



## Florida Healthcare Coalition Task Force Guiding Principles

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**Adopted: August 28, 2013**  
**Revised: December 3, 2014**

### **ARTICLE 1 - NAME**

The name of the advisory body for the State of Florida, Department of Health (DOH) Bureau of Preparedness and Response (BPR), Medical Surge Program for healthcare coalition development shall be the Florida Healthcare Coalition Task Force, herein referred to as FHCCTF.

### **ARTICLE 2 - MISSION**

To be an advisory body for the development and sustainment of local, community-based healthcare coalitions aiming to provide health and medical coverage for all of Florida's population in the face of disasters and emergency incidents or events.

### **ARTICLE 3 - VISION**

Florida's population, healthcare coalitions and their members shall be represented by a functional and sustainable task force to advise and communicate data and information supportive of a local, regional and state health and medical preparedness system.

### **ARTICLE 4 - PURPOSE**

The purpose of the FHCCTF is to impart knowledge, expertise, advice and recommendations to healthcare coalitions, BPR and the Strategic Planning Oversight Team (SPOT), as it relates to coalition development and sustainment in Florida, with the goal of building and strengthening local health care capacity and capability in the event of an emergency or disaster.

The FHCCTF's responsibilities include: prioritization of strategies, program deliverables and activities; monitoring the progress of objectives and program deliverables; and

communicating with coalition members and stakeholders with regard to direction and progress of healthcare coalition development and sustainment. The FHCCTF will also assist BPR in ensuring alignment with federal and state domestic security priorities and strategies.

## **ARTICLE 5 - COMPOSITION AND MEMBERSHIP**

### **A. Definition of Membership**

The FHCCTF membership shall be comprised of one (1) representative from each coalition's leadership team and subject matter experts identified by the BPR to represent hospitals, emergency management, public health, mental/behavioral health, long-term care and emergency medical services.

A list of members and their respective role on the FHCCTF is incorporated as Attachment 1: Florida Healthcare Coalition Task Force (FHCCTF) Membership.

All FHCCTF members will be required to disclose any declared or undeclared conflict of interest in which they have a direct monetary interest not common to other FHCCTF members (as referenced in Article 6). Coalitions should not designate a representative with a conflict of interest.

Subject matter experts may participate in FHCCTF activities and meetings as necessary or by invitation by the co-leads in affiliation with any of the defined sub-committees described in Article 9 of this document.

### **B. Term of Appointment**

The term of each member position shall be one (1) year, at the discretion of BPR Medical Surge Program leadership. Membership shall be reconfirmed annually at the beginning of each fiscal year (July 1).

### **C. Membership Compensation**

All representatives are volunteers and shall not be compensated for their participation as FHCCTF members. However, representatives may be reimbursed for per diem and travel expenses incurred through the conduct of FHCCTF business under the rules and regulations of the state of Florida and based on the availability of funding. All FHCCTF members requesting travel reimbursement will be required to complete a Florida Department of Health, Bureau of Preparedness and Response Travel Reimbursement Information form and submit it by the required deadline as determined by the department.

### **D. Attendance**

Representatives shall be actively involved in the FHCCTF activities and business. Those coalitions that demonstrate an absenteeism rate totaling 75 percent of meetings in any fiscal year or three (3) consecutive meetings; or, are similarly absent from 50 percent of conference calls or any other form of meeting the Medical Surge Program co-lead may request a replacement representative.

If a member determines they cannot represent their coalition on a regular basis, they should notify the co-leads in writing and put forth a recommendation for replacement for consideration. Any replacement must adhere to all criteria stated in these guiding principles.

### **E. Addition of New Members**

New members may be added to FHCCTF to fill vacancies (see, Article 7, C.) and as duties of the FHCCTF change. New members may also be added upon the recommendation of the Medical Surge Program co-lead.

### **F. Voting**

Each coalition shall have the right to vote but for the purpose of decision making, only one vote per domestic security region shall be counted. Regions with more than one coalition within its geographical boundaries shall be afforded time to establish a consensus before a vote is cast.

Subject matter experts have a voice but not a vote.

### **G. Proxy Representation**

A proxy is defined as “the agency, function, or power of a person authorized to act as the deputy or substitute for another.”

A proxy is not meant to be a permanent replacement for a FHCCTF member. A proxy may only be designated for 50 percent of meetings in any fiscal year or two (2) consecutive meetings; or, be used for 50 percent of conference calls or any other form of meeting.

A FHCCTF member may designate a proxy if that member expects to be absent from a meeting.

