MAY 7, 2020

# COST GROWTH BENCHMARK TECHNICAL TEAM(CGBTT)

## BY-LAWS

# Table of Contents

**ARTICLE I – MISSION STATEMENT/GOALS & OBJECTIVES ....................4**
**Section I – Mission Statement .................... 4**
**Section II – Goals and Objectives .................... 4**
**ARTICLE II – DUTIES AND COMPOSITION OF THE CGBTT ....................4**
**Section I – Duties .................... 4**
**Section II – Composition.................... 4**
**ARTICLE III – MEMBERSHIP ....................5**
**Section I – Members.................... 5**
**Section II – Categories of Membership .................... 5**
**Section III – Term of Membership .................... 5**
**Section IV – Attendance.................... 5**
**Section V –Member Preparedness .................... 5**
**Section VI – Resignation and Removal of Members .................... 6**
**Section VII – Resignation by Notice .................... 6**
**Section VIII – Termination of Members for Cause of Action .................... 6**
**Section IX– Vacancies .................... 6**
**ARTICLE IV – CHAIR AND VICE-CHAIR....................6**
**Section I –Chair and Vice-Chair Appointment .................... 6**
**Section II – Duties of Chair and Vice-Chair .................... 6**
**Section III – Removal of Members .................... 6**
**ARTICLE V – DESIGN GROUPS ....................6**
**Section I – General Provision .................... 6**
**Section II – Design Group Appointment .................... 7**
**ARTICLE VI – MEETINGS REGULAR AND SPECIAL ....................7**
**Section I – Frequency and Location of Meeting .................... 7**
**Section II – Notice.................... 7**
**Section III – Special Meetings .................... 7**
**Section IV – Meeting Material .................... 7**
**Section V – Quorum .................... 7**
**Section VI – Voting.................... 8**
**Section VII – Conducting Meetings .................... 8**
**Section VIII – Public Comment at Meetings.................... 8**
**ARTICLE VII – CONFLICT OF INTEREST ....................8**

Section I – General Statement ........ 8

ARTICLE XIII – Duties of OHS ........ 8

ARTICLE IX – OFFICIAL COMMUNICATION AND REPRESENTATION ........ 9

Section I – Official Communication ........ 9

Section II – Representation ........ 9

ARTICLE X – MAINTENANCE OF RECORDS ........ 9

ARTICLE XI – NON-DISCRIMINATION ........ 9

APPENDICES ........ 10

Appendix I – Definitions, Abbreviations, and Acronyms ........ 10

Appendix II – Conflict of Interest Policy and Statement ........ 12

Appendix III – Robert's Rules of Order, Abbreviated ........ 144

# ARTICLE I – MISSION STATEMENT/GOALS & OBJECTIVES

## Section I – Mission Statement

The mission of Connecticut's Office of Health Strategy (OHS) is to implement comprehensive, data driven strategies that promote equal access to high-quality health care, control costs, and ensure better health outcomes for the people of Connecticut.

The mission of the Cost Growth Technical Team is to advise OHS and consulting experts on the creation of the annual healthcare cost growth benchmarks and primary care spending targets.

## Section II – Goals and Objectives

The goals and objectives of the CGBTT are to:

A. Recommend to OHS annual cost growth benchmarks across all payers and populations for CYs 2021-2025
B. Recommend to OHS primary care spending targets across all payers and populations as a share of total health care expenditures for CYs 2021-2025 to reach a target of 10% by 2025
C. Center health equity in recommendations.
D. Recommend annual quality benchmarks effective for CY22 and evaluate the impact of cost growth benchmarks and primary care targets on quality and equity and vice-versa.

