Healthcare and Public Health Sector

Government Coordinating Council

CHARTER

I. Official Designation

The official designation of this Council is the "Healthcare and Public Health Sector Government Coordinating Council," hereafter referred to as the "GCC." The Charter will hereafter refer to the "Healthcare and Public Health Sector" as the "Sector."

As noted in the 2022 Critical Infrastructure Partnership Advisory Council (CIPAC) Charter, “Government Coordinating Councils (GCC), chaired by the identified Sector Risk Management Agency (SRMA), enable interagency, intergovernmental, and cross jurisdictional coordination within and across sectors. They comprise representatives from across various levels of government (federal, state, local, territorial, and tribal), as appropriate, to the operating landscape of each individual sector. GCCs coordinate with the respective Sector Coordinating Council (SCC) to address cybersecurity and infrastructure security matters affecting the sector.”[1]

II. Authority

Presidential Policy Directive-21 (PPD-21) establishes a national policy directing Federal departments and agencies to identify, prioritize, and coordinate security and resilience of the United States' critical infrastructure, and to guard against efforts to undermine or exploit those sector assets.[2] PPD-21 implementation is described by the 2013 National Infrastructure Protection Plan (NIPP) and supporting Sector-Specific Plans.[3] The 2013 NIPP defines critical infrastructure as "systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of these matters." Healthcare and Public Health critical infrastructure are the backbone for essential services for American society; disruption or degradation of which could cause catastrophic health effects, mass causalities, negative impacts on economic well-being, or profoundly affect national prestige and morale.

Federal departments and agencies will work with state, local, tribal, and territorial (SLTT) governments and develop partnerships with the private sector to leverage complementary resources within government and between government and industry and build a more robust, resilient, and secure Sector. PPD-21 identifies federal agencies which operate within the 16 critical infrastructure sectors, formerly known as Sector-Specific Agencies (SSAs) and outlines their roles and responsibilities for protecting the nation’s critical infrastructure. These agencies

[1] "2022 CIPAC Charter: United States Department of Homeland Security Critical Infrastructure Partnership Advisory Council Charter," 2022 Edition
[2] “Presidential Policy Directive: Critical Infrastructure Security and Resilience,” 2013
[3] "National Infrastructure Protection Plan (NIPP) 2013: Partnering for Critical Infrastructure Security and Resilience," 2013

are now known as SRMAs, as codified in the 2021 National Defense Authorization Act.[4] The designated SRMA for the Healthcare and Public Health (HPH) Sector is the U.S. Department of Health and Human Services (HHS). HHS delegated SRMA responsibilities to the Administration for Strategic Preparedness and Response (ASPR), who has identified the Office of Critical Infrastructure Protection (CIP) as the SRMA lead on behalf of HHS. PPD-21 directs the SSAs, now SRMAs, to collaborate with sector partners to conduct or facilitate vulnerability assessments of the sector and to encourage risk management strategies to protect against and mitigate the effects of attacks against sector critical infrastructure. The SRMA manages the overall process for building security partnerships, relationships, and resources within its sector.

The NIPP calls for the establishment of a GCC for each of the 16 critical infrastructure sectors to facilitate interagency and cross-jurisdictional cooperation for the purpose of protecting critical infrastructure. It also provides further guidance on the specifics of the role of the GCC and its role as a partner in the prevention, deterrence, and mitigation of deliberate efforts to destroy, incapacitate, or exploit the sector. This charter governs the organization and activities of the GCC for the Sector.

III. Mission

The mission of the GCC is to support the actions of the Sector's work to sustain the essential functions of the nation's HPH system and to support effective emergency preparedness and response to nationally significant hazards. Representatives from federal, state, local, tribal, and territorial (FSLTT) government offices will work with private sector partners to evaluate risks; coordinate plans and policy advice; and provide guidance to prevent, protect, mitigate, respond to and recover from all hazards faced by the nation's HPH critical infrastructure.

IV. Objective

The objective of the GCC is to provide effective coordination of Sector security and resilience strategies and activities, policy, and communication across government, between the FSLTT governments, and between government and the private sector. The GCC will help develop and implement security strategies and initiatives for the Sector, as defined by PPD-21, in support of the nation's homeland security mission. The GCC serves as the federal counterpart and partner to the private sector-led SCC. Collectively, these bodies will coordinate, plan, implement, and execute Sector-wide critical infrastructure protection, health system security, and resilience programs for the nation's HPH infrastructure. In addition, the GCC facilitates coordination with other SRMAs as needed.

