

Healthcare and Public Health Sector  
Coordinating Council

# Comprehensive Council Charter

**Version 2.0**



Healthcare & Public Health  
Sector Coordinating Council

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# I. Introduction

## 1.1 CHARTER PURPOSE

The Healthcare and Public Health Sector Coordinating Council (HPHSCC, or SCC) Charter serves as a governance document that outlines the Council's:

- organizing principles
- organizational structure
- core functions of the Council, and
- general operating guidelines.

## 1.2 COUNCIL MISSION

The nation depends on the continuity and availability of its healthcare system, especially during disasters and emergencies. Every region in the U.S. is subject to a variety of natural man-made (unintentional or intentional) and technological threats and events that may directly or indirectly disrupt the integrity of healthcare operations.

If the infrastructure that the healthcare and public health sector relies on breaks down or stops working, that could disrupt the ability to provide essential services to the communities we serve. By protecting our nation's healthcare and public health infrastructure through coordinated efforts, we can better ensure that vital healthcare and public health services are available when malicious events occur or when disaster strikes.

## 1.3 BACKGROUND AND CORE FUNCTIONS OF THE COUNCIL

The HPHSCC has been established to serve as the *Sector Coordinator* (as defined in the 2003 Homeland Security Presidential Directive 7 and modified in the 2013 Presidential Policy Directive 21 by the Secretary of the Department of Health and Human Services (HHS) and the Department of Homeland Security (DHS)). The HPHSCC serves as the private sector counterpart and partner to the Healthcare and Public Health Government Coordinating Council (HPHGCC, or GCC).

HPHSCC Core Functions (not limited to), include working with private and public partners to:

- Develop guides and checklists to prepare sector members to recover from a critical incident or event
- Implement the National Infrastructure Protection Plan (NIPP) sector partnership and risk management framework and the National Health Security Strategy
- Develop protective programs and actions to defend against, prepare for, and mitigate the consequences of a terrorist attack or other hazards
- Provide guidance on Healthcare and Public Health critical infrastructure protection
- Communicate the needs of the Healthcare and Public Health Sector throughout government, and across private sector partners
- Measure the sector's performance toward sector protection priorities
- Encourage information sharing among all sector partners

- Submit sector plans and reports to the U.S. Department of Homeland Security
- Sustain the essential functions of the Nation’s healthcare and public health delivery system and to support effective emergency preparedness and response to nationally significant hazards or events
- Public and private sector partners will evaluate risks; coordinate plans and policy; and provide guidance to prevent, protect, mitigate, respond to, and recover from all hazards that pose a threat to the Sector’s critical infrastructure
- Independent of, or in collaboration with our GCC partners, the HPHSCC Leadership shall serve, the Offices of the Secretary for the Department of Health and Human Services, Assistant Secretary for Preparedness and Response, and to the Office of the Secretary for the Department of Homeland Security, as trusted advisors on matters of Healthcare and Public Health Readiness and Response to actual and perceived threats to our Nation’s Health Security
- Independent of, or in collaboration with our GCC partners, the HPHSCC shall serve our membership, as well as the community we serve, as a coordinating group during times of regional or national, healthcare or public health crisis. The HPHSCC Executive Committee will collaborate with independent or organized groups of subject matter experts to best inform and lead the HPHSCC

## 1.4 INCLUSIVE APPROACH TO HPHSCC MEMBERSHIP

Any domestic U.S. entity, for-profit or non-profit, whose professional, business, or operational activity supports the nation’s health security and the core national healthcare system is eligible for HPHSCC membership. This includes but not limited to: self-employed physicians, owners and operators of healthcare facilities, health care organizations and suppliers as well as professional associations, professional societies, and agencies or organizations with subject matter experts that contribute to the mission of the HPHSCC.

Membership requires a level of participation; however, participation is broadly defined to be as inclusive as possible. Formal involvement in the HPHSCC governance bodies and workgroups is encouraged, but not required. Additional membership venues for participation in HPHSCC efforts, include:

- contribution to and/or utilization of one or more products and services offered by the HPHSCC, such as: online tools, safety guides, secure channels, priority alerts, and conference calls;
- responding to HPHSCC inquiries and requests for information;
- communicating questions and concerns to committees; and
- talking with others about critical infrastructure issues and the efforts of the HPHSCC.

## 1.5 HPHSCC STRATEGIC PARTNERSHIP FUNCTION

The strategic function of the HPHSCC (see Figure 1) is to serve as a partnership organization interfacing between the private sector and the public sector including principally the HPHGCC, HHS, DHS, other federal, state and local governments, and response agencies. The HPHSCC’s partnership function has essential dependencies on the continuity of other critical infrastructure providers, represented by other sector coordinating councils. Therefore, we actively encourage partnerships with other Sector Specific Agencies and Sector Coordinating Councils to prepare for and respond to healthcare needs across our nation.

In addition to coordinating, managing and maintaining these private sector collaborations with the public sector, the HPHSCC is responsible for using these relationships to mobilize and align owner/operator activities at the individual and collective level, and ultimately ensure the effective identification,

prioritization, coordination and implementation of sector-wide strategies to secure the U.S. healthcare system during readiness, response and recovery phases of emergency operations.

The HPHSCC partnership organization works to achieve its mission through communication, coordination and collaboration by enhancing the bi-directional flow of information, guidance and expertise within the private sector (Figure 1) and with Government leadership.

### 1.5.1 Information and Guidance

The HPHSCC facilitates the communication of relevant and timely information and guidance from government entities to private sector stakeholders. With respect to this partnership function, the HPHSCC can be expected to:

- Create tools, mechanisms, and opportunities that will:
  - meet the communication and information needs of the sector’s constituent members;
  - maximize the mitigation, preparation, response, and recovery capability of the sector’s constituent members; and
  - provide sector owners/operators with emergency response support and advice in preparation for, during and following a disaster.
- Identify and communicate best practices and standards which enable effective mitigation, preparation, emergency response and infrastructure protection.

