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HEALTHCARE BENCHMARK INITIATIVE
STEERING COMMITTEE (HBISC)
BY-LAWS

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Healthcare Benchmark Initiative Steering Committee

ARTICLE I – MISSION STATEMENT/GOALS & OBJECTIVES

Section I – Mission Statement

The mission of Connecticut’s Office of Health Strategy (OHS) is to implement comprehensive, data-driven strategies that promote equal access to high-quality healthcare, control costs, and ensure better health outcomes for the people of Connecticut.

The mission of the Healthcare Benchmark Initiative Steering Committee (HBISC) is to advise OHS on the effective implementation of the Healthcare Benchmark Initiative deliverables, as outlined in Governor Lamont’s Executive Order No. 5.

Section II – Goals and Objectives

The goals and objectives of the HBISC are to provide OHS with insight and feedback to facilitate the successful implementation of the following:

- A. Healthcare cost growth benchmarks and cost growth mitigation strategies to ensure equitable access to affordable care;
- B. Quality benchmarks and quality measure alignment to ensure equitable, high-quality healthcare and improved population health;
- C. Advanced primary care that is patient-driven, team-based, equitable and effective and without unnecessary burdens for clinicians; and
- D. Use of the All-Payer Claims Database (APCD) and other data sources to inform recommendations for legislative and Executive Branch proposals that will reduce the rate of spending growth, improve healthcare and patient outcomes, and support and sustain better primary care, all in an equitable manner.

ARTICLE II – DUTIES AND COMPOSITION OF THE HBISC

Section I – Duties

For OHS to continue to work on the Healthcare Benchmark Initiative deliverables, as described by Governor Lamont’s Executive Order No. 5, the HBISC shall:

- A. Convene at intervals determined necessary by OHS to provide ongoing guidance to OHS in its implementation of the Healthcare Benchmark Initiative
- B. Convene or reconvene subgroups as needed to address specific aspects of the initiative
- C. Consider and incorporate stakeholder input from patients, providers, payers and employers via the Healthcare Benchmark Initiative Stakeholder Advisory Board and other councils/boards or industry groups
- D. Recommend methods of analyses that ensure credibility and validity of analyses from various data sources
- E. Recommend minimally burdensome data collection and analyses that are aligned across payers and providers for comparable populations
- F. Guard against unintended consequences
- G. Recommend how benchmark and target performance should continue to be analyzed and reported
- H. Review performance information and recommend policy and purchasing actions that could be taken by the State, payers, providers and employers to support benchmark and target attainment.

Section II – Composition

The HBISC shall consist of no more than twenty-five (25) members. The HBISC composition of members will include the Secretary of the Office of Policy Management and the Commissioners of the Department of Social Services and Insurance Department, or their designees, and representatives of healthcare stakeholders selected by the Executive Director of the Office of Health Strategy.

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ARTICLE III – MEMBERSHIP

Section I – Members

The terms “member” or “members,” as used in these by-laws to refer to persons who have been appointed by the OHS by the executive director. Members may appoint a designee to attend on their behalf with permission from the eExecutive dDirector.

Section II – Categories of Membership

At a minimum, membership of the Health Care Benchmark Initiative Steering Committee, in addition to prescribed members described in Article II, Section II, shall strive to include representation of the following categories:

- A. Patients or Patient Advocates
- B. Philanthropic organizations with experience addressing health equity, healthcare costs, and access to healthcare;
- C. National or local mental health advocacy or provider organization
- D. Primary care providers
- E. Healthcare economics or actuarial experts
- F. Health insurance carriers
- G. Health systems or hospitals
- H. Employer coalition
- I. Employer

Section III – Term of Membership

Other than the state officials serving on the HBISC, the terms of membership on the HBISC shall be three (3) years. Upon expiration of their terms, OHS may appoint members for additional three (3) year terms.

Section IV – Attendance

The proper functioning of the HBISC depends upon the commitment of its members.

A Mmember s and/or their designee must attend at least seventy-five percent (that is, 9 of /12) of meetings annually)-of meetings to remain in good standing. Members and/or designees should inform the HBISC Chair if a member/designee will be absent from a meeting.

Section V – Member Preparedness

It is the responsibility of voting members to:

- A. Prepare for meetings by reviewing materials distributed *prior* to a meeting, prepare to raise questions and comments about issues being discussed.
- B. Participate in meeting discussions.
- C. Listen and speak respectfully to others.

