



Rural Health Policy Development

NRHA Mission

To improve the health and wellbeing of rural Americans and their communities through leadership in advocacy, communications, education and research.

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Introduction

NRHA serves as the voice of rural health. Association policies become the standard by which NRHA develops and implements its advocacy agenda on issues that will improve the health of rural Americans. Since NRHA membership represents a range of interests, adopted policies will be broad and potentially far-reaching, while maintaining a tie to rural health. Therefore, policies may encompass more than the traditional healthcare system, including impacts related to food, economic development, housing, and other issues that deal with the health of rural Americans. Using positions adopted by the Association, NRHA staff and members advocate for improvement in the total health of rural Americans.

Advocacy is one of the primary objectives of NRHA. The content and direction of advocacy by the Association must be consistent with the policy positions adopted by the Rural Health Policy Congress (Policy Congress). An annual NRHA policy agenda is developed to assist with the advocacy by the Association and its members with the United States Congress and Federal agencies. The policy agenda also guides the grass-roots efforts of state associations, offices of rural health and all Association members.

This guide provides the framework for the development, distribution and retention of the Association policy positions, as well as the functioning of the Policy Congress and Government Affairs Committee (GAC).

Rural Health Policy Congress

The Policy Congress is the policymaking body that determines the Association's positions regarding public policy as established by the NRHA By-Laws. The responsibilities of NRHA's Policy Congress members are to:

- Identify topics and provide technical expertise on the development of Association policies
- Create, review, and approve Association policy recommendations and positions
- Ensure the Association's guiding principles and mission are promoted through policy development
- Develop policy papers to communicate the Associations priorities and recommendations

Membership

The Policy Congress shall be composed of individuals from the following constituency groups (CG), NRHA interest groups, and NRHA leadership.

NRHA Leadership	Constituency Groups (CG)	Interest Groups
Chair and Vice Chair of Rural Health Policy Congress	Clinical Services	State Association Council
President-elect	Federally Qualified Health Centers	State Office Council
Immediate Past President	Hospital and Health Systems	Rural Health Equity Council
Board of Trustees Members	Public Health	
Five most recent past Presidents	Research and Education	
	Rural Health Clinics	
	Statewide Health Resources	
	Students	

Each designated CG shall elect one representative to the Policy Congress, in addition to the CG Chair, for each fifty votes in the CG after the first one hundred votes. Each member of the Policy Congress shall have one vote in all deliberations of the Policy Congress.

The Policy Congress shall elect a Chair from its membership to serve a two-year term. The Chair of the Policy Congress shall conduct the Policy Congress meetings, appoint members to ad hoc committees and other committees, sit as a member of the Board of Trustees, and report to the Board on the activities of the Policy Congress, the policies adopted by the Policy Congress, and any issues on which the Policy Congress is seeking input.

Procedures

Proposed policy positions shall be considered by the Policy Congress when the position is sponsored by a CG, special interest group, or Policy Congress committee, or when forwarded to the Policy Congress by the Board of Trustees or GAC. A majority of the voting members of the Policy Congress shall constitute a quorum. At any meeting of the Policy Congress at which a quorum is present, a majority affirmative vote shall adopt a proposed policy. Positions on public policy approved by the Policy Congress are official Association positions unless overturned by the Board of Trustees by a two-thirds majority vote.

In determining the Association's positions on public policy, the Policy Congress may use an ad hoc committee structure to research and develop policy positions and to receive, review, and report on proposals submitted for the consideration by the Policy Congress. Members of any ad hoc committee or committees shall be appointed by the Policy Congress Chair. Ad hoc committee members must be members of the Association to author a policy paper.

Any Association member may bring a position for consideration of the Policy Congress by submitting it to his or her primary CG or special interest group for consideration. The CG or special interest group shall consider the proposed position and report its recommendations thereon to the Policy Congress.

Expectations

Policy Congress members shall:

- Attend all three in person meetings scheduled to occur during Policy Institute, Annual Conference, Rural Health Clinic/Critical Access Hospital Conferences
- Meet virtually at any other time during the year at the call of the Chair, with at least 15 days' notice
- Serve as authors and/or mentors in the development of policy papers to communicate the Association's priorities and recommendations
- Respond to questions and requests from NRHA staff and membership regarding Rural Health Policy Congress business
- Participate in community conversations on NRHA Connect as appropriate

Government Affairs Committee

The GAC members are actively engaged in the policy making and advocacy process through work with the NRHA staff to develop the Association's legislative and regulatory policy positions, and advance advocacy priorities. The Committee develops and implements policies and strategies to ensure that the Association's priorities are fully addressed and communicated.