### 1.5.2 Influence and Expertise

The HPHSCC facilitates the communication and coordination of Sub-Council expertise and information to the government, and ensures that Sub-Council interests, concerns and needs are adequately represented in government. This process and information is vetted by the HPHSCC Executive Committee to ensure appropriate and accurate coordination. With respect to this partnership function, the HPHSCC can be expected to:

- ensure up-to-date assessment and prioritization of the sector’s diverse infrastructure protection needs (including training and research and development needs), issues, and concerns requiring attention, assessment, and action.
- provide a mechanism to ensure that specialized knowledge and expertise of sector operators, owners and associations is available as a resource for public sector planning and policy.
- integrate the sector’s diverse interests and perspectives into a collective voice and coordinated action to:
  - address the sector’s infrastructure protection concerns and ensure effective representation for the diverse components, organizations, and interest groups within the healthcare system;
  - communicate the healthcare sector’s needs to the appropriate government agencies; and
  - align and enhance government policies, plans, and activities regarding infrastructure protection.

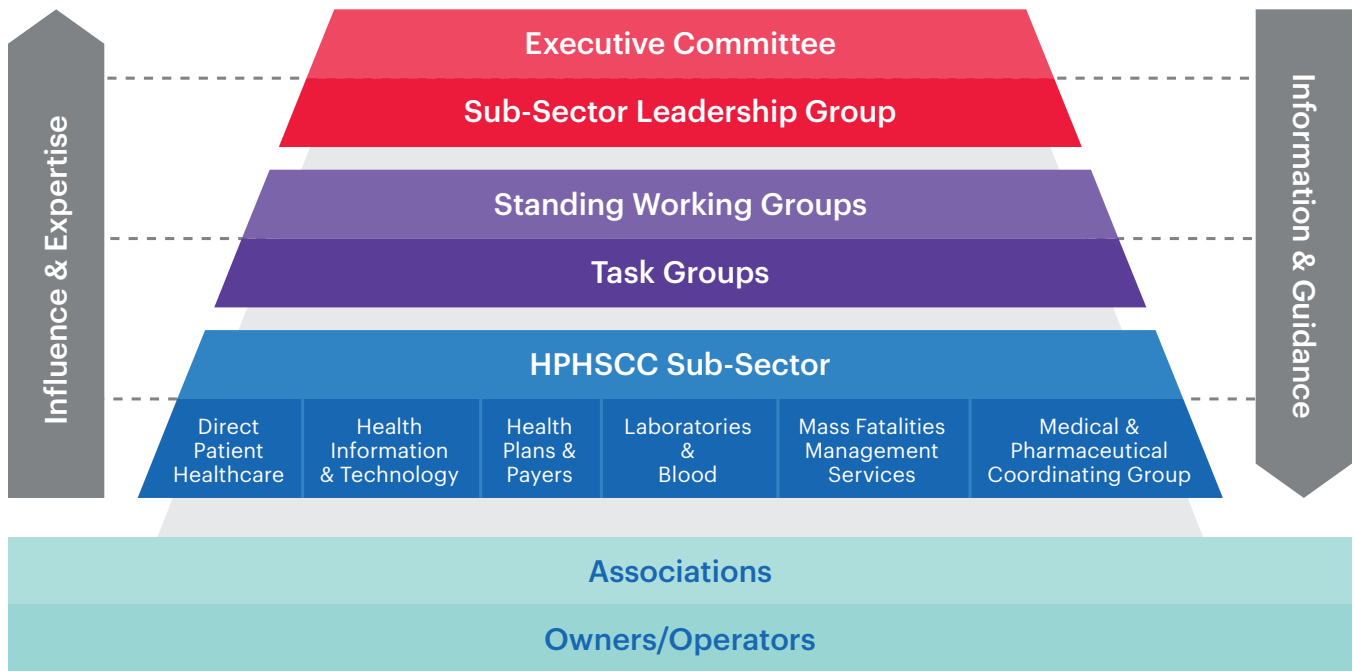
### 1.5.3 HPHSCC Organizational Structure

The operating bodies and organizational structure of the HPHSCC are depicted in Figure 1. This *structure integrates the partnership function with a bottom-up approach to representation and leadership to create an integrated organization that effectively represents the full breadth, scope, depth and interdependence of the U.S. healthcare system through the representative members.*

The HPHSCC operating bodies include the *Executive Committee*, the Sub-Sector Leadership Group, *Sub-Sectors* that represent the major healthcare Sub-Sectors, and two types of working groups: *Standing Workgroups* and Task Groups.

Each of these bodies carry out activities of the HPHSCC mission and towards fulfilling the HPHSCC strategic functions and goals.

**Figure 1: HPHSCC Organizational Structure and Strategic Functions**



# II. Sub-Sectors

## 2.1 MEMBERSHIP

The HPHSCC membership body is divided into Sub-Sectors, each of which represents a significant part of the nation’s healthcare system. Figure 2 below describes the major sectors of the healthcare industry from which Sub-Sector membership is drawn.

Anyone who is an HPHSCC member will fall into one or more of the HPHSCC Sub-Sectors. However, an HPHSCC member’s level of participation in Sub-Sectors activities can vary significantly so that membership at the Sub-Sector level of the HPHSCC is as open and inclusive as possible. Ideally, Sub-Sector membership will be diverse and representative of the sector it represents, encompassing:

- a balanced representation of all regions of the country; and
- representatives from all key professional disciplines

Participation by one entity in multiple Sub-Sectors is appropriate whenever legitimate business interests are served.

Although the Sub-Sector membership is voluntary, all members will be asked to review and formally accept the HPHSCC Ethical Principles Document (Appendix B).

