

**National Rural Health Association**

**RURAL HEALTH POLICY BOARD**

**Policy  
Determination  
Process  
Guide**

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Guide to the development of Issue Papers and Policy Briefs through the Rural Health Policy Board process.

National Rural Health Association  
RURAL HEALTH POLICY BOARD

Policy Determination Process

The Rural Health Policy Board is established by the By-Laws of the National Rural Health Association and govern its functions and operations. The NRHA By-Laws state, "the Rural Health Policy Board shall determine the association's positions regarding public policy."

Further, those By-Laws state that "The Rural Health Policy Board shall function according to procedures and structures, as shall from time to time be recommended by its members and approved by the Board of Trustees." Further, "any association member may bring a position for consideration of the Rural Health Policy Board by submitting it to his or her primary constituency group for consideration and then forwarding it to the Rural Health Policy Board."

"Positions on public policy approved by the Rural Health Policy Board are official association positions unless overturned by the Board of Trustees by a two-thirds (2/3) majority vote. The Board of Trustees must vote to overturn a Rural Health Policy Board approved position within ninety (90) days of its approval."

The Rural Health Policy Board will determine a set of policy principles and positions which, upon ratification, are adopted as the Association's policy position on a broad spectrum of rural health issues. That policy is determined through a process of consideration of policy proposals developed through submission of papers. These papers outline the issue and proposals.

**Papers:**

Two types of documents may be developed for Policy Board consideration: Issue Papers and Policy Briefs

Issue Papers (alternately called 'white' papers or position papers):

These are more in-depth assessment of an issue, with background information, current status, effects, and proposed interventions. These papers are used to propose a new issue or discuss a longer-term vision for rural health care and the Association's role in advocacy on that issue. These papers may include general or specific recommendations.

Issue papers are presented to the full Policy Board for initial review. Board members may share comments on methodology, content, process, or recommendations, as well as implications for the Association and its advocacy efforts.

Issue papers are generally numerous pages in length, depending upon the depth of the development of the issue and subsequent action sections.

### Policy Briefs:

These papers provide a short new or updated synopsis of an issue. The issue may be one for which the Association may have already established a position or a new issue or position that does not require an extensive issue paper. It may also be an issue on which there already exists general agreement or understanding but the Association is proposed to recommend a new, different or updated proposal.

The policy brief is presented to the full Policy Board for review, along with information on the Association's previously adopted position or recommendation, for background reference. The Policy Board may focus on the suggested proposal(s) and implications for the Association, its advocacy efforts, or legislation.

Policy Briefs are generally two to four pages in length and very specific to an issue or policy.

### Format of an Issue Paper:

What is an Issue Paper? It is a multi-page document in which a particular issue is examined in detail, including the background of the issue, its parameters, and the data and research that explains the development of the issue and its effects. It also goes into the development of a proposal for intervention and change as well as specific recommendations.

There is no set requirement for the format of an issue paper. The format may be determined by the author(s), subsequent to additional feedback from presentation to Policy Board. An important consideration in the format and development of a paper is to consider how the paper will be used once adopted. NRHA's Government Affairs staff must have the background and the specificity to be able to use the paper to advocate for the recommended policy. The paper will be available to national and state government leaders and legislators, professional associations and advocacy groups, and the public. Readers should obviously be able to readily understand both the issue and the policy recommendations since the credibility of the National Rural Health Association is on the line.

There are, though, certain elements that should be included in such a paper. Among these are:

- I. Statement of the Issue
- II. Review of current relevant national and/or state policy
- III. Review of current NRHA policy positions relevant to the issue
- IV. Review of relevant data
- V. Policy recommendations

Each element is fairly self-explanatory. Each is critical to the development of the issue in a logical and comprehensive manner; each element is also critical to the presentation of the case to be made for a position to be adopted and taken by the Association. Each of these

elements should be developed in sufficient detail to allow an individual unfamiliar with the issue to fully comprehend and understand the issue and each point.

