



THE SECRETARY OF HEALTH AND HUMAN SERVICES

WASHINGTON, D.C. 20201

**CHARTER**

**ADVISORY PANEL ON OUTREACH AND EDUCATION  
(APOE)**

Authority

42 U.S.C. § 217a, Section 222 of the Public Health Service Act, as amended. The Advisory Panel on Outreach and Education (APOE) is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Objective and Scope of Activities

The Advisory Panel on Medicare Education (the predecessor to the APOE) was created in 1999 to advise and make recommendations to the Secretary of the U.S. Department of Health and Human Services (the Department), and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on the effective implementation of national Medicare education programs, including with respect to the Medicare+Choice (M+C) program added by the Balanced Budget Act of 1997 (Pub. L. 105-33).

The Medicare Modernization Act of 2003 (MMA) (Pub. L. 108-173) expanded the existing health plan options and benefits available under the M+C program and renamed it the Medicare Advantage (MA) program. CMS has had substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options available and better tools to evaluate these options. Successful MA program implementation required CMS to consider the views and policy input of a variety of private sector constituents and to develop a broad range of public-private partnerships.

In addition, the Secretary, and by delegation, the Administrator of CMS was authorized under Title I of MMA to establish the Medicare prescription drug benefit. The drug benefit allows beneficiaries to obtain qualified prescription drug coverage. In order to effectively administer the MA program and the Medicare prescription drug benefit, CMS has substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options and benefits available, and to develop better tools to evaluate these plans and benefits.

The Affordable Care Act (Patient Protection and Affordable Care Act, Pub. L. 111-148 and Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152) expanded the availability of other options for health care coverage and enacted a number of changes to Medicare as well as to Medicaid and the Children's Health Insurance Program (CHIP). Qualified individuals and qualified employers are now able to purchase private health insurance coverage through competitive marketplace called Affordable Insurance Exchange, (also called Health Insurance Marketplace, or "Marketplace"). In order to effectively implement and administer these changes, CMS must provide information to consumers, providers and other stakeholders pursuant to education and outreach programs regarding how these programs will change and the expanded range of health coverage options available, including private health insurance coverage through the Marketplace. The APOE allows CMS to consider a broad range of views and information from interested audiences in connection with this effort and to identify opportunities to enhance the effectiveness of education strategies concerning the Affordable Care Act.

This Federal Advisory Committee Act (FACA) group will also advise on issues pertaining to education of providers and stakeholders with respect to the Affordable Care Act and certain provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA) and other CMS programs as designated.

#### Descriptions of Duties

The APOE shall advise the Secretary and the CMS Administrator concerning optimal strategies for:

- Developing and implementing education and outreach programs for individuals enrolled in, or eligible for, Medicare, Medicaid and the Children's Health Insurance Program (CHIP), or health coverage available through the Health Insurance Marketplace and other CMS programs.
- Enhancing the federal government's effectiveness in informing Medicare, Medicaid, CHIP, or the Health Insurance Marketplace consumers, issuers, providers and stakeholders pursuant to education and outreach programs of issues regarding these programs, including the appropriate use of public-private partnerships to leverage the resources of the private sector in educating beneficiaries, providers and stakeholders.
- Expanding outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of Medicare, Medicaid, CHIP, and Health Insurance Marketplace education programs and other CMS programs as designated.
- Assembling and sharing an information base of "best practices" for helping consumers evaluate health coverage options.
- Building and leveraging existing community infrastructures for information, counseling and assistance.
- Drawing the program link between outreach and education, promoting consumer understanding of health care coverage choices and facilitating consumer selection/enrollment, which in turn support the overarching goal of improved access to quality care, including prevention services, envisioned under the Affordable Care Act.

#### Agency or Official to Whom the Committee Reports

The APOE provides advice to the Administrator of CMS and the Secretary of Health and Human Services.

#### Support

Management and support services shall be provided by the Office of Communications, CMS.

