Connecticut Health Care Coalition Bylaws

February 2026

Connecticut
Health Care Coalition

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RECORD OF CHANGES

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

Change	Date Made	Person
• 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. • Removed reference to asynchronous roll-call voting, as it isn't possible to do outside of a meeting. • Added language stating that the coalition will keep records of how individuals voted (rather than publishing this info every time), which reflects current practice. • Added a line saying that the Fiscal Agent will use their procurement and purchasing policies when conducting coalition business. • Changed language around who can submit special funding proposals. • Enhanced Conflict of Interest language to state that vendors must partner with a member organization to be eligible for funding.		
• Changed references to "Steering Committee" to "Executive Committee." • Changed references to "General Membership Meeting" to "CT HCC Meeting." • Changed language to accurately reflect how abstentions count in CT HCC voting totals. • Removed reference to redundant communications drill participation.	12/10/2024	Kim Cerullo

Change	Date Made	Person
• Eliminated "Inactive" Status: members are either "Voting" or "Non-Voting." Failing to meet attendance requirements simply reverts a member to Non-Voting status, which is much simpler. • Clear, Logical Flow: The sections now follow a natural progression: Tiers - How to Join - How to Maintain - What Happens if You Don't. • Removed Redundancy: Information about attendance requirements is no longer scattered across multiple confusing paragraphs. • Simplified Reinstatement: The process to regain voting rights is now the same as the process to earn them the first time, removing the confusing "two consecutive meetings and Executive Committee approval" clause. • Clarified Language: Terms are used consistently. The "Member Agreement" section is now clearly separated from the "Responsibilities" that are agreed to.	9/4/2025	Mary Beth Skarote
• Changed language of "member" to "member organization" throughout to create clarity. • Changed membership requirements to include attendance at a bimonthly meeting.	9/15/2025	Kim Cerullo
• Page 11- Membership Tiers: Language was updated to improve clarity and ensure consistent interpretation without changing meaning. • Page 11- Voting Member Status: Language was updated to improve clarity and ensure consistent interpretation without changing meaning. • Page 11- Removed "any rolling" to decrease the burden of continuous audits of attendance. • Page 12- Loss and Reinstatement of Voting Status: Language was updated to improve clarity and ensure consistent interpretation without changing meaning.	12/16/2025	Mary Beth Skarote

Change	Date Made	Person
• Page 13- Group Representation: Language was updated to improve clarity and ensure consistent interpretation without changing meaning. • Page 14- Voting Member Benefits: Language was updated to improve clarity and ensure consistent interpretation without changing meaning. • Page 16- Executive Committee Member Eligibility and Responsibilities: Language was updated to open the eligibility pool outside of just voting member organizations. • Page 17- Chair Duties: Clarified that the Chair and Co-Chair have the ability to vote on all items (including full coalition votes which was not previously detailed). • Pages 21-22- Voting: Added a new table to outline voting for each membership tier including the Executive Committee. Updated the voting table and level at which specific items are voted on. Plans moved to Executive Committee and added the Strategic Plan to the table.		

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: February 4, 2026

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 partners 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.