Section VI – Resignation and Removal of Members

A HBISC member shall serve such member’s designated term unless such member resigns, is removed, or is otherwise disqualified to serve.

Section VII – Resignation by Notice

Any member choosing to leave the HBISC shall submit a letter, or send an e-mail, of resignation to the Chair.



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Resignation by notice shall take effect on the date of receipt of such notice by the Chair.

Section VIII – Termination of Members, other than state officials or their designees, for Cause

A member of the HBISC, other than state officials or their designees, may be removed from membership for lack of attendance, for cause, such as unethical behavior, as determined by OHS or the full HBISC whenever, in their judgement, the best interests of the OHS and HBISC would be served by removal.

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Section IX – Vacancies

In the event of a vacancy on the Healthcare Benchmark Initiative Steering Committee, the Chair will appoint a qualified person to fill the vacancy whose expertise is in a similar area as the member whose departure resulted in the vacancy.

ARTICLE IV – CHAIR

Section I – Chair Appointment

- A. The Executive Director of the Office of Health Strategy, or the director’s representative, shall serve as the Chair of the HBISC.

Section II – Duties of Chair

- A. The Chair shall preside at all meetings and shall perform all other duties necessary or incidental to the position
- B. The Chair shall be a voting member

Section III – Removal of Members

A member other than the Chair may be removed for cause by a two-thirds vote of a quorum at any regularly scheduled or special meeting of the HBISC. This must appear as an item on the agenda in accordance with the rules for meeting/agenda notification.

ARTICLE V – SUBGROUPS

Section I – General Provision

Ad-hoc subgroups of the HBISC may be created at any time to meet the operational needs of the HBISC and may include members that are not part of the membership of the HBISC. Subject-matter experts may be consulted by ad-hoc subgroups. Any recommendations from such subgroups shall be shared with the full HBISC for its consideration.

Section II – Subgroup Appointment

The HBISC Chair shall appoint a Chair for each subgroup. The responsibilities of the subgroup chairs will include presiding at meetings, ensuring the development of meeting agendas directing the affairs and activities, ensuring the taking of meeting minutes and reporting back to the full HBISC about its activities.

ARTICLE VI – MEETINGS: Regular and Special

Section I – Frequency and Location of Meeting

Regular meetings of the HBISC shall be held at intervals determined necessary by OHS and at such place and time as may be determined. OHS will offer a virtual/call-in option for remote participation. The HBISC shall ensure that the location and time of meetings are reasonably accessible to members.

All regular meetings of the HBISC and meetings of subgroups shall comply with the Freedom of Information Act. The HBISC will reserve time for public comment on the business agenda of each meeting of the HBISC. HBISC minutes as well as other documents produced by the HBISC shall be public documents, and in accordance with the Freedom of Information Act (FOIA).

Action may be taken by the team based on a simple majority of votes of those members present at a meeting.

An annual schedule of regular meetings shall be made available to the public.

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Section II – Notice

An announcement of each regular HBISC meeting, the agenda for the meeting, and all related meeting materials shall be e-mailed to all members at least forty-eight hours in advance of the date of the meeting.

Section III – Special Meetings

Special meetings of the HBISC may be held or called by the Chair or set by the Chair after written request of any five (5) members of the HBISC is received. The special meeting call shall be a written notice e-mailed to members, not less than seven (7) days prior to the date set for such special meeting. Such call must set forth specifically the subject matter of the meeting, and other subjects may not be introduced or considered at such meetings.

Section IV – Meeting Material

OHS staff or an agent acting on behalf of OHS, shall prepare a draft of the minutes of each HBISC meeting, stating the action taken at such meeting, and shall submit them to members as expeditiously as possible for their review. Any member wishing to propose a correction to the minutes shall propose a correction at the meeting at which the minutes are presented for review and approval. Any such approved corrections will be made to the permanent file copy. For substantive or major revisions, any member may request that a copy of the revised minutes be redistributed to all HBISC members. Meeting minutes and any votes will be posted on the OHS website.

Section V – Quorum

At any HBISC meeting, the presence of at least one half (1/2) of the members shall be necessary to constitute a quorum for the purpose of engaging in any formal decision-making. The presence of a quorum will be called by the Chair.

Section VI – Voting

Each member of the HBISC shall be entitled to one vote upon any matter before it that requires a vote. A member may allow their designee to vote by proxy but must let the Chair know in advance. Voting upon any issue shall be voice vote, or by show of hands, of the members. Rollcall may be utilized for video- conference meetings if a voice vote is unclear.