# ARTICLE II – DUTIES AND COMPOSITION OF THE CGBTT

## Section I – Duties

For the OHS to develop the benchmark, the CGBTT shall:

A. Convene bimonthly or monthly as necessary between March and September to develop initial benchmarks and primary care targets
B. Convene or reconvene design groups as needed to address specific aspects of the model, such as the practice transformation task force for primary care target development considerations
C. Maximize use of work from Connecticut and other states, including best in class efforts and existing cost growth benchmarks and adapt approaches for CT
D. Consider and incorporate stakeholder input from consumers, providers, payers and employers via the Cost Growth Benchmark Stakeholder Advisory Board and other councils/boards or industry groups
E. Define minimum requirements or develop clear information on data collection needs, including REL data
F. Define expenses to be included in the numerator or denominator for total health care expenditures
G. Recommend methods of analysis to ensure credibility and validity of measures
H. Recommend risk adjustment that includes social risk
I. Recommend minimally burdensome data collection and analysis that are aligned across payers and providers for comparable populations
J. Guard against unintended consequences

## Section II – Composition

The CGBTT shall consist of no less than seven (7) members and no more than seventeen (13) members who reside throughout Connecticut. The CGBTT composition of members will include the Secretary of the Office of Policy Management and the Commissioners of the Department of Social Services and Insurance Department, or their designees, and representatives of healthcare stake holders selected by the Executive Director of the Office of Health Strategy.

# ARTICLE III – MEMBERSHIP

## Section I – Members

The terms "member" or "members," as used in these by-laws to refer to persons who have been appointed by OHS with a letter from the executive director.

## Section II – Categories of Membership

At a minimum, membership of the Technical Team, in addition to prescribed members described in Article II, Section II, shall strive to include representation of the following categories:

A. Consumers, or persons with direct lived experience in the health care system, including caregivers of chosen or biological family members.
B. Philanthropic organization with experience addressing health equity, health care costs, and access to healthcare;
C. National or local Mental health advocacy or provider organization
D. National or CT Chapter representative of primary care providers
E. Healthcare economics or actuarial experts
F. Representatives of an employer coalition
G. The Office of the State Comptroller

## Section III – Term of Membership

Other than the state officials serving on the CGBTT, the terms of membership on the CGBTT shall be three (3) years. Upon expiration of their terms, a member may be nominated and re-elected to an additional one (1) year term, up to a maximum of six (6) years. After serving on the CGBTT for two terms, there is no option for renewal.

## Section IV – Attendance

The proper functioning of the CCGBT depends upon the commitment of its members.

Members should inform the CGBTT Chair or Vice-Chair if a member (or designee, in the case of state officials) will be absent from a meeting. Members may participate through videoconferencing, however, members are encouraged to participate in person, unless in-person participation is prohibited for emergency reasons or is otherwise impractical.

CGBTT Members will be administratively discharged after four absences incurred during the calendar year (January 1 – December 31). Members will be notified of their membership status after their third absence in the calendar year.

The CGBTT reserves the right to administratively discharge a member who is neither the Chair nor specifically appointed under Article II, –for cause such as non-compliance with CGBTT attendance policies.

## Section V – Member Preparedness

It is the responsibility of voting members to:

A. Prepare for meetings by reviewing materials distributed *prior* to meeting, prepare to raise questions and comments about issues being discussed.
B. Participate in meeting discussions
C. Listen and speak respectfully to others.
D. Comply with OHS Conflict of Interest policy. See attachment

### Section VI – Resignation and Removal of Members

An CGBTT member shall serve his/her designated term unless he/she resigns, are removed, or otherwise disqualified to serve.

### Section VII – Resignation by Notice

Any member choosing to leave the CGBTT shall submit a letter, or send an e-mail, of resignation to the Chair. Resignation by notice shall take effect on the date of receipt of such notice by the Chair.

### Section VIII – Termination of Members, other than state officials or their designees, for Cause

A member of the CGBTT may be removed from membership for any of the following:

A. Non-attendance at committee meetings without notification, except in the case of an urgent or emergent situation
B. Other causes, such as unethical behavior, as determined by the full CGBTT whenever, in its judgement, the best interests of the OHS and CGBTT would be served by removal

### Section IX – Vacancies

In the event of a vacancy on the technical team, the Chair will appoint a qualified person to fill the vacancy whose expertise is in the same area as the member whose departure resulted in the vacancy.

