

2025 Current Fiscal Year Report: Veterans' Rural Health Advisory Committee

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1. Department or Agency

Department of Veterans Affairs

2. Fiscal Year

2025

3. Committee or Subcommittee

Veterans' Rural Health Advisory
Committee

3b. GSA Committee No.

34739

4. Is this New Fiscal Year?

No

5. Current Charter

03/21/2024

6. Expected Renewal Date

03/21/2026

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

N/A

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

Agency Authority

12. Specific Establishment Authority

38 U.S.C. 7308

13. Effective Date

06/08/2008

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee

Non Scientific Program 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 Next
FY 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. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)	\$0.00	\$0.00
18d. Other (all other funds not captured by any other cost category)	\$0.00	\$0.00
18e. Total Costs	\$0.00	\$0.00
19. Federal Staff Support Years (FTE)	0.00	0.00

20a. How does the Committee accomplish its purpose?

The Committee provides advice to the Secretary of Veterans Affairs (VA) on health care issues affecting Veterans residing in rural areas. It recommends strategies to improve those services for Veterans. and its reports are delivered directly to the Secretary of the VA. • Goal 1: VA consistently communicates with its customers and partners to assess and maximize performance, evaluate needs and build long-term relationships

and trust. To further our commitment to the rural Veterans community, the Committee continues to engage and receive briefings from VA program offices and non-VA partners on VA's progress in addressing new and prior recommendations made by the Committee, as well as understanding the challenges rural Veteran experiences when they utilize VA/VHA services. This will help optimize the use of technology and build partnership with other Federal, state community health centers to develop enhance access points of care and options for VA rural Veterans. • Goal 2: VA delivers timely, accessible and high-quality benefits, care and services to meet the unique needs of Veterans and all those we serve. The Veterans' Rural Health Advisory Committee explores ways to help Veterans have easy access, greater choices, and clear information to make informed decisions, and ensure Veterans receive timely and integrated care and support that emphasizes their well-being and independence throughout their life journey. • Goal 3: VA builds and maintains trust with Veterans, their families, caregivers and survivors—as well as our employees and partners—through proven stewardship, transparency and accountability. The committee provides advice that supports the Department of Veterans Affairs goal of ensuring rural Veterans trust VA to be consistently accountable, transparent, provide modernized systems and focus resources more efficiently to be competitive and to provide world class capabilities to Veterans and its employees. • Goal 4: VA strives toward excellence in all business operations—including governance, systems, data and management—to improve experiences, satisfaction rates, accountability and security for Veterans. The Committee also identifies potential barriers that rural Veterans encounter when

accessing rural health care in service, provides recommendations to assist and mitigate these barriers to improve stake holder satisfaction.

20b. How does the Committee balance its membership?

The Committee's membership includes academic experts in rural health care delivery, state and federal government professionals who focus on rural health issues, Department of Veterans Affairs officials at the state level, and selected Veterans service organization leaders. Committee members range from patient care advocates to medical policy strategists. Additionally, we are working with ACOM, the Committee Chair, and ORH leadership to ensure the committee is balanced ethnically and geographically to include representation of all five minority groups mandated by law: African American, Hispanic/Latino, Asian American, Pacific Islander, and Native American, including American Indian, Alaska Native, and Native Hawaiian.

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

The Committee meets at least two times annually. The standard operations entail conducting one local meeting in Washington, DC to receive updates from VA Senior Leaders, and one site visit to a VA facility with a high concentration of Rural Veterans. Its meetings focus on evaluating the programs and policies of VA's Office of Rural Health and on recommending ways to improve those programs and policies. While digital communications has advanced virtual meetings and events significantly. Feedback from Committee surveys face-to-face meetings are still critical to building strong cultural, developing rapport with members and invited guest and

connecting people on a deeper level. In FY 24, the Committee held a face -to-face meeting in April and a virtual meeting in September.

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

The Committee's advice is based upon the collective input of members who bring varied perspectives - patient care advocacy, intragovernmental, intergovernmental, academic - to the deliberations. Individuals with those varied perspectives have not been previously assembled in a formal committee setting for the purpose of examining VA health care delivery in rural and highly rural areas of the United States.

