



## **Rural Health Policy Development and Advocacy**

**NRHA Mission**

To improve the health and wellbeing of rural Americans and their communities through leadership in advocacy, communications, education and research.

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## Introduction

NRHA serves as the voice of rural health. Association policies establish thoughts, beliefs, or principles regarding an issue related to rural health in the United States. Adopted policies become the standard by which NRHA develops and assesses its advocacy agenda on issues that will improve the health of rural Americans. Since NRHA membership represents a range of interests, adopted policies will be broad and potentially far-reaching, while maintaining a tie to rural health. Therefore, policies may encompass more than the traditional healthcare system, including impacts related to food, economic development, housing, and other issues that deal with the health of rural Americans. Using positions adopted by the Association, NRHA staff and members advocate for improvement in the total health of rural Americans.

Advocacy is one of the primary objectives of NRHA. The content and direction of advocacy by the Association must be consistent with the policy positions adopted by the Rural Health Policy Congress (Congress). An annual policy agenda is developed to assist with the advocacy by the Association and its members with the United States Congress and Federal agencies. The policy agenda also guides the grass-roots efforts of state associations, offices of rural health and all Association members.

This guide provides the framework for the development, distribution and retention of the Association policy positions, as well as the functioning of the Congress and Government Affairs Committee (GAC).

## Rural Health Policy Congress

The Congress is the policymaking body that determines the Association’s positions regarding public policy as established by the NRHA By-Laws. The responsibilities of NRHA’s Congress members are to:

- Identify and represent the health and health care needs and views of rural America
- Identify topics and provide technical expertise on the development of Association policies
- Create, review, and approve Association policy recommendations and positions
- Ensure the Association’s guiding principles and mission are promoted through policy development
- Provide a multi-sector forum for the exchange and distribution of ideas, information, research, and methods relative to the improvement of rural health

## Membership

The Congress shall be composed of individuals from the following constituency groups (CG), NRHA interest groups, and NRHA leadership.

NRHA Leadership	Constituency Groups (CG)	Interest Groups
Chair of Congress	Clinical Services	State Association Council
Members of Board of Trustees	Federally Qualified Health Centers	State Office Council
Five most recent Presidents	Hospital and Health Systems	Rural Health Equity Council
	Public Health	
	Research and Education	
	Rural Health Clinics	
	Statewide Health Resources	
	Students	

Each designated CG shall elect one representative to the Congress, in addition to the CG Chair, for each fifty votes in the CG after the first votes. Each member of the Congress shall have one vote in all deliberations of the Congress.

The Congress shall elect a Chair from its membership to serve a two-year term. The Chair of the Congress shall conduct the Congress meetings, appoint members to ad hoc committees and other committees, sit as a member of the Board of Trustees, and report to the Board, at each of its meetings, on the activities of the Congress, the policies adopted by the Congress, and any issues on which the Congress is seeking input.

### **Procedures**

The Congress will determine a set of policy positions which, upon ratification, are adopted as the Association's policy positions on a broad spectrum of rural health issues. Policies are determined through a process that includes consideration of policy proposals developed through discussion of issues, submission of policy papers and briefs that outline the issues, and, finally, adoption of the policies as the official positions of the Association.

Proposed policy positions shall be considered by the Congress only when the position is sponsored by a CG, council, or Congress committee, or when forwarded to the Congress by the Board of Trustees or GAC. A majority of the voting members of the Congress shall constitute a quorum. At any meeting of the Congress at which a quorum is present, a majority affirmative vote shall adopt a proposed policy. Positions on public policy approved by the Congress are official Association positions unless overturned by the Board of Trustees by a two-thirds majority vote.

In determining the Association's positions on public policy, the Congress may use an ad hoc committee structure to research and develop policy positions and to receive, review, and report on proposals submitted for the consideration by the Congress. Members of any ad hoc committee or committees shall be appointed by the Congress Chair. Ad hoc committee members must be members of the Association, but such committees may invite the participation, without vote, of persons not members of the Association to provide needed expertise or assistance.

Any Association member may bring a position for consideration of the Congress by submitting it to his or her primary CG or council for consideration. The CG or council shall consider the proposed position and report its recommendations thereon to the Congress. All Congress meetings are open to any NRHA member. However, attendance by non-Congress members at virtual meetings may be limited in number.

