

Palliative Care Interdisciplinary Advisory Council

Bylaws

1. Name and Legal Authority

The Palliative Care Interdisciplinary Advisory Council is established in accordance with Texas Health and Safety Code Chapter 118 and governed by Title 1, Texas Administrative Code § 351.827. In addition, to the extent it is not inconsistent with Health and Safety Code chapter 118, Texas Government Code Chapter 2110 (State Agency Advisory Committees), applies.

Texas Government Code § 2110.008 (Duration of Advisory Committees) does not apply to the Council.

2. Purpose and Role

The Council assesses the availability of patient-centered and family-focused interdisciplinary-team-based palliative care in Texas for patients and families facing serious illness. The Council works to ensure that relevant, comprehensive, and accurate information and education about palliative care, including complex symptom management, care planning, and coordination needed to address the physical, emotional, social, and spiritual suffering associated with serious illness is available to the public, health care providers, and health care facilities. The purpose of the Council is to advise the Texas Health and Human Services Commission on matters as described below:

- A. Consults with and advises HHSC on matters related to the establishment, maintenance, operation, and outcome evaluation of the palliative care consumer and professional information and education program established under Texas Health and Safety Code §118.011;
- B. Provides direction to HHSC and program staff on content and governance for the palliative care information website authorized by Texas Health and Safety Code §118.011(b);
- C. Studies and makes recommendations to remove barriers to appropriate palliative care services for patients and families facing serious illness in Texas of any age and at any stage of illness; and
- D. Pursues other deliverables consistent with its purpose as requested by the HHS Executive Commissioner or adopted into the work plan or bylaws of the council.

The Council submits reports as described below:

- A. Not later than October 1 of each even-numbered year, the Council shall submit a biennial report to the standing committees of the senate and the house of representatives with primary jurisdiction over health matters on:
1. Assessment of the availability of palliative care in Texas for patients in the early stages of serious disease;
 2. Analysis of barriers to greater access to palliative care; and
 3. Analysis of the policies, practices, and protocols in Texas concerning patients' rights related to palliative care, including:
 - a. Whether a palliative care team member may introduce palliative care options to a patient without the consent of the patient's attending physician;
 - b. The practices and protocols for discussions between a palliative care team member and a patient on life-sustaining treatment or advance directives decisions; and
 - c. The practices and protocols on informed consent and disclosure requirements for palliative care services.
 - d. Additional information that the Council determines is of significant importance and that HHSC determines is within the Council's jurisdiction (see Purpose and Role above), including:
 1. A patient's right to be informed about both supportive palliative care and hospice palliative care, along with the differences between the two and the benefits of each;
 2. A patient's right to accept or refuse both supportive palliative care and hospice care when they are available; and
 3. The responsibility of healthcare organizations and the State to provide information about supportive palliative care and hospice care so that patients know their rights.

3. Definitions

Council: Palliative Care Interdisciplinary Advisory Council

HHS: Texas Health and Human Services system, comprising the Texas Health and Human Services Commission and the Texas Department of State Health Services.

HHSC: Texas Health and Human Services Commission.

Program: The palliative care consumer and professional information and education program established under Texas Health and Safety Code §118.011.

4. Council Composition

The Council is composed of 18 members appointed by the HHS Executive Commissioner.

The voting membership includes:

- A. At least five physician members, including two who are board certified in hospice and palliative care and one who is board certified in pain management;
- B. Three palliative care practitioner members, including two advanced practice registered nurses who are board certified in hospice and palliative care and one physician assistant who has experience providing palliative care;
- C. Four health care professional members, including a nurse, a social worker, a pharmacist, and a spiritual care professional, with:
 1. Experience providing palliative care to pediatric, youth, or adult populations;
 2. Expertise in palliative care delivery in an inpatient, outpatient, or community setting; or
 3. Expertise in interdisciplinary palliative care;
- D. At least three members with experience as an advocate for patients and the patients' family caregivers and who are independent of a hospital or other health care facility, including at least one member who is a representative of an established patient advocacy organization; and

The nonvoting, ex officio membership consists of representatives of HHSC or another state agency as the HHS Executive Commissioner determines appropriate.