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

Meetings are open to the public unless determined otherwise pursuant to FACA and the Sunshine Act. Closed portions of Committee meetings are in order to protect patient privacy in instances where individual Veteran healthcare information is discussed or direct patient care is being administered. Closing portions of the meeting are in compliance with requirements of 5 U.S.C. § 552b(c)(6).

21. Remarks

The Committee's has submitted a total of 44 recommendations from FY 2009 to FY 2024. The Committee plans to formulate and submit 3 recommendations from the September 16, 2024, fall meeting. The recommendation package will be submitted later this year. -- Joseph Parsetich's committee membership ended in FY24 as scheduled on 9/30/24. -- David Albright was erroneously omitted from the FY23 ACR. --Thomas Driskill was was erroneously omitted

from the FY23 ACR. -- Marcus Pigman was was erroneously omitted from the FY23 ACR. -- Bryant Howren was was erroneously omitted from the FY23 ACR.

Designated Federal Officer

Peter Kaboli Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
Albright, David	10/01/2022	09/30/2025	Distinguished Research Professor, University of Alabama School of Social Work	Special Government Employee (SGE) Member
Cox, Marcus	11/01/2022	09/30/2025	Dean College of Humanities	Special Government Employee (SGE) Member
Driskill, Thomas	09/01/2022	09/01/2025	Retired U.S. Veteran	Special Government Employee (SGE) Member
Ellison, Pavithra	10/01/2022	09/30/2026	Perioperative Medical Director, West Virginia University Dept. of Anesthesiology	Special Government Employee (SGE) Member
Hummer, Rodney	10/01/2023	09/30/2026	President, Missouri Primary Care Association	Special Government Employee (SGE) Member
Meade, Vanessa	10/01/2022	05/01/2025	Assistant Professor, University of Anchorage Alaska	Special Government Employee (SGE) Member
Mullen, Juanita	10/01/2023	09/30/2025	Retired USAF Veteran	Special Government Employee (SGE) Member
Mund, Angela	10/01/2023	09/30/2025	Chair, Department of Clinical Sciences Medical University of South Carolina	Special Government Employee (SGE) Member

Pigman, Marcus	09/01/2023	08/31/2026	Center Administrator for the University of Kentucky Center for Excellence, Rural Health	Special Government Employee (SGE) Member
Wangen, Lonnie	09/01/2017	09/01/2025	Commissioner, North Dakota Department of Veterans Affairs	Special Government Employee (SGE) Member

Number of Committee Members Listed: 10

Narrative Description

The Veterans' Rural Health Advisory Committee advises the Secretary of Veterans Affairs on health care issues affecting Veterans residing in rural and highly rural areas. The Committee evaluates current VA rural health program activities and identify existing barriers to rural health services. It recommends strategies to improve those services for Veterans to the Secretary of Veterans Affairs.

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 checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input type="checkbox"/>

Outcome Comments

N/A

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

The committee provides advice and counsel to the Secretary on implementation of policy and health care services. While there are indirect cost savings from their influence a direct link would be hard to quantify.

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

44

Number of Recommendations Comments

This is the total number of recommendations from FY 2009 to FY 2024. The Committee plans to submit recommendations formulated from the September 16, 2024, meeting later this year.

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

85%

% of Recommendations Fully Implemented Comments

This measure can't be validated currently. The Office of Rural Health is undertaking a comprehensive review and will update for the FY25 ACR.

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

15%

% of Recommendations Partially Implemented Comments

This measure can't be validated currently. The Office of Rural Health is undertaking a

comprehensive review and will update for the FY25 ACR.

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

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

Recommendations are tracked though Office of Rural Health and The VA Secretary response is briefed to the committee Interested parties should contact Mr. Paul Boucher, by email at paul.boucher@va.gov, or by mail at 810 Vermont Avenue NW (12RH), Washington, DC 20420.

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

VA has engaged the VRHAC in the implementation of strategic planning for physician recruitment and retention strategies.

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

No

Grant Review Comments

N/A

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 type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>

Publications



Other



Access Comments

N/A