Connecticut Health Care Coalition Bylaws

December 2024

Connecticut
Health Care Coalition

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RECORD OF CHANGES

Change	Date Made	Person
Added Example Organizational Chart	10/1/2024	Mary Beth Skarote
Included language outlining geographical coverage of the coalition, jurisdictional information, and information about communities most impacted by disaster.	10/1/2024	Kim Cerullo
Updated the language in the first paragraph of the "Coalition Membership" section to reflect conversations about organization vs. health system membership.	10/1/2024	Kim Cerullo
Removed references to "core members."	10/1/2024	Kim Cerullo
Added a bullet to the Member Eligibility section indicating that vendors are not eligible for membership in the coalition.	10/1/2024	Kim Cerullo
Added Poison Control as its own member type.	10/1/2024	Kim Cerullo
Changed the language around Active Members to say that any Partner may become a member, reflecting current recruitment practices.	10/1/2024	Kim Cerullo
Added a paragraph describing the procedure for multiple organizations choosing to become a single member (e.g. MRC units sending one representative).	10/1/2024	Kim Cerullo
Expanded the Partner designation to include any organization that has attended at least two CT HCC activities.	10/1/2024	Kim Cerullo
Updated Inactive Member participation guidelines to match the requirements needed to become and remain an Active Member.	10/1/2024	Kim Cerullo

All benefits for all designations (e.g. members, partners, guests) have been put in one place.		
Removed language stating that only one person per organization can become an Executive Committee member.	10/1/2024	Kim Cerullo
Added language around Executive Committee member votes. This committee does not have proxies and has one vote per person, rather than one vote per member.	10/1/2024	Kim Cerullo
Removed reference to asynchronous roll-call voting, as it isn't possible to do outside of a meeting.	10/1/2024	Kim Cerullo
Added language stating that the coalition will keep records of how individuals voted (rather than publishing this info every time), which reflects current practice.	10/1/2024	Kim Cerullo
Added a line saying that the Fiscal Agent will use their procurement and purchasing policies when conducting coalition business.	10/1/2024	Kim Cerullo
Changed language around who can submit special funding proposals.	10/1/2024	Kim Cerullo
Enhanced Conflict of Interest language to state that vendors must partner with a member organization to be eligible for funding.	10/1/2024	Kim Cerullo
Changed references to "Steering Committee" to "Executive Committee."	12/10/2024	Kim Cerullo
Changed references to "General Membership Meeting" to "CT HCC Meeting."	12/10/2024	Kim Cerullo
Changed language to accurately reflect how abstentions count in CT HCC voting totals.	12/10/2024	Kim Cerullo

Removed reference to redundant communications drill participation.	12/10/2024	Kim Cerullo

ADOPTION OF THE BYLAWS

The members of the Connecticut Health Care Coalition (CT HCC) shall be organized by these policies and procedures; these bylaws have been approved by members of the Coalition.

Date Adopted by Coalition Vote: 12/18/2024

BACKGROUND

The CT HCC consists of multidisciplinary partner agencies and organizations that share a common purpose: preparing Connecticut's health care system to effectively respond to and recover from emergencies that impact the public's health.

The Administration for Strategic Preparedness and Response (ASPR) defines a healthcare coalition as a network of individual public and private organizations in a defined state or sub-state geographic area that partner to prepare health care systems to respond to emergencies and disasters, ultimately increasing local and regional resilience.

Health Care Coalitions (HCC) are composed of diverse, and sometimes competitive organizations who, during a disaster, become interdependent on one another for supplies, transportation, personnel, and more.

MISSION

The mission of the CT HCC is to promote collaboration, education, and joint exercises during the planning and preparedness phases of emergency management. During real-world operations, the mission of the CT HCC is to help identify resources at the federal, regional, state and sub-state levels, and to collect, analyze, validate, and disseminate essential elements of information to partner agencies.