The work of the GCC includes, but is not limited to: 1) contributing information and data and recruiting subject matter experts as needed to assist in the development and execution of the Sector Specific Plan (an annex to the NIPP) and Sector Annual Report; 2) collaborating with its private sector counterpart, the SCC, to identify, prioritize and protect Sector critical infrastructure; 3) collaborating with those sectors responsible for protection of assets, systems,

[4] "William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021," 2021

networks, or services upon which the Sector is dependent; and 4) assisting in the development of products as requested by the U.S. Department of Homeland Security (DHS).

V. Vision

The GCC aims to be a public-private partnership whose public sector arm is well-coordinated, engages FSLTT leaders, and harnesses expertise from each of the sub-sectors of the HPH Sector to advance critical infrastructure risk monitoring, management, and resilience-building for the Sector.

VI. Scope of Activity

The GCC is the public sector half of the HPH Partnership and reflects the diversity of the Sector in its membership, strategy, and priorities. Recognizing the diverse interests of the Sector, the GCC will work to accomplish the following goals:

1. Create and leverage relationships to ensure bidirectional sharing of information within the Sector.
2. Identify and assess mission critical challenges and opportunities and recommend priority actions for the Sector.
3. Develop consensus advice for Sector senior leaders, both in the private and public sector, on strategic priorities for the best interest and security of the Sector, in collaboration with the SCC.
4. Coordinate with other Critical Infrastructure Sectors to identify and effectively assess threats to the Sector.
5. Unite leaders from across the interagency to identify and inform strategic plans and direction of the Sector, in coordination with the SCC.
6. Ensure the GCC remains a representative, inclusive, and equitable body whose membership effectively reflects the make-up of the Sector.

VII. Roles and Responsibilities

The GCC will have a leadership structure consisting of two (2) co-chairs and a GCC Steering Committee.

Two Co-chairs: The GCC is led by two (2) co-chairs, one (1) permanent and one (1) rotating. As the SRMA lead, the Director of CIP will serve as the permanent co-chair. The rotating co-chair will be a Voting Member Organization (VMO) or Non-Voting Member Organization (NVMO) participant of the GCC, elected via a simple majority vote during the annual in-person GCC meeting. The rotating co-chair will hold their seat for a three (3) year term. The co-chairs will work with GCC membership, SCC leadership, and DHS to identify agenda issues to address and will bring those issues to the GCC for consideration and discussion. The co-chairs, with the assistance of the SCC, will monitor and make certain that initiatives or issues are discussed and brought to closure.

GCC Steering Committee: The GCC Steering Committee consists of VMO or NVMO participants across the HPH Sector sub-sectors and committee participants will serve a three (3) year term, except in the case of the inaugural Steering Committee, as noted below in Section VIII. Process: The GCC Steering Committee will work with the co-chairs to engage FSLTT representatives and harness expertise from each of the sub-sectors to advance critical infrastructure risk monitoring, management, and resilience-building for the Sector. The GCC Steering Committee will also work with the co-chairs to help center participant-led strategy and harness broad government engagement to continuously improve the HPH Partnership.

Membership: GCC membership will consist of VMOs, NVMOs and subject matter experts (SMEs) from public sector organizations and agencies across the HPH Sector.

Historically, the HPH Partnership recognized eight (8) sub-sectors. In 2022-2023, the GCC and SCC formally acknowledged five (5) sub-sectors (known as "functional areas" by the SCC). These five (5) sub-sectors represent the significant functional aspects of the nation's health care system and form the organizational structure of GCC and SCC membership. Over the next several years, the HPH Partnership will publicly transition from eight (8) sub-sectors to five (5). Additionally, there will be a Past Officers Council (POC) populated by former GCC Chairs and Executive Committee members who can provide expertise and historical knowledge in support of the GCC and its mission. Members of the POC have no more authority than a current GCC representative of a Voting or Non-Voting Member Organization.