**Figure 2: Healthcare Sub-Sectors**

<b>Direct Patient Healthcare</b>	This sub-sector includes hospitals, long-term care, ambulatory surgery, dialysis, clinics, doctors, nurses, pharmacists, dentists and other licensed providers directly involved in healthcare delivery.
<b>Health Information &amp; Technology</b>	This sub-sector includes the individuals/organizations that design, manage and implement all IT systems and capabilities and the networks that support delivery of healthcare services, including the CIO’s of sector members and vendors directly related to healthcare IT.
<b>Health Plans &amp; Payers</b>	This sub-sector includes health insurance companies and health plans responsible for providing payment and in some cases directly providing care. Health plans provide insurance coverage to individuals, employers, Medicare, Medicaid as well as federal, state and local governments.
<b>Laboratories &amp; Blood</b>	This sub-sector includes laboratories and laboratory support services separate from medical treatment facilities; hospital and community blood centers; transfusion services and transplantation centers; and individuals involved in activities related to transfusion, cellular therapies and transplantation medicine.
<b>Mass Fatality Management Services</b>	This sub-sector includes providers of the full spectrum of services needed after death, including medical examiners, coroners, funeral directors, cremationists, cemeterians, clergy, and manufacturers and distributors of funeral, memorial, and cremation supplies.
<b>Medical &amp; Pharmaceutical Coordinating Group</b>	This sub-sector includes manufacturers, suppliers, and distributors of medical supplies and equipment, as well as health care materials managers. It also includes manufacturers, suppliers and distributors of pharmaceuticals, medical products, and equipment.



## 2.2 ROLES AND RESPONSIBILITIES

The Executive Committee shall guide the Council in a fair and consistent organizational approach, that is representative of the membership's interests and collective decisions, described above as the "bottom-up approach." Following within the core Council Charter governance, the Sub-Sectors can establish their roles and responsibilities in accordance with the interests of their members and under the guidance and oversight of an Executive Committee member assigned to the Sub-Sector. Each Sub-Sector will be required to report no less than quarterly to the Executive Committee and the Joint Councils Leadership Group. Reports shall include each Sub-Sector's planned contribution to the annual leadership action plan and status on tasks and relevant updates related to the Sub-Sector core area of interest.

### 2.2.1 Definitional Scope

Each Sub-Sector is responsible to define the scope and core objectives of its focus within the context of the Sub-sector categories (Figure 2). Ideally, each Sub-Sector adopts a focus that represents the full scope of its Sub-sector.

### 2.2.2 Roles and Activities

HPHSCC Sub-Sectors, with guidance from the Executive Committee and informed by the membership, shall set priorities regarding how to best identify and address constituent concerns when raised, and will collaborate with the membership in creating an annual action plan in support of the HPHSCC's mission. The Sub-Sector leadership is elected from within the Sub-sector membership group and the leadership is responsible for reporting updates to the collective HPHSCC Executive Committee and membership.

Examples of the kinds of roles the Sub-Sectors may choose to adopt, representing different elements of the HPHSCC partnership function, include:

- **Center of (Sub-Sector) Expertise:** a source of expertise for government to access specific information from owner/operators and associations within a Sub-Sector.
- **Representative Body:** a venue for communicating private industry's security interests and concerns to the Sub-Sector Leadership Group, as well as to the GCC and other government entities.
- **Information Center:** an information and referral center for private sector entities to turn to for contact information, and updates on developments in government initiatives and legislation.
- **Affinity Group:** a venue for coordinating collaborative efforts between entities within a Sub-Sector, between different Sub-Councils, and/or between a Sub-Sector and corresponding government entities with common interests.

The definitional scope, functions, membership and leadership of the Sub-Sector may change over time to meet the needs of its constituents. Section 3.2.2 (Procedures for Modifying the Charter and Governance Procedures) contains provisions for revising the list and/or the definitional scope of the Sub-Sectors.

## 2.3 OPERATING PROCEDURES

Under the guidance and oversight of an Executive Committee member, the Sub-Sectors can establish their own decision-making processes and operating procedures consistent with the nature of standard business practices and relationships in that part of the healthcare system so long as it allows for a fair and balanced level of membership participation and decision-making process.

### 2.3.1 Decision-Making Process

While under the guidance and oversight of the Executive Committee, the Sub-Sectors establish their own decision-making processes, the following guidelines are offered to promote common values and support groups that may want more guidance.

- Decision-making should be fair and balanced toward the interests and perspectives within and among the Sub-Sectors.
- If a consensus on an issue cannot be reached, the Sub-Sector members should try to fully convey the different point of views when representing the sub-council in its meetings with other Sub-Sectors at Sub-Sector Leadership Group meetings, and other HPHSCC meetings. Additionally, the Sub-Sector should present the issue or topic to the Executive Committee for further discussion and assistance in finding an appropriate outcome.
- Discussions and deliberations should be respectful and encourage the expression of diverse opinions and points of view, within a fair and balanced voting structure.

### 2.3.2 Election of Sub-Sector Leaders

Sub-Sectors may choose to elect leaders within their group to lead Sub-Sector meetings and/or represent the Sub-Sector on the Sub-Sector Leadership Group. Each Sub-Sector will be assigned an Executive Committee member as their Executive leader liaison. Sub-Sector Leadership are permitted to have term-limits with consecutive term extensions, with the majority approval of the Sub-Sector membership vote. Additionally, if a term is not selected longer than one year, each year the Sub-Sector would have to re-confirm the current leaders term extension by majority vote or shall elect through majority vote a new Sub-Sector Lead. If there is a perceived conflict with the occupying Sub-Sector Lead, the membership can raise the conflict to the Executive Committee liaison and the Executive Committee shall address the concern. The Executive Committee can elect to request a confirmation of the occupying Sub-Sector Leader or hold an election to replace if given a valid cause for concern.