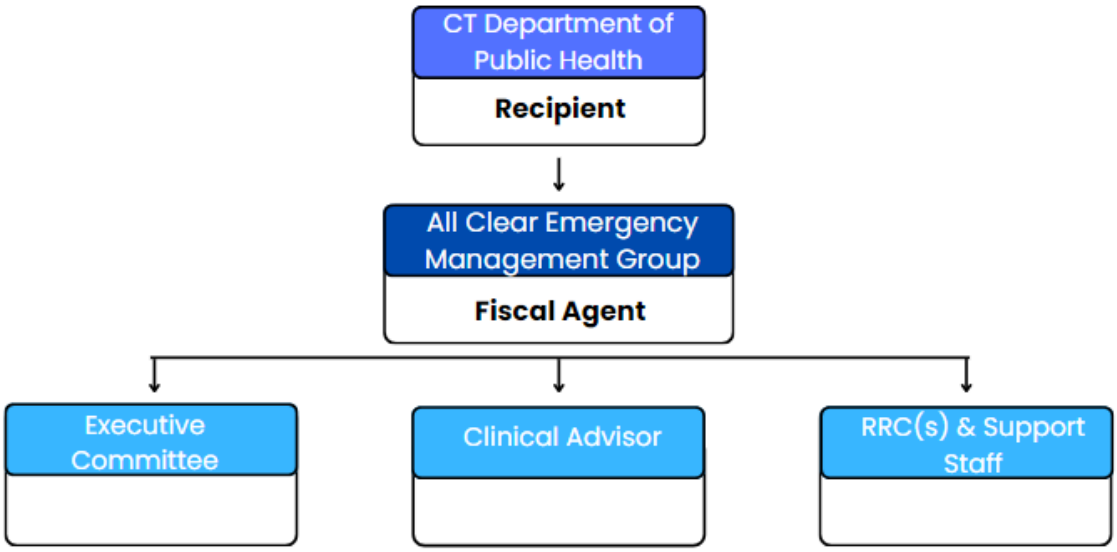
PURPOSE

CT HCC Bylaws establish and define the operational structure of the CT HCC, as well as its roles and responsibilities in guiding health care preparedness efforts and supporting response and recovery operations during a disaster or public health emergency.

ORGANIZATIONAL STRUCTURE

CT HCC operates as a subcomponent of the Connecticut Department of Health, working closely to align with the department's public health and healthcare goals. Daily operations are managed by a dedicated fiscal agent and a professional staff team, ensuring efficient coordination of resources, compliance with regulations, and smooth implementation of initiatives. This structure allows CTHCC to focus on addressing public health and healthcare needs while maintaining accountability and operational efficiency.

Organization Chart



JURISDICTIONAL INFORMATION

Connecticut is comprised of 169 municipalities and is divided into five emergency preparedness and planning regions by the Division of Emergency Management and Homeland Security, a part of the CT Department of Emergency Services and Public Protection. These regions serve as planning and collaboration hubs since Connecticut lacks a county government structure.

Connecticut, located in the northeastern United States, is known for its diverse geography, which includes a mix of urban, suburban, and rural areas. The state covers a land area of 4,841.4[1] square miles and a water area of 700.8 square miles and is home to a population of around 3.6 million people, making it one of the most densely populated states in the country. Major urban centers like Hartford, New Haven, and Bridgeport are hubs for commerce, education, and healthcare, while smaller towns and rural communities are spread throughout the state's

[1] https://data.census.gov/profile/Connecticut?g=040XX00US09

landscape. Despite its size, Connecticut offers a wide range of living environments, from bustling city life to quiet, picturesque towns.

The state's healthcare system is robust, with more than 30 hospitals spread across its counties, including several renowned institutions such as Yale New Haven Hospital and Hartford Hospital. Connecticut is also home to over 200 long-term care facilities, catering to the needs of an aging population and individuals requiring specialized care. Emergency Medical Services (EMS) agencies are strategically positioned across the state, with over 170 licensed EMS agencies ensuring rapid response to emergencies. This integrated healthcare infrastructure supports both the urban and rural populations, providing comprehensive services across a relatively small but densely populated area.

In Connecticut, certain communities are more vulnerable to the impacts of disasters due to factors such as geography, socio-economic status, and infrastructure. Coastal communities, in particular, are at a higher risk due to their proximity to the Atlantic Ocean and Long Island Sound, making them susceptible to hurricanes, tropical storms, and flooding. Towns like New London, Bridgeport, and New Haven often face greater threats from storm surges, high winds, and flooding during major weather events.

Urban areas with older infrastructure, like Hartford and Bridgeport, can also experience significant impacts from disasters, especially when it comes to flooding, power outages, and infrastructure damage. Low-income communities and neighborhoods with limited access to resources often face greater challenges in disaster preparedness, response, and recovery. These areas may lack the financial means or social support systems to bounce back quickly from the effects of disasters.

Additionally, rural communities in the northwestern and northeastern parts of Connecticut can face isolation during extreme weather events like heavy snowstorms or ice storms. Limited access to emergency services and longer response times in these areas make recovery more difficult. Overall, coastal areas,

urban centers, and low-income communities tend to be the most impacted by disasters in Connecticut.