To the greatest extent possible, the HHS Executive Commissioner appoints members who reflect the diversity of the state.

5. Member Terms

All members except ex officio members serve a term of four years, although all members serve at the HHS Executive Commissioner's pleasure. Individuals may apply to serve an additional term. These terms may be served consecutively. Initial terms were staggered over two years so that the terms of half of the members will expire on August 31st of odd-numbered years. Regardless of the term limit, a member serves until his/her replacement has been appointed. This ensures sufficient, appropriate representation.

6. Resignations and Vacancies

If any member of the Council wishes to resign, the member will contact, in writing, the current Chair and HHSC Committee Liaison requesting the appointment of a successor member.

In the event of a vacancy for any reason, agency staff will work with the HHS Executive Commissioner to solicit applications as appropriate to fill the vacancy with a representative of the same membership category to serve the unexpired portion of the term of the vacant position. Persons who submitted applications within the previous year through HHSC may be reconsidered for membership.

7. Presiding Chair and Vice-Chair

The Council will elect a Chair and Vice-Chair from its members.

- A. The regular term of office for a presiding officer is two years, with the Chair serving until August 31 of each odd-numbered year and the Vice-Chair serving until August 31 of each even-numbered year.
- B. The Chair and Vice-Chair will serve no more than two consecutive terms.
- C. The Chair and Vice-Chair remain in their positions until the Council selects a successor; however, a presiding officer may not remain in office past his or her membership term.
- D. In the event the Chair and Vice-Chair offices are vacant simultaneously, the election for Chair will precede that for Vice-Chair.

The role of the Chair and Vice-Chair is to:

- A. Report to HHSC;
- B. Participate in agenda planning and preparation for Council meetings;
- C. Provide leadership in conducting Council meetings;
- D. Promote, maintain, and encourage a participatory environment;
- E. Identify the need for, and work with Council Liaison, to call meetings to accomplish the work of the Council;
- F. Ensure the Council adheres to its charge;
- G. Call for the establishment of subcommittees (if applicable and with approval of agency staff); and
- H. Confer with HHSC staff to acquire the support needed for Council operations.

8. Council Operations and Meetings

A. Meetings

1. The Council meets during regular business hours at least two times per year, but no more frequently than bi-monthly, by agreement with HHSC staff.
2. The Council is subject to Texas Government Code Chapter 551 (the Texas Open Meetings Act) as if it were a governmental body.

B. Quorum

Ten members constitutes a quorum for the purpose of transacting official business. If less than a quorum of the Council is present, members may not vote upon action items but may take testimony and public comments so long as the meeting is being conducted in accordance with the Texas Open Meetings Act.

C. Voting

1. Voting members have the right to vote on any subject that is listed on the agenda. However, all members must abstain from deliberating or voting on issues that would provide monetary or other gain to the member, or the member's family, or that could present, or reasonably appear to present, a conflict of interest.
2. The Council may determine procedural matters by majority vote of the voting members attending the meeting, or may use Robert's Rules of Order as a guide to its operations and proceedings.
3. A member may participate and, if the member is a voting member, vote by telephone conference as deemed necessary by agency staff.
4. A member, other than an ex officio/state agency representative member, may not authorize another individual to represent the member by proxy.
5. For all business except adopting or amending bylaws, a simple majority is needed on a motion duly made and seconded. (A simple majority is defined as more than half of the votes cast by persons entitled to vote who are in attendance with a quorum, excluding abstentions.)