### 2.3.3 Meeting Cycle

The frequency of Sub-Sector meetings is also up to each Sub-Sector's discretion while maintaining a minimum of one meeting per calendar year quarter. Additionally, the Sub-Sector Leader or designee, must report out to the Executive Committee and Council no less than quarterly. The level of activity may vary significantly among Sub-Sectors and change over time depending on what is going on in the sub-sectors. If no activity occurs or quarterly reporting has not occurred for two or more consecutive quarters, the Executive Committee shall review the continuation of the Sub-Sector. If the Sub-Sector is found to be inactive, the Executive Committee may elect to sunset the Sub-Sector or assign it as "temporarily inactive" for no longer than three consecutive calendar quarters before sunsetting it.

Sub-Sector members are encouraged to attend the HPHSCC, Joint HPHSCC-HPHGCC Council, and CIPAC meetings described in Section 3.3.3.

# III. Executive Committee

## 3.1 MEMBERSHIP

The executive committee is made up of five (5) co-chairs selected from within the HPHSCC Membership. Each co-chair is selected to represent Direct Patient Care, Healthcare Administration, Supply Chain, Information Technology, and Emergency Management. Other co-chairs will be added at the discretion of the executive committee to add additional specialties to the leadership team as needed. The Executive Committee has the authority to invite others as necessary on a non-permanent, non-voting basis to provide expertise for specific issues or events that affect the Healthcare and Public Health critical infrastructure. Co-chairs serve at the pleasure of the executive committee for one three-year term. A former co-chair may serve again after one-year absence from the Executive Committee.

One co-chair will serve as chair. The chair has no additional authority than other co-chairs but serves to handle the day to day business of the SCC. Additionally, the chair will report each month to the co-chairs a running activity list of tasks, meetings, and program engagement that the chair and co-chairs are engaged in on behalf of the SCC. The position of chair is appointed every October to a one-year term, approved by majority vote of the executive committee. The appointed chairperson may serve unlimited consecutive one-year terms, with an annual re-appointment at the October JCLCM. The chair is also exempt from the three-year term limit, as long as he/she continue to serve as chair.

## 3.2 ROLES AND RESPONSIBILITIES

### 3.2.1 Definitional Scope

The Executive Committee is the leadership body of the HPHSCC. It oversees the HPHSCC strategic objectives and serves as a direct liaison with the GCC and other government agencies. The Executive Committee addresses cross-cutting issues with other sectors. The Executive Committee also organizes and provides guidance to standing workgroups and task groups. The Executive Committee will represent collectively, with representation from the Secretariat and the Sub-Sector Leaders at the Joint Councils Leadership Coordination Working Group.

### 3.2.2 Roles and Activities

The Executive Committee members preside at HPHSCC meetings and shall function as facilitators and communicators. They also represent the HPHSCC at Executive Committee approved non-HPHSCC meetings and events. Other responsibilities of the co-chairs include:

- serving as the primary, ongoing interface with Federal government and working closely with the GCC to develop and maintain an active and effective partnership for securing the healthcare and public health sector;
- establishing standing workgroups and task groups as it deems necessary and appointing initial leads;
- securing other secretariat and organizational support for the HPHSCC;
- making every effort to attend meetings and events where HPHSCC representation has been requested and approved by the Executive Committee;

- exercising their authority to vote on nominees for owners, operators, and/or associations for membership in the Critical Infrastructure (CI) Cross-Sector Council;
- selecting by vote, at their own discretion, additional delegates to represent the HPHSCC at cross-sector councils such as the Critical Infrastructure Cross-Sector Council (CISC-SC), the National Infrastructure Advisory Council (NIAC) and its study groups, and other forums the HPHSCC and Executive Committee determines to be worthy of participation. HPHSCC delegates shall use their best efforts to fulfill the duties relating to the delegation and shall use their best efforts to communicate any and all relevant information acquired to the entire HPHSCC;
- recruit new members, assist in planning joint meetings, suggest agenda items for the monthly Joint Councils Leadership Coordination Working Group, prepare the preliminary and final agendas for the monthly HPHSCC telephone meetings, conduct the annual HPHSCC performance assessment and future goal planning, and conduct an annual membership survey to prepare the next Leadership Action Plan (LAP), and assist with agenda planning for the two HPHSCC-HPHGCC meetings; and
- act as liaison to Sub-Sectors and Working Groups.

### 3.2.3 Modifying the Charter

The Executive Committee will be responsible for oversight of modifications to the HPHSCC Charter with collaboration and participation from the HPHSCC membership to ensure its continued relevance and ability to meet the needs of the owners and operators of the nation’s healthcare system. This document may be amended upon the consensus of the Executive Committee with no less than one membership review and 7-day open comment period prior to approving an amended Charter. All comments shall be submitted to the Secretariat for a collective distribution to the Executive Committee for consideration prior to approval. All comments and Executive Committee responses or actions shall be recorded by the Secretariat and made available to the membership upon further request. In the event the Executive Committee determines it is appropriate to alter the list of Sub-Sectors (add, remove, or modify), Figure 2 in Section 2.1: “Healthcare Subsectors” may be revised without amending the Charter, and communicated openly to the membership.

## 3.3 OPERATING PROCEDURES

The Co-Chairs, Sub-Sector Leaders and all members are expected at all times to adhere to the HPHSCC Ethical Guidelines set forth in Appendix B.

### 3.3.1 Executive Committee Decision Making Guidelines

The Executive Committee shall establish Executive Committee Decision Making Guidelines that will be agreed upon and adopted as an addendum to this Charter. The guidelines shall include how to propose new business, adopt new business, voting to approve or deny a motion, and journal the actions taken and decided upon.

The Executive Committee is responsible for and dissolution of all existing or new working groups, task groups and ad hoc committees; final approval of their charters; final approval of all officers and members terminated for cause; and advance final approval of their letters to Congress or other federal agencies. All Working Groups, Task Groups and Ad Hoc Committee leaders must provide written reports to Executive Committee members at least quarterly.