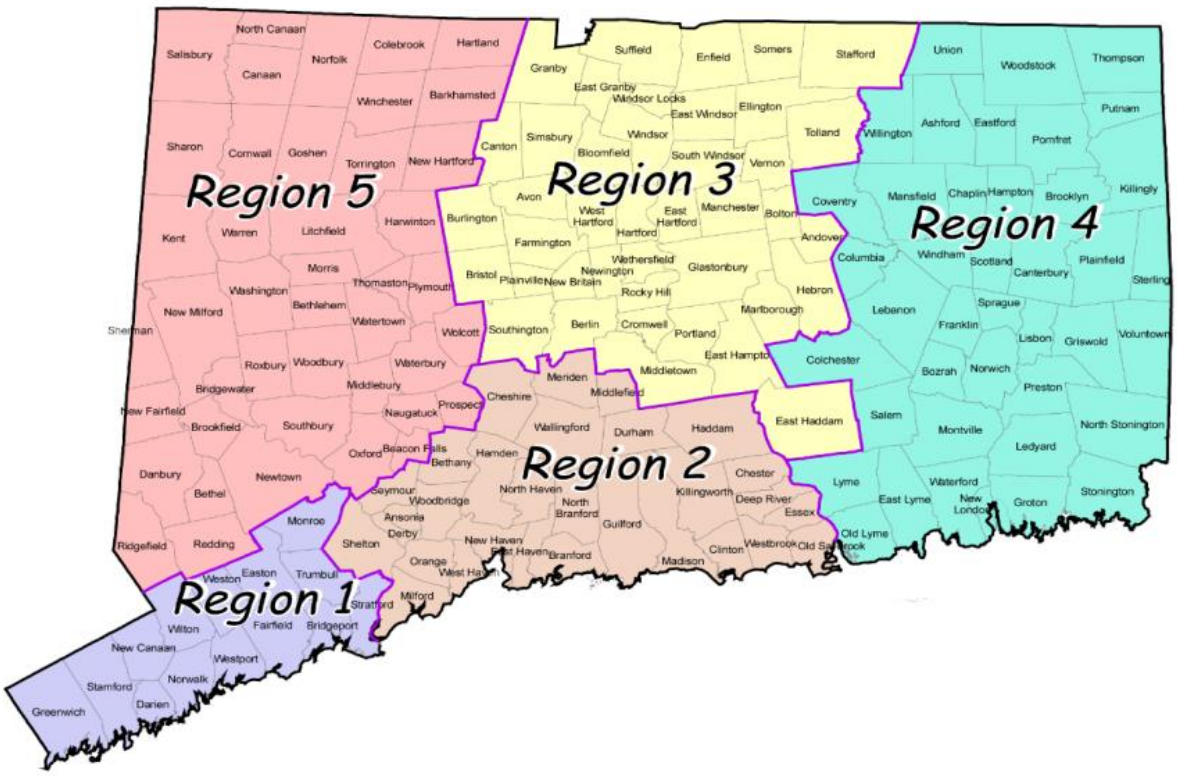


Figure 1: Connecticut DEMHS Planning Regions

COALITION MEMBERSHIP

Coalition membership is open to organizations that provide or support health services in the state of Connecticut. Organizations of any size can become coalition members. For example, a large healthcare system or a single hospital within that system are both eligible for membership. All reasonable efforts shall be made to ensure membership is broadly representative of Connecticut's healthcare system partners and not focused on one specific sector of healthcare. General coalition membership may consist of, but is not limited to, representatives of each of the following organization/entities:

- Key HCC membership types shall include, at a minimum, the following representatives from:

    - Hospitals (including short term acute care hospitals, long term acute care hospitals, chronic disease hospitals, psychiatric hospitals, children's hospitals, rehabilitation hospitals, and hospice inpatient facilities)
    - Emergency medical services (EMS) (including inter-facility and other non-EMS patient transport systems)
    - Emergency Management
    - Emergency Support Function 8 (ESF-8) Regions
    - Connecticut Department of Public Health, Public Health Preparedness and Response Section
    - Local public health agencies (including both municipal and district departments of health)
- Additional HCC members may include, but are not limited to the following:
    - Behavioral health services and organizations (including substance abuse treatment facilities)
    - Community Emergency Response Team and Medical Reserve Corps (MRC)
    - Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease networks
    - Federal facilities (e.g., U.S. Department of Veterans Affairs [VA] Medical Centers, Indian Health Service facilities, military treatment facilities)
    - Home health agencies (including home and community-based services)
    - Infrastructure companies (e.g., utility and communication companies)
    - Jurisdictional partners, including cities, counties, and tribes
    - Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
    - Local public safety agencies (e.g., law enforcement and fire services)
    - Medical and device manufacturers and distributors
    - Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
    - Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health

