Healthcare Coalition of Maine

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-- BYLAWS --

Table of Contents

A. INTRODUCTION AND MISSION 4
Definition 4
Funding 4
Mission 4
B. ORGANIZATION / STRUCTURE 5
The Statewide Steering Committee: 5
Makeup of the HCC-ME Steering Committee 6
Steering Committee Team Roles and Expectations 6
Governance 7
Subcommittees and Workgroups 7
Vacancies on the Steering Committee 8
C. HCC-ME COALITION STEERING COMMITTEE MEETINGS AND VOTING 8
Meetings 8
Emergency Meetings 9
Membership Voting 9
D. DISTRICT CHAPTERS 10
Eight (8) HCC-ME District Chapters 10
District Chapter Leadership Committee 11
District Chapter Membership 12
District Bound Membership 12
Type Of Membership 13
General Members 13
Interested Parties 14
District Chapter General Membership Roles & Responsibilities 14
Roster of Coalition Membership 15
E. CONFLICT OF INTEREST 15

Healthcare Coalition of Maine
-- BYLAWS --

Definition 15

Declaration 16

F. HCC-ME ADMINISTRATION 16

Administrative Lead 16

G. ADOPTION OF BYLAWS 17

Adoption 17

Healthcare Coalition of Maine
-- BYLAWS --

A. INTRODUCTION AND MISSION

Definition

The Health Care Coalition of Maine (HCC-ME) is a public-private partnership where government and private sector organizations contribute to emergency response efforts through partnership. HCC-ME operates with the direct support of Maine's Department of Health and Human Services, and the guidance and assistance of the Public Health Preparedness Program (PHEP). A State Healthcare Coalition Coordinator and Maine CDC District Liaisons perform supporting and convening roles for HCC-ME at the State and District levels. These staff participate in Steering Committee and District Chapter meetings but have an ex-officio role in voting.

Funding

Maine CDC HCC-ME receives funding to support HCC-ME activities, operations, and staffing through grants from the U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR), the Hospital Preparedness Program (HPP), and Public Health Emergency Preparedness (PHEP) Cooperative Agreements. No funding received by the state is directly transferred to HCC-ME and HCC-ME does not receive any funding from the State of Maine.

Mission

The mission of the HCC-ME shall be to provide a foundation for Maine communities to prepare for, respond to, and recover from emergencies, increasing health care readiness across the continuum of care in Maine by:

- Assessing the state of health care system readiness in Maine.
- Encouraging and supporting members in all-hazards planning and coordination, training, and capacity development to respond to public health emergencies.
- Sharing promising practices and lessons learned; and
- Promoting the value and importance of health care readiness and resilience.

With this mission in mind, HCC-ME will provide a foundation for health care readiness in Maine by performing the following functions:

1. Encouraging, promoting, and supporting membership recruitment and retention.
2. Identifying hazards and risks to the health care system.
3. Prioritizing and addressing gaps through planning, training, exercising, educational opportunities, and resource management.
4. Encouraging collaborative approaches to information and resource sharing between member organizations during preparedness and response activities.
5. Supporting member organizations to provide continuity of health care service delivery.
6. Completing all deliverables required by the Office of the Administration for Strategic for Preparedness and Response (ASPR), Maine CDC PHEP and other funders.
7. Assisting with response efforts as requested and supporting the State of Maine ESF-8 Chapter

On joining HCC-ME, or as necessary, organizations and facilities are encouraged to sign a MOU with HCC-ME outlining the responsibilities and expectations of membership. This MOU may be renewed over time to reflect changes in operations and procedures.

B. ORGANIZATION / STRUCTURE

The Statewide Steering Committee:

The HCC-ME Statewide Steering Committee includes a defined number of representatives invited to assume a leadership role on behalf of the core sector that they represent in preparing the state for the effective continuation of health care services in the event of a public health emergency. Steering Committee membership will also include representation from each of the district chapters identified below. The Steering Committee conducts and advises HCC-ME business as directed by the membership ensuring

coordination and consistency between district chapters. The Statewide Healthcare Coalition Coordinator and/or other representatives of state government agencies and the Department will be informed of and attend meetings of the Statewide Steering Committee.