### 3.3.2 Term Rotation Process

Once selected, Executive Committee co-chairs will serve for one three-year term. If an HPHSCC chair or co-chair resigns or becomes otherwise unavailable during their term, the Executive Committee shall appoint a new co-chair from within the current and active HPHSCC membership. In the event the occupying chair resigns the chair position prior to the annual renewal, the Executive Committee shall appoint a new chair from the rules stated in section 3.1. Thus, at any point in time, the Executive Committee is made up of an odd cumulative number of leaders that will be no less than five and no more than seven co-chairs, with one acting as the chair. The co-chair terms should stagger for continuity of leadership.

### 3.3.3 Meeting Cycles

The Executive Committee is expected to have in-person meetings (preferably) or phone conferences monthly and as needed throughout the year. Members are also expected to attend as many meetings of the Sub-Sector Leadership Group as possible, as well as the *HPHSCC Meetings*, *Joint HPHSCC-HPHGCC Council Meetings*, and *CI Cross-Sector Council Meetings*. The Secretariat shall publish an annual schedule of meetings at the beginning of each calendar year, or as early as possible for newly designated meetings.

#### HPHSCC MEETINGS

The Executive Committee is required to convene at least one in-person HPHSCC meeting per year. These meetings, which are open to all HPHSCC members, serve as a forum for updating HPHSCC leadership and members and provide opportunities for cross-collaboration across the working groups and sub-sectors. The following guidelines apply:

- Meetings will be scheduled at the beginning of each calendar year to provide ample notice to members and interested observers, particularly from the Sub-Sectors.
- The location of these meetings may rotate through regions of the country or be held virtually to accommodate Executive Committee and other HPHSCC members from various locations.

#### JOINT COUNCILS LEADERSHIP COORDINATION WORKING GROUP (JCLCWG)

The co-chairs will convene Joint HPHSCC-HPHGCC Extended Team meetings monthly and as needed to carry out focused planning and development activities in collaboration with government partners. These Extended Team meetings may be opened to other HPHSCC Sub-Sector Leaders and select general members on an as needed/appropriate basis.

#### JOINT HPHSCC-HPHGCC COUNCIL MEETINGS

Executive Committee members are expected to attend the Joint HPHSCC-HPHGCC Meetings, which are held in-person a minimum of one time a year. These meetings are open to all HPHSCC members and serve as a forum for updating and collaborating with government partners.

#### CRITICAL INFRASTRUCTURE CROSS SECTOR COUNCIL MEETINGS

Executive Committee members are expected to attend the annual CI Cross Sector Council Meeting that will be published by the Secretariat. The meeting is open to all HPHSCC members and provides opportunity for collaboration among private and public-sector entities across the wide range of critical infrastructure and key resources (CIKR) sectors. One co-chair is eligible to be appointed by a majority vote of the Executive Committee to serve as the principal HPHSCC Executive Committee representative/liason to this group. This appointment will be reconfirmed every October by the Executive Committee and may run consecutive years.

# IV. Past Officers Advisory Group

## 4.1 MEMBERSHIP

All former Executive Committee members with exemplary service will be considered for the Past Officers Advisory Group (POAG). POAG members are elected by the Executive Committee. The member's sponsoring organization must be an active member of the HPHSCC during the time they are a member of the POAG. POAG members are elected to a one-year term. Past Officers can be reappointed to additional one-year terms with no limit.

## 4.2 ROLES AND RESPONSIBILITIES

POAG members can provide expertise and experience to the HPHSCC, as well as providing information on major events, policy information, requests for information, and member relation issues. POAG members have no more authority than a current HPHSCC general member.

POAG members are expected to attend at least four (4) HPHSCC membership calls per year and are encouraged to attend the annual joint meeting. POAG members may be requested to attend Joint Councils Leadership Coordination Working Group meetings by the co-chairs as needed, either by phone or in person, and may be assigned specific tasks by the executive committee.

# V. Standing Workgroups

## 5.1 MEMBERSHIP

Standing workgroups are organized by the Executive Committee and center on issues considered of long-term relevance to the healthcare sector and which cut across the different sub-sector areas.

Standing workgroups should be composed of HPHSCC members and GCC members as appropriate to its task. They may also invite Subject Matter Experts (SMEs) and other government representatives to serve on a consulting or permanent basis as needed.

## 5.2 ROLES AND RESPONSIBILITIES

Standing workgroups are tasked with addressing the ongoing cross-sector needs of the healthcare sector considered to be of permanent/long-term relevance. They undertake long-term projects that produce concrete deliverables which help to inform and advise the HPHSCC. The Standing workgroups identified so far include:

- Cybersecurity
- Workplace Violence and Active Shooter

## 5.3 OPERATING PROCEDURES

The nature of the operating procedures, and whether to have any formal procedures at all, are up to the discretion of each workgroup within the boundaries and purview set by the Executive Committee. At all times, the standing workgroups are expected to adhere to the HPHSCC Ethical Guidelines set forth in Appendix B.

### 5.3.1 Decision Making Process

Standing workgroups establish their own decision-making processes. However, all discussions and deliberations should be respectful, encourage the expression of diverse opinions and points of view.

### 5.3.2 Meeting Cycles

Standing workgroups are expected to have at least three meetings per year and may have more at their own discretion. The nature (face to face, phone, video conference, etc.) and location will be up to each workgroup's discretion based on the specific needs and requirements of the projects.

Standing workgroup members may attend the HPHSCC-only, Joint HPHSCC-HPHGCC Council, and CI Cross Sector Council meetings described in Section 3.3.2.

# VI. Task Groups

## 6.1 MEMBERSHIP

Task groups are organized at the discretion of the Executive Committee or sub-councils to work on specific short-term (< 1 year) projects. The membership of each task group should be appropriate to the issue and tasks at hand. They may be comprised solely of HPHSCC members or a combination of SCC and GCC members. They may also include Subject Matter Experts (SMEs) and other government representatives as needed.