Centers, urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
    - Poison Control Centers
    - Primary care providers, including pediatric and women's health care providers
    - Schools and universities, including academic medical centers
    - Skilled nursing, nursing, and long-term care facilities
    - Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks)
    - Other (e.g., childcare services, dental clinics, social work services, faith-based organizations)
- Vendors are not eligible for membership in the coalition; however, they are welcome to attend as guests at coalition meetings and events. Vendors are defined as businesses or individuals who provide goods or services for profit, such as suppliers of medical equipment, pharmaceuticals, technology, or consulting services. While vendors may not hold membership status, their participation as guests allows for collaboration and information-sharing without creating conflicts of interest within the coalition's mission and objectives.

MEMBER AGREEMENT AND RESPONSIBILITIES

Any Partner Organization may become an Active Member of the CT HCC. An organization shall be considered an official Active Member of the CT HCC after signing and submitting a member agreement form. The agreement is not legally binding and is a good-faith agreement that CT HCC member organization will support and integrate within existing health and medical response and recovery activities within the parameters of statutory authority, jurisdictional and/or organizational Emergency Operations Plans and as defined within the principles of emergency management.

A group of multiple eligible member organizations may choose to be represented as a single member (e.g., MRC units may opt to send a single representative for the group). This group must provide documentation to the CT HCC's Readiness and Response Coordinator (RRC) showing that all group members agree to be represented in this manner. If at any time a member of the group of member organizations being represented by a single member would like to represent themselves as a member organization, they may sign a membership agreement and represent themselves.

By signing the member agreement, Active Members will:

- Provide representation at coalition meetings
- Participate in coalition activities and help to ensure the coalition can meet its identified goals, priorities, and contractual deliverables
- Participate in collaborative preparedness planning efforts
- Participate in the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans
- Vote on coalition activities and elections
- Respond, as able, to emergencies and disasters in collaboration with other Coalition members
- Work to implement emergency preparedness and response capability guidelines within the member's organization
- Update all applicable information sharing/resource coordination platforms (e.g., ProtectAdvisr™, WebEOC)

The member agreement is made publicly available on the CT HCC "Become a Member" webpage.

MEMBERSHIP TYPES

Partner Designation (Non-Voting Member)

A Partner Organization shall be deemed in good standing and is considered a Partner if the representative has attended, either in person, by phone, or virtual meeting, at least two CT HCC activities within a 12-month period, but does not have a signed organization agreement on file.

Active Member Designation (Voting Member)

An Active Member organization shall be deemed in good standing if the representative has attended, either in person, by phone, or virtual meeting, at least six CT HCC activities within a 12-month period, and has a signed member agreement on file. CT HCC activities include regularly scheduled meetings, workgroup meetings, drills, and exercises. On a case-by-case basis, certain real-world events and activations that impede coalition business (such as federal and state declared emergencies) may serve as a CT HCC activity. Events and activations must be submitted to the Executive Committee for approval. Active member organizations are eligible for all membership benefits. The member organization will designate a voter and an alternate. If either of the voting

members is no longer an employee of the organization, replacement representatives (primary and secondary) will be requested to be designated by the organization

Inactive Member Designation

If a member organization does not maintain good standing by attending at least six meetings in the 12-month period, the member organization will be designated an Inactive Member organization and will be unable to vote and receive certain benefits of coalition membership[2]. The RRC will notify member organizations via email if their designation has changed and document this in CT HCC bimonthly meeting minutes. Member organizations may return to a good standing status by attending two consecutive scheduled meetings and approval by the CT HCC Executive Committee.

Membership Resignation

A member organization may resign from the CT HCC at any time by written notification to the Chair and Co-Chair via email as well as the RRC at coordinator@cthcc.org. Within one week of receiving written notification of resignation, the member organization will be removed from the CT HCC membership list, all communication lists, and access to the member portal. The member organizations' resignation from the HCC will be reported at the next meeting as part of the agenda.

