



# APPLY TO NACHC COMMITTEES ONLINE!

*Committee Term 1/1/2024 – 12/31/2025*

## APPLY at the NACHC Booth or at [www.NACHC.org](http://www.NACHC.org)

### INFORMATION ON APPLYING FOR COMMITTEE APPOINTMENT

NACHC solicits committee applications by e-mail, through the NACHC website, and at the Annual Meeting in odd-numbered years. NACHC committees assist the Board by identifying priorities, conducting detailed deliberation, and making recommendations for assigned areas.

- NACHC's Chair of the Board makes all committee appointments, with notices sent in November or December.
- Committee appointments are for two years, beginning January 1, 2024, and ending December 31, 2025.
- Committees meet in conjunction with two major conferences:
  - The Policy and Issues Forum [P&I] (*February or March*), and the Annual Meeting and Community Health Institute [CHI] (*August or September*) and members participate in conference call meetings when scheduled.
- **All Committees meet at the START of both the Annual Meeting/CHI and the P&I.** (see detailed schedule). Non-participation can affect reappointment to committees, subcommittees, and task forces in the future.
- **ALL current committee members must reapply each term. There are NO exceptions.**

Members apply for committee appointment online, directly linked to the NACHC membership database. From the NACHC home page, select About NACHC. Then click on Committees. Use your login and password and follow the simple instructions. You will receive an automatic email confirmation for each requested committee. The Membership staff is ready to help you at NACHC Management Booth throughout this conference. If you need assistance after the conference, please contact Susan Hansen at 301-347-0400, or [shansen@nachc.org](mailto:shansen@nachc.org).

To be eligible for committee appointment, you must be:

- a staff or board member of a primary care program that is a NACHC Organizational Member in good standing, staff of a CHC-directed network that is a NACHC Network Associate Member in good standing, or staff of a NACHC-affiliated primary care association, **AND**
- a NACHC Individual Member in good standing, **AND**
- able to represent your region at committee meetings and, when necessary, via e-mail or telephone during the year

Using the information in this brochure, please select up to three requested committee appointments. ***To meet your committee responsibilities and avoid scheduling conflicts, please do not select more than one committee in a particular time block.*** While we make every effort to honor requests, all choices may not be accommodated.

**APPLICATION DEADLINE: OCTOBER 17, 2023**

# 2024-2025 NACHC COMMITTEES

**NOTE: All Committees meet at the START of both the Annual Meeting/CHI and the P&I.**

**BYLAWS COMMITTEE** periodically reviews the Association's bylaws. The Chair of the Board refers bylaws issues to the Committee for review and recommendation back to the Board. [Meets only when the Committee has issues for review/recommendation]

**CLINICAL PRACTICE COMMITTEE** reviews and comments on policies related to clinical components of community health care practice, including clinical research and epidemiology; quality assurance; patient care and medical management; teaching health centers, and other such issues relating to clinical practice. Members also communicate relevant committee activities to their respective organizations including clinical networks.

**SUBCOMMITTEE ON PHARMACY POLICY AND OPERATIONS** focuses on patient centric emerging models of pharmacy policy and operations impacting patient access and improving health outcomes, business principles, scale, and sustainability of pharmacy programs. Reports to Clinical Practice Committee.

**COMMITTEE ON AGRICULTURAL WORKER HEALTH** considers issues relative to health care for migrant farmworkers and other seasonal industries, *i.e.*, forestry, fisheries, farming, ranching, etc., and makes recommendations to the appropriate standing committees in their respective functional areas, and to the Board with respect to issues not in the jurisdiction of any other standing committee.

**COMMITTEE ON HEALTH CENTER EXCELLENCE AND TRAINING** identifies priorities for education, training, and technical assistance for NACHC constituencies.

**COMMITTEE ON SERVICE INTEGRATION FOR BEHAVIORAL HEALTH AND HIV** encourages and facilitates primary HIV and substance abuse care in CHCs, tracks funding and develops partnerships with SAMHSA, CDC, the HIV/AIDS bureau; and serves in an advisory capacity to all NACHC committees.

**CONSUMER/BOARD MEMBER COMMITTEE** provides a forum for information exchange on consumer board member issues and makes recommendations to the NACHC Board regarding issues affecting health center governance.

**CREDENTIALS COMMITTEE** certifies all organizational members in good standing to cast votes during the Annual Meeting of the House of Delegates, or any special meeting thereof, and certifies the person or persons serving as representatives of organizational members. Members interact directly with potential delegates during the certification process. Prior to the annual meeting, members agree to serve one or more voluntary shifts at the credentialing booth during the two-day process before the House of Delegates. Credentialing involves identification of person/s, checking membership status, distributing delegate materials, and voting cards.

**FINANCE COMMITTEE** includes the Association Treasurer as Chairperson. The Committee reviews the finances of the organization and makes appropriate financial reports to the Board; develops policies related to monies; develops the annual budget for the Association; reviews the Association's annual audit and makes pertinent recommendations to the Board of Directors. In addition to meeting at the Policy and Issues Forum and the Annual Meeting, the Finance Committee meets (usually via conference call) to review and approve the annual Budget prior to the Summer Board Meeting.