## 6.2 ROLES AND RESPONSIBILITIES

Task groups are given short-term projects of immediate importance that have clear scopes, deliverables, and timeframes, and which can be completed within a year. All products of the task groups are meant to inform and advise the HPHSCC.

## 6.3 OPERATING PROCEDURES

The nature of the operating procedures, and whether to have any formal procedures at all, are up to the discretion of each task group within the boundaries and purview set by originating body (i.e., Executive Committee or Sub-Sector). At all times, the task groups are expected to adhere to the HPHSCC Ethical Guidelines set forth in Appendix B.

### 6.3.1 Decision Making Process

Task groups establish their own decision-making processes as appropriate to their assigned project or tasks. However, all discussions and deliberations should be respectful and fully capitalize on the diverse perspectives, expertise, and experience of its members.

### 6.3.2 Meeting Cycles

The frequency of task group meetings will be up to each group's discretion based on the specific requirements of their assigned project or tasks.

Task group members may attend the HPHSCC-only, Joint HPHSCC-HPHGCC Council, and CI Cross Sector meetings described in Section 3.3.3.



# VII. End of Membership

1. Membership in the HPHSCC shall end by:
  - a. termination by either the member or by the HPHSCC; or
  - b. expulsion by the HPHSCC.
2. A member may terminate its membership by writing to the HPHSCC Secretariat at any time and with immediate effect.
3. The HPHSCC may terminate membership if:
  - a. the member ceases to exist as a legal entity in accordance with applicable laws in the state in which the member is incorporated; or
  - b. the member has ceased to satisfy the relevant eligibility criteria for its membership set at that time in or by force of the Charter of the HPHSCC; or
  - c. the HPHSCC, in the reasonable opinion of the Officers cannot otherwise allow the membership to continue.
4. The HPHSCC may only expel a member if the member acts in violation of the Charter or decisions of the HPHSCC or prejudices the HPHSCC in an unreasonable manner.
5. Termination or expulsion by the HPHSCC shall be decided by a majority vote of the HPHSCC Officers.
6. Termination or expulsion by the HPH SCC of a member shall be in writing and may occur with immediate effect.
7. The HPHSCC may suspend membership where it believes that termination of membership or expulsion from the HPH SCC may become necessary, but it wishes to provide the member with a period of time in which to resolve the matter which would otherwise lead to termination or expulsion.
8. A time limit on the period of suspension shall be set by the HPHSCC. If this time limit expires with the matter not having been resolved to the satisfaction of the HPHSCC, termination or expulsion shall then take place unless the HPHSCC resolves to extend the period of suspension.
9. For the avoidance of doubt, ending of membership, for whatever reason, shall not release the member from any obligation or liability it has to the HPHSCC.

## END OF ATTENDANCE FOR REPRESENTATIVE(S) OF MEMBERS

1. When there is an end of membership and/or the member decides not to have one or more people perform the representative responsibilities, the representative(s) automatically end attendance.
2. The member must notify the HPHSCC Secretariat of any change in representative(s) within thirty (30) days of such action by email or written correspondence with immediate effect.
3. The HPHSCC may terminate one or more representatives if:
  - a. the representative(s) violates any portion of the HPHSCC Charter in effect when the violation(s) occurred or any decisions of the HPHSCC or prejudices the HPHSCC in an unreasonable manner; or
  - b. the representative is convicted of a felony offense, or
  - c. the HPHSCC, in the reasonable opinion of the Officers, cannot otherwise allow attendance to continue.

4. The HPHSCC Officers will alert the member in advance of any action.
5. Termination or expulsion by the HPHSCC shall be decided by a majority vote of the HPHSCC Officers.
6. Termination or expulsion by the HPHSCC shall be in writing to the member and the representative(s) and may occur with immediate effect.
7. The HPHSCC Officers may suspend attendance of one or more representatives when it believes that termination or expulsion from the HPHSCC may become necessary, but it wishes to provide the member and representative(s) with a period of time in which to resolve the matter which would otherwise lead to termination or expulsion.
8. A time limit on the period of suspension shall be set by the HPHSCC. If this time limit expires with the matter not having been resolved to the satisfaction of the HPHSCC, termination or expulsion shall then take place unless the HPHSCC resolves to extend the period of suspension.
9. Ending of membership, for whatever reason, shall not release the member from any obligation or liability it has to the HPHSCC.



# Appendix

## APPENDIX A: GLOSSARY OF ACRONYMS

**CIKR** – Critical Infrastructure Key Resources

**CIC-SC** – Critical Infrastructure Cross Sector Council

**FSLC** – Federal Senior Leadership Council

**GCC** – Government Coordinating Council

**HPHGCC** – Healthcare Sector Government Coordinating Council (also referred to as the GCC in this charter document)

**HPHSCC** – Healthcare and Public Health Sector Coordinating Council

**JCLCWG** - Joint Council Leadership Coordination Working Group

**NIAC** - National Infrastructure Advisory Council

**PCIS** – Partnership for Critical Infrastructure Security, Inc.

**SCC** – Sector Coordinating Council

**SLTTGCC** – State, Local, Tribal, and Territorial Government Coordinating Council

**SME** – Subject Matter Expert

**SSA** – Sector Specific Agency

## APPENDIX B: HPHSCC ETHICS GUIDELINES

### I. HPHSCC Ethics Guidelines

The HPHSCC Ethics Guidelines are as follows:

- HPHSCC members shall comply fully with all applicable statutes, laws, and regulations;
- HPHSCC members shall be familiar with the source of the information they maintain access to, to respect the sensitivities and potential harm associated with the compromise of that information;
- HPHSCC members shall handle and distribute sensitive information only in manners permitted by or in keeping with federal policy;
- HPHSCC members shall not use the HPHSCC organization for personal or non-public gain and shall avoid the appearance of using the HPHSCC organization for personal or non-public gain;
- HPHSCC members shall not influence and shall avoid the appearance of influencing or seeking to influence public decisions for non-public benefit;
- HPHSCC members shall not induce any federal official to violate the law and shall avoid the appearance of inducing a federal official to violate the law; and
- HPHSCC members shall not make or give the appearance to make commitments, obligations, or representations improperly binding the United States Government, or the HPHSCC.

