The goal of the National Coalition for Hospice and Palliative Care (Coalition) is to present a united voice to the public and policy makers on behalf of providers, professionals and other organizations who are interested in working together to advocate for health care policies and programs that will improve the care of patients and families living with serious or life-threatening illnesses. The Coalition works to enhance communication, coordination, and collaboration among member organizations interested in palliative care and/or hospice. The Coalition works to initiate and coordinate activities to improve care, advocate on behalf of patients and families, and champion public policy, quality and regulatory initiatives in the hospice and/or palliative care arena.

Operating Principles

• The Coalition is designed to focus on common goals while recognizing that each organization has its own unique goals that it may choose to pursue independently. The Coalition strives to operate on consensus-based decision-making.
• Members of the Coalition are free to take individual positions that may be different than the Coalition position.
• Coalition Members have a fundamental belief that we can accomplish more together than apart
• Coalition Members intentionally promote efforts to work together in an environment of trust, transparency and collaboration to achieve specific goals

Membership

Membership Eligibility Criteria and Application
Members are organizations and/or corporations, and their designated representatives, interested in the provision of hospice and palliative care. Organizations interested in becoming a member of the National Coalition for Hospice and Palliative Care shall:
• Represent a national constituency and/or possess a national focus/outlook
• Interest and ability to support and promote policy decisions made by the Coalition amongst its membership/constituency
• Have recognized leadership, commitment and/or focused interest in palliative care, and/or hospice.

Five organizations founded and have traditionally sustained NCHPC. In addition to contributing significant dues (usually a minimum of $25,000 annually in dues), representatives of these organizations have had seats on the corporate Board of Directors. Beginning from the adoption of these policies, however, Board service will not automatically go to specific founding organizations. Instead, board members will be elected by the Board of Directors according to their willingness and ability to serve and commitment to NCHPC’s mission. The process for nominating members to the Board of Directors is described below.

Organizations interested in joining the Coalition do so by contacting the Executive Director and the Board of Directors considers membership by a case by case basis. Prospective members should make initial contact with the Executive Director of the Coalition at info@nationalcoalitionhpc.org. A written request from the chief elected officer or staff officer of the prospective member organization and approved by the appropriate governing body (board or executive committee) shall be submitted to the Executive Director of the Coalition. Approval by the Board is required for acceptance.

All Members have one organizational vote on all matters before the Coalition. All Member Organizations are invited to appoint representatives to serve on standing Workgroups (Advocacy, Communications and Quality) which also meet monthly or bi-monthly.

**Membership Dues:**
Membership dues are necessary in order to pay for the ongoing fixed and discretionary costs of the Coalition, a nonprofit, 501(c)(3) organization incorporated in Virginia. Fixed costs include: Professional/administrative costs of running a non-profit, staff salaries of the Executive Director and the Coalition Manager and potentially others as needed, staff travel, accounting fees, insurance, conference calls, website updating and maintenance, and any other expenses approved by the Board.

Coalition Membership dues are based on a sliding scale, based on the Member organization’s Annual Operating Budget (minimum dues in 2020 was $2,500). The Fees are reviewed annually and approved by the Board. Dues notices are sent out in December of each year and are due within 30 days.
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**Member Benefits/Communications**

The Executive Director and/or the Coalition Manager will manage regular communications and information sharing among Coalition members. The Coalition can expect to share and receive regular communications regarding:

- Opportunities to represent the hospice and/or palliative care community in Washington DC, on Capitol Hill, with the federal government and various agencies, other regulatory agencies and bodies, and other external organizations.
- Opportunities to collaborate and work together to advance mutual goals.
- Opportunities to be nominated to national panels on behalf of the field.
- Updates on the Coalition’s legislative, regulatory, policy and community activities.
- Initiatives, drafts and proposed collaborative activities in the palliative care or hospice arena.
- Full Coalition conference calls are scheduled for the second Monday of the month at 1PM ET.
- Workgroup membership is voluntary: these include the Advocacy Workgroup, Quality Workgroup and Communications Workgroup which meet periodically.

**Termination of Membership.**

Any member of the Organization may terminate his/her own membership by filing a written resignation with the secretary. An Organization member that does not pay their Membership by June 1 and/or participate in at least three scheduled corporate activities in a twelve-month period may have their Membership terminated, excluding cases of illness or any other extenuating exception approved by the Board of Directors.

**Reinstatement of Membership.**

Any organization/individual that has resigned and is requesting membership with the Organization may do so in writing (email is acceptable). Those individuals who have had their membership terminated may write a letter requesting to be reinstated to be approved by the Board of Directors.