The responsibilities of NRHA's GAC members are to:

- Provide technical expertise to staff on legislative and regulatory issues
- Educate and inform policymakers about policy and advocacy priorities as recommended by the Policy Congress and approved by the Board of Trustees
- Make recommendations to the Policy Congress on issues requiring their review and approval
- Ensure the Association's guiding principles and mission are promoted through its advocacy program

Membership

The Government Affairs Committee shall consist of up to thirty (30) members, including one representative from each constituency group and special interest group, the Chair leadership across the Association, and the balance consisting of at-large members based on expertise. The Committee chair will be identified annually as part of the appointment process. Appointments shall be made based on an individual's technical assistance expertise, leadership abilities, interest in advocacy and policy, general willingness to participate, and the needs of the committee to achieve geographic and subject matter expertise balance. In making these appointments, the NRHA President shall seek the counsel and advice of the Chair of the Policy Congress and NRHA staff. Members of the Committee shall be appointed by and serve at the pleasure of the President and shall have a term limit of not more than two (2) consecutive two-year terms. After a break in service of one (1) two-year term, members Committees may be re-appointed to the group.

The GAC shall be composed of the following individuals.

NRHA Leadership	Constituency Groups & Special Interest Groups	Topical Expertise
Chair of Government Affairs Committee	Clinical Services	Coverage
Chair of Policy Congress	Federally Qualified Health Centers	EMS
Vice Chair of Policy Congress	Hospital and Health Systems	Frontier
Former NRHA Fellow	Public Health	Rural Hospital x2 (Rural PPS and CAH)
Incoming NRHA President	Research and Education	Long Term Care
Current NRHA President	Rural Health Clinics	
	Statewide Health Resources	Oral Health
	Students	Pharmacy
	Behavioral Health Special Interest Group	
	Health Equity Council	State Policy
	Veterans Special Interest Group	Telehealth/ Broadband
	Rural Indigenous Peoples Special Interest Group	Women's/ Maternal Health
		Workforce

Procedures

The primary function of the GAC is to provide guidance and recommendations on advocacy priorities, as well educate and inform policymakers about issues related to rural health. The GAC is available to provide expertise and guidance to NRHA staff on legislative and regulatory issues. The GAC promotes implementation of advocacy on the policy positions approved by the Policy Congress and Board of Trustees. In addition, the GAC can make recommendations to the Policy Congress on issues that require their review and approval.

The work of the GAC provides the framework for NRHA staff to pursue its function relating to advocacy for legislation and regulation benefiting rural health and promoting the goals of the

Association. The primary document published under the purview of the GAC is the NRHA Legislative Agenda. The GAC reviews and discusses the proposals in coordination with NRHA staff to assure that all positions included in the Agenda are current, based on approved policy positions of the NRHA and warrant the advocacy efforts of the Association in the coming year. The GAC approved Agenda serves as the document that guides the GAC, NRHA staff and NRHA membership in advocacy efforts in the coming year.

Frequently, potential legislative or regulatory issues arise that are not addressed in the Agenda that require the advocacy of the Association. These may arise from new policy positions approved by the Policy Congress and Board of Trustees or they may arise from proposed legislation or regulation by the United States Congress and Federal agencies. The GAC Chair in coordination with NRHA staff may initiate additional meetings of the GAC by electronic means or face-to-face in order to solicit the guidance and support of GAC members. GAC members are expected to participate in these updates to stay informed of Association activities, as well as promote the “grassroots” advocacy efforts of the general Association membership.

Expectations

GAC members shall:

- Participate in three in person meetings scheduled to occur during Policy Institute, Annual Conference, Rural Health Clinic/Critical Access Hospital Conferences.
- Participate in virtual GAC meetings as needed.
- Respond to questions and requests from NRHA staff on pressing regulatory and legislative priorities.
- Participate in advocacy efforts to Congress and the Administration as needed.
- Participate in GAC community conversations on NRHA Connect as appropriate.

All GAC meetings are open to any NRHA member.

NRHA Policy Documents

NRHA members and advocates use the Association’s policy documents for advocacy efforts on Capitol Hill and within the administration. Current versions of these documents can be found on [NRHA’s website](#).

NRHA Values Document

The NRHA values statement serves as a foundation for all other NRHA policy documents and should be congruent with in terms of policy approach.