### II. Process

#### A. COMMIT TO ETHICAL CONDUCT

Commitment to doing business honestly, ethically, and with respect for each other is critical to the public-private partnership. This partnership depends on an environment of open communication, empowerment, inclusion, integrity, and trust. These values remain at the forefront of our culture and our business decisions. We must maintain our commitment to these values and continue building a culture that understands what is acceptable and what is not. We should never compromise on issues of integrity.

When we are faced with an ethical dilemma, we all have a responsibility to take appropriate action. Regardless of the situation, we must exercise total honesty and integrity in everything we do. As members of public-private partnership, we are responsible for complying with all applicable laws and regulations. Our commitment to doing the right thing will strengthen the partnership and its reputation as a model of public-private cooperation.

#### B. KNOW THE GUIDELINES

Most people would never knowingly violate a law or policy. Sometimes situations arise where the right thing to do is not clear. HPHSCC members should refer to these Ethics Guidelines for clarification.

Long-term, trusting partnerships are built by being honest, open, and fair. These Guidelines reflect this principle.

Members of the HPHSCC are expected to know, understand, and abide by these Guidelines. HPHSCC members are expected to watch for potential violations of the Guidelines and to report them to one of the chairs or the secretariat—whether they occur inside the HPHSCC framework or through external dealings with members' customers or other persons, businesses, or government organizations.

These Guidelines are detailed but cannot address every situation HPHSCC members may possibly face. HPHSCC members are expected to exercise good judgment in decision-making and to seek help when they have questions or concerns not addressed in the Guidelines.

### C. SHARE CONCERNS

All HPHSCC member are expected to report promptly any issue or concern they believe, in good faith, may constitute a violation of the Guidelines or their organization's policies. HPHSCC members are also encouraged to come forward if they encounter a situation that "just does not feel right." Open communication and empowerment are key elements of trust, and HPHSCC members' commitment to take action to share concerns will help to ensure an ethical working environment for all public-private sector partnership members.

There are several options available for voicing concerns. If a private sector HPHSCC member has questions about these Guidelines or wants more details about a particular policy, he or she may contact an HPHSCC Officer or an Federal official in the FSLC. Federal government Partnership members should consult their agency/organization's ethics counselor or legal advisor regarding Federal obligations related to ethics and Executive Branch standards of conduct.

## III. Federal Ethics Legal Considerations

An understanding of Federal Ethics Laws is essential for Federal Officials and for private-sector individuals doing business with the Federal government. These Ethics Guidelines are supported by a host of Federal laws that may be referenced in the U.S. Office of Government Ethics' (OGE) Compilation of Federal Ethics Laws. Many ethics topics in that compilation—such as conflicts of interest; bribery and gifts; and procurement integrity—warrant specific reference in these Guidelines.

### A. CONFLICTS OF INTEREST

Conflicts of interest can be personal or organizational. Personal conflicts of interest can encompass a variety of situations involving use of official position for personal gain. An area that raises particular ethical and business concerns for the Federal government is the "organizational conflicts of interest" or "OCI." The Government is required to avoid strictly even the appearance of a conflict of interest when it is procuring goods and services. OCI rules detailed in Federal regulations focus upon the unfair competitive advantage that a potential contractor has, or may gain, from previous work performed for, or other involvement with, the Government, or the potential for bias in the evaluation or award of a prospective procurement.

OCI concerns are important to the public-private partnership because of the risk posed to the public trust regarding private-sector members in the HPHSCC. To avoid that situation, no private-sector HPHSCC member may be placed or permitted to act in a manner where he or she provides assistance or advice to the government that can result in favor to its product or service in government procurement. In addition, no private-sector HPHSCC member may be provided access to information that creates an unfair competitive advantage for future government procurements. Failure to address effectively and proactively conflict of interest issues such as these will preclude private-sector entities from being able to compete effectively and will most certainly degrade the public's respect for and trust in the partnership.

## B. BRIBES, KICKBACKS, AND ILLEGAL GRATUITIES

### ***Bribery***

Federal and State bribery laws generally provide that it is a crime to give or promise “anything of value” to a public official (or to a person who has been selected as a public official) with the intent to influence that official to do an official act. Usually bribes are cash payments, however sometimes non-cash payments (such as expensive gifts) are also considered bribes under the law.

No HPHSCC member shall offer, solicit, or accept a bribe in connection with any public-private partnership transaction. The partnership is built on mutual trust. HPHSCC members engaging with public partners must be beyond challenge or reproach in connection with every transaction.

Violation of the bribery laws can lead to imprisonment, fines, or both, depending on the magnitude of the transaction.

### ***Kickbacks***

HPHSCC members must comply strictly with the Anti-Kickback Act of 1986 and similar state statutes to which they may be subject. A kickback is generally defined as any money, fee, commission, credit, gift, gratuity, thing of value, or compensation of any kind provided, directly or indirectly, by any prime contractor, prime contractor employee, subcontractor or subcontractor employee, for the purpose of improperly obtaining or rewarding favorable treatment in connection with a prime contract or a subcontract relating to a prime contract. A kickback is similar to a bribe, except that, instead of involving an attempt to influence a public official, it extends to obtaining favorable treatment between prime and subcontractors.