Membership Roster

The coalition will maintain a current roster of member organizations and contact information. This roster may include multiple individuals from the same coalition member organization. Information will be updated at least quarterly by the RRC. This roster is made available on the CT HCC website, on the Coalition Member Portal page. The member portal is password protected and only official members with a signed member agreement may have access. RRC will track and maintain meeting attendance for member organizations.

Invited Guests (Non-Members)

Subject matter experts and representatives from other organizations that provide expertise may be invited to attend CT HCC meetings and activities. Invited organizations may fully engage in coalition discussions and activities, but cannot vote.

MEMBER AND PARTNER BENEFITS

Partner Benefits

A Partner Organization in good standing is not eligible to vote on coalition matters and is only eligible to receive the following limited benefits:

- Access to the coalition Member Portal of the website where all coalition plans, coalition member contact information, training and exercise templates are housed
- Eligible to receive reimbursement to attend approved preparedness and response conferences and other professional development opportunities
- Networking and information sharing opportunities to collaborate with peers around the state

Active Member Benefits

An Active Member Organization in good standing receives the following benefits:

- Eligible to vote on coalition business (one vote per member organization)
- Access to the Coalition Member Portal of the website where all coalition plans, coalition member contact information, training and exercise templates are housed
- Eligible to apply for funding for coalition projects[3]
- Eligible to receive reimbursement to attend approved preparedness and response conferences and other professional development opportunities
- Use of coalition-funded equipment
- Networking and information sharing opportunities to collaborate with peers around the state

EXECUTIVE COMMITTEE

The CT HCC has elected an Executive Committee to provide strategic direction to the coalition. The Executive Committee functions as an advisory entity, ensuring operational capabilities and overseeing scope of work requirements as directed by the Connecticut Department of Public Health (CT DPH). The Executive Committee ensures that the allocation of resources align with the strategic goals and objectives of the coalition. Due to the multidisciplinary composition of the Coalition, the CT HCC Executive Committee will help to ensure that plans, training,

[3] See Conflict of Interest

and exercise activities meet the needs of the coalition members organizations as well as aligning with guidelines issued by ASPR and CT DPH.

EXECUTIVE COMMITTEE MEMBERS

The Executive Committee will consist of the following positions:

- Chair (1)- must be from a key member organization.
- Co-Chair (1)
- ESF-8 Representatives (5)
- Coalition Members At-Large (up to 4)

Each of these Executive Committee members will have one vote on Executive Committee matters. The Chair, Co-Chair, and Coalition Members At-Large are elected by CT HCC membership vote at the annual election. The ESF-8 Representatives are appointed by their ESF-8 region. One representative will be appointed from each of the five ESF-8 regions.

The Executive Committee will strive to have representation from the following sectors:

- Hospitals
- Emergency Medical Services
- Emergency Management
- Public Health
- Other members such as Ancillary Healthcare (i.e., Long-Term Care, Assisted Living, Residential Care, Home Health, Hospice, etc.)

All reasonable efforts shall be made to establish Executive Committee membership that is broadly representative of Connecticut's healthcare system partners. The Executive Committee shall meet at least on a bi-monthly (every other month) basis. The RRC will distribute meeting notices and agenda at least one week prior to the meeting. Meeting minutes will be distributed and uploaded to the Executive Committee Portal no later than one week after the meeting has been conducted. Once elected, Executive Committee members will receive a password to access the Executive Committee Portal.

Additionally, the Executive Committee includes the following positions that serve in an advisory/situational awareness position and have no voting privileges in the Executive Committee:

- RRC(s)

- Coalition Fiscal Agent
- Clinical Advisor(s)
- CT DPH Public Health Preparedness and Response Section Representative or Designee
- Connecticut Hospital Association Representative

The Executive Committee reserves the right to expand advisory/situational awareness positions based on the needs of the coalition. Additional positions could include representatives from additional organization types (i.e., State Agencies).

EXECUTIVE COMMITTEE ELIGIBILITY AND RESPONSIBILITIES

To be eligible to serve in an Executive Committee role, the individual coalition member must:

- be part of an active member organization in the coalition for at least one year
- a member organization may fill no more than one Executive Committee position
- actively serving in a professional capacity at an organization which the coalition represents and that the position has been elected to represent
- provide representation at CT HCC meetings
- attend executive committee meetings
- vote on coalition budget decisions
- provide guidance and subject matter expertise in decisions regarding Healthcare Coalition priorities and objectives, including the following:
    1. Serving as a liaison between their given discipline and the CT HCC
    2. Advocating for, and educating stakeholders on, the CT HCC's mission, goals, objectives, and activities
    3. Guiding the CT HCC in carrying out its mission, including completion of grant deliverables, through active participation and attendance at meetings
    4. Reviewing and making recommendations regarding the work of committees
    5. Advising coalition members on all policy matters concerning the nature, scope, and extent of community and public health concerns and responses.