D. Adoption and Revision to Bylaws

1. Bylaws will be adopted and amended pursuant to a two-thirds vote (of voting members attending the meeting) on a motion duly made and seconded.
2. Council members or HHSC staff may propose changes to these bylaws. All proposed changes from Council members, along with the rationale for the changes, should be submitted in writing to the HHSC Council Liaison at least 30 days before the next Council meeting for inclusion in the publication of the agenda in the *Texas Register* and distribution to the members for their consideration.
3. The Council will review the Bylaws by December 31 of every even-numbered year. Council-proposed amendments that occur as a result of the biennial review will be considered in a meeting and will be passed and become effective based on a two-thirds vote of members attending the meeting, pending review and approval by HHSC staff.
4. All proposed changes are subject to review and approval by HHSC staff.
5. The Bylaws will become effective as of the date they are adopted by the Council. The Council will make note of the date of the adoption

of the Bylaws in its minutes. Members will sign a Statement by Members when bylaws are amended (see attached Statement).

9. Responsibilities of Members

A. Attendance

Members are encouraged to attend all meetings in person. A member unable to attend a meeting should notify the Council Liaison in advance. The Council Liaison will notify the Chair and appropriate program staff. Members, other than ex officio/state agency representative members, may not send a substitute to attend a meeting in their place.

Except for the ex officio members, any member missing two meetings within a one year period with or without notice to the Council Liaison may be removed from the Council.

B. Member expectations:

1. Attend meetings in person;
2. Participate in committees as assigned;
3. Review agendas and other information sent by staff prior to each meeting;
4. Participate in discussions at meetings;
5. Submit travel expenses within 30 calendar days of the meeting;
6. Abstain from deliberating or voting on issues that would provide monetary or other gain to the member, or the member's family, or that could present, or reasonably appear to present, a conflict of interest;
7. Attend/participate in an orientation session for the Council;
8. Complete the Texas Open Meetings Act Training and Public Information Act Training within 90 days of appointment and submit the Certificates of Completion to the Council Liaison. If a member has taken the trainings within the last five years, a copy of the Certificates of Completion may be submitted to the Council Liaison in lieu of taking the trainings;
9. Sign and submit to the Council Liaison the Statement by Members document (attached) within 30 days after appointment. This document includes a Conflict of Interest Statement and a Nondisclosure Agreement to which Council members must agree;
10. Notify the Council Chair and Council Liaison if a change of status alters the category of membership that the member was filling or if any circumstance occurs that prevents the member from being able to discharge his or her duties;
11. Maintain a high level of integrity that warrants public trust, including complying with all applicable ethics guidance provided by HHSC's

Ethics Officers and all aspects of the Texas Open Meetings Act and Public Information Act; and

12. Hold and maintain in strictest confidence all confidential information and all agency-generated information in draft form, until such time as the information or document is released and made public, the HHS Executive Commissioner has approved the release in writing, or the HHS Ethics Policy permits release. This requirement survives the member's tenure on the Council. For purposes of these bylaws and the Nondisclosure Agreement, the term "confidential information" includes all information protected by the Health Insurance Portability and Accountability Act (HIPAA), information that has commercial value or use, such as trade secrets, and information communicated in confidence by the HHS System.

Failure to comply with member expectations numbers 6-12 above by a voting member is grounds for dismissal and may result in removal from the Council.

C. A Council member may not:

1. Participate in legislative or advocacy activities using his/her title or position on this council without written approval from the Council Chair and the HHS Ethics Office in coordination with the HHS Government Relations Office and the Council Liaison; however, members may represent themselves or other entities in the legislative process.
2. Accept payment for any services offered to the member because of his/her position on the Council.
3. Disclose confidential information or draft information (from any source including grants, requests for proposals, and contracts) acquired through his or her participation on the Council until such time as that information or document is released and made public, the HHS Executive Commissioner has approved the release in writing, or the HHS Ethics Policy permits release. This includes all forms of communication including written, verbal, and social media.

A violation of any of these items are grounds for dismissal and may result in removal from the Council.

10. Removal from the Council

The HHS Executive Commissioner may remove a member from the Council for any reason, including:

- A. A member votes or deliberates on an issue that would provide monetary or other gain or that presents a conflict of interest to the member, the member's family, or an entity with which the member is closely affiliated.