Elements should also include references to data, other works, studies, papers, and references as available and as appropriate. All references to any other work or source of data or information must be fully referenced. The format for references should be the standard format for footnotes, references and bibliographies. Consult the Government Affairs office for assistance in determining the appropriate format.

There are a number of well-done Issue Papers that have been accomplished by members. These papers are a valuable resource for an individual working on a new paper. Individuals are strongly encouraged to check the NRHA website or contact the Government Affairs office to obtain copies of these papers. Included with this Guide is an Addendum that outlines two examples of the organization of successful papers previously accomplished. These are offered to give members at least a starting point in organizing thoughts, plans and organization for a new paper.

Members of the Research and Education Constituency Group members may be asked for technical advice and assistance. The point person responsible for a paper may also consider asking one or more members of this Constituency Group to pre-review the paper for research and development soundness.

Authors of papers should also consider the Policy Board deliberative process as another source of input into the organization of papers. Members of the Policy Board will offer feedback and suggestions on the organization as well as the content of papers presented to the Board for consideration. Presentors should also feel comfortable in asking for input and ideas on the organization of their papers. It is, after all, intended to be a constructive process.

#### Format of Policy Brief:

What is a Policy Brief: It is a two to four page paper that updates an existing NRHA policy or position or discussed a new issue or position that does not require a longer, in-depth policy paper because the issue is already generally understood or known. A policy brief should include references to existing NRHA policy papers and contain at least the four sections described below.

#### I. Introduction.

In two to four paragraphs, provide an overview of the policy issue, legislative or regulatory, as well as background on why this is important to rural health care providers and the rural folks they serve. Relevant information should include background on any relevant original authorizing legislation, regulation or policy, how it has been implemented, initial successes and/or problems that have arisen as a result or failed to be addressed.

#### II. Data.

In four to six paragraphs, summarize relevant data that supports the need for a change in policy or position. Include charts, graphs, and statistical information when possible.

Such data can generally be obtained by contracting the federally funded rural research centers (this information can be obtained from Association's Government Affairs office. Other information can be obtained from web sites such as the following:

1. Office of Rural Health Policy at [ruralhealth.hrsa.gov](http://ruralhealth.hrsa.gov)
2. Rural Assistance Center at [www.raonline.org](http://www.raonline.org)
3. Rural Policy Research Institute at [www.rupri.org](http://www.rupri.org)

III. Policy Recommendations and Justification.

Policy recommendations should be extremely precise and only be a few sentences in length. An example of a policy recommendation from *The Need for a National Limited Services Hospital Program* policy paper: "The reimbursement for limited service hospitals should be based on reasonable costs (not subject to the lesser-of-cost-or-charges) including the cost of professionals services and should allow for the inclusion of costs for networking with other providers."

In one or two paragraphs, explain why each of the policy recommendations is necessary to improve current policy. An example of a justification for the policy recommendation discussed above is, "The all-inclusive payment option for limited-service hospitals provides administrative relief. Additionally, the higher cost-based reimbursement can be an important recruiting tool for these vulnerable hospitals to attract and hire physicians."

Include in this section a list of the key policy makers who would be responsible for implementing the policy recommendations, e.g. Senate Finance Committee, Health Care Financing Administration, etc. Additionally, discuss some of the barriers and obstacles that will need to be anticipated and overcome to achieve the policy recommendation.

IV. Conclusion.

In two to four paragraphs, restate why the previously discussed policy recommendations are an important step to improving the health of rural and frontier Americans and should be advocated for by the National Rural Health Association. The *Need for a National Limited Services Hospital Program* policy paper concluded with the following, "A single national model, as proposed in this issue paper, offers both flexibility and administrative simplicity, particularly at the federal level. While not intended to supplant other federal programs or to offer a panacea for all rural providers, a national limited-service hospital program will provide many rural communities with the tools to positively address the potential closure of the community hospital and preserve local access to needed health care services. Limited-service hospitals occupy a viable niche in the delivery system and can clearly play a valuable role in the health care of rural America."

