



CHARTER

NATIONAL ADVISORY COMMITTEE ON RURAL HEALTH AND HUMAN SERVICES

1. Committee's Official Designation: The Committee shall be known as the National Advisory Committee on Rural Health and Human Services (NACRHHS or the Committee).
2. Authority: The National Advisory Committee on Rural Health and Human Services is authorized by 42 U.S.C. 217a; Section 222 of the Public Health Service (PHS) Act, as amended. The Committee is governed by provisions of the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C. Appendix 2), as amended, which sets forth standards for the formation and use of advisory committees.
3. Objectives and Scope of Activities: NACRHHS provides advice and recommendations on issues related to how the Department of Health and Human Services (HHS or the Department) and its programs serve rural communities. The Committee represents 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.
4. Description of Duties: In accordance with the FACA of 1972 (5 U.S.C. Appendix 2), NACRHHS shall have 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 advisory groups in the fields of rural health and human services.
5. Agency or Official to Whom the Committee Reports: The NACRHHS provides advice and recommendations to the Secretary of HHS (Secretary).
6. Support: Management and support services are provided by the Federal Office of Rural Health Policy (FORHP) of the Health Resources and Services Administration (HRSA).
7. Estimated Annual Operating Costs and Staff Years: The estimated annual cost for operating NACRHHS, including compensation and travel expenses for members but excluding staff support is \$188,969. Estimated staff support required is 1.3 FTE years at an estimated annual cost of \$136,520.
8. Designated Federal Officer (DFO): HRSA will select a full-time or permanent part-time federal employee, appointed in accordance with agency procedure, serves as the DFO and

ensures that all procedures are within applicable statutory, regulatory, and HHS General Administration Manual directives. The DFO (or designee) approves and prepares all meeting agendas, calls all committee or subcommittee meetings, attends all committee and subcommittee meetings, adjourns any meeting when the DFO (or designee) determines adjournment to be in the public interest, and chairs meetings when directed to do so by the Secretary.

9. Estimated Number and Frequency of Meetings: NACRHHS may meet up to three times a year. Each meeting must be called or approved by the DFO (or designee). Meetings may be in person or via webcast. NACRHHS may hold meetings 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 the Government in the Sunshine Act (5 U.S.C. 552b(c)) and the FACA of 1972 (5 U.S.C. Appendix 2). Notice of all meetings shall be given to the public. Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and departmental regulations.
10. Duration: Continuing.
11. Termination: Unless renewed by appropriate action prior to its expiration, NACRHHS will terminate 2 years from the filing date of the charter.
12. Membership and Designation: NACRHHS consists of up to 21 members appointed by the Secretary to each serve a term of 4 years, with a minimum of 15 members. Members represent the diversity of health and human service issues in rural America. Approximately two thirds of the members should be rural health experts and approximately one third should be rural human services experts.

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 appointing ex-officio members from the Department who bring an area of expertise needed to support and enhance committee activities. These positions will be filled by senior policy experts from any of the departmental operating divisions on issues related to human services in rural areas.

Non-federal members will serve as Special Government Employees (SGEs). SGEs shall be invited to each serve a 4-year term; terms of more than 2 years are contingent upon the renewal of the Committee by appropriate action before its termination. Ex-officios shall serve under no-fixed term.

13. Subcommittees: Standing and ad hoc subcommittees, composed of members of the parent committee, may be established with the approval of the Secretary or designee to perform specific functions within the NACRHHS jurisdiction. Subcommittees must report back to the parent Advisory Committee, and do not provide advice or work products directly to the Department or HRSA. The Department's Committee Management Officer will be notified upon the establishment of each subcommittee and will be provided information on the subcommittee's name, membership, function, and estimated frequency of meetings.
14. Recordkeeping: Records of the Advisory Committee, formally and informally established subcommittees, or other subgroups of the Advisory Committee, shall be handled in accordance with General Records Schedule 6.2, 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.
15. Filing Date: OCT 29, 2019

Approved:

OCT 29, 2019
Date

/S/
Thomas J. Engels
Acting Administrator, Health Resources and
Services Administration