Section VII – Conduct of Meetings

All meetings will be conducted in an orderly manner and governed by these Bylaws. Regular and Special HBISC meetings shall be conducted using Robert’s Rules of Order Abbreviated.

Section VIII – Public Comment at Meetings

The agenda for each meeting shall contain an item “Public Comment” at the beginning of regularly scheduled business. The HBISC Chair shall manage any public comments and participation at the meeting.

ARTICLE VII – DUTIES OF OHS

A. OHS shall inform the HBISC about all changes that impact its mission, which includes Federal and State policy.

B. OHS shall provide all information, guidance and support to the HBISC.

C. OHS shall support the work of the HBISC by providing administrative support, technical assistance, and support as resources allow.

D. OHS will ensure on-going communication between the HBISC, the Healthcare Benchmark Initiative Stakeholder Advisory Board, design groups, and agency staff and leadership.

E. OHS staff assigned to the HBISC will attend all meetings and inform the HBISC of timely developments.

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ARTICLE VIII – OFFICIAL COMMUNICATION AND REPRESENTATION

Section I – Official Communication

Any communication request of the HBISC to the media or general public should be directed to the OHS Communications point of contact.

Section II – Representation

No member of the HBISC or any subgroup shall make any statement or communication under circumstances that might reasonably give rise to an inference that such member is representing the HBISC or OHS (including, but not limited to, communications upon OHS stationary, public acts, statements or communications in which he or she is identified as a member of the HBISC) except only in actions or communications that are clearly within the policies of the HBISC Chair, in consultation with OHS. An example of an acceptable action is a HBISC member being asked to provide information about the HBISC and its activity at a public meeting or forum being conducted on health equity or health related issues.

ARTICLE IX – MAINTENANCE OF RECORDS

Files containing HBISC and subgroup minutes, correspondence, and records shall be maintained by OHS staff at the OHS Office, 450 Capitol Ave., Hartford, CT 06105. Electronic copies of all documents shall be retained in accordance with OHS’s record retention policies.

ARTICLE X – NON-DISCRIMINATION

The officers, staff and committee members of the HBISC and any of its design groups shall be selected without discrimination with respect to age, gender, race, religion, disability, sexual orientation, gender identity or expression, or national origin.

All HBISC business and activities shall be conducted fairly and equitably in a manner which does not discriminate with respect to age, gender, race, religion, disability, sexual orientation, gender identity or expression, or national origin.

APPENDICES

Appendix A – Robert’s Rules of Order, Abbreviated

What is Parliamentary Procedure? It is a set of rules for conduct at meetings that allows everyone to be heard and to make decisions without confusion. It’s a time-tested method of conducting business at meetings and public gatherings. It can be adapted to fit the needs of any organization.

Sample Order of Business:

1. Call to order and roll call of members
2. Present the Agenda
3. Consider minutes of last meeting—vote to accept amended minutes.
4. Special orders--important business previously designated for consideration at this meeting
5. Business--motions
6. Announcements
7. Adjournment

Presenting Motions:

1. Obtain the floor
2. Make a motion--avoid personalities and stay on subject.
3. Wait for someone to second the motion.
4. Another member will second the motion or the Chairman will call for a second--if there is no second to motion it is lost.
5. The Chairman restates the motion.
6. Debate—concise and focused on content of motion.
7. Keep established time limits.
8. Put the question to the membership--if there is no more discussion, a vote is taken.

Note: Motion to Table – This motion is often used in the attempt to "kill" a motion. The option is always present, however, to "take from the table", for reconsideration by the membership.

Voting on a Motion:

1. By General Consent -- When a motion is not likely to be opposed, the Chairman says, "if there is no objection ..." The membership shows agreement by their silence, however if one member says, "I object," the item must be put to a vote.
2. By Voice -- The Chairman asks those in favor to say, "aye", those opposed to say "no". Although "voice" is preferred, any member may move for an exact count.
3. By Ballot -- Members record their votes; this method is used when secrecy is desired.

In summary, parliamentary procedure is an effective means to get things done at your meetings. But, it will only work if you use it properly.

1. Allow motions that are in order.
2. Have members obtain the floor properly.
3. Obey the rules of debate—stay focused

Most importantly, BE COURTEOUS.

Adapted from: <http://www.robertsrules.org/rulesintroprint.htm>