#### Estimated Annual Operating Costs and Staff Years

The estimated annual cost for operating the Panel, including compensation and travel expenses for members, but excluding staff support, is \$70,299.

The estimated annual staff support required for the Panel is 1.50 full-time equivalents at an estimated annual cost of \$105,193.

### Designated Federal Officer

A full-time Federal employee, appointed in accordance with agency procedures, will serve as the Designated Federal Officer (DFO). The DFO will approve or call all of the advisory committee's and subcommittee's meetings, prepare and approve all meeting agendas, attend all committee and subcommittee meetings, adjourn any meeting when the DFO determines adjournment to be in the public interest, and chair meetings when directed to do so by the official to whom the advisory committee reports.

### Estimated Number and Frequency of Meetings

Meetings shall be held up to 4 times per year at the call of the DFO, who shall also approve the agendas and be present at the meetings. Meetings shall be open to the public except as determined otherwise by the Secretary or other official to whom the authority has been delegated in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and the Federal Advisory Committee Act. Adequate advance notice of all meetings shall be published in the *Federal Register*, as required by applicable laws and Departmental regulations, stating reasonably accessible and convenient locations and times.

### Duration

Continuing

### Termination

Unless renewed by appropriate action, the APOE will terminate 2 years from the date the charter was filed.

### Membership and Designation

The APOE shall consist of no more than 20 Special Government Employee and Representative Members. The members and the Chair shall be selected by the Secretary, or designee, from authorities knowledgeable in the fields of senior citizen advocacy; outreach to minority communities; health communications; disease-related health advocacy; disability policy and access; health economics research; health insurers and plans; health IT; direct patient care; labor, and retirement. The CMS Administrator or designee will appoint a Co-Chair from among the pool of at-large members.

Members shall be invited to serve for a 2-year term, contingent upon the renewal of the APOE by appropriate action prior to its termination. The period of service for the Chair and Vice-Chair shall be no more than 4 years. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term.

A quorum for the conduct of business shall consist of a majority of currently appointed members.

Subcommittees

With the approval of the Secretary or his/her designee, standing and ad hoc subcommittees, composed of members of the parent committee, may be established to perform functions within the APOE's jurisdiction. These subcommittees must report back to the parent committee, and must not provide advice or work products directly to the Agency. The Department Committee Management Officer shall be notified upon the establishment of each standing subcommittee and shall be given information on its name, membership, function, and estimated frequency of meetings.

Recordkeeping

The records of the committee, formally and informally established subcommittees, or other subgroups of the committee, shall be handled in accordance with General Records Schedule 6.2. These records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. 552.

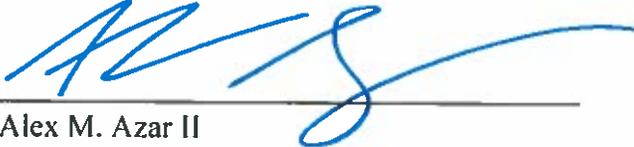
Filing Date

JAN 19 2019

Approved:

JAN 16 2019

Date

  
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Alex M. Azar II



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WASHINGTON, D.C. 20201

**DELEGATION OF AUTHORITY  
TO DESIGNATE THE CHAIR AND INVITE MEMBERS  
TO SERVE ON THE ADVISORY PANEL ON OUTREACH AND EDUCATION  
(APOE)**

Effective immediately, I delegate to the Administrator, Centers for Medicare & Medicaid Services (CMS), authority to designate the Chair and invite members to serve on the Advisory Panel on Outreach and Education (APOE) and each subcommittee established under the charter of that committee.

This authority may be re-delegated to a single official who reports directly to the Administrator, CMS.

Re-delegation will be effected in writing, copies of which will be delivered to the U.S. Department of Health and Human Services' Committee Management Office within 5 business days.

JAN 16 2019

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Date

  
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Alex M. Azar II