Historic HPH Sub-Sectors *Organized by segment of the HPH Sector* Annex A	**2022-2023 Updated HPH Sub-Sectors** *Organized by function of the HPH Sector* Annex B
• Research and development • Health IT and cybersecurity • Direct patient healthcare • Laboratory, blood, and pharmaceuticals • Public health agencies • Mass fatality management services • Health plans and payer • Medical materials coordinating groups	• Clinical • Coordination • Infrastructure • Support • Administrative

Inclusive Engagement: At the heart of the GCC's success is the diversity and inclusivity of its membership, including its leadership within the GCC Steering Committee. While the GCC has always included participants from states, localities, tribes, territories, and their associations, this updated charter reflects a commitment to active outreach to new SLTT participants, through new and existing participant networks, to increase engagement with and participation of SLTT groups.

Voting Member Organizations: Permanent, voting member organizations are known as VMOs of the GCC. VMO participants have a good-faith expectation of representing the views, opinions, and goals of their organization in the voting process and regularly attend

GCC meetings. Director-level leaders from FSLTT entities, or associations or groups representing FSLTT entities whose primary mission or focus of work is in the HPH Sector, or their assignees that have decision making authority or access to decision making authority on behalf of their agency, represent the VMOs. In addition, each VMO participant may designate an alternate participant in the event the primary participant is unavailable. The alternate will have decision making authority as designated by the participant as the participant deems appropriate for the issues for presentation at a meeting. Each VMO participant has the flexibility to have other representation at meetings other than the official alternates but must clearly designate the representative's decision-making authority prior to the meeting. For VMOs that are a professional association or other type of membership organization, the association may select a voting participant and alternate from among their membership. Multiple representatives from an organization may participate as VMOs. Each VMO has one (1) vote during all elections and consensus decision-making. To qualify for voting during consensus decision-making, VMOs participate in at least 75% of GCC meetings annually.

Non-Voting Member Organizations: Non-permanent, non-voting member organizations are known as NVMOs. The GCC co-chairs reserve the right to add other NVMO participants representing entities as deemed necessary or appropriate by the GCC co-chairs and who may not regularly attend GCC meetings. Participants from FSLTT entities, or associations or groups representing FSLTT entities whose primary mission or focus of work is in the HPH Sector, and whose criteria and qualifications for participation are based upon the ongoing needs for specific organizational and institutional expertise, represent the NCMOs. Multiple representatives from an organization may participate as NVMOs. NVMO participants may attend all meetings and conference calls and participate in developing action plans, recommendations, and consensus decisions. For NVMOs that are a professional association or other type of membership organization, the association may select a non-voting participant and alternate from among their membership. Because NVMOs do not have the responsibility to vote during consensus decision-making, they are not bound to participation minimum requirements.

Subject Matter Expert (SME): An individual who is not affiliated with a VMO or NVMO of the GCC and is from an organization that does not qualify to be a member of the GCC (e.g., member of another sector's GCC), is known as an organization-level SME. The SME possesses significant expertise and substantive knowledge that is greater than that of a layperson and works for an organization that is not in the public sector and whose primary mission or focus of work is not in the HPH Sector. The SME uses their organizational knowledge or individualized information to provide technical or industry-specific information for the purposes of informing the recommendations of the GCC. SMEs may not participate in forming consensus advice or recommendations and may not serve in a leadership capacity in the GCC. Multiple representatives from an organization may participate as SMEs.

Membership Management: Existing council participants may recommend new participant

candidates, including additional departments, agencies, and organizational entities, to GCC co-chairs. The GCC co-chairs make the decisions on new participants and may grant new organizations membership as a VMO, NVMO or an organizational-level SME. When the participants of member organizations change, the GCC co-chair leadership will work with the organization to ensure their membership is current. CIP, as the SRMA lead on behalf of HHS, will maintain the following items, including but not limited to 1) meeting and organizational support to include coordinating agenda development, 2) ongoing monitoring of issues and initiatives, 3) administrative support to include logistics and participant management, and 4) a communication mechanism for sharing information among GCC membership and to share information with appropriate counterparts and leadership of the SCC.

VIII. Process

Consensus Decision-Making: This charter defines a quorum for decision-making as the presence of participants, primary or alternate, from at least thirty-three percent (33%) of the VMOs, either in person or via teleconference.