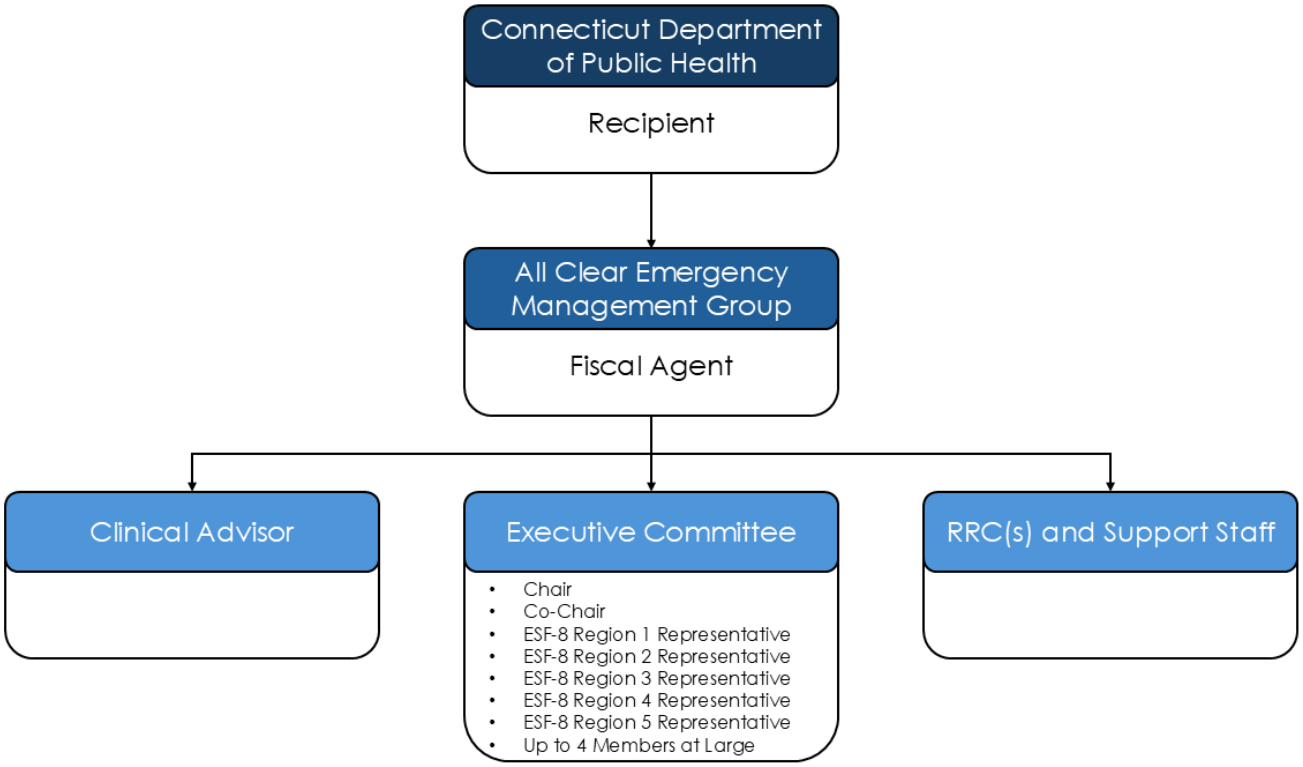
PURPOSE

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 Public 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, information sharing, compliance with regulations, and smooth implementation of priorities. 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 two tribal nations. It 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 4,842.5[1] square miles and a water area of 701.2 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 ageing 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.