## ARTICLE IV – Chair and Vice Chair

### Section I –Chair and Vice-Chair Appointment

A. The Executive Director of the Office of Health Strategy shall serve as the Chair of the CGBTT
B. There shall be a Vice-Chair of the CGBTT who shall be elected by the members of the CCGBTT to serve a term of one year from the date of election.
C. After the expiration of the one-year term, the members of the CCGBTT shall elect a Vice-Chair from among the CCGBTT's membership.
D. A Vice-Chair may serve multiple terms in that capacity.

### Section II – Duties of Chair and Vice-Chair

A. The Chair shall preside at all meetings and shall perform all other duties necessary or incidental to the position
B. The Chair and Vice-Chair shall be voting members of each design group
C. The Vice-Chair will assume responsibilities of the Chair in the event of the Chair's absence.

### Section III – Removal of Members

A member other than the Chair may be removed for cause by a two-thirds vote of a quorum at any regularly scheduled or special meeting of the CGBTT. This must appear as an item on the agenda in accordance with the rules for meeting/agenda notification.

# ARTICLE V – DESIGN GROUPS

## Section I – General Provision

Each design group shall consist of no less than three (3) CGBTT members, and there should be an odd number of members on any design group. CGBTT members are required to serve on at least one design group. Ad-hoc design groups of the CGBTT may be created at any time to meet the operational needs of the CGBTT. Subject-matter experts may be consulted by ad-hoc design groups. Any recommendations from the design shall be shared with on the full CGBTT for its consideration.

## Section II – Design Group Appointment

The CGBTT Chair shall appoint a Chair for each design group. The responsibilities of the design group chairs will include presiding at design group meetings, ensuring the development of design group meeting agenda directing the design group's affairs and activities, ensuring the taking of meeting minutes and reporting back to the full CGBTT about its activities.

# ARTICLE VI – MEETINGS: Regular and Special

## Section I – Frequency and Location of Meeting

Regular meetings of the CGBTT shall be held monthly at such place and time as may be determined. OHS will offer a virtual/call-in option for remote participation. The CGBTT shall ensure that the location and time of meetings are reasonably accessible to members.

All regular meetings of the CGBTT and meetings of design groups shall comply with the Freedom of Information Act. The CGBTT will reserve time for public comment on the business agenda of each meeting of the CGBTT. CGBTT minutes as well as other documents produced by the CGBTT shall be public documents, and in accordance with the Freedom of Information Act (FOIA).

Action may be taken by the team based on a simple majority of votes of those members present at a meeting.

An annual schedule of regular meetings shall be made available to the public.

## Section II – Notice

An announcement of each regular CGBTT meeting, the agenda for the meeting, and all related meeting materials shall be e-mailed to all members at least three days in advance of the date of the meeting.

## Section III – Special Meetings

Special meetings of the CGBTT may be held or called by either the Chair or Vice Chair in the Chair's absence or set by these leaders after written request of any five (5) members of the CGBTT is received by either of the leaders. The special meeting call shall be a written notice e-mailed to members, not less than seven (7) days prior to the date set for such special meeting. Such call must set forth specifically the subject matter of the meeting, and other subjects may not be introduced or considered at such meetings.

## Section IV – Meeting Material

OHS staff or an agent acting on behalf of OHS, shall prepare a draft of the minutes of each monthly CGBTT meeting, stating the action taken at such meeting, and shall submit them to members as expeditiously as possible for their review. Any member wishing to propose a correction to the minutes shall propose a correction at the meeting at which the minutes are presented for review and approval. Any such approved corrections will be made to the permanent file copy. For substantive or major revisions, any member may request that a copy of the revised

minutes be redistributed to all CGBTT members. Meeting minutes and any votes will be posted on the OHS website.