**Transfer of Membership.**

Membership in the Organization of the Organization is neither transferable nor assignable to another Organization. Individuals representing their organization will change accordingly and the Coalition will be notified in writing (email) of any changes to organizational representation.
Current Membership/Board:
American Academy of Hospice and Palliative Medicine (AAHPM)
Center to Advance Palliative Care (CAPC)
Hospice and Palliative Nurses Association (HPNA)
National Hospice and Palliative Care Organization (NHPCO)
National Palliative Care Research Center (NPCRC)

Current General Membership:
Association of Professional Chaplains (APC)
Healthcare Chaplaincy Network (HCCN)
National Association Home Care and Hospice
Physician’s Assistant’s in HPM (PAHPM)
Society of Pain and Palliative Care Pharmacists (SPPCP)
Social Work Hospice and Palliative Care Network (SWHPN)
Supportive Care Coalition

NCHPC Governance

NCHPC Board of Directors
Primary governance of NCHPC as a corporation will rest with its Board of Directors, whose members shall have the right to vote on all issues before them in accordance with the bylaws. Corporate governance includes matters such as the hiring of a CEO, establishment of a budget, strategic direction, and all things related to the health and sustainability of the corporation. The Board of Directors reserves to itself the right to review and possibly reverse Coalition decisions if it determines that doing so is less damaging to the corporation than implementing a Coalition decision.

Input from Member Organizations
The Board of Directors values all of NCPHC’s organizational members, including their key interests, and honors the principle of consensus and strives to operate in that fashion. The success of NCPHC as a corporation is directly related to that of its member organizations. In addition to establishing the process (below) for consensus decision-making on coalition positions and policies, the Board of Directors is committed to considering the needs of its member organizations in its own governance decisions. Accordingly, board meeting agendas will be published in advance to representatives of the member organizations who shall have the right to attend meetings, or express their concerns, needs or interests to board members or the executive director verbally or in writing. In 2019, the Board began meeting three times a year in person and three times a year via conference call.
**Governance Committee**

The NCHPC Board of Directors will establish a standing Governance Committee, chaired by the Board Secretary, which shall be responsible for (among other things) nominating people to serve on the Board of Directors. Each year, volunteers will be sought from among representatives of the member organizations to serve on the Governance Committee. The Governance Committee will seek volunteers to serve on the Board, collect applications, conduct interviews, and make recommendations to the Board. Board members must be representatives of member organizations.

**Coalition Operations**

NCHPC uses the term “Coalition” to refer to the gathering of representatives from the member organizations, formed for the purpose of carrying out NCHPC’s core mission and program. Consistent use of the term “Coalition” distinguishes this body from the Board of Directors responsible for the governance of NCHPC as a corporation. The Coalition works in conjunction with NCHPC staff to coordinate activities that improve care, enhance communication and cooperation about member organizations and advocate on behalf of patients and families. The Coalition meets via teleconference, is organized by Workgroups, occasionally task forces, committee, and is responsible for, among other things, the on-going revision of the National Consensus Project Palliative Care Guidelines.

**Representation of Member Organizations**

Member organizations may have as many as six staff or board member volunteers participating on the monthly Coalition teleconferences. Members organizations can have additional representatives participating in other activities including workgroups, task forces, reviewing and commenting on draft documents, and addressing concerns with NCHPC board and staff. Each member organization shall designate one representative for the “leadership” group for purposes of implementing the voting procedure and expedited decision-making process below. The NCHPC executive director or designee will maintain a list of the designated leaders. These “leaders” should be the President or CEO of each organization.

**Definition of Consensus**

NCHPC values consensus and will strive for group consensus on all decisions brought before the member organizations, such as coalition-wide legislative or regulatory policy positions. Consensus decision-making places high value on meeting the needs and interests of all of the group’s members. We strive for outcomes where:

- The agreements meet everyone’s key interests in ways better than they can expect from other processes;
- Everyone can live with the final agreements without compromising issues of fundamental importance;
- Individual portions of the agreement may be less than ideal for some members, but the overall package is worthy of support; and
• Individuals will work to support the overall agreement and not just the parts they like best.