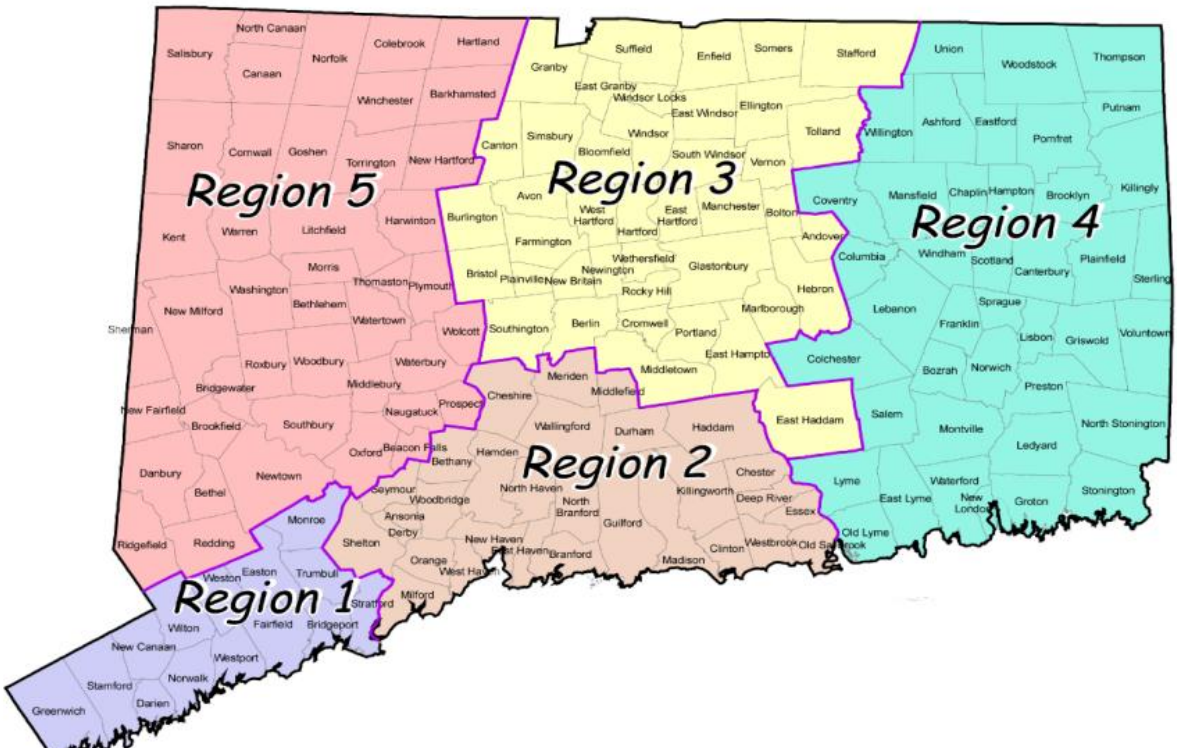


Figure 1: Connecticut DEMHS Planning Regions

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 a coalition Member Organization. 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 Member Organizations 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 Member Organizations 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)
    - Culturally and linguistically appropriate health care services
    - Cybersecurity (Chief Information Security Officers [CISO's])
    - 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 professional healthcare 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
    - Mental and behavioral health providers
    - Non-governmental organizations (e.g., American Red Cross, Salvation Army, 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, assisted living, residential care, and long-term care facilities
- Specialty care providers
- Supply chain partners (e.g., manufacturers, distributors)
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks)
- Other (e.g., childcare services, dental clinics, social work services, faith-based organizations)

MEMBERSHIP TIERS

The Coalition has two tiers of membership for participating organizations:

- **Non-Voting Member Organization:** An organization that participates in Coalition activities but has not met the requirements to be a voting member.
- **Voting Member Organization:** An organization that has met the initial requirements and maintains the continuing requirements outlined below.

VOTING MEMBER STATUS

To become a Voting Member, an organization must meet two requirements:

- Attend at least two (2) coalition activities, one of which must be a CT HCC Bimonthly Meeting.
- Sign and submit a Member Agreement form.

To maintain their status, Voting Member Organizations must attend a minimum of six (6) Coalition activities within a twelve (12)-month period.

- **Eligible Activities:** Include regularly scheduled meetings, workgroup meetings, coalition sponsored trainings, drills, and exercises.
- **Special Circumstances:** On a case-by-case basis, the Executive Committee may approve participation in real-world events or activations (e.g., federal or state declared emergencies) as counting toward this attendance requirement.

LOSS AND REINSTATEMENT OF VOTING STATUS

If a Voting Member Organization fails to attend the required six (6) activities within a twelve (12)-month period, the organization will be notified by the Readiness and Response Coordinator (RRC) that it is at risk of losing Voting Member status. The

organization will be provided a defined period of time (usually 6 months) to participate in required activities to regain compliance. If the organization does not meet the participation requirement within that period, its status will automatically revert to Non-Voting Member Organization, and all voting privileges will be revoked. The RRC will formally notify the organization of the status change.

To regain Voting Member Organization status, the organization must simply meet the initial requirements again: attend two (2) future Coalition activities, one of which must be a CT HCC Bimonthly Meeting, and ensure a valid Member Agreement is on file.

MEMBER AGREEMENT & RESPONSIBILITIES

The Member Agreement is a non-legally binding, good-faith document outlining an organization's commitment to support the Coalition's mission. By signing the agreement, an organization commits to:

- Provide representation at Coalition meetings.
- Participate in Coalition activities to help meet identified goals and priorities.
- Engage in collaborative preparedness planning, drills, and exercises.
- Vote on Coalition activities and in elections.
- Respond, as able, to emergencies and disasters in collaboration with other members.
- Work to implement emergency preparedness capabilities within their own organization.
- Keep all applicable information-sharing platforms (e.g., ProtectAdvisr™, WebEOC) updated.

Each Voting Member Organization shall designate one primary and one alternate representative for voting purposes. The organization must notify the RRC if these representatives change.

GROUP REPRESENTATION

A group of eligible organizations (e.g., a healthcare system) may choose to participate either as individual Voting Member Organizations, with one vote per organization, or as a single system represented by one collective vote on behalf of all aligned organizations. If the group elects single-system representation, documentation must be provided to the RRC confirming that all participating organizations agree to this arrangement. Any organization within the group may opt out of the system representation at any time and pursue individual Voting Member Organization status by following the guidance outlined in the *Voting Member Status*.

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. 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.

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 as organizations join and resign 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 member organizations 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.

VOTING MEMBER BENEFITS

A Voting Member Organization in good standing receives the following benefits:

- Eligible to vote on items requiring a full coalition vote (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[2]
- Eligible to receive reimbursement to attend approved preparedness and response conferences and other professional development opportunities
- Use of coalition-funded equipment

[2] See Conflict of Interest

- Networking and information sharing opportunities to collaborate with peers around the state

EXECUTIVE COMMITTEE

The CT HCC Executive Committee provides 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, and exercise activities meet the needs of the coalition members organizations as well as aligning with guidelines issued by Administration for Strategic Preparedness and Response and CT DPH.