In addition, for the purposes of federal agency representation and in the context of voting procedures, each VMO FSLTT agency, association, or group is represented by one (1) vote. However, multiple VMO participants from a single agency, association, or group may participate in the GCC. For example, there may be one (1) or more VMO participants from one (1) or more Offices within a federal Department; however, that federal Department would have one (1) vote during any formal voting procedures. Each VMO will self-identify their process to submit one (1) single unified vote. For example, each VMO may designate one (1) participant to vote, or they may agree that for each vote they will determine a process to have one (1) single unified vote.

Voting Rights Modification: The GCC Steering Committee has the right to modify voting rights as the GCC continues to grow, thereby allowing for changes to take place in a controlled manner. A VMO participant can propose a motion to modify voting rights and the GCC Steering Committee will review the request and determine a decision. For the purposes of this charter, a quorum for decision-making is the presence of GCC Steering Committee members, primary or alternate, from at least thirty-three (33%) of the GCC Steering Committee, either in person or via teleconference. However, on a case-by-case basis, the GCC retains the right to use voting procedures previously approved by the Joint Councils Leadership, which includes the GCC and SCC co-chairs that lead the HPH Partnership (Annex D).

GCC participants will work to achieve consensus through a consultative process that encourages the exchange of information and points of view and will strive to understand and close the gaps creating disagreement. GCC leaders will ensure recognition and recording of dissension, with clear notation of rationale when a member cannot agree with a GCC decision. GCC leaders and participants will strive to meet timelines and deliverables even when there is less than full agreement.

The GCC recognizes that each organization represents a government agency, association, or group with inherent legal authorities and parameters within which they must operate. At times, these authorities may restrict an organization's ability to provide agreement on a decision. GCC members must clearly articulate inherent legal authorities to the GCC as the basis for dissent and the inability to achieve consensus as this occurs.

For issues requiring decisions, CIP will disseminate an email and participants will have at least three (3) business days to comment from the time of email dissemination.

The GCC will review, revise (as needed), and approved GCC goals and priorities on an annual basis.

Elections of GCC Leadership: This charter defines GCC leadership as the combined group of GCC co-chairs and Steering Committee members.

Election of Rotating Co-Chair: Any GCC participant may self-nominate or nominate any GCC participant in good standing as a candidate for the rotating co-chair position prior to the expiration of the incumbent's seat, in accordance with the timeframe established by the GCC. Section VIII of his charter outlines the terms for remaining in good standing. Process: Ethics Guidelines. The GCC will elect rotating co-chair by majority vote of the GCC Steering Committee, either by email or other reliable electronic means, or by majority vote of Steering Committee members in attendance at a specially called or regularly scheduled in-person meeting of the GCC leadership, provided that at least 50% of the Steering Committee attends the meeting.

Election of Steering Committee: Any GCC participant in good standing may nominate no more than one (1) GCC participant for an open seat on the Steering Committee per election. The current GCC leadership will endeavor to ensure that the nominations represent diverse HPH Sector equities. Election of Steering Committee members is by a majority vote of GCC VMO participants in good standing, either by email or other reliable electronic means, or by majority vote of GCC VMO participants in attendance at a specially called or regularly scheduled meeting of the GCC. If the Steering Committee holds the election during a meeting, 50% of GCC VMO participants in good standing must attend the meeting. If the Steering Committee holds the election via email or other reliable electronic means, at least 50% of GCC VMO participants in good standing must vote. The Steering Committee must allow the GCC VMO participants a reasonable amount of time, preferably two (2) weeks, to submit electronic votes. The GCC will hold elections as needed, though not less than annually, to fill open Steering Committee positions.

For continuity purposes, the GCC will stagger the inaugural Steering Committee terms into three (3) groups: one (1) year term, two (2) year term, and three (3) year term. During the nomination and election process, Steering Committee members may indicate their preferred term length. In such case where staggered terms are not self-selected, the GCC will use negotiations or a random selection process to determine final terms. Steering Committee members completing their terms may run for reelection for additional one (1) or two (2) year terms at the discretion of the Steering Committee member, elected by GCC

VMO participants, with or without competing candidates for the same seat.