Makeup of the HCC-ME Steering Committee

At a *minimum* the HCC-ME Steering Committee will consist of the following sectors: preference will be given to organizations or system partners with statewide or multi-district jurisdiction:

(1) Critical Access or unaffiliated Hospital Representative
(4) Hospital System Representatives
(4) Long-Term Care/Assisted Living Facility/Residential Care Discipline Representatives
(1) Emergency Medical Services Discipline Representative
(1) Community Health Center / Federally Qualified Health Center Representative
(1) Behavioral Health Discipline Representative
(2) State Public Health Agency Representatives
(2) State Agencies federally funded to participate in PH emergencies
(2) Emergency Management Discipline Representatives
(8) District Chapter member representatives

Steering Committee Team Roles and Expectations

The HCC-ME Steering Committee will provide guidance and subject matter expertise to members and District Chapters in decisions regarding healthcare and HCC-ME priorities and objectives, including:

a. Serving as a liaison between their given discipline and the HCC-ME through active participation and attendance at meetings.
b. Educating stakeholders and advocating for the HCC-ME's mission, goals, objectives, and activities.
c. Guiding the HCC-ME in carrying out its mission, including attainment of grant deliverables.

d. Advising Coalition members on all policy matters concerning the nature, scope, and extent of community and public health concerns and responses.
e. Guiding the development of preparedness plans and training based upon the assessment of District Chapter committees.
f. Support the ongoing development of preparedness networks and activities at the local level utilizing the district public health infrastructure and District Chapter coalitions.

Governance

The membership of the HCC-ME shall elect a Chair and Vice-Chair to facilitate the work of the HCC-ME. Both officers shall serve a two (2) year term on a staggered basis (excepting the initial term under this agreement where the Chair shall serve a three-year term).

1. The Chair shall:
    a. Ensure that the Steering Committee meets Quarterly. Moderate all meetings of the HCC-ME Steering Committee and ensure that votes are taken on key decisions according to procedure.
    b. Ensure that minutes and records are kept of both Steering Committee and general membership meetings and decisions.
    c. Serve as point of contact for the State Healthcare Coalition Coordinator.
2. The Vice-Chair shall:
    a. Take the place of the Chair temporarily in his/her absence.
    b. Share in the duties of the Chair as determined.
    c. Fulfill the unexpired term of the Chair should such a vacancy occur.

Subcommittees and Workgroups

Subcommittees and workgroups of the HCC-ME may be formed and organized by the Steering Committee with input from the general membership which function on a **temporary** or **long-term basis**, as needed:

a. Subcommittees: To maximize the efficiency with which the HCC-ME completes tasks, standing committees may be established and charged with

responsibilities consistent with the HCC-ME's purpose and functions. The Healthcare Coalition of Maine Coordinator shall support and work with Standing Committees to carry out identified tasks and assignments.

b. **Work Groups:** The HCC-ME may establish temporary work groups to address specific Coalition priorities and perform other identified duties for a specified length of time or until completion of a task. These work groups will be overseen, supported, and managed by the Healthcare Coalition of Maine Coordinator.

Vacancies on the Steering Committee

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

1. A member of the HCC-ME Steering Committee has three consecutive unexcused absences, as determined by the Chair.
2. A member resigns; and/or
3. A member no longer represents the sector to which their seat on the Steering Committee is assigned.

When a vacancy is recognized, the State Healthcare Coalition Coordinator shall work with the Chair and Vice Chair to identify potential candidates to fill the vacancy. Candidates will be presented at the next Steering Committee meeting for vote by the Committee.

C. HCC-ME COALITION STEERING COMMITTEE MEETINGS AND VOTING

Meetings

The HCC-ME Steering committee will meet at minimum Quarterly to conduct the business of the coalition. Meetings may be necessary at more frequent intervals depending on the needs of the coalition. Meetings may be offered in a variety of formats including in-person, virtually, and or a combination of both as determined by membership. Electronic notice

and agendas for all meetings shall be transmitted at least five working days in advance of the meetings and all meeting minutes shall be transmitted within five working days post meeting. Meetings will be conducted according to a defined meeting procedure. These meetings include but are not limited to reports and discussion of:

- Work and progress towards meeting the deliverables of all funding grants.
- Progress and results of HCC-ME Steering Committee Work Groups.
- Report outs from District Chapter Committees.
- Planning on and review of training and exercises.