EXECUTIVE COMMITTEE MEMBERS

The Executive Committee will consist of the following positions:

- Chair (1)
- 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 must:

- be part of a 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:
    - Serving as a liaison between their given discipline and the CT HCC

- Advocating for, and educating stakeholders on, the CT HCC's mission, goals, objectives, and activities
- Guiding the CT HCC in carrying out its mission, including completion of grant deliverables, through active participation and attendance at meetings
- Reviewing and making recommendations regarding the work of committees
- Advising coalition member organizations 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
- 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 member organizations
- 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
- vote on Executive Committee and on items requiring a full coalition vote

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 Staff, including the Fiscal Agent and RRC(s), 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
- vote on Executive Committee and on items requiring a full coalition vote

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
- 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
- vote on Executive Committee items (may vote on full coalition items if they are designated a voting representative of a member organization

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
- 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
- vote on Executive Committee items

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
- make purchases on behalf of the coalition after approval by the coalition
- 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 Administration for Strategic Preparedness and Response Hospital Preparedness Program (HPP) and Cooperative Agreement requirements

- ensure the CT HCC uses federal funding in accordance with the Hospital Preparedness Program Cooperative Agreement
- May vote on full coalition items as a voting member organization

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
- May vote on full coalition items as a voting member organization

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 on an as-needed basis. In order to be considered for election to the Executive Committee, an individual must be nominated for election. Self-nominations are permitted. Nominations will be conducted via anonymous form submission. Nominations should be made in a fashion to maintain the multidisciplinary, multijurisdictional composition of the Executive Committee. When a candidate is nominated for a position, the RRC or designee will offer him or her the ability to accept or decline a nomination. Sometimes, elections for multiple positions may occur concurrently. If an individual is nominated for multiple positions during the same election cycle, he or she must accept only one nomination. Individuals accepting their nominations will be added to the final ballot. Seats will be filled by the highest-voted candidates until all seats are filled.

Nomination and voting timelines and the processes will be distributed to all Coalition member organizations as needed ahead of a special election to fill a vacancy before term.

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. Each ESF-8 region may appoint one representative to serve on the Executive Committee.

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

The following tables outline the Coalition's governance and voting structure. Table 1 describes eligibility for voting participation, including the designation of Executive Committee voting authority. Table 2 identifies specific actions and decision points that require a formal vote and clarifies whether approval is required by the full Coalition membership or by the Executive Committee.

Table 1: Eligibility for Voting Participation

Member Organization Status	Vote on Executive Committee Business	Vote on Full Coalition Business
Non-Voting Member Organization	No Voting Capacity	
Voting Member Organization (Designated Primary or		X

Member Organization Status	Vote on Executive Committee Business	Vote on Full Coalition Business
Secondary Representative)		
Coalition Chair	X	X
Coalition Co-Chair	X	X
ESF-8 Regional Appointee to the Executive Committee	X	
Fiscal Agent	No Voting Capacity	
Clinical Advisor	No Voting Capacity	
Readiness and Response Coordinators	No Voting Capacity	

Table 2: Items Requiring Formal Vote and Level of Approval

Voting Item	Full Coalition or Executive Committee	Voting Frequency	Affirmative Votes Needed
Coalition Bylaws	Full Coalition (Voting Member Organizations)	Annually and as needed	Present or participating, Majority 66%
CT HCC Response Plan, Specialty Annexes, and Continuity of Operations Plan	Executive Committee	Annually	Present or participating, Majority 51%
Coalition Chair and Co-Chair Elections and Vacancies	Full Coalition (Voting Member Organizations)	Annually and as needed for vacancy	Present or participating, Plurality (The individual with the highest percentage of votes will win an election.)
Coalition Member at Large Elections and Vacancies	Full Coalition (Voting Member Organizations)	Annually and as needed for vacancy	Present or participating, Plurality (The individual(s) with the highest percentage(s) of votes will win an election. Please see Elections,

Voting Item	Full Coalition or Executive Committee	Voting Frequency	Affirmative Votes Needed
			Appointments, and Terms for more details.)
Final Budget Approval	Full Coalition (Voting Member Organizations)	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.)