**HEALTH CARE FOR THE HOMELESS COMMITTEE** considers issues relative to health care for homeless individuals and families and makes recommendations to the appropriate standing committee in their respective functional areas, and to the Board with respect to issues not in the jurisdiction of any other standing committee. Members are expected to provide feedback to NACHC on services needed by HCH Programs.

**HEALTH CARE IN PUBLIC HOUSING TASK FORCE** considers issues and priorities of pressing concern related to health care services in Public Housing, making recommendations to the Chair of the Board.

**HEALTH CENTER CONTROLLED NETWORKS TASK FORCE** addresses issues related to the growth and development of HCCNs.

**HEALTH POLICY COMMITTEE** reviews and comments on regulatory and implementation policies related to health care delivery including financing; health services and systems research; systems development; administrative and management-related issues; and other such issues as relate to policies affecting health care delivery. Committee members are expected to be active spokespersons and to raise administrative policy issues of concern to centers. They are expected to review and comment on key guidances and draft regulations between meetings.

**SUBCOMMITTEE ON HEALTHY AGING** focuses on issues relative to health care for the 55+ age group including health services, administrative and management-related issues, as well as reimbursement issues. In addition to reporting to Health Policy, the subcommittee may make recommendations to the appropriate standing committee in their respective functional areas. Reports to Health Policy Committee.

**SUBCOMMITTEE ON HEALTH CENTER FINANCING AND OPERATIONS** reviews policies, regulations, and guidelines impacting the management of health center resources, and identifies and reviews health center financing issues. Reports to Health Policy Committee.

**LGBTQ HEALTH TASK FORCE** focuses on training CHC leaders, ensuring LGBTQ cultural competency, and improving health outcomes for LGBTQ populations.

**LEGISLATIVE COMMITTEE** recommends legislative policy and procedure to the Board of Directors.

**LOOK-ALIKE TASK FORCE** serves as a working group that: (1) coordinates efforts to demonstrate the role of Look-Alikes (LAL) in providing access to care; (2) advocates for federal funding for New Access Points; (3) advises NACHC on the technical assistance needs of LALs; and (4) focuses on actions enabling LALs to improve patient care and position LALs to compete for future funding opportunities.

**MEMBERSHIP COMMITTEE** reviews policies and trends and makes recommendations to the NACHC Board of Directors on all matters related to the recruitment and retention of NACHC members. Membership Committee members serve as lead membership representatives (*i.e.*, Ambassadors) for their respective regions including welcoming new members at national meetings of the Association.

**NOMINATING COMMITTEE** includes one representative from each of the ten regions. The Committee reviews all petitions of candidacy for office and verifies the petitions of qualified candidates. The Committee Chair reports all qualified candidates to the House of Delegates, and recommends one candidate for each office, taking into consideration the nominee's satisfaction of established criteria as well as the goal of achieving an appropriate demographic mix amongst the Officers. The Committee meets at the Policy and Issues Forum and the Annual Meeting, as needed. The Nominating Committee meets once during the summer to review the slate of candidates for the upcoming election.

**RULES COMMITTEE** reports to the Speaker of the House during the Annual Meeting, establishes and publishes all rules of procedure governing the House of Delegates, including voting procedures. The Committee includes the Chairpersons of the Bylaws, Membership, and Credentials Committees, the Parliamentarian, the Vice Speaker of the House, and representatives from each region.

**RURAL HEALTH COMMITTEE** considers issues relative to health care for individuals and families in rural and frontier areas and makes recommendations to the appropriate standing committees in their respective functional areas, and to the Board with respect to issues not in the jurisdiction of any other standing committee.

**TASK FORCE ON UNDOING RACISM** develops actionable strategies that NACHC can undertake to lead the health center movement and the country in undoing social and health injustices. The Task Force focuses on developing tangible steps to undo the effect of systemic racism on health care and health outcomes. The Task Force reports to the Board of Directors.

<b>NACHC MASTER COMMITTEE SCHEDULE</b>	
<b>COMMITTEE DAY ONE</b>	<b>COMMITTEE DAY TWO</b>
<b>MORNING</b> Subcommittee on Healthy Aging Subcommittee on Health Center Financing Subcommittee on Pharmacy Policy and Operations Health Care for the Homeless Committee Committee on Health Center Excellence/Training LGBTQ Health Task Force Nominating Committee Rural Health Committee	<b>EARLY MORNING</b> Finance Committee Clinical Practice Committee
<b>EARLY AFTERNOON</b> Committee on Agricultural Worker Health Bylaws Committee Health Center Controlled Networks Task Force Health Care in Public Housing Task Force Membership Committee Committee on Service Integration for Behavioral Health/HIV <b>MID-AFTERNOON</b> Consumer/Board Member Committee	<b>MID-MORNING</b> Consumer/Board Member Committee Legislative Committee <hr/> <b>EARLY AFTERNOON</b> NACHC Staff Committee Report Final Prep
<b>LATE AFTERNOON</b> Health Policy	<b>3:00pm: NACHC BOARD OF DIRECTORS MEETING</b>
<b>NOTE: The Credentials Committee meets Thursday evening at CHI</b>	

**\*\*\*NACHC makes every attempt to conform to this schedule BUT reserves the right to adjust the schedule to accommodate unforeseen conflicts. Deviations from this schedule will be communicated with as much advance notice as possible.\*\*\***