

2024 Current Fiscal Year Report: National Advisory Committee on Rural Health and Human Services

Report Run Date: 04/26/2024 05:47:42 PM

1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2024

3. Committee or Subcommittee

National Advisory Committee on Rural Health and Human Services

3b. GSA

Committee

No.

940

4. Is this New During Fiscal Year?

No

5. Current Charter

10/29/2021 10/29/2023

6. Expected Renewal Date

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority Authorized by Law

12. Specific Establishment Authority

42 U.S.C. 217a

13. Effective Date

11/17/1962

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee

National Policy Issue Advisory Board

16a. Total Number of Reports

No Reports for this Fiscal Year

17a. Open

0

17b. Closed

0

17c. Partially Closed

0

Other Activities

0

17d. Total

0

Meetings and Dates

No Meetings

| | Current FY | Next FY |
|---|---------------|------------|
| 18a(1). Personnel Pmts to Non-Federal Members | \$0.00 | \$0.00 |
| 18a(2). Personnel Pmts to Federal Members | \$0.00 | \$0.00 |
| 18a(3). Personnel Pmts to Federal Staff | \$0.00 | \$0.00 |
| 18a(4). Personnel Pmts to Non-Member Consultants | \$0.00 | \$0.00 |
| 18b(1). Travel and Per Diem to Non-Federal Members | \$0.00 | \$0.00 |
| 18b(2). Travel and Per Diem to Federal Members | \$0.00 | \$0.00 |
| 18b(3). Travel and Per Diem to Federal Staff | \$0.00 | \$0.00 |
| 18b(4). Travel and Per Diem to Non-member Consultants | \$0.00 | \$0.00 |
| 18c. Other(rents,user charges, graphics, printing, mail, etc.) | \$0.00 | \$0.00 |
| 18d. Total | \$0.00 | \$0.00 |
| 19. Federal Staff Support Years (FTE) | 0.00 | 0.00 |

20a. How does the Committee accomplish its purpose?

The National Advisory Committee on Rural Health and Human Services (NACRHHS or Committee) produces reports or policy briefs on key rural health and human services topics and presents these reports to the Secretary of the Department of Health and Human Services. This information is shared both within the Department and externally, and has helped bring attention to important rural issues.

20b. How does the Committee balance its membership?

Every effort is made to ensure that NACRHHS' membership represents the widest range of perspectives within rural health care and human services. Along with gender, ethnic, racial, and geographic diversity, at any time committee composition may include senior representatives of Critical Access Hospitals, other small rural hospitals, and Rural Health Clinics, key providers, and rural constituency group organizations. Similarly, the committee membership may include representatives of various medical fields such as nurses, nurse practitioners, physicians, as well as academic medical professors. Other members may include rural health services researchers with extensive experience in Medicaid, public health, and rural and community health. The committee also includes a mix of health and human services educators and, including experts in programs for the elderly and for early childhood development. When possible, members have included those who work with social services agencies and who are involved in community action programs. As members rotate off the Committee, the composition is reevaluated and nominations for new members are proposed with a priority of maintaining the representative variety of backgrounds that mirror health and human services in rural America.

20c. How frequent and relevant are the Committee Meetings?

NACRHHS may meet up to three times a year, usually in a rural part of the country. Occasionally, a meeting will be held in Washington, DC. Meetings “in the field” allow the Committee members to understand the diversity of issues affecting the rural health care and human services delivery system across the nation. Meetings provide Committee members with the opportunity

to look beyond their own parochial experiences, which results in more meaningful recommendations to the Secretary. These site visits provide an opportunity to learn about unique rural issues, to see model delivery systems that represent models that work and to see systems that need improvement. They also provide an opportunity for NACRHHS' members to hear testimony from those with firsthand experience working on the various issues.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

Committee meetings provide a forum for a rich group dynamic, in which a wide diversity of opinion and experience is needed to flesh out increasingly complex issues. Obtaining this advice and information would be much more difficult to obtain through written submissions or one-on-one conversations. Each of the Committee members represents a significant portion of the rural health care and human service field, both professionally and regionally, and this kind of voice does not exist outside of the Committee. Outside of an advisory committee, the voices often heard on these issues are from professional associations and are affected much more by self-interest. The Committee meetings offer the Secretary the best objective advice on pressing rural health and human service issues.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

Members Patricia Schou, George Holmes, and Brian Myers term end date extended from 8/31/2023 to 2/25/2024.

