

March 25, 2026

**VIA EMAIL**

The Honorable Robert F. Kennedy Jr.  
Secretary, U.S. Department of Health and  
Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
[REDACTED]

*Re: Recommendations for revisions to the ACIP Charter*

Dear Secretary Kennedy:

We write on behalf of Informed Consent Action Network to offer recommendations regarding proposed revisions of the Charter of the Advisory Committee on Immunization Practices (“ACIP”), which is scheduled for renewal on April 1, 2026. The proposed revisions clarify the Charter’s language and more fully align it with the Federal Advisory Committee Act (“FACA”) and other ACIP governing documents, including the ACIP Policies & Procedures<sup>1</sup> and the ACIP FAC Membership Balance Plan.<sup>2</sup>

We appreciate your consideration of these recommendations and remain available to provide any additional information that may assist in the charter renewal process.

Very truly yours,



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<sup>1</sup> <https://www.cdc.gov/acip/downloads/Policies-Procedures-508.pdf>

<sup>2</sup> <https://gsa-geo.my.salesforce.com/sfc/p/#t0000000Gyj0/a/3d000002n0y5/SCRGimkNEsTsAtm1GcT4Gu7TM88BO3PwKJZhrdHKkFg>

**AMENDMENT  
to the  
CHARTER  
of the  
ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES**

**Advisory Committee's Official Designation.**

Advisory Committee on Immunization Practices (ACIP).

**Authority.**

The ACIP was established under Section 222 of the Public Health Service Act (42 U.S.C. §217a), as amended. The Committee is governed by the provisions of the Federal Advisory Committee Act, Public Law 92-463 (5 U.S.C. § 1001 et seq.), as amended.

The ACIP has been given statutory roles under subsections 1928(c)(2)(B)(i) and 1928(e) of the Social Security Act (42 U.S.C. § 1396s(c)(2)(B)(i) and 1396s(e)) and subsection 2713(a)(2) of the Public Health Service Act (42 U.S.C. § 300gg-13(a)(2)).

**Objective and Scope of Activities.**

The Secretary, Department of Health and Human Services (HHS), and by delegation the Director, Centers for Disease Control and Prevention (CDC), are authorized under Section 311 and Section 317 of the Public Health Service Act, [42 U.S.C. §243 and 42 U.S.C. §247b], as amended, to assist states and their political subdivisions in the prevention and control of communicable diseases; to advise the states on matters relating to the preservation and improvement of the public's health; and to make grants to states and, in consultation with the state health authorities, to agencies and political subdivisions of states to assist in meeting the costs of communicable disease control programs.

The ACIP shall provide advice and guidance to the Director of the CDC regarding use of vaccines and related agents for [safe and](#) effective control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC Director, and if adopted, are published as official CDC/HHS recommendations in the *Morbidity and Mortality Weekly Report (MMWR)*. The CDC Director informs the Secretary, HHS, and the Assistant Secretary for Health, of immunization recommendations. Upon the licensure of any vaccine or any new indication for a vaccine, the Committee shall, as appropriate, consider the use of the vaccine at its next regularly scheduled meeting. If the Committee does not make a recommendation at the Committee's first regularly scheduled meeting, the Committee shall provide an update on the status of such for the Committee's review.

## **Description of Duties.**

The Committee shall provide advice ~~for the control of diseases for which a vaccine is licensed in the U.S. The~~ and guidance will address on the use of vaccines and may include recommendations for administration of immune globulin preparations and/or antimicrobial therapy shown to be effective in controlling a disease for which a vaccine is available. ~~Guidance for use of unlicensed vaccines may be developed if circumstances warrant.~~ related agents licensed in the U.S. for the control of vaccine-preventable diseases. For each vaccine, ~~the Committee advises on population groups and/or circumstances in which a vaccine~~ or related agent ~~is recommended.~~ The Committee also provides recommendations on, ACIP advises on issues including populations and circumstances for use, contraindications and precautions ~~for use of the vaccine,~~ and related agents and provides information on recognized adverse events. The Committee also may provide recommendations that address the general use for administration of vaccines and immune globulin preparations ~~as a class of biologic agents, use of,~~ specific antibody products ~~for, and/or antimicrobial therapy shown to be effective in disease prevention of infectious diseases, and,~~ taking into consideration available therapeutics. ACIP may also address special situations or populations ~~that may warrant modification of the routine recommendations.~~

~~Committee deliberations on~~ In developing recommendations for the use of vaccines to control ~~diseasediseases~~ in the U.S., ~~the Committee~~ shall include consideration of disease epidemiology and burden of disease,; vaccine safety, including reports of adverse events experienced following vaccination; vaccine efficacy and effectiveness, ~~the;~~ quality of evidence reviewed,; economic analyses,; pragmatic results of ACIP's recommendations including mandates; available therapeutics; and implementation issues. The Committee may revise or withdraw their recommendation(s) regarding a particular vaccine as new information becomes available, including data on disease epidemiology, vaccine effectiveness or safety, pragmatic results, economic considerations, or other ~~data become available factors.~~

In accordance with Section 1928 of the Social Security Act, the ACIP also shall establish and periodically review and, as appropriate, revise the list of vaccines for administration to children and adolescents eligible to receive vaccines through the Vaccines for Children Program, along with schedules regarding the appropriate dose and dosing interval, and contraindications to administration of the pediatric vaccines. The Secretary, and as delegated the CDC Director, shall use the list established by the ACIP for the purpose of the purchase, delivery, and administration of pediatric vaccines in the Vaccines for Children Program.