Emergency Meetings

Emergency meetings of the HCC-ME Steering Committee may be convened at the request of the HCC-ME Coordinator and/or HCC-ME Steering Committee Chair, provided that electronic notice is given to all members at least 24 hours prior to the proposed meeting stipulating the time, place and objective of the meeting. Ideally notice will be given at least 48 hours prior to the meeting. No business will be transacted at an emergency meeting except that specified in the notice.

Emergency meetings at the District Chapter level may be convened at the request of the HCC-ME Coordinator, Public Health District Liaison, or the District Chapter Leadership Committee. Notice will be provided regarding the purpose as well as logistical information as soon as possible prior to the ad hoc meeting. No business will be transacted at an emergency meeting except that specified in the notice.

Membership Voting

The quorum of the Statewide Steering Committee shall consist of one half of the active membership when the committee is at less than full strength and 15 members when all positions on the committee are filled. Voting can only take place when a quorum is present; voting may be conducted through in-person or remote technology. Each active member of the Healthcare Coalition of Maine shall be entitled to one vote. There are no proxy votes; votes may not be assigned to present members by absent members. All matters submitted to the HCC-ME Steering Committee, District Leadership Team or

Coalition Coordinators by a Coalition member, with the exception of amendments or revisions to these Healthcare Coalition of Maine By-Laws, shall be decided by a simple majority of present members. Votes that do not carry by a two-thirds or greater margin may be challenged by a dissenting member and will be subject to continued discussion and re-vote. All positions must be recognized, and discussion closed on them before referral for re-vote. Failure to reach a two-thirds or greater majority a second time will result in the subject being referred to a workgroup to develop a consensus decision for presentation for vote.

D. DISTRICT CHAPTERS

Eight (8) HCC-ME District Chapters

Each of the eight (8) geographic DHHS districts shall form HCC-ME District Chapters that plan, coordinate, and provide or support health services during a public health emergency. HCC-ME District Chapters will work collaboratively on emergency preparedness, mitigation, response, and recovery activities to assure optimal coverage and response across Maine and better accommodate the size and equity needs of the state. District Chapters work with the support of, and under the general guidance of the Statewide Steering Committee and focus on the particular needs of the district. District Chapters are convened by the DHHS District Public Health Liaison with support from MCDC's PHEP team. The District Liaison also serves as the Vice-Chair of the District Chapter, ensuring continuity in the event of vacancy at the Chair level.

Maine's Tribal communities and nations are invited to join the District Chapters at their discretion. Because Tribal communities may cross the geographical boundaries of the 8 geographic districts, Tribal communities and/or nations may be members of more than one District Chapter. *Development of a separate Tribal Chapter and corresponding membership is at the decision of Tribal Leadership across the collective of Maine's federally recognized Tribal communities. HCC-ME will provide technical assistance as requested by our Tribal partners*.

Healthcare Coalition of Maine
-- BYLAWS --

Maine's District Chapters are identified as:

i. District 1 York
ii. District 2 Cumberland
iii. District 3 Western (Androscoggin, Franklin, and Oxford counties)
iv. District 4 Midcoast (Sagadahoc, Lincoln, Knox, Waldo Counties)
v. District 5 Central (Kennebec and Sommerset counties)
vi. District 6 Penquis (Penobscot and Piscataquis counties)
vii. District 7 Downeast (Hancock and Washington counties)
viii. District 8 Aroostook

District Chapter Leadership Committee

The District Chapter Leadership Committee ensures that Chapter business is conducted according to organized procedures, and that records are maintained of membership, results of committee work, and conducted voting. The District Chapter Leadership Committee ensures that the district is represented at Statewide Steering Committee meetings and facilitates coordination and consistency with the Statewide Steering Committee and within the district among Chapter members. The District Liaison and the HCC-ME Coordinator participate on, and advise the activities of the District Chapter Leadership Committee. The District Chapter Leadership Committee will consist of a A District Chapter Chair, A District Chapter Vice Chair in the person of the DHHS District Liaison, and a District Representative to the Statewide Steering Committee. District Chapters may choose to include additional Leadership Committee members including hospital sector representatives, Emergency Management sector representatives, Emergency Medical Services representatives, and long-term care representatives. The Leadership Committee will determine if additional members should be recruited.

