Operating Procedures for the Minnesota Immunization Practices Advisory Committee

Purpose Statement
The Minnesota Immunization Practices Advisory Committee (MIPAC) is a collaboration of statewide representatives from clinical settings, public health, health plans, professional organizations, educational institutions, community-based organizations and others invested in or affected by the prevention and control of vaccine preventable diseases in Minnesota.

The charge of MIPAC is:
1) to advise MDH in planning, implementing and evaluating immunization activities;
2) to provide statewide leadership in communicating and disseminating information to enhance immunization education, awareness, advocacy, and;
3) to provide feedback and support for new immunization initiatives planned by MDH.

Membership Composition
Membership of the Advisory Committee will include statewide representation with a commitment to diversity from individuals who have a professional investment in providing best practices as it relates to immunization services. Specifically, the Advisory Committee shall include representation from, but not limited to, the following groups:

- American Academy of Pediatrics (AAP), MN Chapter
- American Academy of Family Physicians (AAFP), MN Chapter
- Minnesota Nurses Association (MNA)
- School Nurses
- MN Council of Health Plans
- Local public health agencies, metro and outstate departments
- Organizations representing diverse racial and/or ethnic cultures
- Private medical practice provider
- Adult medical practice provider
- Adolescent health care provider
- National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)
- College health services
- Major urban pediatric clinic
- Major medical educational institution
- Community-based organizations
- Tribal nations
Appointments and Vacancies
The Minnesota Immunization Practices Advisory Committee is an ongoing group. The Chair and Members will serve three year terms. Members whose term is about to expire may submit a ‘request to renew’ to the Advisory Committee who will consider the member and any additional nominations for new members. Terms will start January 1 of each year. The Commissioner reserves the right to select and renew members to serve on the Advisory Committee. Once a person is identified, the individual must seek their respective organization/institution’s written endorsement. Membership appointment and terms will be arranged so that new membership is staggered into the Advisory Committee.

An alternate must be identified by the respective organization in order to maintain attendance at Advisory Committee meetings. Members who need to resign from the committee before their term expires must do so in writing.

Advisory Committee members may nominate persons for consideration to the Chair. The Commissioner will provide the final selection of the Chair. A Chair-elect will also be appointed and will succeed the chair once the term has ended. The Commissioner can also ask a current Chair to extend their term if necessary.

A Chair-elect will serve for a two year term; a Chair will also serve for a two year term. Therefore, a Committee member who is selected for the Chair will serve two years as Chair-elect, and then two years as Chair.

Time Commitment
Meetings will be held three times a year. The dates of the meetings will be decided of the year on the last meeting of the previous year. Meetings will be held in the early evening and will last an average of two hours.

There will be opportunities to serve on sub-committees, which will meet outside the regularly scheduled meetings of the Advisory Committee. Subcommittees will be formed as needed to support the mission of the Minnesota Department of Health’s immunization program.

Attendance
Attendance at meetings is crucial to the productivity of the Advisory Committee. Members should make every effort to attend meetings. Members for whom travel time and distance is prohibitive may connect to meetings by phone. Members who make arrangements for telephone connections are required to attend at least one meeting a year in person.

If the Chair cannot attend a meeting, the Chair-elect will step in to serve as chair for that meeting.

If a member cannot attend a meeting she/he will contact the Advisory Committee MDH staff prior to the meeting and must make arrangements for their alternate to attend as a substitute. Only appointed members have voting privileges. Members who miss two
consecutive meetings without contacting the Advisory Committee MDH staff will be removed from the committee.

**Decision Making**

In order for the Advisory Committee to make decisions or endorsements, a majority (51%) of the membership must be present at a scheduled meeting. Decisions can be made when a majority of voting members present reaches agreement on a given matter. Decisions requiring an Advisory Committee vote will be noted in the meeting agenda whenever possible. At times, members may be asked to review and endorse items via email communication. If an email process is utilized, MDH staff will record the “yea” or “nay” of members to assure that a quorum has indicated their intention and that the majority has made a decision.

**Agendas**

MDH Advisory Committee staff and the Chair will develop the meeting agendas. The Chair will meet with MDH Advisory Committee staff 1 month before the scheduled meeting and develop the agenda. Members who wish to have an item placed on the agenda need to contact the Chair or MDH staff at least two weeks prior to the meeting. Agendas will be distributed and posted on the Advisory Committee website at least five business days prior to the upcoming meeting.

Meeting minutes will be provided prior to the next scheduled Advisory Committee meeting so members may review and make suggested changes to the minutes. The final minutes will be approved at the next meeting and then posted on the Committee website.

**Visitors**

All meetings are open to the public for observation. A public comment period will be allowed at the end of each Advisory Committee meeting. Comments must be pertinent to the discussions of the meeting. Persons wishing to provide comment will need to sign in prior to the comment period and will be limited to the time ascribed. General public may be placed on an email list that will alert them to meeting dates and times. Dates of meetings and approved meeting minutes will be posted on the Advisory Committee website.

**Committee Representation to the Public**

Individuals may not represent the Minnesota Immunization Practices Advisory Committee publicly without prior approval of the Committee.

**Conflict of Interest**

Members will be asked on an annual basis to declare any conflict of interest via a Financial Disclosure Report. 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 an Advisory Committee member, his/her organization, or a friend/family member would personally benefit based on the outcome of a particular decision made or action taken by the committee.
In light of an increasing public perception of conflict of interest connected to immunization decision making policies, presentations from pharmaceutical companies or their designated representatives will not be allowed during Advisory Committee meetings. Information sources on vaccine preventable diseases will come from content experts within MDH, the health professional community or the Centers for Disease Control and Prevention (CDC).

For situations in which specific information could only be obtained from a vaccine manufacturer representative, it is appropriate for the Advisory Committee Chair or MDH Advisory Committee staff to request the information during the meeting from the appropriate pharmaceutical representative in attendance at the meeting.