The Anti-Kickback Act is a Federal law that prohibits the use of kickbacks by prime contractors and subcontractors who seek the award of Federal government contracts. Violations of the Anti-Kickback Act can result in both criminal and civil penalties against individuals and the company.

### ***Gratuities***

The law regarding gratuities, similar to the bribery law, prohibits giving, offering or promising “anything of value” to a public official. Generally, Federal government employees may never solicit gifts and may not accept gifts or gratuities from individuals and/or companies who seek to do business with the government or that are provided based upon their title or position with very limited exceptions. As distinguished from bribery, however, and to avoid even the appearance of impropriety, the gratuities regulations cover any gift or promise to give, whether or not intent to influence can be demonstrated.

Violations of the gratuities law can result in fines and/or imprisonment for companies and individuals, contract termination, suspension or debarment, and assessment of damages. HPHSCC members must comply with their public-sector partners’ gift policies even though no contract, procurement, RFP, or RFI may be involved. Questions regarding the offer or acceptance of gifts and gratuities to Federal government officials should be addressed to the government official’s ethics counselor, legal advisor, or to the United States Office of Government Ethics.

## C. FEDERAL GOVERNMENT PROCUREMENTS

### ***The Procurement Integrity Act***

In 1996, Congress passed the Office of Federal Procurement Policy Act, commonly referred to as the Procurement Integrity Act. This law applies to Federal government procurements that exceed \$100,000. It is aptly named Procurement Integrity because it seeks to protect the integrity of the Federal government procurement system. The Act requires that bid and proposal information be protected from disclosure and prohibits improper influence over procurement officials. The Procurement Integrity Act restrictions apply to all contract awards, whether competitive or sole source.

Public sector members of the partnership provide Executive Secretariat support services to the Critical Infrastructure Cross-Sector Council (CIC-SC) and several Sector Coordinating Councils (SCCs) when doing so enhances their participation in activities that promote government mission interests. This support is provided through support contracts funded by Federal appropriations. In addition, private sector members provide support to other private-sector members through contracts and other legitimate business arrangements. Because of the complex business, Executive Secretariat support, and CIKR policy coordination relationships involved, disclosure of support contract bid and proposal information to private sector members in the public-private sector environment or the conduct of any industry-to-government business or procurement discussions could easily be perceived as evidence of improper access to or influence over procurement officials and should be strictly avoided.

Additionally, the Act places certain post-employment restrictions on Federal government employees involved in procurements. HPHSCC members must comply with these restrictions when they hire former Government personnel.

Violations of the Procurement Integrity Act are criminal and civil offenses, punishable by both imprisonment and fines.

### ***Post-Employment Restrictions***

HPHSCC members cannot offer, and a Federal Government official cannot accept from members, compensation, directly or indirectly, after serving in any of the following capacities in a procurement awarded to the member: procuring contracting officer, source selection authority, member of the source selection evaluation board or head of the finance or technical evaluation teams, program manager, deputy program manager or administrative contracting manager. This ban on compensation applies if the procurement or procurement-related action exceeded ten million dollars (\$10,000,000), and it continues for a period of one year. The one-year compensation ban begins on various dates based on the actual role of the official. Government procurement officials may also be subject to other kinds of post-employment restrictions.

### ***Bid or Proposal Information and Source Selection Information***

Government source selection information, such as procurement plans, technical evaluation plans, or source selection rankings, prepared by an HPHSCC member or rightfully in a member's possession should be protected from unauthorized disclosure, even within the public-private partnership, and marked appropriately. While the member may choose to release its own bid or proposal information to third parties, it may not solicit or obtain the bid or proposal information of others prior to contract award.

In addition to these restrictions, Federal Antitrust law and some state laws also protect companies from improper use of their proprietary and trade secret information. HPHSCC members should only seek access



to public domain information about procurements, even after contract award and should never use the public-private partnership framework or relationships developed within the framework as a source for coordination regarding their Federal procurement activities.

#### D. GOVERNMENT SECURITY

HPHSCC members may maintain facilities authorized by the Federal government to store classified national security information. Access to such information is restricted to those HPHSCC members' employees with proper Federal government clearances and a need to know. All such cleared employees who enter a cleared facility agree to adhere to all stated policies and procedures required to maintain its cleared status.

The unauthorized possession, use, or disclosure of classified national security information is punishable under Federal Espionage laws and criminal statutes.

#### E. LOBBYISTS AND OTHER THIRD PARTIES

Federal laws govern the disclosure of agreements with, and payments to lobbyists and certain third parties. The term "Lobbying" includes influencing or attempting to influence an officer or employee of Congress, or any employee or member of Congress in connection with any of the following covered Federal actions: the awarding of any Federal contract, and the extension, continuation, renewal, amendment, or modification of any Federal contract.

HPHSCC members should not, nor should they hire third parties to engage in lobbying on behalf of the HPHSCC regarding the awarding, extension, continuation, renewal, amendment, or modification of any Federal contract.

#### IV. REVIEW, DISPOSITION, AND DOCUMENTATION PROVISIONS

All new HPHSCC and Cross-Sector Council members must read and acknowledge agreement with these Guidelines. Existing HPHSCC members must annually review and acknowledge agreement as well.

Questions regarding ethics issues in the public-private sector environment generally should be addressed to the leadership of the HPHSCC. Similarly, ethics concerns by government members should be addressed to their ethics counselor, legal advisor, or to the Department of Homeland Security's Agency Ethics Official. Suspected violations or infringement of these guidelines may be similarly communicated.

I, \_\_\_\_\_, have read, understand, and agree to comply with the above HPHSCC Ethics Guidelines, including the General Principles, A through E.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date



# Signature Page

The undersigned acknowledge they have reviewed the HPHSCC Comprehensive Charter and ratify its governance authority over the operations and activities of the members and operating bodies of the HPHSCC.

**Printed Name**

**Signature**

**Date**






Healthcare & Public Health  
Sector Coordinating Council