### **Expectations**

Congress members shall:

- Participate in three in-person meetings scheduled to occur during Policy Institute, Annual Conference, Rural Health Clinic/Critical Access Hospital Conferences
- Meet virtually at any other time during the year at the call of the Chair, with at least 15 days' notice
- Respond to questions and requests from NRHA staff and membership regarding Congress business
- Participate in community conversations on NRHA Connect as appropriate

## Government Affairs Committee

The GAC members are actively engaged in the policy making and advocacy process through work with the NRHA government affairs staff to develop the Association's legislative and regulatory policy positions, and advance advocacy priorities. The Committee develops and implements policies and strategies to ensure that the Association's priorities are fully addressed and communicated.

The responsibilities of NRHA's GAC members are to:

- Provide technical expertise to staff on legislative and regulatory issues
- Educate and inform policymakers about policy and advocacy priorities as recommended by the Congress and approved by the Board of Trustees
- Report on its activities at each meeting of the Congress
- Make recommendations to the Congress on issues requiring their review and approval
- Ensure the Association's guiding principles and mission are promoted through its advocacy program

## Membership

The GAC shall consist of up to twenty-four members, including one representative from each CG and council, the Chair of the Congress, and the balance consisting of at-large members. The Committee Chair will be identified annually as part of the appointment process. Appointments are made for a single year term. GAC members may serve for two consecutive terms and are then required to take one term off before being eligible to serve again.

GAC members are appointed by the NRHA president. Appointments shall be made based on an individual's technical assistance expertise, leadership abilities, interest in advocacy and policy, general willingness to participate, and the needs of the committee to achieve geographic and subject matter expertise balance. In making these appointments, the President shall seek the counsel and advice of the Chair of the Congress and NRHA staff.

The GAC shall be composed of the following individuals.

NRHA Leadership	Constituency Groups	Topical Expertise
Chair of Congress	Clinical Services	Workforce x2 (RME Interest Group and nursing/allied health)
Chair of GAC	Federally Qualified Health Centers	SDOH (Health Equity IG)
Upcoming leadership (Former NRHA Fellows)	Hospital and Health Systems x2 (Rural PPS and CAH)	Behavioral Health x2 (Mental Health/SUD)
	Public Health	Telehealth/ Broadband
	Research and Education	Women's/ Maternal Health
	Rural Health Clinics	EMS
	Statewide Health Resources	Medicaid/Coverage
	Students	Oral Health
		Frontier

## Procedures

The primary function of the GAC is to provide guidance and recommendations on advocacy priorities, as well educate and inform policymakers about issues related to rural health. The GAC promotes advocacy on the policy positions approved by the Congress and Board of Trustees. In addition, the GAC can make recommendations to the Congress on issues that require their review and approval. The GAC is also available to provide expertise and guidance to NRHA staff on legislative and regulatory issues.

The work of the GAC provides the framework for NRHA staff to pursue its function relating to advocacy for legislation and regulation benefiting rural health and promoting the goals of the Association. The primary document published under the purview of the GAC is the Annual Policy Agenda (for more information see below). Annually in October, NRHA staff solicit GAC for changes or additions to the current Agenda; members are expected to review the current Agenda and provide guidance to NRHA staff during this process. At its fall meeting the GAC reviews and discusses the proposals in coordination with NRHA staff to assure that all positions included in the Agenda are current, based on approved policy positions of the NRHA and warrant the advocacy efforts of the Association in the coming year. Subsequent to the discussion and updating, the GAC approves an updated Agenda, becoming the document that guides the GAC, NRHA staff and NRHA membership in advocacy efforts in the coming year.

Frequently, potential legislative or regulatory issues arise that are not addressed in the Agenda that require the advocacy of the Association. These may arise from new policy positions approved by the Congress, the Rapid Response Team and Board of Trustees or they may arise from proposed legislation or regulation by the United States Congress and Federal agencies. The GAC Chair in coordination with NRHA staff may initiate additional meetings of the GAC by electronic means or face-to-face in order to solicit the guidance and support of GAC members. GAC members are expected to participate in these updates to stay informed of Association activities, as well as promote the “grassroots” advocacy efforts of the general Association membership.