Designated Federal Officer

Sahira Rafiullah Chief Advisor and Executive

Secretary

| Committee Members | Start | End | Occupation | Member Designation |
|-----------------------|------------|------------|---|--|
| Anzaldua, April | 04/10/2022 | 01/12/2026 | Director of Community Svcs & Development | Special Government Employee (SGE) Member |
| Colyer, Jeffrey | 02/01/2020 | 01/29/2024 | Physician | Special Government Employee (SGE) Member |
| Garcia-Vargas, Isabel | 04/10/2022 | 01/12/2026 | Executive Director, Redlands Christian Migrant Association | Special Government Employee (SGE) Member |
| Glover, Craig | 04/10/2022 | 01/12/2026 | CEO, FamilyCare Health Centers | Special Government Employee (SGE) Member |
| Holmes, George | 09/01/2019 | 02/25/2024 | Director , NC Rural Health Research Center | Special Government Employee (SGE) Member |
| Hunter, Clifford | 01/15/2023 | 01/14/2027 | Fatherhood Coordinator, Healthy Start and Fatherhood Liaison of Fathers Among Men | Special Government Employee (SGE) Member |
| James, Cara | 04/10/2022 | 01/12/2026 | CEO, Grantmakers In Health | Special Government Employee (SGE) Member |
| Mills, Michelle | 08/29/2021 | 08/15/2025 | Director, Colorado State Office of Rural Health | Special Government Employee (SGE) Member |
| Myers, Brian | 09/01/2019 | 02/25/2024 | Vice President of Programs, Empire Health Foundation | Special Government Employee (SGE) Member |

| | | | | |
|--------------------|------------|------------|---|--|
| Phillips, Kellie | 08/29/2021 | 08/15/2025 | Clinical Nurse, Billings Clinic | Special Government Employee (SGE) Member |
| Probst, Matthew | 01/15/2023 | 01/14/2027 | Medical Director/Chief Quality Officer, El Centro Family Health | Special Government Employee (SGE) Member |
| Schou, Patricia | 09/01/2019 | 02/25/2024 | Executive Director, Illinois Critical Access Hospital Network | Special Government Employee (SGE) Member |

Number of Committee Members Listed: 12

Narrative Description

The Committee supports HRSA's and HHS's mission by highlighting recommendations on issues relating to providing accessible health and human services in rural communities.

What are the most significant program outcomes associated with this committee?

| | Checked if Applies |
|---|-------------------------------------|
| Improvements to health or safety | <input checked="" type="checkbox"/> |
| Trust in government | <input checked="" type="checkbox"/> |
| Major policy changes | <input checked="" type="checkbox"/> |
| Advance in scientific research | <input type="checkbox"/> |
| Effective grant making | <input type="checkbox"/> |
| Improved service delivery | <input checked="" type="checkbox"/> |
| Increased customer satisfaction | <input type="checkbox"/> |
| Implementation of laws or regulatory requirements | <input type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> |

Outcome Comments

NACRHHS provides information on the barriers facing isolated rural communities in providing health and human services. The Committee also provides information on the

legislation or regulations that hinder the provision of care.

What are the cost savings associated with this committee?

Checked if Applies

- | | |
|----------------------------|-------------------------------------|
| None | <input type="checkbox"/> |
| Unable to Determine | <input checked="" type="checkbox"/> |
| Under \$100,000 | <input type="checkbox"/> |
| \$100,000 - \$500,000 | <input type="checkbox"/> |
| \$500,001 - \$1,000,000 | <input type="checkbox"/> |
| \$1,000,001 - \$5,000,000 | <input type="checkbox"/> |
| \$5,000,001 - \$10,000,000 | <input type="checkbox"/> |
| Over \$10,000,000 | <input type="checkbox"/> |
| Cost Savings Other | <input type="checkbox"/> |

Cost Savings Comments

NA

What is the approximate Number of recommendations produced by this committee for the life of the committee?

627

Number of Recommendations Comments

This is the total number of Recommendations provided to the Secretary over the life of the Committee, from 1987 through FY 2023.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

11%

% of Recommendations Fully Implemented Comments

Note that approximately 15% of Committee recommendations are currently under consideration within HHS.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

9%

% of Recommendations Partially Implemented Comments

Note that approximately 8% of Committee recommendations are currently under

consideration within HHS.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

The Secretary provides feedback to the Committee through correspondence. HRSA, CMS, AHRQ, AoA and ACF provide feedback to the Committee through correspondence to the Secretary, the Committee Chair, or to one the federal staff of the Committee. The public can obtain information on agency feedback via the Committee website at <http://www.hrsa.gov/advisorycommittees/rural/>

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

| | |
|-----------------------------------|-------------------------------------|
| Reorganized Priorities | <input checked="" type="checkbox"/> |
| Reallocated resources | <input type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Action Comments

Other category does not apply.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

| | |
|---------------------------|-------------------------------------|
| Contact DFO | <input checked="" type="checkbox"/> |
| Online Agency Web Site | <input checked="" type="checkbox"/> |
| Online Committee Web Site | <input checked="" type="checkbox"/> |
| Online GSA FACA Web Site | <input checked="" type="checkbox"/> |

Publications



Other



Access Comments

N/A