A proxy should be knowledgeable about the business of the coalition they are representing and be able to speak as a representative of said coalition. The proxy must be currently serving in a leadership role within said coalition (e.g., co-leads, secretary, etc.) in order to articulate the position of the coalition and vote on behalf of its members.

If a member wishes to designate a proxy, they must do so in writing using the Proxy Designation Authorization form (Attachment 3) submitted via mail or electronically to either co-lead 7 days prior to a scheduled conference call or 30 days prior to a scheduled face-to-face meeting.

The solicitation of proxies from voting members is prohibited. Solicited proxies will not be accepted. No voting interest shall hold or exercise proxies for more than one voting member in any meeting.

Failure to submit this form within the time limits will nullify that coalition’s vote and the person attending will be allowed a voice only during the meeting.

Proxy voting is not permitted in ordinary deliberative meetings. Nor is it authorized by these FHCCTF Guiding Principles.

## **ARTICLE 6 – STATEMENT OF PRINCIPLE**

To protect the integrity of the FHCCTF and to ensure transparency, members will disclose potential conflicts of interest on an annual basis and recuse themselves from discussions and voting on matters related to such conflicts.

## **ARTICLE 7 – LEADERSHIP DUTIES**

### **A. Medical Surge Team Leadership**

The FHCCTF will be led by two co-leads for the duration of this program. These standing positions shall be filled by the Medical Surge Program co-lead and a representative designated by the BPR.

### **B. Duties**

The co-leads shall preside at regular and special meetings of the FHCCTF. The co-leads shall conduct the meetings in accordance with standard parliamentary procedure and provide all members the opportunity to be heard.

### **C. Vacancies**

Any vacancies in the above offices shall be filled by the BPR. Any vacancies in the FHCCTF membership shall be filled by the co-leads with majority approval from the FHCCTF at the next scheduled meeting.

## **ARTICLE 8 – MEETINGS**

### **A. Meeting Frequency**

The FHCCTF shall meet via teleconference monthly. The FHCCTF shall also meet quarterly at a face-to-face meeting (based on available funding). Additional meetings (virtual or face-to-face) may be held as necessary at the discretion of Medical Surge Program co-lead.

### **B. Meeting Agenda**

The FHCCTF co-leads shall determine the agenda of all meetings. Minutes of the meeting shall be posted on the DOH Medical Surge Program website. A call for meeting agenda items shall be made to FHCCTF members prior to each teleconference and/or face-to-face meeting.

### **C. Fiscal Year**

The FHCCTF fiscal year shall conform to the state's fiscal year beginning July 1, and ending June 30.

#### **D. Quorum**

A quorum, as defined in Roberts Rules of Order, is the number that must be present in order that business can be legally transacted. The FHCCTF has determined that number to be 33 percent of the voting members.

#### **ARTICLE 9 – SUB-COMMITTEES**

In addition to the FHCCTF, activities related to healthcare coalition development and/or sustainment is carried out by a system of advisory sub-committees aligned with the goals, objectives and defined deliverables associated with the FHCCTF.

The FHCCTF shall consider updates from sub-committees on gaps, challenges, and mitigation strategies specific to the subject area of the sub-committee.

#### **ARTICLE 10- AMENDMENTS TO THE GUIDING PRINCIPLES**

Changes to the FHCCTF Guiding Principles may be adopted by majority vote of the FHCCTF. Recommended changes may be brought forth by:

1. Five or more members of the FHCCTF;
2. Any FHCCTF co-Lead;
3. The BPR; or,
4. Written notice by a FHCCTF member. The FHCCTF is required to vote on such a written notice within 30 days.

#### **ARTICLE 11 – DISSOLUTION OF THE TASK FORCE**

The BPR may dissolve the FHCCTF at any time. Reasons for dissolution may include lack of funding or no clear need for further FHCCTF advisement.

All FHCCTF members shall be given a ninety (90) day notice of dissolution to allow for the closure of business items identified work.

