National Advisory Committee on Rural Health and Human Services

Charter

Purpose

The Secretary established the Office of Rural Health Policy within the Health Resources and Services Administration (HRSA) in 1987. The Office is charged in Section 711 of the Social Security Act with:

- advising the Secretary on the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes in the programs established under Titles XV1II and XIX on the financial viability of small rural hospitals and other health care providers, the ability of rural areas (and rural hospitals in particular) to attract and retain physicians and other health professionals, and access to (and the quality of) health care in rural areas;
- coordinating rural health activities within the Department, with particular attention to the Centers for Medicare and Medicaid Services and its programs, and with related activities of such other Federal agencies as the Veterans Administration, the Department of Agriculture, the Department of Defense, the Department of Transportation, the Department of Housing and Urban Development and the Commerce Department; and
- work with States, State hospital associations, private associations, foundations, and other organizations to find solutions to rural health care delivery problems.

From these responsibilities, a public/private partnership will emerge to focus attention and existing resources on rural health care problems. This goal will require the ongoing counsel and advice of a broad range of public and private sector expertise not available within the Department. Such input can best be achieved through the continued operation of the National Advisory Committee on Rural Health. -

On July 25, 2001, the Secretary established the U.S. Department of Health and Human Services Rural Task Force and charged it with conducting a department-wide examination of how HHS programs can be strengthened to better serve rural communities. One of the findings of that task force was the need to improve the consultative process with rural communities in both the health and human service areas.

To better meet that charge, the Secretary decided to expand the focus of an existing advisory committee that focused on rural health issues to create the National Advisory Committee on Rural Health and Human Services.

The Committee will serve as an independent advisory body to the Department on issues related to how the Department and its programs serve rural communities. The Committee will represent a public/private partnership that will focus attention and existing resources on rural health and human service problems. This will require the ongoing counsel and advice of a broad range of public and private sector expertise not available within the

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Authority

42 USC 217a; Section 222 of the Public Health Service Act, as amended. The Committee is governed by provisions of Public Law 92-463 (5 USC Appendix 2), which sets forth standards for the formation and use of advisory committees.

Function

The National Advisory Committee on Rural Health and Human Services shall advise the Secretary concerning the provision and financing of health care and human services in rural areas.

The Committee has the option of producing reports on key rural issues along with recommendations for possible solutions and may solicit input from the Department and the field regarding issues on which to focus. The Committee also has the option of conferring with and coordinating its activities with other key advisory groups in the fields of rural health and human services.

Structure

The National Advisory Committee on Rural Health and Human Services will be comprised of up to 21 members, including the chair and an optional vice-chair (chosen by the chair) who represent the diversity of health and human service issues in rural America. Sixteen of these members shall be rural health experts while five shall be experts in the field of human services.

These individuals shall represent an appropriate geographic representative mix from across the country, including the Chair, selected by the Secretary from authorities knowledgeable in the fields of delivery, financing, research, development and administration of health care and human services in rural areas. Such authorities shall include representatives from State and local governments, foundations, provider associations, and other rural interest groups. Committee members should reflect a broad array of expertise, including Title XVIII, IX and XXI of the Social Security Act and with the range of rural-focused health programs under the purview of the

Secretary, as well as knowledgeable in the fields of rural human and social services, including issues related to transportation, children and family services, social work, services for the elderly and rural economic development.

The Committee's health members should include representatives from the following key rural health care sectors: rural hospitals, physicians with experience practicing in rural areas, nurses with experience practicing in rural areas, rural health clinic clinicians, community health center administrators or clinicians, rural health researchers, mental

health clinicians with experience practicing in rural areas and State Office of Rural Health executives.

The Committee's human service members should include representatives from the following key rural human service sectors: State health and human service department executives, Area Agencies on Aging, Head Start centers, rural human service research experts and community action agency executives.

The Committee has the option of adding ex-officio members from the Department who bring an area of expertise needed to support and enhance Committee activities These positions should be filled by senior policy experts from any of the Departmental operating divisions who will be designated by either the Office of Rural Health Policy on rural health issues or by the Assistant Secretary for Children and Families and the Assistant Secretary on Aging on issues related to human services in rural areas. The Committee also has the option of operating as a Committee of the Whole or in a subcommittee format.

Members shall be invited to serve for overlapping four-year terms; terms of more than two years are contingent upon the renewal of the Committee by appropriate action before its termination. Members may serve after the expiration of their term until their successor has taken office, but no longer than 120 days.

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

The Office of Rural Health Policy, HRSA, provides management and support services for the National Advisory Committee on Rural Health and Human Services, with additional support provided by HHS social services program staff.

Meetings

Meetings shall be held approximately three times each year at the call of the designated federal officer or designee who shall approve the agenda and shall be present at all meetings. Two of the meetings can be held in the field to gather input from rural citizens.

Meetings shall be open to the public except as determined by the Secretary or other officials to whom the authority has been delegated in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) notice of all meeting shall be give to the public.

Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and Departmental regulations.

Compensation

Members who are not full-time Federal employees are paid at a rate of $275 per day, plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

Annual Cost Estimate

Estimated annual cost for operating the Committee, including compensation and travel expenses for members, but excluding staff support, is $441,350. Estimate of annual man-years of staff support required is 1.2, at an estimated annual cost of $127,095.

Reports

In the event a portion of a meeting is closed to the public, as determined by the Secretary in accordance with the with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and FACA, a report shall be prepared that shall contain, at a minimum, a list of members and their business addresses, the Committee's functions, dates and places of meetings, and a summary of Committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

Termination Date

Unless renewed by appropriate action prior to its expiration, the National Advisory Committee on Rural Health and Human Services will terminate on October 29, 2009.