The Executive Committee Chair duties shall be:

- serve in the Chair position for a two-year term
- to preside over coalition business / meetings
    - attend Executive Committee meetings and provide input to coalition meetings, coalition budget, work plan and special projects
    - appointing special working groups as appropriate which may include persons other than Coalition members
- meet regularly with the CT HCC Contractor, maintain open lines of communication
- assist the CT HCC Contractor in preparation for scheduled CT HCC business meetings
- ongoing development of the Coalition
- participate in at least one coalition work group per fiscal year

The Executive Committee Co-Chair shall perform the duties of the Chair in his/her absence and:

- serve in the Co-Chair position for a two-year term
- assist the Chair in coalition business / meetings
- attend Executive Committee meetings and provide input to coalition meetings, budget, work plan and special projects
- meet regularly with the CT HCC Contractor, maintain open lines of communication
- assist the CT HCC Contractor in preparation for scheduled CT HCC business meetings
- provide input to the coalition meeting's agenda
- ongoing development of the Coalition
- participate in at least one coalition work group per fiscal year

The Member at Large duties shall be to:

- serve in the position for a two-year term
- provide situational awareness and information sharing between the region and the CT HCC
- serve on the Executive Committee meetings
- provide guidance and subject matter expertise in decisions regarding CT HCC priorities and objectives
- attend Executive Committee meetings and provide input to coalition budget, work plan and special projects
- participate in at least one coalition work group per fiscal year

The ESF-8 Representative duties shall be to:

- serve as a representative of the ESF-8 Region assigned and ensure regional priorities are considered in coalition planning, training, and exercise.
- provide situational awareness and information sharing between the region and the CT HCC
- serve on the Executive Committee meetings
- provide guidance and subject matter expertise in decisions regarding CT HCC priorities and objectives
- attend Executive Committee meetings and provide input to coalition budget, work plan and special projects
- participate in at least one coalition work group per fiscal year

The RRC(s) duties shall be to:

- assist in co-facilitation of coalition meetings, including Executive Committee meetings
- attend Executive Committee meetings in an advisory/situational awareness capacity
- serve in an advisory and facilitation role for each active coalition work group and serve as the liaison between work groups and the CT HCC Executive Committee
- facilitate the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the coalition
- support the response activities of the coalition according to their plans
- submit minutes of coalition meetings and copies of other coalition documents to coalition members, appropriate State and Local officials and store for long-term access and documentation.
- ensure that the deliverables for the HHS Administration for Strategic Preparedness and Response/CT Department of Public Health are met within the prescribed timeline

Coalition Fiscal Agent duties shall be to:

- provide budget updates at coalition Meetings, including Executive Committee meetings
- attend Executive Committee meetings in an advisory/situational awareness capacity
- responsible for all fiscal aspects of coalition business
- attend Executive Committee meetings in an advisory/situational awareness capacity

The Clinical Advisor duties shall be to:

- provide clinical leadership to the coalition and serve as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities (e.g., blood banks), and EMS agencies.
- attend Executive Committee meetings in an advisory/situational awareness capacity
- review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance.
- act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities

CT DPH Public Health Preparedness and Response Section Representative or Designee duties shall be:

- provide representation at Executive Committee meetings
- provide guidance and subject matter expertise and pertinent updates related to the ASPR Hospital Preparedness Program (HPP) and Cooperative Agreement requirements
- ensure the CT HCC uses federal funding in accordance with the HPP Cooperative Agreement

Additional Advisory position duties shall be:

- provide representation at Executive Committee meetings
- provide guidance and subject matter expertise in decisions regarding health care coalition priorities and objectives

ELECTIONS, APPOINTMENTS, AND TERMS

The CT HCC Executive Committee positions of Chair, Co-Chair, and Member at Large are elected for a two-year term. Once elected, CT HCC Executive Committee members are eligible to run for consecutive terms; however, there is a four-year maximum on consecutive terms of the same executive committee position. This four-year maximum may be served across any number of consecutive terms.

CT HCC Executive Committee elections shall occur annually during the last CT HCC meeting before June 30. In order to be considered for election to the Executive Committee, an individual must be nominated for election. Self-nominations are permitted. Nominations should be made in a fashion to maintain the multidisciplinary, multijurisdictional composition of the Executive Committee. **A deadline and a process for making nominations will be distributed to all**

Coalition members thirty (30) days prior to the last CT HCC meeting before June 30.