Ethics Guidelines: To retain good standing with the GCC, GCC membership and GCC leadership shall comply with the following guidelines:

- Participate in GCC activities and initiatives with honesty, good ethics, and with respect and integrity.
- Comply fully with all applicable statutes, laws, and regulations.
- Be familiar with the source of the information they maintain access to and respect the sensitivities and potential harm associated with the compromise of that information.
- Handle and distribute sensitive information only in the manner permitted by or otherwise consistent with federal policy, protocols, laws, regulations, and guidelines, as applicable. When in doubt, GCC members will ask GCC leadership for clarification and guidance.

IX. Working Groups

The GCC will establish working groups for substantial tasks that warrant additional focus and attention and require more than a single GCC meeting to complete, such as an investigation or research. Working groups will have a leader designated by the GCC, a specific charge, a time limit for achieving this charge, and a clearly defined deliverable. Joint working groups with the SCC will be co-chaired by one (1) or more GCC participant and one (1) or more SCC participant. All working group products are meant to advise GCC participants on various issues, directions, or processes. Working groups will submit their deliverables and recommendations for consideration of the entire GCC membership. Working group membership will be determined by the scope of the topic. The GCC will form Joint SCC-GCC working groups under the CIPAC framework.

In addition, for the purposes of federal agency representation and in the context of voting procedures at the working group level, working groups may choose to define voting member organizations at the level that makes sense for their working group. For example, a working group may limit each VMO FSLTT agency representation to one (1) vote at the Center or Office level.

X. Work Products and Deliverables

The GCC will actively participate in developing and producing an array of documents and other work products including but not limited to: Sector Specific Plan updates, the Sector Annual Report, and other documents as required by DHS and HHS. Further, the GCC may develop work products related to issues or initiatives the GCC feels are in line with current GCC priorities and objectives.

XI. Frequency of Meetings

The full GCC will meet at least quarterly in person or by conference call. The GCC co-chairs

will hold additional meetings and/ or conference calls of the full GCC as they deem necessary.

XII. Adoption and Signatories

Members of the GCC Interim Steering Committee reviewed and provided feedback on this charter in July 2023. ASPR leadership reviewed and approved a revised version, in their role as SRMA designee, on behalf of HHS, and as permanent co-chair of the GCC. ASPR will administer future revisions of the charter in the same manner with the GCC Steering Committee.

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Attachments:

Annex A – Historical HPH Sector Sub-Sectors

Annex B – 2022-2023 Updated HPH Sector Sub-Sectors

Annex C – GCC Membership List, as of the time of signature on this charter

Annex D – Consensus Voting Procedure Options

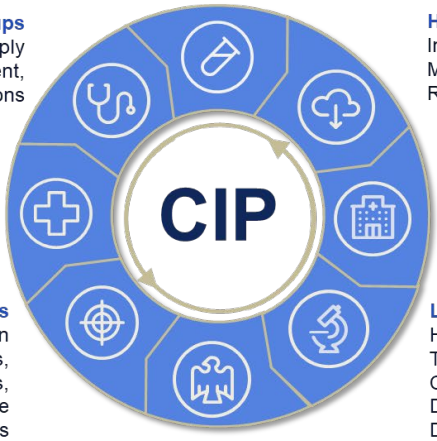
ANNEX A

Historical HPH Sector Sub-Sectors

Research and Development
Biotechnology, Bioeconomy, and Medical Academic and Research Institutions

Medical Materials Coordinating Groups
Pharmaceutical Distributors, Medical Supply Chain Manufacturing, Medical Equipment, Trade Associations

Health IT & Cybersecurity
Information Standard Bodies, Electronic Medical Record Development Companies, Record Systems Vendors, Trade Associations



Health Plans & Payers
Health Insurance Companies, Medicare, Medicaid, Children's Health Insurance Program (CHIP), Trade Associations

Direct Patient Healthcare
Hospital systems, Doctors, Nurses, Pharmacists, Dentists, Medical Facilities, Clinicians, Trade Associations, Emergency Medical Services (EMS)*