**Process:**

One or more members of the Policy Board or other members of the Association will develop each paper. A point person will be responsible for coordinating the efforts of the individuals working on the paper and be responsible for organizing the presentation to the full Policy Board. It is a task that requires serious commitment and effort. It is the responsibility of

the point person to facilitate work with others, address the steps of the process and complete all tasks in a timely manner.

Any member of the Rural Health Policy Board and the Association may propose to develop an Issue Paper or a Policy Brief. The individual should consult the NRHA's Government Affairs staff about the idea for the paper. Initial steps include working with the Government Affairs staff to check out any existing issue paper or policy brief. Any existing paper or brief should be reviewed relative to the current proposed ideas.

If it appears that such a paper or position would be of benefit to the work of the Association or to better represent the interests of rural health issues in the country, the proposal for the paper would be placed on the agenda for the next Policy Board meeting; this is accomplished by the Government Affairs office. If approved by the Policy Board, the individual or lead author would commence the paper development process.

The individual should also include consideration of possible other members or Constituency Groups potentially interested in the idea of such a paper or potentially effected by the issue. One idea to consider is to contact the Chairs of the relevant Constituency Groups to see if the group can offer any information, interest, suggestions, or assistance for the proposed paper.

The responsibility of the point person includes monitoring the progress of the development of the paper, 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 writing or issue process.

The point person may also consider circulating a draft of the paper to all members of the Rural Health Policy Board prior to the scheduled presentation so that members of the Board may be time to review and consider the paper before the meeting, e.g. through posting on the e-Communities section of the Association's web site. Such a step may facilitate the consideration process in a more timely manner.

Final drafts for consideration by the full Policy Board at its scheduled meeting will be due into the Government Affairs office as determined by the NRHA staff. Drafts will be available on the Rural Health Policy Board e-Community on the NRHA website for review by RHPB members prior to the meeting.

Final drafts shall be done double-spaced on a single side of paper. Font size shall be no smaller than 12 point.

### Presentation to Policy Board

The presentation to the Policy Board may seem like a daunting experience but, in reality, it is only verbalizing what will be in the paper as it has been developed. It is talking through the idea and proposed actions. The presentation is also designed to solicit feedback from the varied perspectives represented by the diverse membership of the association. 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 actual presentation involves a number of steps:

- a. Explanation of the purpose of the paper,
- b. Identification of the need,
- c. Explanation of the process of the development of the paper,
- d. Description of the findings, including facts, data, etc.
- e. Explanation of the conclusions drawn as a result of the paper, and
- f. Description of the proposed recommendations and actions.

The result of a presentation to the Policy Board may include a number of possible actions.

- a. The Board may accept the paper as presented and adopt it by vote
- b. The Board may suggest areas for further research, detail, inclusion, or perspective.
- c. The Board may suggest additional or alternative recommendations or proposals.
- d. The Board may suggest additional considerations or perspectives to be considered by the author(s).
- e. The Board may recommend specific items or actions in order for the paper to be accepted or adopted.

The Board may request that the paper be brought back to the Policy Board when the recommended additions, changes, actions, etc., have been accomplished and integrated into an updated draft of the paper.

The Board may also vote to adopt the paper with the understanding that minor phrasing, wording or grammatical changes be made and then the paper be distributed. Such changes are to be overseen by a member of the Policy Board and a Government Affairs office staff working with the author of the paper.

In all scenarios, the lead author is responsible to work with the Government Affairs staff to get the revised paper back on the schedule of a future RHPB meeting for further consideration or have changes made as indicated.

The designated point person will be responsible for all recommended follow-up action and working with the Association's Government Affairs staff for scheduling follow-up presentations to the full Board.

### **Distribution of Papers**

Upon adoption of an Issue Paper or a Policy Brief, the Association staff will determine the appropriate means to distribute and utilize the papers. Papers may be posted on the Association's web page and thus available to all members as well as the public.