**Attachment 1: FY 14-15 Healthcare Coalition Task Force (HCCTF) Membership**

<b>Co-Leads</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Representative Role</b>
John	Wilgis	Co-Lead
Jeanine	Posey	Co-Lead
<b>Healthcare Coalition Points of Contact</b>		
Tracey	Vause	Emerald Coast HCC
Holly	Kirsch	Big Bend HCC
Robert	Linnens	North Central Florida HCC
Leigh	Wilsey	North East Florida HCC
Randy	Ming	Coalition for Health and Medical Preparedness
Dan	Simpson	Region 4 Health and Medical Coalition
David	Freeman	Central Florida Disaster Medical Coalition
David	Theroux	Heartland HCC
Ann	Pasik	Suncoast Disaster HCC
Ben	Abes	Southwest Florida HCC
Kathleen	Marr	Collier HCC
Rebecca	Creighton	Healthcare Emergency Response Coalition
Kelly	Torres-Keys	Broward County HCC
Martha	Casero	Miami-Dade HCC
Cyna	Wright	Keys Health Ready Coalition
<b>Subject Matter Experts</b>		
Tom	Robinson	Florida Division of Emergency Management
Eve	Rainey	Florida Emergency Preparedness Association
April	Henkel	Florida Health Care Association
Jim	Schultz	Mental/Behavioral Health
Thomas	Knox	Florida Association of Community Health Centers
<b>Florida Department of Health Staff</b>		
Brad	Elias	Florida Department of Health
Terry	Schenk	Florida Department of Health
Victor	Johnson	Florida Department of Health

**Attachment 2: Conflict of Interest Form**

FLORIDA HEALTHCARE COALITION TASK FORCE

CONFLICT OF INTEREST QUESTIONARE

Pursuant to the purposes and intent of the guiding principles adopted by the Florida Healthcare Coalition Task Force (FHCCTF), and subsequently accepted by the Florida Department of Health, Bureau for Preparedness and Response (BPR), requiring disclosure of certain interests, I hereby state that I or members of my immediate family have the following affiliations or interests or have taken part in the following transactions that, when considered in conjunction with my position with, or related to, the FHCCTF, might possibly constitute a conflict of interest. Detail those relationships or check NONE where applicable.

**Outside Interests:** Identify any purchases or sales of property or property rights, interests or services by yourself or your immediate family that may be deemed to have been in competition with the FHCCTF, the BPR, the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response (ASPR), Hospital Preparedness Program (HPP), or the Centers for Disease Control and Prevention (CDC), Public Health Emergency Preparedness Program (PHEP):

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**NONE:** \_\_\_\_\_

**Outside Activities:** Identify any instances in which you or any member of your immediate family have rendered direct managerial or consultant services to any outside concern that does business with, or competes with, the services of the BPR, ASPR, HPP or PHEP or has rendered any other services in competition with the these entities:

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**NONE:** \_\_\_\_\_

**Gifts, Gratuities, and Entertainment:** Neither I nor any member of my immediate family have, accepted gifts, gratuities, or entertainment from any outside concern that does, or is seeking to do, business with, or is a competitor for the BPR, ASPR, HPP or PHEP except as listed below:

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**NONE:** \_\_\_\_\_

***Inside Information:*** Neither I nor any member of my immediate family have disclosed or used information relating to BPR, ASPR, HPP or PHEP business for the personal profit or advantage of myself or my immediate family, except as listed below:

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**NONE:** \_\_\_\_\_

Other: List any other activities in which you or any member of your immediate family, are engaged in which might be regarded as constituting a conflict of interest:

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**NONE:** \_\_\_\_\_

Additional information may be included as an attachment.

I hereby agree to report to the co-leads of the FHCCTF, any further transactions that may develop before the completion of my next questionnaire.

PRINT NAME: \_\_\_\_\_

PRINT BOARD POSITION: \_\_\_\_\_

SIGN NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**RETURN THIS FORM TO THE CO-LEADS UPON COMPLETION**



**Attachment 3: Proxy Designation Authorization Form**

PROXY DESIGNATION AUTHORIZATION FORM  
FLORIDA HEALTHCARE COALITION TASK FORCE

DATE: \_\_\_\_\_

If a member of the Florida Healthcare Coalition Task Force (FHCCTF) wishes to designate a proxy, they must do so in writing and submit this form via mail or electronically to either co-lead at least 7 days prior to a scheduled conference call or 30 days prior to a scheduled face-to-face meeting. The solicitation of proxies from voting members is prohibited. Solicited proxies will not be accepted. No voting interest shall hold or exercise proxies for more than one voting member in any meeting.

Failure to submit this form within the time limits will nullify that coalition's vote and the person attending will be allowed a voice only during the meeting.

This form must be handwritten BY THE VOTING MEMBER ASSIGNING THE PROXY (not typed).

I hereby authorize \_\_\_\_\_ to serve as my  
(Name/Affiliation)  
proxy and to vote on my behalf at the \_\_\_\_\_  
(Specify meeting)  
meeting as a representative of the \_\_\_\_\_  
(Healthcare Coalition Name)  
on \_\_\_\_\_  
(Date)

This proxy is only valid for the following:

\_\_\_\_\_ All matters voted on at the meeting

\_\_\_\_\_ Specific issue/matter (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that I have personally contacted this individual and informed them of their voting interest on my behalf.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_