Further, under provisions of the Affordable Care Act (Section 2713 of the Public Health Service Act, as amended), immunization recommendations of the Committee that have been adopted by the Director of the Centers for Disease Control and Prevention must be covered by applicable health plans.

### **Agency or Official to Whom the Committee Reports.**

The Committee reports to the Director, CDC. The CDC Director informs the Secretary, HHS and the Assistant Secretary for Health, HHS, of immunization recommendations.

### **Support.**

Management and support services shall be provided by the Office of the Director, National Center for Immunization and Respiratory Diseases, CDC.

### **Estimated Annual Operating Costs and Staff Years.**

Estimated annual cost for operating the Committee, including compensation and travel expenses for members, but excluding staff support, is \$409,922. Estimate of annual person-years of staff support required is 9.40, at an estimated annual cost of \$1,760,637.

### **Designated Federal Officer.**

CDC will select a full-time or permanent part-time Federal officer or employee who does not have any duties that would conflict with ACIP's role/objectives, to serve as the Designated Federal Officer (DFO) ~~to attend each committee meeting and~~. The DFO shall:

- (a) ensure ~~that all procedures are within~~ the ACIP activities comply with applicable statutory, regulatory, and HHS General Administration Manual directives. ~~The DFO will;~~
- (b) approve ~~and prepare all meeting policies and agendas,~~ or call all the ACIP and subcommittee meetings;
- (c) approve meeting agendas;
- (d) attend all of the committee and subcommittee meetings,
- (e) adjourn any meeting when the DFO deems adjournment to be in the public interest, ~~and;~~
- (f) chair meetings when directed to do so by the official to whom the committee reports. ~~The DFO or his/her designee shall be present at all meetings of the full committee and subcommittees.;~~
- (g) maintain information on ACIP's activities and provide such information to the public; and
- (h) ensure ACIP and subcommittee/workgroup members receive appropriate training.

In the event that the DFO cannot fulfill the assigned duties of the Committee, one or more full-time or permanent part-time employees will be assigned as DFO and carry out these duties on a temporary basis.

### **Estimated Number and Frequency of Meetings.**

Meetings shall be held approximately three times per year at the call of the DFO, in consultation with the Chair. Additional meetings may be convened as circumstances warrant.

Meetings shall be open to the public except as determined otherwise by the Director, CDC, or other official, to whom the authority has been delegated, in accordance with the Government in the Sunshine Act (5 U.S.C. § 552b(c)) and Section 10(d) of the Federal Advisory Committee Act

((5 U.S.C. § 1009(d)). Notice of all meetings shall be ~~given to the public.~~ published in the Federal Register in accordance with 41 CFR 102-3.150(a).

To promote transparency and public engagement, meeting agendas and supporting materials shall be made publicly available in advance of each meeting. Detailed transcripts and video recordings of all open sessions shall be prepared and made and remain publicly available following each meeting.

### **Duration.**

Continuing.

### **Termination.**

Unless renewed by appropriate action, the ACIP will terminate two years from the date this charter is filed.

### **Membership and Designation.**

The Committee shall consist of up to 19 Special Government Employees, (SGEs), including the Chair and Vice Chair. ~~(“Members shall be selected from authorities who are knowledgeable in the fields of immunization practices and public health, have expertise in the use of vaccines and other immunobiologic agents in clinical practice or preventive medicine, have expertise.”)~~ The Secretary shall select Members with knowledge, experience, or expertise in one or clinical laboratory more of the following areas or any other area deemed relevant by the Secretary: vaccine research, or have expertise in development, safety, or efficacy; clinical practice; preventative medicine; immunology; infectious diseases; epidemiology; identification, assessment, or treatment of vaccine efficacy and safety.

~~The Committee injuries; genetics; or biostatistics. At least one Member shall include a person or persons knowledgeable about have demonstrated knowledge or expertise in consumer perspectives and/or, social and, or community aspects of immunization programs. At least two members shall be deemed Special Government Employees have direct and substantial experience advocating for and/or treating those injured by vaccines and shall not have worked in the past seven years as part of the CISA network nor as part of any other government or industry funded program, research, or project. ACIP membership shall be fairly balanced consistent with the requirements of the Federal Advisory Committee Act.~~

The Committee also shall consist of six non-voting ex-officio members from the Health Resources and Services Administration; the Food and Drug Administration; Centers for Medicare and Medicaid Services; National Institutes of Health; Indian Health Service; and the Office of Infectious Disease and HIV/AIDS Policy, HHS; or their designees.