### **Expectations**

Members of the GAC are expected to educate and inform policymakers in conjunction with the three GAC meetings held each year. Additional educational activities, at the state or federal level, at other times of the year is also encouraged as it may be deemed necessary by NRHA staff or GAC Chair, and as may be appropriate given each GAC member’s situation.

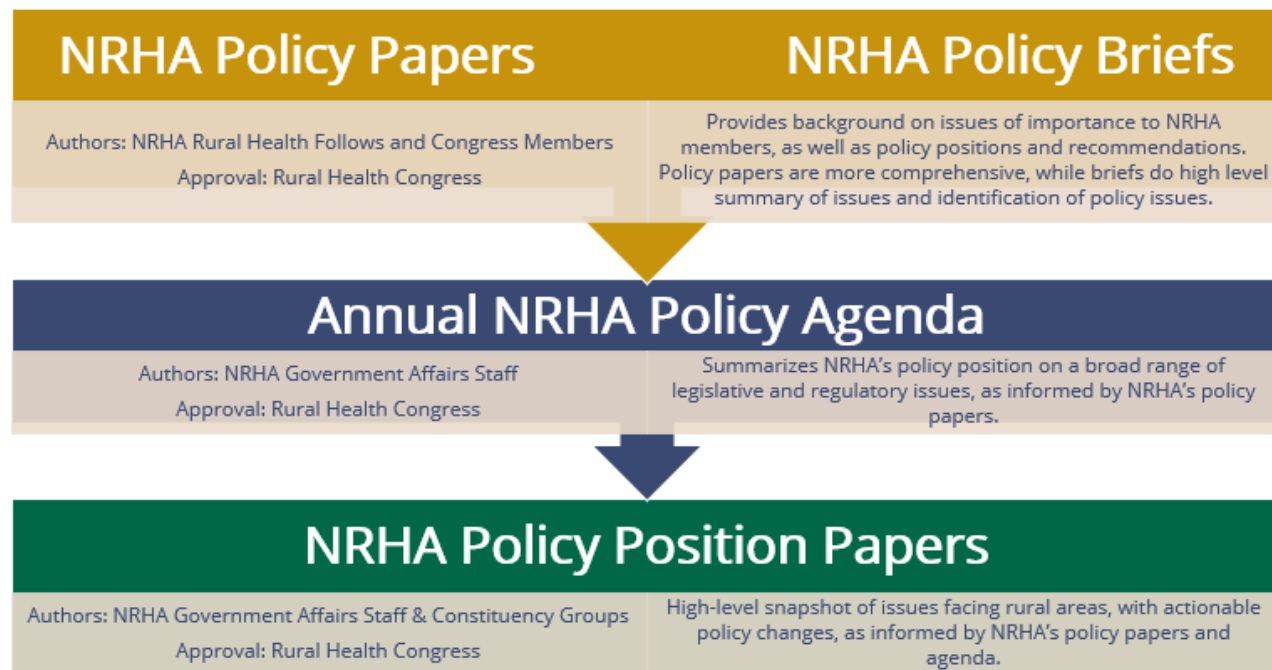
GAC members shall:

- Participate in three in person meetings scheduled to occur during Policy Institute, Annual Conference, Rural Health Clinic/Critical Access Hospital Conferences.
- Participate in virtual GAC meetings as needed.
- Respond to questions and requests from NRHA staff on pressing regulatory and legislative priorities.
- Participate in GAC community conversations on NRHA Connect as appropriate.

All GAC meetings are open to any NRHA member, however, attendance by non-GAC members at virtual meetings may be limited in number.

### **NRHA Policy Documents**

NRHA’s government affairs team and member advocates use the Association’s policy agenda, policy papers and briefs, and policy position papers for advocacy efforts on Capitol Hill and within the administration. Current versions of these documents can be found on [NRHA’s website](#).



### NRHA Policy Papers and Briefs

Policy papers present an in-depth assessment of an issue, with background information, status, impacts, and proposed policy interventions. Policy papers are used to discuss a longer-term vision for a rural health issue and the Association's role in advocacy. In addition, policy papers will include general or specific recommendations for action by the Association relative to the position.