The District Chapter Chair, as well as a District Chapter Representative to the HCC-ME Steering Committee will be elected by the membership. Districts may choose to have the offices of the Chair, and the Chapter Representative reside in one individual. Officers shall serve a two (2) year term on a staggered basis (excepting the initial term under this agreement where the Chair shall serve a three-year term).

1. The District Chapter Chair shall:
    a. Ensure that the Steering Committee meets at a minimum Quarterly.
    b. Moderate all meetings of the District Chapter.
    c. Ensure that minutes and records are kept of both Steering Committee and general membership meetings and decisions.
    d. Serve as point of contact for the DHHS District Liaison and the State Healthcare Coalition Coordinator.

2. The District Liaison as the District Chapter Vice-Chair shall:
    a. Take the place of the Chair temporarily in his/her absence.
    b. Share in the duties of the Chair as determined.
    c. Act as Chair in the event this position falls vacant.
    d. As necessary convene the District Chapter to elect a new Chair.

The District Chapter Representative to the HCC-ME shall:
    a. Attend all HCC-ME Steering meetings to represent the work and needs of District Chapter members.

District Chapter Membership

District Bound Membership

Because District Chapters are subdivisions of the Statewide Healthcare Coalition, an organization with an active member designation in one public health district, with the exception of Tribal Communities and Nations, cannot assume an active member role in another public health district. **Membership will be granted to the facility that resides within the geographic boundaries of the public health district with the expectation that the member will represent the perspective and needs of that facility and not its parent organization.** This stipulation mitigates the potential impact of any facility or group of facilities wielding undue influence over the activities and decisions of the District Chapter, as well as creating increased efficiency in communication. Furthermore, this allows for accuracy of member reporting required to federal and other partners as part of the terms of the HCC designation.

Healthcare Coalition of Maine
-- BYLAWS --

Type Of Membership

District Chapter participation falls into two categories, general membership and interested parties.

General Members

District Chapter General Members are representatives of community and district organizations providing health care, public health, emergency management, and health care related services. All reasonable efforts shall be made to ensure that the membership is broadly representative of Maine's health care system partners at the community and district level and is not focused on one specific sector of overall health care. Corporate, administrative, or other cross-state systems partners with jurisdiction across multiple districts are designated as interested members at the District Chapter level as their planning and decision-making perspectives are more suited to the HCC-ME Steering Committee level.

General Members have formal rights and privileges regarding Chapter activities, including, but not limited to voting. A district facility may have more than one individual identified as an active member representative who attends District Chapter meetings. However, each facility has only one vote; facility representatives must decide among themselves who will cast the facility vote at that time and who will act as observers for the vote.

Facilities with General Members of District Chapters are referred to as such in HCC-ME documents, which consequently may be used by partner organizations to demonstrate compliance with CMS and other accreditation standards which require participation in healthcare preparedness coalitions.

The following represents <u>some</u>, but not all, of the organizations that should be represented at the District Chapter:

- Hospitals (e.g., Acute, Rehabilitation, Critical Access, Psychiatric) *
- Long Term Care Facilities/Assisted Living Facilities
- Home Health Care Agencies
- Hospice Agencies

- Inpatient and Outpatient Behavioral Health Providers including, but not limited to, Community Mental Health Centers.
- Outpatient Health Care including but not limited to, FQHCs, private providers, urgent care centers, cancer treatment centers, dialysis centers, and medication assisted treatment centers, etc.
- Maine Center for Disease Prevention and Control
- Emergency Medical Services*
- Public Health Agencies*
- Pharmacies
- Emergency Management Agencies*
- Tribal Representation
- Other Key Partners/Organizations Relevant to Coalition Preparedness, Response, and Recovery

Core members of the District Chapter, as designated by ASPR, are indicated with an asterisk (*).

