

CHARTER

ADVISORY PANEL ON OUTREACH AND EDUCATION

ADVISORY COMMITTEE'S OFFICIAL DESIGNATION

Advisory Panel on Outreach and Education.

AUTHORITY

42 U.S.C. § 217a, Section 222 of the Public Health Service Act, as amended. The Advisory Panel on Outreach and Education (APOE or the Panel) is governed by provisions of Pub. L. the Federal Advisory Committee Act (FACA), as amended, 5 U.S.C. 1001 *et seq.* C. § Chapter 10.

OBJECTIVES AND SCOPE OF ACTIVITIES

The APOE was first chartered 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, Medicaid, Children's Health Insurance Program (CHIP) and Health Insurance Marketplace® outreach and education programs.

The APOE has focused on a variety of laws, including the Medicare Modernization Act of 2003 (Pub. L. 108-173), the Patient Protection and Affordable Care Act (ACA), (Pub. L. 111-148), the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) and the Inflation Reduction Act of 2022 (Pub. L. 117-169).

The APOE helps the Department determine the best communication channels and tactics for various programs and priorities, as well as new rules and legislation. In the coming years, we anticipate the American Rescue Plan, the Inflation Reduction Act, and the SUPPORT Act will be some of many of the topics the Panel will discuss. The Panel will provide feedback to CMS staff on outreach and education strategies, communication tools and messages and how to best reach minority, vulnerable and Limited English Proficiency populations.

DESCRIPTION OF DUTIES

The APOE shall advise the Secretary and the CMS Administrator concerning optimal strategies on the following issues:

- 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, stakeholders and partners 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; and
- 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 ACA.

AGENCY OR FEDERAL OFFICER RECEIVING THE ADVISORY COMMITTEE'S ADVICE/RECOMMENDATIONS

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

SUPPORT

CMS shall provide coordination, management, and operational services.

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 \$70,000. The estimated annual staff support required for the Panel is 1.0 full-time equivalents at an estimated annual cost of \$226,787.

DESIGNATED FEDERAL OFFICER

A full-time Federal employee, appointed in accordance with agency procedures, will serve as the Designated Federal Officer (DFO) and ensure that all Committee policies and procedures comply with applicable statutory and regulatory requirements, including those under FACA. 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. The DFO, or Alternate DFO, shall be present at all meetings of the full Panel and subcommittee(s). In the event the

DFO cannot fulfill the assigned duties of the Committee, one or more full-time or permanent part-time employees will be assigned as DFO and carry out these duties on a temporary basis.

ESTIMATED NUMBER AND FREQUENCY OF MEETINGS

Meetings shall be held up to 4 times per year at the call of the DFO. 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 reasonable accessible and convenient locations and times.

DURATION

The duration of the Panel is continuing, subject to the Termination section below.

TERMINATION

Unless renewed by appropriate action, the APOE will terminate 2 years from the date the charter is 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; behavioral health; health insurers and plans; health IT; social media; 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. The period of service for the Chair and Co-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

January 19, 2025

APPROVED

Date

Xavier Becerra