In contrast to the policy papers, policy briefs provide a shorter new or updated synopsis of a policy position. It is assumed the topic is well known or from previously established position, therefore extensive background is not required. The issue may be one for which the Association may have previously established a position, it may be a subset of a larger issue, or position that does not require an extensive policy paper. It may also be an issue on which there already exists general agreement or understanding but the Association needs to recommend a new, different, or updated position. If upon consideration of the proposed policy brief, the Congress believes a more complete analysis is required, the potential position may be referred to the CG or council for the development of a policy paper.

The format of the paper may be determined by the author(s), after additional feedback from presentation to the Congress and NRHA Government Affairs staff. Policy papers are generally longer, depending upon the depth of the development of the issue and subsequent action, while the policy briefs are shorter and more easily consumable. An important factor in the format and development of a paper is how the paper will be used once adopted. In either format, readers should be able to readily understand both the issue and the policy recommendations.

There are certain elements that should be included in a policy paper. Each component is critical to the development of the issue in a logical and comprehensive manner. Each of these sections should be developed in sufficient detail to allow an individual unfamiliar with the issue to fully comprehend and understand the issue and recommendations. These elements include:

- **Introduction and statement of the issue:** A concise overview of the policy issue (legislative or regulatory) as well as background relating why this is important to rural health.

- **Analysis of data that supports the position:** Summary of relevant data that supports the need for a change in policy or position by using charts, graphs, and statistical information when possible. Data should be concise and include only that necessary to support the position and convey the need for change.
- **Analysis of current relevant national and/or state policy:** Background on any relevant legislation, regulation, or policy, how it has been implemented, initial successes and/or problems that have arisen as a result or failures that need to be addressed.
- **Analysis of current NRHA policy positions relevant to the issue:** Summary of current NRHA policies on the topic (as relevant).
- **Policy recommendations:** Explain why each of the policy recommendations is necessary to improve current policy or initiate new policy. Recommendations should include a section of suggested actions. (See section on developing policy recommendations for more information).

Policy papers and briefs should include citations in text for data, other works, studies, papers, and a list of references. All citations and references to any work, source of data, or information should be done in AMA style.

### **NRHA Policy Agenda**

An annual policy agenda is developed to assist with the advocacy by the Association and its members with the United States Congress and Federal agencies. The policy agenda is developed through the GAC and member engagement process and outlines the full range of NRHA policy within the framework of the Association’s mission and priorities. The policy agenda is published on the Association web site.

### **NRHA Leave Behind Policy Papers**

NRHA staff creates leave behind policy papers to define the organization’s stance on rural health advocacy issues. The information for these papers is created using previously curated policy papers and the NRHA policy agenda. These position papers are reviewed and approved by NRHA CGs prior to dissemination. The position papers act as a brief overview of specific advocacy issues and share key facts, recommendations, and legislative or regulatory actions.

NRHA’s government affairs team and member advocates use the Association’s policy agenda, policy papers and briefs to draft policy position papers, which aid advocacy efforts on Capitol Hill and within the administration. You can view each of these documents and utilize them to inform your advocacy efforts by visiting [our website](#).

### **NRHA Policy Determination Process**

Since decisions of the Congress represent the official policy positions of the NRHA, the deliberation process is intended to present an opportunity for full, open, and thorough discussion of all considerations relative to the issue being considered. The process by design allows as much time and deliberation as necessary to successfully conclude with a decision. The process is also designed to present an open and “safe” forum for any NRHA member to actively and honestly present perspectives and opinions in order that the discussion is thorough and complete.

Given the varied membership of the NRHA, it is possible that some individual members may disagree with a specific finding, paper, position, or recommendation. Since the process is designed to allow each member or perspective to be fully represented and participate, the expectation is that all



members will acknowledge the final decision. Upon conclusion of the deliberative process and decision by the Congress, members of the Congress and the Association should support the position of the Association.

### **Policy Papers Concept Approval**

The Congress considers potential policy recommendations developed in the form of policy papers or briefs. These are usually developed through a CG or council, sometime in partnership with a cohort of Rural Health Policy Fellows and presented to the Congress for deliberation and approval. Policy paper topics may develop from broad-based discussions of the Policy Congress, NRHA staff, GAC, or Board of Trustees.