- B. A member refuses to sign or violates the Statement by Members, which includes the Conflict of Interest statement and Nondisclosure Agreement, or another Nondisclosure Agreement.
- C. A member does not maintain a high level of integrity that warrants public trust, including complying with all applicable ethics guidance provided by HHSC's Ethics Officers and all aspects of the Texas Open Meetings Act and Public Information Act.
- D. A member changes status that alters the category of membership that the member was filling.
- E. A member participates in legislative or advocacy activities using his/her title or position on the Council without approval from the Council Chair and the HHS Ethics Office in coordination with the HHS Government Relations Office and Council Liaison.
- F. A member receives payment for any services requested because he or she holds a position on the Council.
- G. A member discloses confidential or draft information acquired through his or her participation on the Council not in accordance with the Bylaws.
- H. A member, in a 12-month period, misses two meetings with or without notice to HHSC staff.
- I. The HHS Executive Commissioner may remove a member who has violated the conflict of interest provisions or made a statement in violation of the Statements by Members form. Decisions to remove a member of the Council due to violations of this nature will require input from HHS legal counsel.

11. Committees

The Chair, with the approval of agency staff, may establish committees that meet at other times for purposes of studying and making recommendations on issues the Council determines appropriate to the charge of the Council. A committee may be created for a limited period of time and will cease to exist when the assigned tasks are completed or upon determination of the Chair or HHS Executive Commissioner, or it may be a standing committee. The Chair and agency staff will evaluate the need for all existing committees annually.

Committee Operations and Meetings

- A. Unless otherwise noted in statute or required by a grant document, members of committees are required to be members of the Council.
- B. Except as set out in #D below, committee(s) will follow the general rules of the Council as applicable.
- C. Committee(s) must keep minutes of the meetings and report back to the full body.
- D. The presence of a quorum of the full Council at a committee meeting:

1. Constitutes a full Council meeting that requires posting appropriate notice of the meeting as a full Council meeting in accordance with the Texas Open Meetings Act; and
2. Requires the committee meeting to be held in compliance with the Texas Open Meetings Act to include posting appropriate notice of the committee meeting.

12. Subject Matter Experts

HHSC recognizes the value of subject matter experts (SMEs) to provide information to the Council as it develops recommendations and initiatives relative to its charge(s). The primary role of a SME is to provide objective, independent information and analysis to be considered by the Council. SME participation will be subject to the request of voting Council members and will fall within the following guidelines:

- A. A SME may be invited to provide information on specific subjects and topics at the discretion of voting Council members, the Chair or Vice-Chair, and HHSC staff;
- B. An invited SME may be recognized by staff, the Council Chair, or Vice-Chair to provide information or analysis during allotted time periods at a specified Council or committee meeting;
- C. SMEs will participate in questions and answers at the direction of the staff, Council Chair, or Vice-Chair;
- D. All SMEs will participate and serve at the pleasure of the Council;
- E. SMEs do not hold any official capacity on the Council or committees and do not have rights of deliberation or the right to vote on any Council activities or decisions;
- F. SMEs should disclose any conflicts of interest they may have prior to providing information to the Council; and
- G. None of the information or guidance contained in this section shall prevent any individual from participating in or providing comments to the Council as allowed under the Texas Open Meetings Act.

13. Responsibilities of Support Staff

The HHS Quality Institute and HHSC will provide reasonable administrative and technical support and coordination for all Council and committee activities. HHSC will coordinate as needed to provide the accommodations and supports needed by a Council member requiring accommodations to enable him/her to fully participate in Council and committee meetings and activities.

Staff is expected to perform the following tasks:

- A. Develop effective working relationships with Council members;

