



# Alaska Rural Health Transformation Program

## Advisory Council Charter

### I. Establishment

The Alaska Department of Health (DOH) hereby establishes the Alaska Rural Health Transformation Program (RHTP) Advisory Council (“Advisory Council”) to support the strategic guidance, and ongoing refinement of Alaska’s Rural Health Transformation Program.

The Advisory Council is created under the authority of the Commissioner of the Alaska Department of Health (“Commissioner”).

### II. Purpose and Authority

The purpose of the Advisory Council is to provide structured, informed, and directional recommendations to the Commissioner regarding the design, oversight, and continuous improvement of the Rural Health Transformation Program.

The Advisory Council acts in a strictly advisory capacity. It has no regulatory, fiduciary, supervisory, or decision-making authority. All recommendations are non-binding. Final authority for program policy, funding decisions, project selection, and implementation rests with the Commissioner or the Commissioner’s designee.

A primary function of the Advisory Council is to assist the Department of Health in reviewing and providing feedback and recommendations on the direction, general strategy and alignment of the program, and advising on other items deemed necessary by the Commissioner.

### III. Advisory Council Structure

The Advisory Council consists of two standing components:

1. **Steering Committee**
2. **Stakeholder Committee**

The Steering Committee serves as the primary advisory body to the Commissioner. The Stakeholder Committee provides input and recommendations to the Steering Committee.

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## IV. Steering Committee

### A. Composition

The Steering Committee shall consist of the following members:

#### **Voting Members (7 seats):**

1. Alaska Hospital and Healthcare Association
2. Alaska Mental Health Trust Authority
3. Alaska Municipal League
4. Alaska Native Tribal Health Consortium
5. Alaska Primary Care Association
6. Alaska State Senator
7. Alaska State Representative

#### **Non-Voting Members:**

- The Deputy Commissioner of the Department of Health, or their designee, who shall serve as Chair.

Each voting member will have one vote on all matters before the Steering Committee, and decisions will be decided by majority vote.

The Commissioner may amend the Steering Committee's composition, including adding, removing, or updating seats, as necessary.

### B. Appointment and Terms

Individuals who serve as voting members of the Steering Committee shall be nominated by their respective organizations and appointed by the Commissioner.

Members serve two-year renewable terms. The Commissioner may appoint, reappoint, or remove members at any time.

All members must be residents of the State of Alaska.

Service on the Steering Committee is voluntary and uncompensated.

### C. Duties and Responsibilities

The Steering Committee shall:

- Serve as the primary advisory body to the Commissioner on matters related to the RHTP;
- Advise on strategic priorities, implementation approaches, and program design;

- Assist the Department by providing feedback and recommendations for consideration of the budget, criteria and overall direction for RHTP-funded programs or projects;
- Identify emerging risks, gaps, and opportunities affecting rural health transformation;
- Provide recommendations to support alignment with federal goals, statewide health system goals, and rural and tribal health priorities.

## V. Stakeholder Committee

### A. Composition

The Stakeholder Committee shall consist of eighteen (18) seats representing the following interests:

1. One (1) representative of the Alaska Behavioral Health Association
2. One (1) representative of the Alaska Association of Developmental Disabilities
3. One (1) representative of a senior association
4. One (1) representative of children or youth services provider
5. Two (2) patient representatives
6. Two (2) representatives from insurers or health plans
7. Two (2) licensed health care providers
8. Two (2) social services organizations
9. Four (4) tribal health organizations
10. One (1) health technology representative
11. One (1) University of Alaska representative

The Commissioner may amend the Stakeholder Committee's composition, including adding, removing, or updating seats, as necessary.

### B. Appointment and Chair

Stakeholder Committee members shall be nominated by their respective organizations or interest areas and appointed by the Commissioner or the Commissioner's designee.

The Department of Health shall solicit applications upon implementation of the stakeholder committee and renewal of each term.

Members serve two-year renewable terms. The Commissioner may appoint, reappoint, or remove members at any time.

All members must be residents of the State of Alaska.

The Stakeholder Committee shall be chaired by a representative of the Department of Health designated by the Commissioner.

### C. Role and Responsibilities

The Stakeholder Committee may:

- Provide input and recommendations to the Steering Committee on RHTP priorities, design, and general oversight;
- Identify on-the-ground operational challenges and opportunities;
- Elevate patient, provider, tribal, and community perspectives;
- Offer feedback on proposed evaluation criteria, program approaches, and implementation impacts.

The Stakeholder Committee does not provide recommendations directly to the Commissioner except through the Steering Committee or at the request of the Department.

### VI. Ad Hoc Workgroups

The Steering Committee may establish ad hoc workgroups to address specific topics or short-term tasks. The Steering Committee does not substitute for Subject matter Expertise or technical Assistance.

Each ad hoc workgroup shall:

- Include at least one (1) Steering Committee member;
- May include members of the Stakeholder Committee;
- May include additional subject-matter experts who are not members of the Advisory Council.
- Will report directly to the Steering Committee.

Ad hoc workgroups are advisory only and dissolve upon completion of their assigned task or at the discretion of the Steering Committee.

### VII. Meetings

All Advisory Council, Steering Committee, and Stakeholder Committee meetings shall be noticed and conducted in accordance with the Alaska Open Meetings Act.

Meetings may be held in person, virtually, or in hybrid format.

The Steering Committee shall meet at least quarterly, or more frequently as requested by the Department.

A quorum for Steering Committee action shall consist of a majority of the voting members.



Only voting members may vote. Proxy voting is permitted for the Steering Committee.

All recommendations of the Advisory Council, Steering Committee, and Stakeholder Committee shall be deliberated and acted upon in public meetings.

Meeting minutes shall be prepared and maintained by the Department of Health and made publicly available.

## VIII. Administrative Support

The Department of Health shall provide administrative support to the Advisory Council, including meeting coordination, facilitation and leadership, materials preparation, and recordkeeping.

## IX. Conflict of Interest

The Department of Health recognizes that Alaska's rural health system is highly interconnected and that Advisory Council members may be applicants to the RHTP, or have professional affiliations with organizations that are applicants, partners, or stakeholders in the Rural Health Transformation Program. Being an applicant or having professional relationships do not preclude service on the Advisory Council.

The fact that an organization has an individual serving as a member or representative on the Advisory Council (e.g., the Steering Committee or Stakeholder Committee) shall not be considered a conflict of interest and shall not preclude such organization or entity from applying for and receiving funding from the RHTP.

Members are expected to disclose status as an applicant, or relevant professional affiliations to the Department in a timely manner. Members are expected to disclose possible direct personal benefit to themselves and/or family members to the Department in a timely manner. The Department will review potential conflicts on an ongoing basis.

If a conflict of interest is identified, in the sole discretion of the Department, a member may not vote or participate in discussion related to the conflict of interest. The Department's determination of a conflict of interest is not reviewable.

## X. Amendments and Duration

This Charter may be amended or terminated at any time at the discretion of the Commissioner.

The Advisory Council shall remain in effect for the duration of the Rural Health Transformation Program unless modified or dissolved by the Commissioner.