Any NRHA member may bring a potential policy position before the Congress. However, since NRHA is organized around CG and councils, Association members must coordinate policy proposals through the CG or council most applicable to the position. When a CG or council receives a proposal for a policy position from an NRHA member, it must consider the proposal and report its recommendations to the Congress. If an Association member is unable to obtain consideration by a CG or council of a proposed policy topic, the member should contact the Chair of the Congress or NRHA staff for direction. The Congress Chair may designate potential policy topics to a CG or council for development. There may be situations or positions that may involve several CGs or councils. In these situations, the Chair of the Congress or the Board of Trustees may organize and appoint a multi-faceted group to develop and present the proposed position.

Proposal for a potential policy paper topics should be submitted in writing to the Congress Chair and NRHA staff and approved by the relevant CG Chair. The proposal should include a brief outline including at least:

- the need to address the policy area
- the applicability to rural health
- confirmation no existing NRHA policy covers the topic
- the CG or council responsible for development and approval of the policy
- whether it will be developed as a policy paper or a policy brief
- the member who will lead the development and presentation of the document
- other members who will assist in the development as authors
- evidence that a CG or council Chair consents and accepts responsibility for the development of the policy
- the timing of the policy paper or brief development

Each potential policy in development must be assigned to a CG Chair, council Chair, NRHA officer, past president, Congress committee Chair, or their respective designee. This person otherwise known as the “lead” author for the policy will be responsible for coordinating and shepherding the potential policy through the development and approval process, including assurance that the content meets the standards set by the Congress. The responsibility of the lead author includes monitoring the progress of the development of the paper or brief, coordination with the Congress Chair and NRHA government affairs staff, dissemination of the information and drafts of the paper or brief to members of the working group, and any others that may have input in the drafting process.

Following submission of a policy proposal concept, the Congress Chair, in coordination with the NRHA government affairs staff, lead author, and others as may be appropriate, will determine the estimated schedule for presentation to the Congress. The Congress Chair, in coordination with NRHA government affairs staff, will maintain a master listing of all potential policies papers and briefs under consideration. The master listing will be provided to any Congress member upon request and

may be posted on the NRHA web site as determined appropriate by the Congress and NRHA staff.

### **Development of Policy Papers**

One or more members of the Congress or other members of the Association will develop each potential policy paper or brief. The lead author will be responsible for coordinating the efforts of the individuals working on the paper and be responsible for organizing the presentation to the Congress at a scheduled meeting. It is a task that requires serious commitment and effort – this effort develops rural health policy for the United States. It is the lead author’s responsibility to facilitate work with others, address the steps of the process and complete all tasks in a timely manner.

Upon completion of the development of a draft policy paper or brief, the paper or brief must be provided in draft form (electronically in Word) to the Congress Chair and NRHA government affairs staff. The Congress Chair and NRHA government affairs staff will determine if the content and format are consistent with the approved concept, provide feedback, and/or approve the paper or brief for presentation to the Congress. Upon approval, the paper or brief will be placed on the agenda for the next Congress meeting. If in the opinion of the Congress Chair or NRHA staff the paper or brief does not meet the standards set forth, the paper or brief may be returned to the lead author for further development before being placed on the Congress agenda.

To move potential policies more quickly through the process, papers or briefs may be presented at a virtual meeting. Any constituency Chair, council Chair, Congress Chair, Congress Vice-Chair, officer or past president may request that a specific paper or brief be presented and considered at a face-to-face meeting rather than at a virtual meeting. Such a request must be made in writing to the Congress Chair or NRHA government affairs staff. The final decision will be at the discretion of the Congress Chair.

### **Policy Paper Review Process**

Policy papers or briefs are expected to be completed (approved) within six months of initial Congress review. Discussion and consideration of draft policy papers and briefs may be made at either a face-to-face meeting or electronic meeting as described below, or at a combination thereof. Unless approved otherwise by the Congress regarding a specific paper or brief, the schedule for consideration of draft papers or briefs at electronic meetings will include a multistep process for approval:

- Distribution of draft (already in prescribed format and content as described for policy paper or brief) to an electronic platform, such as SharePoint. At posting, all Congress members are notified of its availability for comment, as well as the due date for feedback.
- Feed-back, corrections or other comments should be made electronically to the author and available to all Congress members. This evaluation and feedback by Congress members to the authors is an essential part of the lead member’s responsibility. At a minimum of 30 days after posting, members must have comments and suggested changes to the paper completed.
- After the initial electronic review described above, the Congress Chair schedules a meeting to provide feedback through discussion to the author. If written feedback is non-substantive, a meeting for discussion may not be scheduled, as determined by the Congress Chair.
- The author then shares the paper with edited with recommended changes with the Congress Chair and NRHA staff, constituting the final paper or brief. Final copies of the paper will be shared by NRHA staff to the Congress members.

