

# CHARTER

## HEALTHCARE ADVISORY COMMITTEE

### **Advisory Committee's Official Designation**

Healthcare Advisory Committee (the Committee)

### **Authority**

The authority for the Healthcare Advisory Committee (the Committee) is 42 U.S.C. 217a, section 222 of the Public Health Service Act, as amended. The Committee is also governed by provisions of the Federal Advisory Committee Act (FACA), as amended, (5 U.S.C. Ch. 10).

### **Objective and Scope of Activities**

The Secretary of the Department of Health and Human Services (Secretary of HHS) shall consult with an expert advisory panel, composed of an appropriate selection of individuals with expertise in chronic disease prevention and management, federally administered health care financing and delivery system reform. Consistent with the *Executive Order Establishing the President's Make America Healthy Again Commission*<sup>1</sup>, the Committee may advise the Secretary of HHS and the Administrator of the Centers for Medicare & Medicaid Services (CMS), on a broad range of views and information from interested and impacted audiences and to identify Department programs and policies that can help improve the United States health care system and Make America Healthy Again. The Committee will also serve as a dedicated platform for collaborating with key stakeholders to identify and advance improvements in the U.S. health care system and promoting access to high quality care for all Americans.

### **Description of Duties**

The Committee may advise on the following issues as they relate to strategies for improving the operations and outcomes of federally administered healthcare insurance and payment programs:

- Developing a set of actionable policy initiatives that can promote chronic disease prevention and management, as consistent with the Make America Healthy Again policy agenda;
- Identifying opportunities to move towards a regulatory framework of accountability for safety and outcomes that reduce unnecessary red tape and allow providers to focus on improving patient health outcomes, not filling out paperwork;
- Sharing actionable levers to advance a real-time data system, enabling a new standard of excellence in care, rapid claims processing, rapid quality measurement and rewards;
- Identifying structural opportunities to improve quality for the most vulnerable in the Medicaid program (outside of more funding for the current system); and
- Securing the sustainability of the Medicare Advantage program, specifically

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<sup>1</sup> Trump, D. J. (2025, February 13). *Establishing the President's Make America Healthy Again Commission* (Exec. Order No. 14212). The White House. Available at: <https://www.whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/>.

identifying opportunities to modernize risk adjustment and quality measures that assess and improve health outcomes.

### **Agency or Federal Officer Receiving the Advisory Committee's Advice/Recommendations**

The Committee shall report to the Secretary of HHS and the Administrator of CMS.

### **Support**

Coordination, management, and operational services shall be provided by CMS.

### **Estimated Annual Operating Costs and Staff Years**

- (i) The staff support required for the Committee is 3 full-time equivalents at an estimated annual cost of \$541,630.00 per year the charter is in place.
- (ii) Estimated annual cost for operating the Committee, including travel expenses for members for 1 in-person meetings per year, for up to 20 members but excluding staff support, is \$30,000.00.
- (iii) Travel and per diem is estimated at \$30,000.00 per in-person meeting.

### **Estimated Number and Frequency of Meetings**

The Committee will hold approximately 9 meetings per year. Meetings shall be open to the public except as determined otherwise by the Secretary or designee to whom the authority has been delegated in accordance with the Government in the Sunshine Act of 1976 (5 U.S.C. 552b(c)) and FACA. Notice of all meetings shall be published in the Federal Register as required by applicable laws and Departmental regulations. Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and departmental regulations.

### **Duration**

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

### **Termination**

Unless renewed by appropriate action, the Committee will terminate two years from the date the charter is filed.

### **Membership and Designation**

The CMS Administrator shall appoint up to 20 individuals to serve on the Committee. The Committee shall consist of an appropriate selection of individuals that have practical and tactical experience or expertise working in all aspects of the U.S. health care system, which may include experts from the medical field, manufacturing, government, academia, health insurance/payment programs, or health economics, with regard to issues related to chronic disease prevention and management, expanding access to primary care, reducing healthcare costs, ensuring payment accuracy, health care price transparency, and driving other

improvements in the healthcare system for patients and providers.

The Committee shall be comprised of Representative Members and Special Government Employees (SGEs). Representative Members will be designated based on their ability to provide the point of view of an organization, group or industry with an interest in the matters before the Committee. Representative Member selection criteria include, but is not limited to, years of experience effectively representing stakeholder groups, industries, or constituencies; demonstrated advocacy success; strong communication and analytical skills; established credibility within their representative sector; and ability to balance constituent interests with committee objectives. SGEs will be designated based on the individual's ability to provide independent advice to the Agency. SGE selection criteria includes but is not limited to years of experience as a technical advisor in the candidate's specialized field; track record of publishing research findings while working in academia; and ability to balance independent expertise with collaborative committee participation.

All members shall serve on a voluntary basis, without compensation. Members of the Committee shall be entitled to receive reimbursement for travel expenses and per diem in lieu of subsistence expenses, in accordance with standard Federal Travel Regulations. Members shall serve a term of 2 years until the date on which the Committee's charter terminates. A member may serve after the expiration of his/her term until a successor has been appointed. A Committee member selected to replace another Committee member who has resigned prior to the end of his or her term, shall serve for the balance of the original Committee member's term.

An SGE, designated by the Secretary or designee shall serve as the Chair. The Chair's term shall be for a period of 2 years but may be extended at the discretion of the Secretary or designee.

### **Subcommittees**

With the approval of the Secretary or designee, subcommittees consisting of two or more Committee members may be established to assist the Committee in performing functions within the Committee's objectives and scope of activities. Subcommittees may not work independently of the chartered Committee and shall report all of their recommendations and advice to the Committee for deliberation and discussion. Subcommittees have no authority to make decisions on behalf the Committee. Subcommittees must not provide advice or work products directly to the Department or any Federal agency.

### **Filing Date**

APPROVED:

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Date

Robert F. Kennedy Jr.