2026 Current Fiscal Year Report: Veterans' Rural Health Advisory Committee

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1. Department or Agency	2. Fiscal Year
Department of Veterans Affairs	2026

3. Committee or Subcommittee	3b. GSA Committee No.
Veterans' Rural Health Advisory Committee	34739

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	03/21/2024	03/21/2026	

8a. Was Terminated During FiscalYear?	8b. Specific Termination Authority	8c. Actual Term Date
No	N/A	

9. Agency Recommendation for Next FiscalYear	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Not Applicable	Not Applicable

11. Establishment Authority Agency Authority

12. Specific Establishment Authority	13. Effective Date	14. Commitee Type	14c. Presidential?
38 U.S.C. 7308	06/08/2008	Continuing	No

15. Description of Committee Non Scientific Program Advisory Board

16a. Total Number of Reports	No Reports for this FiscalYear

17a. Open	17b. Closed	17c. Partially Closed	Other Activities	17d. Total
0	0	0	0	0

Meetings and Dates

No Meetings

	Current FY	Next FY

18a(1). Personnel Pmts to Non-Federal Members	$3,124.00	$3,217.72
18a(2). Personnel Pmts to Federal Members	$6,875.00	$7,081.25
18a(3). Personnel Pmts to Federal Staff	$131,426.03	$135,368.80
18a(4). Personnel Pmts to Non-Member Consultants	$0.00	$0.00
18b(1). Travel and Per Diem to Non-Federal Members	$10,902.67	$11,229.75
18b(2). Travel and Per Diem to Federal Members	$3,564.57	$3,671.49
18b(3). Travel and Per Diem to Federal Staff	$22,903.37	$23,600.00
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	$178,795.64	$184,169.01
19. Federal Staff Support Years (FTE)	0.80	0.80

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 ACMO, the Committee Chair, and ORH leadership to ensure the committee is balanced ethnically and geographically to include representation for all veteran populations.

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. During any lapse in the

Committee's charter, the Committee is not authorized to meet for the purpose of conducting official business or issuing recommendations. Committee activities may resume only upon renewal of the charter and reauthorization of the Committee. Furthermore, in the absence of a quorum, any meeting or gathering of Committee members shall be limited to the receipt of information and administrative updates. No official deliberations, recommendations, votes, or other actions requiring Committee approval may occur until a quorum is present. At this time the Committee does not have an active charter nor a quorum.

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 2029. A Membership and a Oct 24 Recommendation packages were submitted and are pending approval. At this time the Committee does not have an active charter nor a quorum.

Designated Federal Officer

Peter Kaboli Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
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
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

Number of Committee Members Listed: 3

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	✓

Trust in government	☑
Major policy changes	☑
Advance in scientific research	☐
Effective grant making	☐
Improved service delivery	☑
Increased customer satisfaction	☑
Implementation of laws or regulatory requirements	☐
Other	☐

Outcome Comments

N/A

What are the cost savings associated with this committee?

	Checked if Applies
None	☐
Unable to Determine	☑
Under $100,000	☐
$100,000 - $500,000	☐
$500,001 - $1,000,000	☐
$1,000,001 - $5,000,000	☐
$5,000,001 - $10,000,000	☐
Over $10,000,000	☐
Cost Savings Other	☐

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 2025.

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 FY27 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 FY26 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 through the Office of Rural Health. The Department submits a formal response to each Committee recommendation, and Department officials brief the Committee on actions taken to implement recommendations. Published Annual Reports can be found online: https://department.va.gov/advisory-committee-management/veterans-rural-health-advisory-comm Interested parties should contact Ms. Amy Kunce, by email at amy.kunce@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	☑
Reallocated resources	☐
Issued new regulation	☐
Proposed legislation	☐
Approved grants or other payments	☐
Other	☐

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	✓
Online Agency Web Site	✓
Online Committee Web Site	
Online GSA FACA Web Site	✓
Publications	
Other	

Access Comments
To access the Committee's website, click here:
https://department.va.gov/advisory-committee-management/veterans-rural-health-advisory-comm