- B. Solicit nominations for membership in accordance with the appropriate HHS procedures;
- C. Facilitate completion of Council legislative reports; HHSC staff may provide project management services such as developing timelines and milestones, providing an accessible report template and other report development tools, coordinating work by Council members to draft the report, obtaining requested data and information from agency programs, and tracking progress. However, Council members are responsible for authoring and approving the report, which does not reflect the views of HHSC or its staff.
- D. Serve as liaison between members and operating agencies' staff; and
- E. Plan, coordinate, and organize Council and committee meetings and activities, including:
 - 1. Schedule meeting dates and ensure meeting sites are set up;
 - 2. Notify members of upcoming meeting dates, times, and locations;
 - 3. Develop agenda and support materials for each meeting;
 - 4. Prepare and oversee that the agenda is posted in the *Texas Register* in a timely manner and on the HHS website;
 - 5. Serve as point of contact for the public, including ensuring that contact information, agendas, and meeting support materials are easily accessible on the HHS website;
 - 6. Prepare and distribute information and materials for member review;
 - 7. Prepare and maintain Council records and documentation in accordance with the HHSC records retention policy; and
 - 8. Assist eligible members with travel arrangements and reimbursement.
- F. Staff may perform other duties within staff discretion provided the necessary resources are available.

14. Compensation and Travel Reimbursement

To the extent permitted by the current General Appropriations Act, a member of the Council may be reimbursed for his/her travel expenses to and from Council meetings if funds are available and in accordance with the HHS Travel Policy.

Members eligible for such reimbursement are subject to rates established in the General Appropriations Act. Staff will assist members in requesting reimbursement. Council members are responsible for providing the required information as per instructions provided within 30 calendar days of the meeting.

A member who would like to seek travel reimbursement must:

- A. Keep accurate record of allowable travel expenses (as per the HHS Travel Policy) during travel to attend Council meetings; and

B. Submit receipts and appropriate documentation to the Council liaison in a timely manner.

Bylaws approved on _____ by a two-thirds vote of members attending the meeting.

Chairperson
Printed Name

Signature

HHSC
Printed Name

Signature

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Statement by Members

- The Health and Human Services Commission (“HHSC”) and the Palliative Care Interdisciplinary Advisory Council (“Council”) are not bound in any way by any statement or action on the part of any Council member except when a statement or action is in pursuit of specific instructions from HHSC or the Council.
- The Council and its members may not participate in legislative or advocacy activities using his/her title or position on this Council without approval from the Council Chair and the HHS Ethics Office in coordination with the Government Relations Office. Council members are not prohibited from representing themselves or other entities in the legislative or advocacy process.
- A Council member may not accept payment for services that are requested because of the members’ title or position on this Council.
- A Council member shall not accept or solicit any benefit that might reasonably tend to influence the member in the discharge of the member's official Council duties.
- A Council member shall not knowingly solicit, accept, or agree to accept any benefit for having exercised the member's official powers or duties in favor of another person.
- A Council member shall complete the Texas Open Meetings Act Training and the Public Information Act Training within 90 days of appointment and submit the Certificates of Completion to the Council Liaison. If a member has taken the training within the last five years, a copy of the Certificate of Completion may be submitted to the Council Liaison in lieu of taking the training.
- Nondisclosure agreement. A Council member may not disclose confidential information or agency-generated information in draft form acquired through his or her Council membership, unless HHSC has released and made public the information or document, the HHS Executive Commissioner has approved the release in writing, or the HHS Ethics Policy permits release. This requirement survives the member’s tenure on the Council. For purposes of the Nondisclosure Agreement, the term “confidential information” includes all information protected by the Health Insurance Portability and Accountability Act (HIPAA), information that has commercial value or use, such as trade secrets, and information communicated in confidence by the HHS System.
- Conflict of Interest Statement. I agree to disclose any personal or private interest that myself or my family have in a measure, proposal, or decision pending before HHSC. (“Personal or private interest” does not include the member’s engagement in a profession, trade, or occupation when the member’s interest is the same as all others similarly engaged in the profession, trade, or occupation, or if the member merely provides a personal experience, with no personal or private financial interest, in giving feedback on the subject matter.) If there is a direct personal or financial interest in a motion under consideration, I further agree to disclose that fact in a public meeting and will recuse myself from any Council deliberations or decisions on that matter.

I have been provided a copy of the Palliative Care Interdisciplinary Advisory Council bylaws. I understand that as a member of the Council I must adhere to the bylaws.

Advisory Council Member Signature

Printed Name

Date

Revisions Tracking Page

Document Version #	Revision Date	Revisions / Purpose	Author

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