Voting 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, virtual form, 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 if taken live during the meeting
- The coalition will keep records of how individuals voted

COALITION MEETINGS

A. CT HCC Meetings will be scheduled on a bimonthly basis (every other month). CT HCC meetings will meet a minimum of six times per year and include members 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 bimonthly (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 guests may serve on work groups. The RRC or designee 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, Administration for Strategic Preparedness and Response Hospital Preparedness Program. The recipient of the Hospital Preparedness Program 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. Current funding comes from a cooperative agreement between Administration for Strategic Preparedness and Response
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 own procurement and purchasing policies when conducting coalition business.

Members of the Executive Committee and voting members may not authorize any 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) have 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 Voting 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 another Voting 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.

GRIEVANCE PROCESS

This section establishes a formal process for the equitable and timely resolution of grievances raised by members or guests concerning alleged violations of the coalition's bylaws, policies, or procedures. The purpose of this process is to ensure that all parties are treated with dignity and respect, and that disputes are resolved in a fair and impartial manner.

Scope of Grievances

A grievance shall be defined as a formal complaint alleging a violation, misinterpretation, or inequitable application of the coalition's bylaws, policies, or code of conduct. This process is not intended to address interpersonal disagreements that do not involve a violation of the coalition's governing document. The Executive Committee reserves the right to determine whether a complaint falls within the scope of this grievance process.

Informal Resolution

Prior to initiating a formal grievance, the aggrieved party is encouraged to attempt to resolve the issue informally through direct communication with the individual(s) involved, or with the assistance of a neutral third party such as the coalition Chair or a designated mediator.

How to Start a Formal Complaint

If the issue cannot be resolved informally, a formal written complaint may be submitted to the RRC within 30 days of the incident. The written complaint must include the following:

1. The name and contact information of the individual submitting the complaint (hereafter referred to as the "Complainant").
2. The name(s) of the individual(s) the complaint concerns (hereafter referred to as the "Respondent").
3. A brief statement describing the incident and identifying the specific coalition rule(s), policy(ies), or code(s) of conduct that may have been violated.
4. A detailed account of the incident, including what occurred, as well as the time and location of the events.
5. Any supporting documentation, such as emails or other relevant materials, which substantiates the complaint.

What the Executive Committee Does Next:

1. Upon receipt of a formal complaint, the RRC will forward the complaint to the full Executive Committee.
2. The Executive Committee will review the complaint at its next scheduled meeting.
3. If the complaint falls outside the scope of applicable coalition policies, the Complainant will receive written notification explaining why the matter cannot proceed.
4. If the complaint is accepted, a copy will be provided to the Respondent within 10 business days.

The Respondent's Side of the Story:

The Respondent will have 15 business days to provide a written response to the Executive Committee.

Looking into the Matter:

The Executive Committee can investigate the complaint further. This might mean talking to the Complainant, the Respondent, and anyone else who might have seen or known what happened. They can also look at any relevant records or information to get a clear picture.

Hearing:

The Executive Committee will schedule a special meeting to conduct a hearing to discuss the complaint, usually within 30 days after getting the Respondent's written response.

1. Everyone involved will get at least 10 days' notice for the hearing's date, time, and place.
2. The hearing will be private. Only the Executive Committee, Complainant, the Respondent, and any witnesses will be there.
3. The Complainant and the Respondent both have the right to be at the hearing, share their side of the story, bring in witnesses, and ask questions.
4. The Executive Committee will keep a summary of what happens at the hearing.

The Committee's Decision

After the hearing, the Executive Committee will meet privately to make a decision. They will do this within 30 business days. The decision will be made by a majority vote of the committee members who were at the hearing. The committee will send its decision in writing to both Complainant and the

Respondent. This notice will explain what they decided and why. The Executive Committee's decision is final.

Keeping Things Private

CT HCC staff and Executive Committee members will do their best to keep everything about a complaint confidential. The coalition requests that everyone involved in the grievance process to respect the privacy of others and not share details of the complaint with people who aren't involved.

No Retaliation

There will be no retaliation against an organization or individual for filing a complaint in good faith or for helping with an investigation. CT HCC staff and Executive Committee take any form of retaliation very seriously, and it will be treated as a major violation of coalition rules.

REVIEW AND AMENDMENT OF THE BYLAWS

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 seven 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.

APPENDIX A: ACRONYMS

Acronym	Definition
CISO	Chief Information Security Officer
CMS	Centers for Medicare & Medicaid Services
CT DPH	Connecticut Department of Public Health
CT HCC	Connecticut Health Care Coalition
EMS	Emergency Medical Services
ESF-8	Emergency Support Function 8
HCC	Healthcare Coalition
MRC	Medical Reserve Corps
RRC	Readiness and Response Coordinator