NRHA White Papers

NRHA white papers present an in-depth assessment of an issue, with background information, status, impacts, and with a discussion of possible interventions. The white papers are intended to be overview documents that can be used as reference material. Development of white papers will be overseen by specific CG and/or Policy Congress members and updated on a regular basis. The CG Chairs and Policy Congress leadership will recruit writers from within their bodies to write these white papers with support from NRHA staff.

NRHA Policy Agenda

An annual policy agenda is developed to assist with the advocacy by the Association and its members with the United States Congress and Federal agencies. The policy agenda is developed through the GAC, Policy Congress, and member engagement process and outlines the full range of NRHA policy within the Association’s approved policy papers.

NRHA Policy Papers

Policy papers present synopsis of an NRHA policy position. The documents include high level summary and analysis of an issue, with policy interventions. It is assumed the topic is well known or from previously established position or white paper, therefore extensive background is not required. These documents focus on specific recommendations and action items by NRHA. Policy papers are shorter in length and may be updated on a more regular basis.

Certain elements should be included in every policy paper. Each component is critical to the development of the issue in a logical and comprehensive manner. Sections should be developed in sufficient detail to allow an individual unfamiliar with the issue to fully comprehend and understand the issue and recommendations. These elements include:

- **Introduction and statement of the issue:** A concise overview of the policy issue (legislative or regulatory) as well as background relating why this is important to rural health.
- **Analysis of data that supports the position:** Summary of relevant data that supports the need for a change in policy or position by using charts, graphs, and statistical information when possible. Data should be concise and include only that necessary to support the position and convey the need for change. Background on any relevant legislation, regulation, or policy, how it has been implemented, initial successes and/or problems that have arisen as a result or failures that need to be addressed. Summary of current NRHA policies on the topic (as relevant).
- **Policy recommendations and actions:** Explain why each of the policy recommendations is necessary to improve current policy or initiate new policy. Recommendations should include a section of suggested actions. (See section on developing policy recommendations).

Policy papers should include citations in text for data, other works, studies, papers, and a list of references. All citations and references to any work, source of data, or information should be made in AMA style.

NRHA Member Perspective Papers

NRHA thought Member Perspective papers are forward-thinking, macro-level pieces that serve as a platform to address emerging policy and advocacy topics in rural health, building on NRHA white papers and policy papers.

NRHA Policy Determination Process

Since decisions of the Policy Congress represent the official policy positions of the NRHA, the deliberation process is intended to present an opportunity for full, open, and thorough discussion of all considerations relative to the issue being considered. The process by design allows as much time and debate as necessary to successfully conclude with a decision. The process is also designed to present an open and “safe” forum for any NRHA member to actively and honestly present perspectives and opinions in order that the discussion is thorough and complete.

Given the varied membership of the NRHA, it is possible that some individual members may disagree with a specific finding, paper, position, or recommendation. Since the process is designed to allow each member or perspective to be fully represented and participate, the expectation is that all members will acknowledge the final decision. Upon conclusion of the decision by the Policy Congress, members of the body and the Association should support the position.

Policy Papers Concept Approval

The Policy Congress considers potential policy recommendations developed in the form of policy papers. Policy papers are developed through a CG or special interest group and presented to the Policy Congress for deliberation and approval.

Policy paper topics may develop from broad-based discussions of the Policy Congress, NRHA staff, GAC, or Board of Trustees. Any NRHA member may bring a potential policy position before the Policy Congress. However, since NRHA is organized around CG and special interest group, Association members must coordinate policy proposals through the most applicable body to the position. When a CG or special interest group receives a proposal for a policy position from an NRHA member, it must consider the proposal and report its recommendations to the Policy Congress. If an Association member is unable to obtain consideration by a CG or special interest group of a proposed policy topic, the member should contact the Chair of the Policy Congress or NRHA staff for direction. The Policy Congress Chair may designate potential policy topics to a CG or special interest group for development.

Each potential policy in development must be assigned to a CG Chair, special interest group Chair, NRHA officer, past president, Policy Congress Chair, or their respective designee. This person will assure that the content meets the standards set by the Policy Congress. The responsibility of the lead author includes monitoring the progress of the development of the paper, coordination with the Policy Congress Chair and NRHA staff, dissemination of the information and drafts of the paper to members of the working group, and any others that may have input in the drafting process.

