



Tuberculosis Advisory Committee Operating Procedures



The following procedures have been created in order to foster a committee work environment of respect, dignity and collaboration, in the spirit of hopefulness for what we can accomplish together is working toward TB elimination.

Membership composition:

Membership of the Committee will include statewide representation from individuals who have a professional or personal investment in TB prevention and control in Minnesota. Members will represent affected communities, refugee resettlement agencies, community-based organizations, professional organizations, the Department of Corrections, educational institutions, health plans, clinical settings, public health, and other groups appropriate to address current issues in TB. The Committee will consist of no more than 30 members.

Appointments and vacancies:

The TB Advisory Committee is an ongoing committee. Members and Chair(s) will serve 2-year (minimum) renewable terms. As Committee members' terms expire, MDH will consider the requests of members who wish to renew their membership and will seek input from the Chair(s) and Committee members for the nomination of new members. Decisions to renew memberships will be based on current TB-related issues relative to the member's expertise/background as well as the member's prior contributions and level of participation in the Committee. MDH will appoint members to replace those who leave the Committee prior to finishing their term. Terms will expire at the end of the calendar year following the second year of service for individuals on the Committee. MDH will present names of proposed members to the Commissioner of Health, who reserves the right to approve the nominations and to appoint the Chair(s).

Time commitment:

Meetings will be held approximately three times per year. Meetings will be held in the early evening and will be scheduled for 2 hours. There will be opportunities to serve on sub-committees, which will meet outside of regularly scheduled meetings of the Advisory Committee. There will also be ongoing opportunities for Committee members to address or respond to TB-related issues by phone, e-mail, or written correspondence.

Attendance:

Attendance at meetings is critical to the productivity of the Committee. While it is ideal to have all members of the Committee physically present at meetings, this is not always feasible for groups that strive for statewide membership. Members for whom travel time and distance is prohibitive may contact the MDH TB Advisory Committee Coordinator for authorization to be connected to meetings by telephone. Members who make arrangements for telephone connections are strongly encouraged to attend in person at least one meeting each year.

If the Chair(s) cannot attend a meeting, she/he will select another Committee member to serve as Chair for that meeting. The Chair will contact the MDH TB Advisory Committee Coordinator with this information prior to the meeting.

If a member cannot attend a meeting, she/he will contact the MDH TB Advisory Committee Coordinator prior to the meeting and may send a colleague to the meeting as a substitute. Only appointed members have decision-making or voting privileges. Members who miss two consecutive meetings without contacting the MDH TB Advisory Committee Coordinator will be replaced.

Decision making:

Committee decisions or endorsements must be made by a majority (51%) of the membership. Whenever possible, decisions requiring a Committee vote will be noted in the meeting agenda which Committee members will receive prior to the meeting. Some decisions may be made via e-mail through the MDH TB Advisory Committee Coordinator.

Agendas:

Meeting agendas will be developed by MDH staff and the Committee Chair(s) with input from members of the Committee. Members who wish to have an item placed on the agenda need to contact the Chair or the MDH TB Advisory Committee Coordinator at least two weeks prior to the meeting. Agendas will be distributed to Committee members at least 10 days prior to the upcoming meeting.

Visitors:

All meetings are open to the public for observation.

Committee representation to the public:

Individuals may not represent the MDH TB Advisory Committee publicly without prior approval of the Committee.

Conflict resolution:

The Chair(s) will mediate disagreements that cannot be resolved within the Committee. If the issues still cannot be resolved, an appropriate MDH staff person or CDC representative (if necessary) will attempt to arbitrate the matter and bring it to closure.

Conflict of interest:

Members will be asked to exclude themselves from voting on any matter that creates an apparent conflict of interest. A conflict of interest is a situation in which a Committee member, his/her organization, or a family member, would personally benefit based on the outcome of a particular decision made or action taken by the Committee.