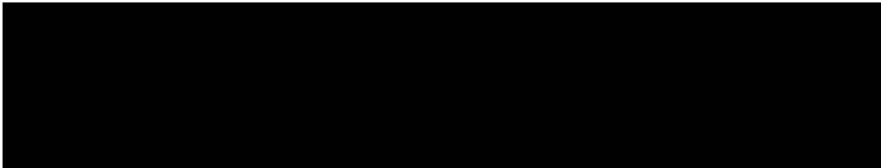
The full Council will meet at least quarterly in person or by conference call. Additional meetings and/or conference calls of the full Council, or workgroups, may be held as deemed necessary by the council co-chairs.

## **X. Adoption and Signatories**

This Charter was revised and agreed to by telephonic vote on March 29, 2016 by a quorum of the 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.



Laura K. Wolf, PhD  
Co-Chair, Healthcare and Public Health GCC  
Office of Emergency Management  
Office of Assistant Secretary for Preparedness and Response  
Department of Health and Human Services



Suzanne Schwartz, MD, MBA  
Co-Chair, Healthcare and Public Health GCC  
Center for Devices and Radiological Health  
Food and Drug Administration  
Department of Health and Human Services

**Attachment:**

**Annex A – Council Membership**

**Annex B – FY2016 Activities**

## ANNEX A

### Council Membership

The council membership will represent the following Federal, State, local, tribal, and territorial entities and hold equal voting rights on matters pertaining to the Government Coordinating Council of the Healthcare and Public Health Sector:

- U.S. Department of Health and Human Services - Critical Infrastructure Protection (permanent Co-Chair)
- U.S. Department of Homeland Security – Office of Infrastructure Protection
- Association of Public Health Laboratories (APHL)
- Association of State and Territorial Health Officials (ASTHO)
- Council of State and Territorial Epidemiologists (CSTE)
- U.S. Department of Agriculture
- U.S. Department of the Interior
- U.S. Department of Veterans Affairs
- National Association of County and City Health Officials (NACCHO)
- American Red Cross
- U.S. Department of Health and Human Services - Assistant Secretary for Health
- U.S. Department of Health and Human Services - Centers for Disease Control and Prevention
- U.S. Department of Health and Human Services - Centers for Medicaid and Medicare
- U.S. Department of Justice - Federal Bureau of Investigation
- U.S. Department of Health and Human Services - Food and Drug Administration
- U.S. Department of Defense - Health Affairs
- U.S. Department of Defense - Homeland Defense and America's Security Affairs
- U.S. Department of Defense - National Guard
- U.S. Department of Health and Human Services - National Institute for Occupational Safety and Health (NIOSH)
- U.S. Department of Defense - US NORTHCOM
- U.S. Department of Labor - Occupational Safety and Health Administration (OSHA)
- U.S. Department of State - Office of International Health and Biodefense
- U.S. Department of Health and Human Services - Office of the National Coordinator for Health Information Technology

## ANNEX B

## FISCAL YEAR 2016 ACTIVITIES

Goal	Output Data	Outcome Data	Expected Completion
Goal 1	Develop a project plan detailing project concept, milestones, timelines and deliverables.		Q1 CY2016
	Finalize and disseminate the final risk assessment methodology architecture to Sector partners.		Q4 CY2015
		Collect and assess stakeholder feedback on the risk assessment methodology development process and final product.	Q1 CY2016
		Determine level of use and/or quantify Sector adoption and use of the risk assessment methodology.	Q2 CY2016
		Collect and assess stakeholder feedback on the risk assessment execution process as well as overall utility of the risk assessment methodology as applied to stakeholder use.	Q3 CY2016
		Collect and assess stakeholder feedback on security/resilience enhancements made as a result of the risk assessment methodology and share the resultant information appropriately.	Q3 CY2016



Goal 2			
	Generate materials and tools to address relevant HPH Sector privacy and cybersecurity issues.		Q4 CY2015
	In conjunction with SCC, develop and issue NIST Cybersecurity Implementation Guidance and supporting tools.		Q1 CY2016
		Collect metrics on employment of NIST cybersecurity framework, with the goal of increasing proportion of SCC members and number of Sector partners adopting the NIST cybersecurity framework.	Q2 CY2016
Goal 3			
	Compile, update and publish "marketing" information on current Sector information sharing mechanisms and tools.		Q4 CY 2015
	Develop recommendations about the use of information sharing systems based on the results of the assessment.		Q2 CY 2016
		Report on any information sharing needs that are unmet by existing information processes, mechanisms, and systems.	Q2 CY2016

		Reconfigure existing systems or add new systems or components to maximize information sharing capabilities.	<b>Q3 CY2016</b>
		Collect Sector feedback on cyber information sharing-related awareness, training and education programs and activities.	<b>Q2 CY2016</b>
<b>Goal 4</b>			
	Develop and deploy physical and cyber incident response checklists for Sector partners.		<b>Q2 CY2016</b>
	Ensure resources for infrastructure-related planning, response and recovery operations, such as clearances, HSIN access, WPS/GETS programs and C3 Voluntary Program resources are available to partners.		<b>Q4 CY2015</b>
<b>Goal 5</b>			
		Collect/assess data regarding Sector partner participation in incident-related conference calls and solicit feedback on the efficacy of such calls.	<b>Q1 CY2016</b>
		Solicit feedback on HPH Sector participation in real world incidents through the after action and lessons learned reporting processes.	<b>Q2 CY2016</b>