**Consensus Decision-Making Process**
A commitment to consensus, and therefore to the needs of each member of the group, requires an open approach to the development of creative solutions. Such processes take more time and energy than standard “majority vote” processes do, as well as active participation by all, skill in conflict resolution, and sometimes neutral facilitation. Member organizations therefore will send representatives who will:

- Understand and respect the purpose of the Coalition, each meeting, and each decision.
- Make an effort to attend every meeting or send an alternate for their organization.
- Listen carefully to others, value all experiences, and remain open to other perspectives.
- Avoid concealing an organizational position or perspective in order to reach agreement or avoid conflict.
- Openly share ideas, experiences, and opinions about matters of interest to the Coalition.
- Help to develop one another’s ideas.
- Foster a respectful and productive work environment.
- Willingly explore disagreement, search for common concerns and seek creative win-win options.
- Come prepared for each meeting by reading materials and becoming familiar with the home organization’s position or various questions before the Coalition.

**Super-Majority Voting Procedure**
On occasion it may not be possible for the Coalition to reach consensus in a timely manner. In these cases, when a clear majority feels that action must still be taken, a Coalition position may be established by super-majority (⅔) vote. Such vote will be called by the NCHPC board president or executive director, either in a meeting, or on a call, or via electronic mail. Each member organization in good standing shall be entitled to one vote, to be cast by the designated leader (should be the President or CEO or designee) of that organization. A vote of ⅔ majority of the entire membership shall be needed to determine the NCHPC position. (In other words, if the Coalition has 12 member organizations, 8 will be required to take a position).

When there is no consensus of opinion, member organizations may work together outside the structure of the Coalition to achieve common goals or to represent individual organizational positions.

**Expedited Process**
At times, NCHPC and its member organizations are asked to sign on to letters or endorse position statements generated by outside organizations. When such opportunities come to the attention of the NCHPC executive director, he/she shall implement an expedited decision-making process as follows by sending an email to the designated leaders of the member
organizations including information about the issue and requesting seeking a vote on whether the Coalition should sign the letter or endorse the position. A positive reply from ⅔ of the member organizations shall be needed to establish the Coalition position. NOTE: A second question will often be asked in the expedited process: Do you give permission for your organization’s name to be separately placed in the sign-on letter or endorsement list. Leaders should take note of both questions when responding.

**Member Organizations’ Positions on Policy Questions**
Member organizations are asked to adopt internal policies and procedures for the timely review of various policy questions. Representatives, especially leaders, will need this in order to 1) properly represent their home organization’s needs and interests in Coalition discussions, 2) provide timely responses in expedited processes, and 3) determine whether the individual member organization will sign on to a letter or endorse a policy statement.

**Confidentiality**
Any information noted as confidential and shared among Coalition members will be considered as such and not shared outside the Coalition.

**Schedule of Meetings/Calls**
The Coalition staff will set regular meeting agendas and vet critical decisions and issues before discussion and decision by the Coalition.

The Coalition has monthly conference calls. All member organizations are expected to participate in these monthly calls and are encouraged to have as many as six representatives (staff or volunteer from the organization) listening/participating. Organizations are expected to actively participate in the work of the Coalition and willingly collaborate and share information related to hospice and/or palliative care.

**Coalition Workgroups**

Our three workgroups are comprised of volunteers and staff from our Coalition member organizations. These workgroups advise the full Coalition and all recommendations for action are approved by the full Coalition.

**Communications**
Workgroup Members discuss communication challenges, opportunities and strategies and collaborate on messaging for the field.

**Advocacy**
The Advocacy Workgroup works to mobilize support for the work of the Coalition and it’s member organizations. This Workgroup advises the Coalition on it’s potential legislative and regulatory agenda. This Workgroup makes recommendations to the Coalition for changes to
public policies, legislation and regulation proposed by federal policy makers (i.e. Congress, CMS, ACL, HHS, etc.). The Workgroup will also advocate for policies that support the work of the Coalition and its’ members.

**Quality**
The Quality Workgroup works to identify gaps in quality and performance improvement measures within the hospice and palliative care field and encourages the development of new hospice and palliative performance measures that will improve the care for people with serious illness. This Workgroup also frequently recommends experts from Coalition Members to serve on federal and other expert panels (such as National Quality Forum).

**National Consensus Project (NCP)**
The National Consensus Project (NCP) is a Project of the Coalition and is responsible for the on-going revision of the NCP Guidelines and operational issues that support the dissemination of the guidelines. [https://www.nationalcoalitionhpc.org/ncp/](https://www.nationalcoalitionhpc.org/ncp/)

**Review of Coalition Operations Policy**
The Coalition will review this policy for any revisionsupdates. Coalition members are free to withdraw from the Coalition at any time during the year, however no refunding of membership dues will occur.