



CHARTER

NATIONAL ADVISORY COMMITTEE ON RURAL HEALTH AND HUMAN SERVICES

1. Committee's Official Designation: National Advisory Committee on Rural Health and Human Services (NACRHHS or the Committee).
2. Authority: NACRHHS is authorized by Section 222 of the Public Health Service Act (42 U.S.C. 217a). The Committee is governed by provisions of the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. chapter 10).
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 will focus attention and existing resources on rural health and human service problems, such as the provision and financing of health care and human services in rural areas.
4. Description of Duties: NACRHHS shall have the option to produce 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 may confer with and coordinate its activities with other advisory groups in the fields of rural health and human services.
5. Agency or Official to Whom the Committee Reports: 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 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 \$245,000. Estimated staff support required is 1.65 FTE years at an estimated annual cost of \$208,037.
8. Designated Federal Officer (DFO): A full-time federal employee, appointed in accordance with agency procedure, will serve as the DFO. The DFO ensures that the Committee complies with applicable statutory, regulatory, and HHS General Administration Manual requirements. The DFO approves and prepares all meeting agendas, calls all Committee or subcommittee meetings, attends all Committee and subcommittee meetings, adjourns any meeting when the DFO determines adjournment to be in the public interest, and chairs meetings when directed to do so by the HRSA Administrator. In the event that the DFO cannot fulfill the assigned duties of the committee, one or more full-time employees

will be designated as DFO and carry out these duties on a temporary basis.

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. Meetings may be in person or virtual. NACRHHS may hold meetings in the field to gather input from rural citizens and providers. Meetings shall be open to the public except where a closed or partially-closed meeting has been determined proper and consistent with the exemption(s) of the Government in the Sunshine Act (5 U.S.C. 552b(c)) as the basis for closure. 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 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, including the Chair, appointed by the Secretary. 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.

The Committee composition shall reflect a geographic mix from across the country, with knowledge in the fields of delivery, financing, research, development, and administration of health care and human services in rural areas. The Committee 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 Titles 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 rural health experts should include the following: rural hospital representatives, 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 rural human service experts should include the following: State health and human service department executives, Area Agencies on Aging representatives, Head Start centers representatives, rural human service research experts, and community action agency executives.

The Secretary has the option of appointing ex-officio members from the Department who represent an area of expertise needed to support and enhance Committee activities. These positions will be filled by senior policy experts from the HHS operating divisions.

Non-federal members will serve as Special Government Employees. Special Government Employees shall be invited to each serve a 4-year term. Ex-officio members shall serve under no fixed term.

A majority of the appointed members of the Committee, including the Chair, constitute a quorum, but a lesser number may hold hearings. Any vacancy in the Committee does not affect its power to function.

13. Subcommittees: Standing and ad hoc subcommittees, composed of members of the parent Committee, may be established to perform specific functions within the NACRHHS jurisdiction. Subcommittees must report back to the Committee, and do not provide advice or work products directly to the Department or HRSA. The Department's Committee Management Officer will approve 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 Committee and subcommittees 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: October 29, 2023

Approved:

October 20, 2023 _____
Date

_____/Carole Johnson/
Carole Johnson
Administrator