The Association's policy staff may distribute papers to members of Congress and their staff, members of the Administration and regulatory agencies, and members of other professional organizations and associations as may be appropriate. Members may also obtain copies of the papers from the web page or from the Government Affairs office for other distribution, research

or other appropriate uses. Members who utilize and/or distribute Association papers should inform the staff of the Government Affairs office so that a record may be maintained.

Members may also use Association papers when visiting their federal legislators. Members should discuss distribution of Association papers with legislators prior to doing so in order to ensure that the message is coordinated and consistent.

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. It should always be remembered that Issue Papers and Policy Briefs represent official Association positions and should be represented as such, without interpretation or projection.

### **Rapid Response Process**

There are situations which call for a rapid decision on proposed legislation, pending regulation, or other such situation. In these cases, the Association must make a determination quickly and respond.

For situations like these, the Association has established a Rapid Response Team. Members of the team include the President, President-Elect and Immediate Past President of the Association, the Chair of the Rural Health Policy Board, the Chair of the Government Affairs Committee and Chairs of any Constituency Group (CG) for which the issue at hand would be applicable or appropriate. The Rapid Response Team is coordinated by the Government Affairs office staff and are typically consulted through conference calls or email. The Team may also include any other member of the Board or Association as may be helpful to obtain the most complete and representative input into the decision at hand.

### **Board Conclusions**

It is the intent of the process that the Rural Health Policy Board, by its decisions, represents the official positions of the Association. The deliberation process is intended to present an opportunity for full, open and thorough discussion of any and all possible considerations relative to the issue. 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 all members to actively and honestly present their perspectives and opinions in order that the discussion is thorough and complete. Upon conclusion of the deliberative process and decision by the Rural Health Policy Board, members of the Board and the Association should support the position of the Association to all others outside the Association.

It is understood that individual members may ultimately disagree with a specific finding, paper, position, or recommendation. This is understandable in a diverse organization like the Association and its varied types of members. But 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.

### **Resources**

Authors of papers should remember that there a significant number of fellow members available for discussion and consultation on development, organization, presentation, and follow-up of papers. The Government Affairs office staff is the primary point of reference and coordination. Officers of the Policy Board and of the Association, Chairs of the Constituency Groups, members of the Research and Education Constituency Group, and past authors of papers are available for assistance by phone, email or in person at meetings. Members only have to ask for assistance.

In the National Rural Health Association, it is and should be a team effort, with members working with and supporting members. Have confidence in the opportunity and process.

## **ADDENDUM #1**

There are examples of well-designed papers. These are presented for sake of reference for individuals seeking direction for development of issue papers.

### Example #1:

- A. What is the problem or issue.
  1. Current status
  2. Current interventions
  3. Current barriers
  4. Current parallel activities
- B. Attempts at solution.
  1. Public initiatives, e.g. government (national, state, local)
  2. Private sector initiatives, e.g. national organizations, corporate, providers, etc.
  3. Community initiatives
  4. Individual initiatives
- C. Further development of explanation of problem or issue, related to attempts at solution
  1. Success or failures of attempts at solution
  2. Lessons learned from attempts at solution
  3. Best practices gleaned from attempts at solution
- D. Broader considerations related to the problem or issue
  1. Consider such areas as:
    - a. Economic
    - b. Cultural
    - c. Ethnic
    - d. Work Force
    - e. Ethical
    - f. Access
- E. Policy recommendations that the NRHA could espouse
  1. Possible categories of policy recommendations:
    - a. Research
    - b. Education
    - c. Professional training, graduate training

- d. Professional fulfillment
  - e. Financial recommendations
  - f. Quality of life
  - g. Other interventions
- F. Bibliography

Example #2:

- A. Definition of problem, issue or need
- B. History
  - 1. Include legislative and/or regulatory history, citing relevant laws, bills, resolutions, etc.
  - 2. Include history of policy positions or attempts to develop policies
- C. Current status of problem, issue or need
  - 1. Current status
  - 2. Current interventions
  - 3. Current barriers
  - 4. Current parallel activities
- D. Summary
- E. Policy positions recommended
  - 1. Include identification of projected audience(s) or decision-maker for the recommended policy
- F. Bibliography