Following submission of a policy proposal concept, the Policy Congress Chair, in coordination with the NRHA staff, lead author, and others as may be appropriate, will determine the estimated schedule for presentation to the Policy Congress. The NRHA staff, in coordination with the Policy Congress Chair, will maintain a master listing of all potential policies papers under consideration. The master listing will be provided to any Policy Congress member upon request.

Development of Policy Papers

One or more members of the Policy Congress or other members of the Association will serve as lead author(s) on potential policy papers. The lead author will be responsible for coordinating the efforts of the individuals working on the paper and be responsible for organizing the presentation to the Policy Congress at a scheduled meeting. It is a task that requires serious commitment and effort – this effort develops rural health policy for the United States. It is the lead author's responsibility to facilitate work with others, address the steps of the process and complete all tasks in a timely manner.

A draft policy paper should be provided electronically to the Policy Congress Chair and NRHA staff upon completion. The Policy Congress Chair and NRHA staff will determine if the content and format are consistent with the approved concept, provide feedback, and/or approve the paper for presentation to the Policy Congress. Upon approval, the paper will be placed on the agenda for the next Policy Congress meeting. If in the opinion of the Policy Congress Chair or NRHA staff the paper does not meet the standards set forth, the paper may be returned to the lead author for further development before being placed on the Policy Congress agenda.

Policy Paper Review Process

Discussion and consideration of draft policy papers may be made at either a face-to-face meeting or electronic meeting as described below, or at a combination thereof. Unless otherwise approved, the schedule for consideration of draft papers will include:

- Electronic distribution of draft to Policy Congress members. At posting, members are notified of its availability for comment, as well as the due date for feedback. Feedback, corrections or other comments should be made electronically to NRHA staff, who will aggregate and distribute comments to lead author as appropriate.
- After the initial electronic review described above, the NRHA staff, in coordination with the Policy Congress Chair, schedules a meeting to provide feedback through discussion to the author. If written feedback is non-substantive, a meeting for discussion may not be scheduled, as determined by the Policy Congress Chair.
- Revisions based on feedback by Policy Congress members is an essential part of the lead member's responsibility. The lead author shares the edited version with Policy Congress Chair and NRHA staff, constituting the final paper for approval. Final copies of the paper will be shared by NRHA staff to the Policy Congress members.
- Each paper must be presented to the Policy Congress by the lead author at a Policy Congress meeting. (See below for additional information on the presentation process.)
- At least 30 days following sharing of the final paper, a vote will be taken using a roll call voice vote (or electronic vote as needed) during a virtual or in-person meeting. Approval of the paper requires majority of Policy Congress members present (virtually or in person) at the meeting voting in the affirmative. A Policy Congress quorum is required for the vote to be valid. Electronic voting will be conducted in a manner determined by the Policy Congress Chair in coordination with NRHA staff.

Policy Paper Presentation to Rural Health Policy Congress

The presentation of the policy paper is intended to review the proposed policy recommendations and solicit feedback from the varied perspectives represented by the diverse Policy Congress membership. It is intended to be a constructive process so that the final paper will, in fact, reflect a policy or position that all members of the Association can support. The presentation may involve several elements including:

- Explanation of the purpose and need of the policy
- Description of key analysis, including facts, data, etc.
- Relationship, if any, to existing NRHA policies
- Description of the proposed recommendations and action

Policy Paper Approval

Following the presentation and discussion of the policy paper, the Policy Congress may decide upon several possible actions including:

- accept the paper as presented and adopt it by vote
- conditional acceptance pending edits related to:
 - suggest areas for further research, detail, inclusion, or perspective
 - suggest additional or alternative recommendations or proposals
 - suggest additional considerations or perspectives to be considered by the author(s)
- deny approval with specific recommendations or actions that need to be revised in order for the paper to be resubmitted

Once accepted a paper becomes NRHA policy. If papers are approved conditionally, edits suggested by the Policy Congress are incorporated in collaboration between NRHA staff and author(s). If the paper fails approval, the Policy Congress Chair, in coordination with the respective CG or council Chair, lead author, NRHA staff or others as appropriate, will determine the necessity of presentation at the next meeting or other course of action that may be prudent on a case-by-case basis.

Approval of Rapid Response Policy Paper Topics

There may be occasions when a potential position must be considered quickly due to pending legislative or regulatory initiatives. In these cases, the Association must make a determination quickly and respond through use of a Rapid Response Team (RRT).