### Section V – Quorum

At any CGBTT meeting, the presence of at least one half (1/2) of the members shall be necessary to constitute a quorum for the purpose of engaging in any formal decision-making. The presence of a quorum will be called by the Chair.

### Section VI – Voting

Each member of the CGBTT shall be entitled to one vote upon any matter before it that requires a vote. Voting upon any issue shall be voice vote, or by show of hands, of the members. Rollcall may be utilized for video-conference meetings if a voice vote is unclear.

### Section VII – Conduct of Meetings

All meetings will be conducted in an orderly manner and governed by these Bylaws. Regular and Special CGBTT meetings shall be conducted using Robert's Rules of Order Abbreviated.

### Section VIII – Public Comment at Meetings

The agenda for each meeting shall contain an item "Public Comment" at the beginning of regularly scheduled business. The CGBTT Chair or Vice-Chair chairing a meeting shall manage any public comments and participation at the meeting.

## ARTICLE VII – CONFLICT OF INTEREST

### Section I – General Statement

All Cost Growth Benchmark Technical Team of the Office of Health Strategy members are required to disclose in advance if they, their employer or any member of their immediate family could possibly benefit financially from the outcome of a CGBTT decision process. A Conflict of Interest Disclosure Form is completed by each CGBTT Member and submitted to the Office of Health Strategy (OHS). Once disclosed, the individual can choose to abstain from a vote or be recused from a discussion.

In the event of a matter that raises a potential conflict of interest comes before the CGBTT or a design group for consideration, recommendation or decision, the member shall disclose the conflict of interest as soon as he/she becomes aware of it.

This "conflict-of-interest" principle shall not be construed as preventing any member of the CGBTT from full participation in discussion about CCGBT or design group needs. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the health service delivery system if they disclose verbally any potential conflicts of interest at the beginning of such discussion.

## ARTICLE XIII – Duties of OHS

A. OHS shall inform the CGBTT about all changes that impact its mission, which includes Federal and State policy.

B. OHS shall provide all information, guidance and support to the CGBTT

C. OHS shall support the work of the CGBTT by providing administrative support, technical assistance, and support as resources allow.

D. OHS will ensure on-going communication between the CGBTT, the Cost Growth Stakeholder Advisory Board, design groups, and agency staff and leadership.

E. OHS staff assigned to the CGBTT will attend all meetings and inform the CGBTT of timely developments.

# ARTICLE IX – OFFICIAL COMMUNICATION AND REPRESENTATION

## Section I – Official Communication

Any communication request of the CGBTT to the media or general public should be directed to the OHS Communications Director.

## Section II – Representation

No member of the CGBTT or any design group shall make any statement or communication under circumstances that might reasonably give rise to an inference that he or she is representing the CGBTT or OHS (including, but not limited to, communications upon OHS stationary, public acts, statements or communications in which he or she is identified as a member of the CGBTT) except only in actions or communications that are clearly within the policies of the CGBTT Chair and Vice Chair, in consultation with OHS. An example of an acceptable action is a CGBTT member being asked to provide information about the CGBTT and its activity at a public meeting or forum being conducted on health equity or health related issues.

# ARTICLE X – MAINTENANCE OF RECORDS

Files containing CGBTT and design group minutes, correspondence, and records shall be maintained by OHS staff at the OHS Office, 450 Capitol Ave., Hartford, CT 06105. Electronic copies of all documents shall be retained in accordance with OHS's record retention policies.

# ARTICLE XI – NON-DISCRIMINATION

The officers, staff and committee members of the CGBTT and any of its design groups shall be selected without discrimination with respect to age, gender, race, religion, disability, sexual orientation, or national origin.

All CGBTT business and activities shall be conducted fairly and equitably in a manner which does not discriminate with respect to age, gender, race, religion, disability, sexual orientation, gender identity or expression, or national origin.

