



**CHARTER**  
**NATIONAL ADVISORY COMMITTEE ON**  
**RURAL HEALTH AND HUMAN SERVICES**

Authority

The National Advisory Committee on Rural Health and Human Services (NACRHHS) was established under provisions of 42 U.S.C 217a; Section 222 of the Public Health Service Act, as amended. The committee is governed by the provisions of the Federal Advisory Committee Act (FACA), (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees.

Objectives and Scope of Activities

The Committee will serve as an independent advisory body to the Department of Health and Human Services 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, including the provision and financing of health care and human services in rural areas.

Description of Duties

As part of its general duties, the Committee shall establish by-laws to specify its operation procedures. 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.

Agency or Official to Whom the Committee Reports

NACRHHS will submit recommendations and reports to the Secretary of Health and Human Services.

Support

Coordination, management, and operational support shall be provided by the Office of Rural Health Policy, Health Resources Services Administration (HRSA). Additional support for NACRHHS shall be provided by HHS social services program staff.

### Estimated Annual Operating Costs and Staff Years

The estimated annual operating cost in fiscal year (FY) 2009, including contracts and compensation and travel expenses for members is \$506,281. The estimated annual FY 2009 full-time equivalent is 1.1 at an estimated annual cost of \$126,501. The estimated annual costs for future fiscal years are subject to availability of funds.

### Designated Federal Officer

HRSA will select a full-time or permanent part-time Federal employee to serve as the Designated Federal Official (DFO) to attend each Committee meeting and ensure that all procedures are within applicable, statutory, regulatory, and HHS General Administration Manual directives. The DFO will approve and prepare all meeting agendas, call all of the Committee or subcommittee meetings, adjourn any meeting when the DFO determines adjournment to be in the public interest, and 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.

### Estimated Number and Frequency of Meetings

Meetings shall be held approximately three times each year at the call of the DFO or designee, in consultation with the Chairperson. Two of the three meetings may be held in the field to gather input from rural citizens. Meetings shall be open to the public except as determined otherwise by the Secretary or designee in accordance with Government in the Sunshine Act, 5 U.S.C. 552(b)(c) and the Federal Advisory Committee Act. Notice of all meetings will be given to the public.

### Duration

Continuing

### 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 30, 2011.

### Membership and Designation

The Committee will not exceed 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. Members will serve as Special Government Employees.

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 be knowledgeable 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. A member may continue to serve after the expiration of his or her term until a successor is appointed, but no longer than 180 days.

### Subcommittees

Subcommittee may be established with the approval of the Secretary or designee. Subcommittee members may be composed of the parent committee. The subcommittee shall make recommendations to be deliberated by the parent committee. 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.

### Recordkeeping

The records of the Committee, established subcommittees, or other subgroups of the committee, shall be handled in accordance with General Records Schedule 26, Item 2 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

10/29/09

Approved:

8/5/09  
Date

Wendy Ponton  
Wendy Ponton  
Director Office of Management