Members of the RRT include the Officers of the Association, the Chair of the Policy Congress, the Chair of the GAC and Chairs of any CGs or councils for which the issue at hand would be applicable. The RRT may also include any other member of the Policy Congress or Association as may be helpful to obtain the most complete and representative input into the decision at hand. The RRT is coordinated by the Policy Congress Chair and NRHA staff, with consultation conducted in a manner appropriate under the circumstances.

Actions and positions of the RRT shall be documented in such a way that they may convey the nature of the issue, position and action taken. Actions and positions of the RRT shall be presented at the next subsequent meetings of the Board of Trustees and Policy Congress. The Board and Policy Congress shall determine if further action or approval is necessary. Thereby, the actions of the RRT become positions approved by the Policy Congress.

Retention of Policy Positions

Unless revoked, or otherwise determined to be inactive, policy positions approved by the Policy Congress shall remain in active positions of the NRHA. On a regular basis, policy documents will automatically undergo a review or will be considered as needed due to changes in the larger healthcare environment. Papers determined to need review will be referred to the CG or special interest group for recommendation to the Policy Congress as to relevancy, updating needs, or archiving. In consultation with NRHA staff, the CG or special interest group shall make a recommendation to the Policy Congress regarding the disposition of the policy document.

If the Policy Congress determines the paper should not remain in the active listing of the Association, it will no longer be considered an official current position of the NRHA and will be removed from the active listing, as well as removed from the NRHA Policy Agenda. To preserve the history of the NRHA, all policy papers will be archived in the NRHA files.

Resources for Developing Policy Papers

A number of resources are available to assist authors of policy papers. These resources can be used for data, discussion, vetting potential issues and positions, formatting questions, presentation, etc. These include, but are not limited to Fellow members of Policy Congress, their CG, GAC members, and staff. Further, helpful resources can be found at: the NRHA policy paper website, Office of Rural Health Policy at www.ruralhealth.hrsa.gov, Rural Health Information Hub at www.ruralhealthinfo.org, Rural Health Research Gateway at www.ruralhealthresearch.org.

The NRHA policy development process is a team effort, with members working with and supporting other members. Members of the Policy Congress and NRHA staff will offer feedback and suggestions on the organization, as well as the content of papers presented to the Policy Congress for consideration. Authors should consider the Policy Congress a deliberative body and another source of input into the development of policy papers.

Development of Policy Recommendations

In articulating policy recommendations as part of Association policy papers, authors should write clear and practical policy recommendations. Considerations during the drafting process include:

Does your policy recommendation consider or answer the who, what, which, why, and how?

- Who? Most recommendations should be aimed at stakeholders in the federal government, since that is who NRHA lobbies. Examples: Congress, White House, an executive agency
- What? Be as prescriptive as ‘reasonable.’ Recommend that NRHA support and/or Policy Congress pass a specific bill or provisions of a bill. Examples: change to program statute, create or change a federal program, further research on a specific issue
- Which? Generally, recommendations are most helpful when they provide specificity. Examples: a specific provision, program, or question
- Why? Recommendations should be supported by the data, trends, and/or on the ground experiences summarized within text of the policy paper.
- How? The “who” needs to have the authority and/or ability to act on your recommendation.

Is your policy recommendation specific to rural health? The Association’s mission is to provide leadership on rural health issues through advocacy, communications, education, and research, therefore recommendations should tie directly back to implications for rural patients and providers. Policy Congress and the administration look to NRHA on rural health issues. NRHA has the ability to take a stance on broader policy issues, but recommendations must tie back to the health and wellbeing of rural providers, patients, and communities.

Policy recommendation vs recommended actions: Policy papers must explain why each of the policy recommendations is necessary to improve current policy or initiate new policy. When drafting policy documents, it is important to distinguish between broad policy positions the Association might recommend and specific actions that can be taken to support policy change (i.e. the “how” to achieve the policy recommendations).

Distribution and Advocacy of Policy Positions

Upon adoption of a policy paper by the Policy Congress, papers will be posted on the Association’s web page and thus available to all members as well as the public. Policy papers represent official NRHA positions and should be represented as such, without interpretation or projection. NRHA staff may determine other means to distribute and utilize the papers.

NRHA staff can only speak for the Association on issues that are addressed in approved policy positions. NRHA staff may distribute papers to the members of Congress and their staff, members of the administration and regulatory agencies, and other professional organizations and associations as appropriate. NRHA members may also obtain copies of the papers for distribution, research or other appropriate uses including legislative and regulatory advocacy.