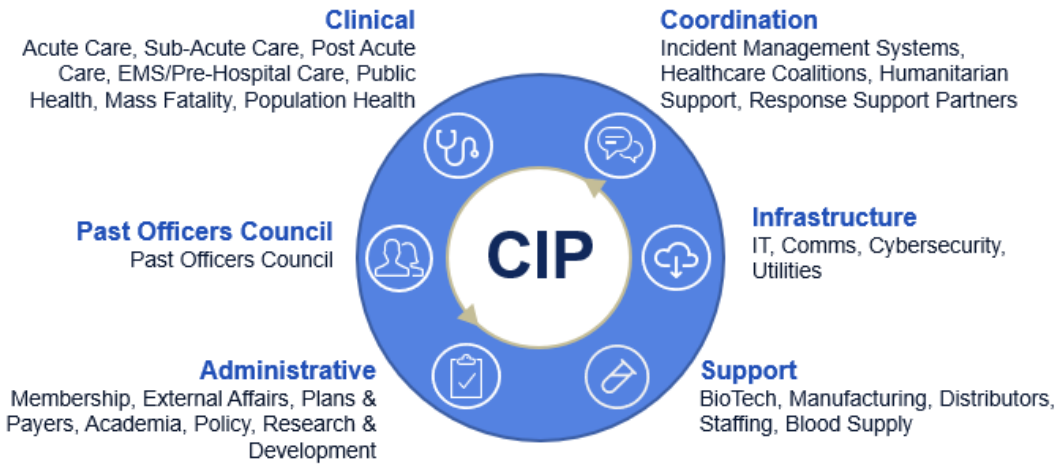
Mass Fatality Management Services
Morgue, Cemetery Services, Cremation Services, Funeral Homes, Coroners, Forensic Examiners, Medical Examiners, Psychological Support Personnel, Trade Associations

Laboratory, Blood, & Pharmaceuticals
Hospital and Community Blood Centers/Banks, Transfusion Services and Transplantation Centers, Pharmaceutical Manufacturers, Distributors, Biological Supplies and Equipment, Drug Store Chains, Trade Associations

Public Health Agencies
HHS, DHS, Federal, State, Local, Tribal and Territorial (SLTT) Health Agencies

ANNEX B

2022-2023 Updated HPH Sector Sub-Sectors



Sub-sector representation:

- Clinical – represents direct Patient Care Operations across the Sector
- Coordination – represents the operational function to the GCC mission
- Infrastructure – represents essential infrastructure operations within the Sector
- Support – represents an operational support service or organization across the Sector
- Administrative – represents operational administrative areas or organizations within the Sector
- Past Officers Council – maintains historic context and leadership expertise to enhance reliability of the Sector

ANNEX C

GCC Membership List

The GCC membership list below represents the FSLTT entities (or associations or groups representing FSLTT entities) that each hold equal voting rights on matters pertaining to the GCC of the HPH Sector.[5] This list includes entities that were part of the GCC historically; however, moving ahead, the GCC will use the processes described in this charter. Once the GCC finalizes new membership, the GCC leadership will update this section of the charter.

Federal Entities:

- U.S. Department of Commerce - National Institute of Standards and Technology
- U.S. Department of Commerce - U.S. Census Bureau
- U.S. Department of Defense - Office of Assistant Secretary for Defense for Health Affairs
- U.S. Department of Defense - Office of the Secretary of Defense
- U.S. Department of Health and Human Services - Administration for Children and Families
- U.S. Department of Health and Human Services - Administration for Strategic Preparedness and Response
- U.S. Department of Health and Human Services - Agency for Healthcare Research and Quality
- U.S. Department of Health and Human Services - Assistant Secretary for Administration
- U.S. Department of Health and Human Services - Centers for Disease Control and Prevention
- U.S. Department of Health and Human Services - Centers for Medicare & Medicaid Services
- U.S. Department of Health and Human Services - Food and Drug Administration
- U.S. Department of Health and Human Services - Health Resources and Services Administration
- U.S. Department of Health and Human Services - Indian Health Services

[5] For the purposes of federal agency representation and in the context of voting procedures, each VMO FSLTT agency, association, or group shall be represented by one (1) vote. VMO federal agency representation will be one (1) level down, i.e., HHS/ ASPR, and the Food and Drug Administration (HHS/FDA) will have one (1) vote for each organization.