If fewer than a quorum (majority) of ACIP Members are eligible to vote due to absence or a financial or other conflict of interest, the DFO, or designee, shall have the authority to temporarily designate the ex-officio members as voting members.

~~There also shall be non-voting liaison representatives from the American Academy of Family Physicians; American Academy of Pediatrics; American Academy of Physician Associates; American College Health Association; American College of Nurse-Midwives; American College of Obstetricians and Gynecologists; American College of Physicians; American Geriatrics Society; America's Health Insurance Plans; American Immunization Registry Association; American Medical Association; American Nurses Association; American Osteopathic Association; American Pharmacists Association; Association of Immunization Managers; Association for Prevention Teaching and Research; Association of State and Territorial Health Officials; Biotechnology Innovation Organization; Council of State and Territorial Epidemiologists; Canadian National Advisory Committee on Immunization; Infectious Diseases Society of America; International Society of Travel Medicine; National Association of County and City Health Officials; National Association of Pediatric Nurse Practitioners; National Foundation for Infectious Diseases; National Medical Association; Pediatric Infectious Diseases Society; Pharmaceutical Research and Manufacturers of America; Society for Adolescent Health and Medicine; Society for Healthcare Epidemiology of America and such other non-voting liaison representatives as the Secretary deems necessary to effectively carry out the functions of the Committee. Liaisons shall be deemed representatives.~~

Members, including the Chair and Vice Chair, shall be selected by the Secretary and shall be invited to serve for overlapping terms of up to four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. A member may serve 180 days after the expiration of that member's term if a successor has not taken office. The Secretary's invitation to serve may be rescinded at any time for any reason.

### **Non-Voting Liaison Representatives.**

The Secretary may select, in his or her discretion, to carry out the functions of ACIP, non-voting liaisons who shall be deemed representatives.

Non-Voting liaison representatives may be considered from the following categories. To ensure balanced representation of relevant stakeholder perspectives, there should be a fair balance among the following categories:

- (a) Professional medical associations, including those representing primary care physicians, pediatricians, geriatricians, obstetricians and gynecologists, internists, infectious disease specialists, functional medicine practitioners, naturopaths, and other relevant medical specialties;
- (b) Nursing and allied health professional organizations, including those representing nurses, nurse practitioners, nurse midwives, physician assistants, and pharmacists;
- (c) Public health organizations, including those representing state, territorial, local, and tribal health officials, epidemiologists, and immunization program managers;
- (d) Academic and research institutions engaged in immunization science, prevention research, or medical education;
- (e) Consumer and patient advocacy organizations representing populations disproportionately affected by vaccine-preventable diseases;

- (f) Organizations with knowledge of vaccine injury or parent/patient advocacy organizations representing individuals who have experienced adverse events following immunization;
- (g) Organizations that advocate for informed consent;
- (h) Health insurance and healthcare delivery organizations; and
- (i) Pharmaceutical and biotechnology industry representatives, provided that such representatives shall not constitute more than ten percent of the total liaison membership.

In designating liaison organizations, the Secretary shall ensure that no single category of stakeholder interest predominates among liaison representatives. The Secretary, in his or her discretion, may add or remove liaison organizations as necessary to effectively carry out the functions of ACIP.

All liaison representatives shall, upon appointment and annually thereafter, file a public disclosure statement identifying any financial relationships, employment relationships, or other affiliations with vaccine manufacturers, distributors, administrators, or related commercial entities that could present a conflict of interest with respect to ACIP's work. Such disclosures shall be made publicly available on ACIP's website.

### **Conflict of Interest.**

All voting Members, as SGEs, shall be subject to the conflict of interest provisions set forth in 18 U.S.C. § 208 and shall file financial disclosure reports in accordance with applicable law. The Secretary or designee may grant a waiver under 18 U.S.C. 208(b)(3) upon written certification that the need for the individual's services outweighs the potential conflict of interest. All waivers shall be made publicly available and announced at any meeting at which a member participates pursuant to a waiver.

Voting Members shall recuse themselves from deliberations and votes on matters in which they or their imputed interests have a financial interest, unless a waiver has been granted. All recusals shall be announced and recorded in the meeting transcripts.

### **Subcommittees.**

Subcommittees or work groups composed, in part, of members of the parent committee and other subject matter experts may be established with the approval of the Secretary, HHS, or his/her designee. The subcommittees or work groups must report back to the parent committee and do not provide advice or work products directly to the agency. All final work product and the evidence relied upon by subcommittees and work groups for final work product shall be made available to ACIP and the public.

The Department Committee Management Officer will be notified upon establishment of each subcommittee or work group and will be provided information on its name, membership, function, and estimated frequency of meetings.

**Recordkeeping.**

The records of the committee, established subcommittees [or work groups](#), or other subgroups of the committee, shall be managed in accordance with General Records Schedule 6.2, Federal Advisory Committee Records, or other approved agency records disposition schedule. These records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. §552.

**Filing Date.**

April 1, 2026

**Amended Filing Date.**

Approved:

[12/3/2025](#)

Date

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Robert F. Kennedy, Jr.