Following the annual elections, the Executive Committee begins their new term at the first meeting of the new fiscal year, post-July 1.

The CT HCC Executive Committee position of ESF-8 Representative is appointed by their ESF-8 region. Appointment processes may vary by region. Connecticut has five ESF-8 groups, one for each emergency management region, which meet monthly. Each ESF-8 group may appoint one Representative to the Executive Committee. This representative can be any individual affiliated with the ESF-8 region. One representative may be appointed from each of the five ESF-8 regions.

VACANCIES OF EXECUTIVE COMMITTEES BEFORE TERM

A vacancy shall exist when one or more of the following occur:

1. A member of the CT HCC Executive Committee has three consecutive unexcused absences, as determined by the Chair
2. A member of the CT HCC Executive Committee resigns
3. A member of the CT HCC Executive Committee is no longer actively serving in a professional capacity at an organization which the coalition represents and that the position has been elected to represent

In the event of a vacancy for the positions of Chair, Co-Chair, or Member at Large, the RRC will notify the CT HCC members in writing and schedule a special election to fill the position. The elected position will assume their duties immediately for the remainder of the elected term (e.g., if elected in December of year one in the election cycle the elected position will have 18 months remaining of the term).

In the event of a vacancy for the position of ESF-8 Representative, the RRC will notify the CT HCC members and the Chair(s) of the ESF-8 group in the region that is no longer represented in writing. Once the ESF-8 group notifies the RRC of a new appointment, the Representative will assume their duties immediately for the remainder of the elected term.

VOTING

Each Active Member organization shall have one vote per organization. Each CT HCC Executive Committee member with voting rights shall have one vote per person. Items that require voting include:

Voting Item	Full Coalition or Executive Committee	Voting Frequency	Affirmative Votes Needed
Bylaws	Full Coalition (Voting Members)	Annually and as needed	Present or participating, Majority 66%
Emergency Response Plan and Specialty Annexes	Full Coalition (Voting Members)	Annually	Present or participating, Majority 51%
Coalition Leadership Elections and Vacancies	Full Coalition (Voting Members)	Annually and as needed for vacancy	Present or participating, Majority 51%
Final Budget Approval	Full Coalition (Voting Members)	Annually and as needed	Present or participating, Majority 66%
Special Projects	Executive Committee	As needed	Present or participating Majority, 51%
Other Coalition business	Executive Committee	As needed	Present or participating, Majority 51%

(Note: Abstentions are removed from the denominator for the purpose of tallying votes, and have no impact on the final vote total.)

Active Membership of the coalition is at an organization level, and each organization has one vote in coalition matters. Executive Committee membership is at an individual level, and each person with voting rights (including the Chair, Co-Chair, ESF-8 Representatives, and Members at Large) shall have one vote per person.

The outcome of each vote will be announced and recorded as either approved or denied. Voting by telephone or virtual meeting software (e.g. Zoom polling) is permitted. Members voting virtually understand that the vote might occur over a video or conference call and therefore will not be confidential. The results of all

votes, regardless of mechanisms, will be documented in the meeting minutes, clearly showing the results of the vote.

Virtual Voting

There may be situations outside of the cadence of coalition meetings when virtual voting by members may be necessary and scheduling of a special meeting may not be feasible or practical. Virtual voting is defined as the process by which eligible members may cast votes on matters of coalition business, resolutions, or elections through electronic or online means, such as telephone or virtual meeting software (i.e., Zoom, Google, or Microsoft Teams). The following will apply to virtual voting:

- Read ahead material will be provided as necessary no less than seven days prior to opening the vote
- Names are required to validate the vote
- Meeting minutes will include the vote tally
- The coalition will keep records of how individuals voted

COALITION MEETINGS

A. CT HCC Meetings will be scheduled on a bi-monthly basis (every other month). CT HCC meetings will meet a minimum of six times per year and include members, partners, and guests. CT HCC ad hoc meetings may be held more often as determined by the CT HCC Executive Committee. Work Group meetings may be held as determined by the individual work groups. All coalition meetings and work group meetings will be announced.
B. Executive Committee meetings will be held bi-monthly (every other month) (opposite CT HCC Meetings). Executive Committee ad hoc meetings may be held more often as determined to address coalition business requiring Executive Committee approval with a deadline prior to the next regularly scheduled meeting.
C. Notice for all coalition meetings and agendas will be distributed via email by the RRC at least seven days before the meeting. Notices will include date, time, location, and meeting agenda items. Attachments relevant to the coalition meeting may also be distributed with the notice for CT HCC meetings.
D. CT HCC meeting minutes will be distributed no later than seven days after the CT HCC meeting by the RRC.

