

## Patient Access Collaborative- Bylaws

### Article I. **NAME**

Section I. The official name of the organization shall be the Patient Access Collaborative, hereafter referred to as the “Collaborative.”

### Article II. **PURPOSE/MISSION**

Section I. The mission of the Patient Access Collaborative is to provide a forum for large academic health systems and children’s hospitals to discuss solutions, disseminate ideas, and collaborate as a collective group to improve patient access in a complex ambulatory enterprise.

### Article III. **MEMBERSHIP AND DUTIES**

Section I. **Invited Member Institutions:** Membership invitations are extended to those institutions that represent large, multispecialty ambulatory enterprises with a core academic and teaching mission centered on its school of medicine and/or a children’s hospital. The academic health system or children’s hospital must also be actively involved in access-related improvements. Any exceptions must be approved by a unanimous vote of the Board of Advisors.

Section II. Membership is reviewed and determined by the Board of Advisors. Membership is granted to the organization. Any employee of an invited institution may join and enjoy the full benefits of membership.

There shall be three categories of members: Active Membership, Affiliate Membership, and Transitional Membership. For active members, dues are assessed at the organizational level, not the individual level. For the other membership levels, dues are assessed at the individual level.

1. **Active Membership:** An Active Member is currently employed by an Invited Member Institution. An Active Member is entitled to all designated membership services, including the right to vote on all matters placed before the Membership, as applicable, and to serve on the Board of Advisors or Committees, as applicable. Contractors or Consultants are not eligible for membership.
2. **Affiliate Membership:** An Affiliate Member is a former employee of an Invited Member Institution, who is currently employed by a non-member health care organization that has an active patient access strategy.
  1. The Affiliate member may attend the annual in-person symposium hosted by an Invited Member Institution and be a full participant in the Patient Access Collaborative listserv wherein he/she can post and/or receive messages.
  2. The Affiliate member may attend the webinars periodically offered by the Patient Access Collaborative.
  3. The Affiliate member will not be granted access to the members-only website.
  4. The Affiliate member may invite or bring one (1) guest to the in-person Symposium, if space allows. If applicable, the Affiliate member shall seek permission, and be notified six weeks in advance of the Annual Symposium if space allows a guest.
  5. The Affiliate membership may not be transferred; if applicable, dues for the residual part of the year will not be refunded.
  6. Annual dues will be assessed; the rate will be posted. It will be higher than annual membership dues for Invited Member Institutions.

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3. **Transitional Membership:** An Active or Affiliate Member who is in good standing may request a Transitional Membership when employment with an Invited Member Institution ceases for any reason.
  1. Requests for Transitional Membership shall be granted for a period of up to one year at the discretion of the Board of Advisors.
  2. Transitional members may not be suppliers; upon gaining employment with a supplier, he/she will lose their membership. If applicable, dues for the residual part of the year will not be refunded.
  3. The Transitional member may attend the annual in-person symposium hosted by an Invited Member Institution and be a full participant in the Patient Access Collaborative listserv wherein he/she can post and/or receive messages.
  4. He/she will not be granted access to the members-only website.
  5. Annual dues will be assessed; the rate will be posted.

### Article IV. **BOARD OF ADVISORS**

Section I. The Board shall consist of no less than three and no more than eleven Advisors. The Advisors will receive no compensation for fulfilling their duties. Advisors should have held at least three-year Active Membership within the Patient Access Collaborative before joining the Board. During the Advisors' term, they must hold Active Membership.

1. The Board of Directors must have a minimum of one seat for a physician (MD/DO) who is in an active role related to access at a PAC member organization.
2. The Board of Directors must have a minimum of one seat for a Children's Hospital member who is in an active role related to access at a PAC member organization.
3. Founder and Executive Director, Elizabeth Woodcock, can appoint a board member in the event that a board position is vacated.

Section II. **Term and Term Limitation:** Advisors shall be elected to two-year terms or until a successor is appointed if a term is incomplete. All terms shall be staggered to assure that no more than one third of Advisors shall have terms expiring in any given year. Advisors may serve no more than two consecutive full terms. A full term is considered two years. If upon completion of the initial three-year term a successor is not appointed, an Advisor will be deemed to have started their second two-year term. Notwithstanding anything in this Section II to the contrary, an Advisor who has not served in the past one year may be elected to two more consecutive terms.

Section III. **Election of New Board Members:** Advisors shall be elected by the Active Board members of the Collaborative. Prior to any election, the vacancies shall be announced to the members. Persons interested in filling the seat(s) shall complete and submit an application to the Executive Director. Candidate profiles will be sent to all Active Board members.

Section IV. **Removal of Board Members:** With Cause Removal- Any Advisor who is no longer working in a role related to the mission of the Patient Access Collaborative and/or is not employed by a member organization shall be grounds for termination. Any Advisor may be removed from office or from Board membership with cause upon the affirmative vote of two-thirds of the members of the Board. Among other

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reasons, three or more unexcused absences from scheduled board meetings, shall be grounds for with-cause removal.

Without Cause Removal/Resignation- If an Advisor wishes to resign, they shall submit their resignation in writing to the Executive Director. Their resignation shall be effective five days from submission of their resignation. There is no right to remove an Advisor without cause.

**Section V. Roles of the Board Members:** Advisors are responsible for providing general direction and advice to the Patient Access Collaborative. In addition, they review and make decisions on all applications for new membership.

**VI. Powers of the Board Members:** The Board of Advisors shall have the power to:

1. Remove Advisors of the Collaborative, as referenced in Article IV section IV.
2. Assess eligibility to grant all types of membership within the Collaborative.
3. Offer feedback and suggestions regarding any and all aspect of the Patient Access Collaborative.

### Article VI. AMENDMENTS

Section I. Proposed amendments to these bylaws shall be submitted in writing and read at the next meeting and shall be acted upon at the following meeting.

Section II. These bylaws may be amended by a majority of two-thirds of those members present at the annual Patient Access Collaborative meeting.

### Article VII. RATIFICATION

Section I. A two-thirds majority of those present at the 2020 annual Patient Access Collaborative will be necessary to ratify these bylaws.

### Article VIII. NONDISCRIMINATION STATEMENT

Section I. The Patient Access Collaborative invites members and elects leaders without regard to their gender, race, religion, color, age, sexual orientation, or national/ethnic origin to all the rights, privileges, programs, and other activities, generally accorded or made available to members of the organization.

### Article IX. COMMITTEES

Section I. The Patient Access Collaborative has four (4) committees which include:

- **Membership Committee** - responsibilities include, but are not limited to, assisting with membership engagement ideas and activities, generating and reviewing concepts for new business opportunities, evaluating annual conference ideas and making suggestions.
- **Benchmarking Committee** - responsibilities include, but are not limited to, reviewing benchmarking definitions and making suggestions for changes and revisions.
- **Awards Committee** - responsibilities include, but are not limited to, accepting, reviewing and voting on annual awards candidates. These awards are currently the Best Practices Awards, Member Collaboration Award and the Gable Award.

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- **Award of Excellence Committee** - responsibilities include, but are not limited to reviewing and voting on the annual Award of Excellence. The four judges consist of the current host, the previous two hosts, and the host for the coming year. These individuals formulate the committee.