- Each paper or brief must be presented to the Congress by the author or lead author at a Congress meeting. The presentation discusses the proposed policy actions. (See below for additional information on the presentation process.)
- At least 30 days following sharing of the final paper, a vote will be taken using electronic voting or a roll call voice vote during a virtual or in-person meeting. Approval of the paper requires majority of Congress members present (virtually or in person) at the meeting voting in the affirmative. A Congress quorum is required for the vote to be valid. Electronic voting will be conducted in a manner determined by the Congress Chair in coordination with NRHA staff.

### **Policy Paper Presentation to Rural Health Policy Congress**

The presentation of the policy paper is intended to review the proposed policy actions and solicit feedback from the varied perspectives represented by the diverse Congress membership. It is intended to be a constructive process so that the final paper will, in fact, reflect a policy or position that all members of the Association can support. The presentation may involve several steps including:

- Explanation of the purpose of the paper
- Identification of the need
- Explanation of the process of the development of the paper (including a report of review by the relevant CG or council, as appropriate)
- Description of the findings, including facts, data, etc.
- Relationship, if any, to existing NRHA policies
- Explanation of the conclusions drawn because of the paper
- Description of the proposed recommendations and action

### **Policy Paper Approval**

Following the presentation and discussion the Congress may decide upon several possible actions for the policy paper or brief. The Congress may:

- accept the paper as presented and adopt it by vote
- suggest areas for further research, detail, inclusion, or perspective
- suggest additional or alternative recommendations or proposals
- suggest additional considerations or perspectives to be considered by the author(s)
- recommend specific items or actions for the paper to be accepted

If the paper or brief is accepted, the paper becomes NRHA policy, subject to action by the Board of Trustees. Papers may be approved conditionally, upon incorporation of suggestion feedback by Congress members. If the paper fails approval, the Congress Chair, in coordination with the respective CG or council Chair, lead author, NRHA staff or others as appropriate, will determine the necessity of presentation at the next meeting or other course of action that may be prudent on a case-by-case basis.

### **Approval of Rapid Response Policy Paper Topics**

There may be occasions when a potential position must be considered quickly due to pending legislative or regulatory initiatives or other reason. In these cases, the Association must make a determination quickly and respond. For situations like these, the Association has established a Rapid Response Team (RRT).

Members of the RRT include the Officers of the Association, the Chair of the Congress, the Chair of the GAC and Chairs of any CGs or councils for which the issue at hand would be applicable or appropriate. The RRT may also include any other member of the Congress or Association as may be

helpful to obtain the most complete and representative input into the decision at hand. The RRT is coordinated by the Congress Chair and NRHA staff, with consultation conducted in a manner appropriate under the circumstances.

Actions and positions of the RRT shall be documented in such a way that they may convey the nature of the issue, position and action taken. Actions and positions of the RRT shall be presented at the next subsequent meeting of the Board of Trustees and Congress. If the action taken by the RRT constitutes establishment of a new Association policy, it must be reviewed in the manner described in the Bylaws for review of policies adopted by the Executive Committee. The Board and Congress shall determine if further action or approval is necessary. Thereby, the actions of the RRT become positions approved by the Congress.

### **Retention of Policy Positions**

Unless revoked, or otherwise determined to be inactive, policy positions approved by the Congress shall remain active positions of the NRHA. Within seven years of approval, a paper or brief will automatically undergo a two-part review consisting of the following:

- The policy paper or brief will be referred to the CG or council that submitted the original policy position for recommendation to the Congress as to relevancy, updating needs, or archiving. In consultation with NRHA staff, the CG or council shall make a recommendation to the Congress regarding the disposition of the policy or brief.
- The Congress will then consider the recommendation of the CG or council and decide regarding the final disposition of the paper or brief.