E. Special meetings of the CT HCC may be called by the RRC after communication with the Chair or Co-Chair. If the Chair is absent or unwilling to act, the Co-Chair or RRC may preside over the special meeting. Only matters specified in the written notice of the meeting may be considered at a special meeting.

WORK GROUPS

To maximize the efficiency with which the CT HCC completes tasks, work groups may be established and charged with responsibilities consistent with the CT HCC's purpose and functions. As needed, the Executive Committee may approve the establishment of work groups to address a specific area and/or produce a specific product of interest to the coalition. Representatives from each work group must be available to provide status reports during coalition meetings and/or to the Executive Committee as requested. Any good standing members or partners may serve on work groups. The RRC will serve in an advisory and facilitation role for each active coalition work group and will serve as the liaison between work groups and the CT HCC Executive Committee.

FINANCIAL MANAGEMENT

FUNDING

The primary funding for coalition activities comes through the US Department of Health and Human Services, ASPR HPP program. The recipient of the HPP grant is the CT DPH. CT DPH then funds the CT HCC through a fiduciary to develop collaborative and system-wide Health Care Preparedness and Response Capabilities.

FISCAL AGENT

All Clear Emergency Management Group has been contracted by the Connecticut Department of Public Health to be the Fiscal Agent for the CT HCC through June 30, 2027. Each contract scope is for the fiscal year from July 1 to June 30. Current funding comes from a cooperative agreement between ASPR and CT DPH (Recipient).

The Fiscal Agent shall be responsible for tracking all coalition expenditures, and inventory of items purchased with grant funds. Record keeping shall be in accordance with generally accepted accounting practices. The Fiscal Agent will

use their procurement and purchasing policies when conducting coalition business.

Members of the Executive Committee and voting members may not authorize any officer or officers, agent, or agents, to enter into any contract, to execute and deliver any goods or services in the name of and on behalf of the coalition.

CONFLICT OF INTEREST

DEFINITION

It is essential to the integrity of the process that the CT HCC Membership and CT HCC Executive Committee members refrain from taking part in reviewing any proposal in which they have a personal interest. To maintain confidence in the process, it is equally important to avoid any situation that depicts the appearance of favoritism or conflict of interest.

A CT HCC member or CT HCC Executive Committee member is deemed to have a conflict of interest when they (or a relative or business associate) has one or more of the following relationships existing with a program, or competing program, under consideration:

- Ownership or financial interest
- Director, Trustee, or Officer
- Employee
- Provider of goods and services, material, or other substantial interest which might inhibit objective decisions

In addition to specific relationships to a program under consideration, members may find themselves in conflict when discussing other matters.

Members who have a conflict of interest on a specific issue shall state before discussion of the issue in question and shall abstain from scoring or voting on said issue. Member Organizations may participate in discussions relating to issues for which a conflict has been declared, provided they state their potential conflict of interest prior to the discussion.

Nothing shall prohibit members from further declaring a conflict of interest and abstaining from voting or discussion on an issue when they believe that such

activity might constitute, or give the appearance of constituting, a conflict of interest.

Proposals: Only Active Members of the coalition as outlined above in Membership Types should submit proposals to the membership for discussion

Vendor Clause: Individuals or organizations who provide services or products related to the scope of this program, regardless of membership status, must partner with an active member organization to apply for special project funding. This includes, but is not limited to, those who offer services, goods or solutions that fall within the scope of the Healthcare Coalition workplan. This exclusion is in place to maintain fairness, transparency, and prevent conflict of interest.

REVIEW AND AMENDMENT OF THE GOVERNANCE

The CT HCC bylaws will be reviewed by the CT HCC Executive Committee on an annual basis and then shared with all coalition members for review and approval. Amendments to the bylaws may be proposed by any coalition Member in good standing. Proposed amendments shall be submitted in writing to the RRC at least one month prior to the next regularly scheduled meeting. The amendment shall be acted on at the following meeting provided a copy of such proposed amendment(s) are distributed at least thirty (30) days in advance or fully stated and attached to the electronic notice for that meeting. A two-thirds (66%) vote of members present in-person or virtually at the meeting is required for the amendment to carry.