- U.S. Department of Health and Human Services - National Institutes of Health
- U.S. Department of Health and Human Services - Office of the Assistant Secretary for Health
- U.S. Department of Health and Human Services - Office of Global Affairs
- U.S. Department of Health and Human Services - Office of the Secretary
- U.S. Department of Health and Human Services - Substance Abuse and Mental Health Services Agency
- U.S. Department of Homeland Security - Cybersecurity and Infrastructure Security Agency
- U.S. Department of Homeland Security - Countering Weapons of Mass Destruction Office
- U.S. Department of Homeland Security - Federal Emergency Management Agency
- U.S. Department of Homeland Security - Office of Intelligence & Analysis
- U.S. Department of Homeland Security - Office of Health Security
- U.S. Department of the Treasury - Office of Cybersecurity and Critical Infrastructure Protection
- U.S. Department of Transportation - National Highway Traffic Safety Administration
- U.S. Department of Veterans Affairs - Office of Operations, Security, and Preparedness
- U.S. Department of Veterans Affairs - Veterans Health Administration
- U.S. Environmental Protection Agency - Office of Research and Development
- U.S. Environmental Protection Agency - Office of Water
- U.S. General Services Administration - Office of Mission Assurance

State, Local, Tribal, and Territorial Entities:

- Association of State and Territorial Health Officials
- National Association of County and City Health Officials
- City of Dayton, Ohio Fire Department
- Nassau County, New York Department of Health
- Darke County Ohio Emergency Management Agency
- Southern Nevada, Nevada Local Health Department

ANNEX D

Consensus Voting Procedure Options

This annex details three (3) options for the GCC majority-rule consensus voting procedures.

Option 1: Verbal vote during a GCC meeting: VMOs participants verbally express any objections to the proposed product or idea during a GCC meeting.

- Process:
    1. The GCC co-chair facilitates a verbal vote during a GCC meeting.
    2. Eligible VMOs participate in the verbal vote by expressing objections to the proposed product or idea. A lack of objection is a vote for majority-rule consensus approval.
    3. The verbal voting period expires with the end of the GCC meeting.
    4. The GCC co-chair validates the results and shares them over email.
- Approval requirements:
    1. Quorum:
        a. At least 33% of all GCC VMOs eligible to vote must attend the GCC meeting where the vote occurs.[6]
    2. Approval:
        a. 51% of eligible GCC VMOs in attendance at the GCC meeting must vote to approve.

Option 2: Written survey during a GCC meeting: VMO participants complete a survey to approve or reject the proposed product or idea, or abstain from the vote, during a GCC meeting.

- Process:
    1. The GCC co-chair shares a voting survey link in a GCC meeting chat.
    2. Eligible VMOs complete the survey, voting to approve or reject the proposed product or idea, or abstain from the majority-rule consensus vote (not completing the survey is an abstention).
    3. The voting survey closes at the end of the GCC meeting.
    4. The GCC co-chair validates the results and shares them by email.
- Approval requirements:

[6] If less than 33% of eligible VMOs attend the GCC meeting, the GCC shall hold the majority consensus vote via Option 3.

1. Quorum:
    a. At least 33% of all GCC VMOs eligible to vote must attend the GCC meeting where the vote occurs.[7]
2. Approval:
    a. 51% of eligible GCC VMOs who participate in the vote must vote to approve (abstentions do not count for approval).

Option 3: Written survey after the GCC meeting: VMO participants complete a survey to approve or reject the proposed product or idea, or abstain from the vote, within two (2) weeks following a GCC meeting.

- Process:
    1. The GCC co-chair shares a voting survey link with all eligible VMOs over email following a GCC meeting.
    2. Eligible VMOs complete the survey, voting to approve or reject the proposed product or idea, or abstain from the majority-rule consensus vote (not completing the survey is an abstention).
    3. The voting survey closes two (2) weeks after survey distribution.
    4. The GCC co-chair validates the results and shares them by email.
- Approval requirements:
    1. Quorum:
        a. There are no requirements that a certain percentage of VMOs must vote.
    2. Approval:
        a. 51% of eligible GCC VMOs who participate in the vote must vote to approve (abstentions do not count for approval).

[7] If less than 33% of eligible VMOs attend the GCC meeting, the GCC shall hold the majority consensus vote via Option 3.