If the Congress determines the paper or brief should not remain in the active listing of the Association, it will no longer be considered an official current position of the NRHA and will be removed from the active listing. To preserve the history of the NRHA, all policies will be archived. Archival means kept on file, indexed but separate from all current, active policies. Archived papers or briefs may be reinstated to active status after updating as necessary and subject to the process for position approval of the Congress.

### **Resources for Developing Policy Papers**

A significant number of resources are available to assist authors of policy papers and briefs. These resources can be used for data, discussion, vetting potential issues and positions, formatting questions, presentation, etc. These include, but are not limited to:

- Current policy papers and briefs on the NRHA website
- Fellow members of the NRHA and Congress
- Fellow members of the CG
- GAC members
- NRHA staff
- Members of the Research and Education CG
- Past authors of papers on the NRHA website
- NRHA By-Laws
- Office of Rural Health Policy at [www.ruralhealth.hrsa.gov](http://www.ruralhealth.hrsa.gov)
- Rural Health Information Hub at [www.ruralhealthinfo.org](http://www.ruralhealthinfo.org)
- Rural Health Research Gateway at [www.ruralhealthresearch.org](http://www.ruralhealthresearch.org)
- Rural Policy Research Institute at [www.rupri.org](http://www.rupri.org)

The NRHA policy development process is a team effort, with members working with and supporting

members. Authors should consider the Congress a deliberative body and another source of input into the content of papers. Members of the Congress and NRHA staff will offer feedback and suggestions on the organization, as well as the content of papers presented to the Congress for consideration.

### **Development of Policy Recommendations**

In articulating policy recommendations as part of Association policy briefs and papers, authors should write clear, practical, and prescriptive policy recommendations. Questions to consider during the drafting process include:

Does your policy recommendation consider or answer the who, what, which, why, and how?

- Who? Most recommendations should be aimed at stakeholders in the federal government, since that is who NRHA lobbies. Examples: Congress, an executive agency
- What? Be as prescriptive as ‘reasonable.’ Recommending a specific bill be supported/passed is not the best idea. Instead, recommend that NRHA support and/or Congress pass specific provisions of a bill, since the policy change may be included in a number of other bills. Examples: support a provision, create or change a federal program, further research
- Which? Generally, recommendations are most helpful when they provide specificity. Examples: a specific provision, program, or question
- Why? Recommendations should be supported by the data, trends, and/or on the ground experiences summarized within text of the policy brief.
- How? The “who” needs to have the authority and/or ability to act on your recommendation.

Is your policy recommendation specific to rural health?

- The Association’s mission is to provide leadership on rural health issues through advocacy, communications, education, and research, therefore recommendations should tie directly back to implications for rural patients and providers.
- Congress and the administration look to NRHA on rural health issues. NRHA has the ability to take a stance on broader policy issues, but the majority of our efforts are focused on addressing priorities specific to rural providers and patients.

Policy Position vs. Policy Recommendation: When drafting policy documents, it is important to distinguish between broad policy positions the Association might take on an issue and specific recommendations of policies that need to change (i.e. the “how”) in order to achieve the policy position.

### **Distribution and Advocacy of Policy Positions**

Following the approval of policy papers or briefs by the Congress, the paper or brief shall be reported to the NRHA Board of Trustees by the Congress Chair at the Board’s next regularly scheduled meeting for their ratification or rejection. Any paper or brief may be rejected upon a vote of two-thirds of the Board of Trustees. Upon adoption of a policy paper or brief, the Association staff will determine the appropriate means to distribute and utilize the papers. Papers may be posted on the [Association’s webpage](#) and thus available to all members as well as the public. Policy papers and briefs represent official NRHA positions and should be represented as such, without interpretation or projection.

NRHA staff can only speak for the Association on issues that are addressed in approved policy positions. Positions are used by NRHA staff and members to advocate to federal and state policymakers. The NRHA staff may distribute papers to the members of Congress and their staff, members of the administration and regulatory agencies, and other professional organizations and

associations as appropriate. NRHA members may also obtain copies of the papers from the web site or from the NRHA staff for distribution, research or other appropriate uses including legislative and regulatory advocacy. Association papers may also be used in discussions with other professional organizations and associations, particularly relating to the development of policies or positions by those organizations as they relate to rural health policy, legislation, or regulations.