Interested Parties

Interested parties are the individuals and organizations who have a stake in the success of the District Chapter's efforts but do not meet the criteria for active General Member status at the District Chapter level, and therefore do not share the full privileges of membership i.e. voting privileges, committee membership, etc. in the District Chapter. In consideration of existing networks, partnerships, catchment areas, and shared resources; organizations designated as interested parties are encouraged to attend and participate in all District Chapter meetings as well as activities of adjacent or other public health districts in which they identify a presence or vested interest. Interested Parties are not subject to the attendance requirements of General Members.

District Chapter General Membership Roles & Responsibilities

1. Participate in the District Chapter's meetings and activities, providing representation of their organization.

a. If an individual representing a general member organization withdraws from participation, the organization must appoint a new representative within 30 days.

2. Elect from the General Membership a Chair and District Representative should the District Chapter decide to have two individuals fill these positions.
3. Inform and participate in collaborative preparedness planning.
4. Inform the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response plans.
5. Vote on questions placed before the membership.
6. Respond to emergencies and disasters in collaboration with other Coalition members.
7. Work to implement emergency preparedness and response capability plans and guidelines within their organization.

Roster of Coalition Membership

A current roster of General Member facilities and Interested Parties will be maintained. Rosters will be published on the Healthcare Coalition of Maine website. A meeting attendance roster of member facilities will also be maintained by each district. In the event that an active member misses two consecutive meetings of the District Chapter, the organization will be contacted by the Chapter Chair and requested to review their membership status, identifying a new representative as necessary.
Proof of membership documentation provided to members for use in accreditation or other regulatory oversight activities will contain attendance information.

E. CONFLICT OF INTEREST

Definition

It is essential to the integrity of the coalition that members of the HCC-ME Steering Committee and District Chapter Leadership Teams refrain from taking part in the review of any proposal that has the potential of direct financial benefit to their facility or their

personal life (including family and personal relations). Moreover, to maintain public confidence in the coalition, it is equally important to refrain from participation in any actions that may give the appearance of a conflict of interest or the presence of favoritism. In addition to these specific relationships to a program or action under consideration, Steering Committee or Leadership Team members may find themselves in conflict of interest when discussing other matters. **Members are expected to declare a conflict of interest and abstain from voting or discussion on an issue when participation may constitute, or give the appearance of constituting, a conflict of interest**. Steering Committee members and District Chapter Leadership members are expected to actively consider this standard in any business before these bodies, both regarding themselves and regarding other council members.

Declaration

Members who have a conflict of interest on a specific issue before the HCC-ME Steering Committee or District Chapter Leadership Team shall so state before discussion of the issue in question and shall abstain from voting on said issue. HCC-ME Steering Committee membership and District Leadership Committee members 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 and the Steering Committee or Leadership Team agrees such participation will not threaten the integrity of the process.

F. HCC-ME ADMINISTRATION

Administrative Lead

Maine CDC acts as the administrative lead organization for HCC-ME, assisting with recruiting and orienting new HCC-ME members, ensuring effective communication and coordination between and among members, providing and conducting training and educational opportunities, and serving as the administrative and fiscal agent of the HCC-ME grant to the extent applicable. The Statewide Healthcare Coalition Coordinator is responsible for assuring the ongoing operations of the coalition and oversight of the overall

deliverables of the grants funding the HCC-ME. The Statewide Healthcare Coalition Coordinator reports directly to the MCDC PHEP Program Manager and the Division of Public Health Systems Director.

G. ADOPTION OF BYLAWS

Adoption

The Healthcare Coalition of Maine shall be organized by these principles set forth. Adoption will be based on a vote of the Statewide Steering Committee. Once adopted, these bylaws may be amended or revised by a two-thirds vote of the HCC-ME general membership present, provided notice of the amendment or revision is given in writing at least ten (10) days prior to the meeting.