# APPENDICES

## Appendix I – Definitions, Abbreviations, and Acronyms

### Glossary of Definitions, Abbreviations, and Acronyms

**All Payers Claims Data Base: Connecticut's All Payer Claims Database** (APCD) was established as a program to receive, store, and analyze health insurance **claims data** https://portal.ct.gov/OHS/Services/HIT-SIM-Consumer-Engagement/Health-Information-Technology/All-Payer-Claims-Database

A **Community Conversation** is a group of individuals invited to help identify and prioritize community needs. Normally done in small group sessions, (i.e., 6 to 15 participants), it can be conducted with small subgroups in a larger, community setting. www.unitedwaywi.org/sites/.../Community%20Conversations%20Guide.pdf

**Behavioral health** refers to both mental health and substance use conditions.

**Care experience** is the actual experience a consumer has with the services that are provided. This can include the timeliness of scheduling an appointment, the courteousness of administrative staff, and the perceived willingness of the doctor to answer questions in a way that is understandable to the consumer.

**Comprehensive multichannel engagement and communication plan** is an approach to sharing and receiving information through a variety of strategies that is tailored to the target audience. This may include **Listening Sessions.**

**FOIA**: The Freedom of Information Act (**FOIA**) is a state law that grants the public access to information possessed by government agencies

**Health Care Cabinet**: The Health Care Cabinet is a committee of health care policy experts who advise the Office of Health Strategy on issues related to federal health reform implementation and development of an integrated healthcare system for Connecticut.

**Health disparities** can be understood as inequalities that exist when members of certain population groups do not benefit from the same health status as other groups (www.fccc.edu)

**Health equity** is when all people have "the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'" http://www.cdc.gov/socialdeterminants/Definitions.html

**Health information technology** involves sharing health related information through electronic based platforms. http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/healthit/

**HealthscoreCT**: is a resource for consumers and others to compare hospital, healthcare facility and other Connecticut provider healthcare quality and cost information. https://healthscorect.com/

**Health Systems Planning Unit**: The major functions of OHS Health Systems Planning (HSP) include the administration of the Certificate of Need (CON) program; preparation of the Statewide Health Care Facilities and Services Plan; health care data collection, analysis and reporting; and hospital financial review and reporting. https://portal.ct.gov/OHS/Content/Health-Systems-Planning

**Healthcare workforce** is the actual number of individuals who are providing health services, across disciplines and levels of care. http://bhpr.hrsa.gov/healthworkforce/

**Interactive information portal** is located on the internet as a webpage that brings information together and makes it accessible to multiple groups and individuals. https://en.wikipedia.org/wiki/Web_portal

**Linguistically and culturally relevant services** means effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. https://thinkculturalhealth.hhs.gov/clas/what-is-clas

**Population health** is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

**Population health plan** extends beyond the individual and incorporates health outcomes of a group of individuals. Often, population is defined by geography, but can also include another defining group characteristic. http://www.improvingpopulationhealth.org/blog/what-is-population-health.html

**Prescription Drug Reporting System**: The *Prescription Drug Reporting System (PDRS)* is a web-based application that the Office of Health Strategy (OHS) has developed to assist prescription drug sponsors and manufacturers with reporting required notices, information, and data as required under Connecticut General Statute (C.G.S.) **§19a-754b**. https://portal.ct.gov/OHS/Pages/Prescription-Drug-Reporting-System

**Primary care** is the care provided by a personal physician that is trained in health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings. This person is typically the first contact with a consumer of health services. http://www.aafp.org/about/policies/all/primary-care.html

**Quality measure alignment** is the process of developing a more systematic approach to value-based payment in which payers tie financial rewards for providers to the same or similar quality targets.

**Social determinants of health** are the conditions in which people are born, grow, work, live, and age. Social determinants of health also include the wider set of forces and systems shaping the conditions of daily life. Examples of social determinants of health are access to health services, safe housing, food, education and employment. http://www.who.int/social_determinants/en/

**Stakeholders** can be understood as those individuals or groups that would be substantially affected by reforms to the system. The primary stakeholders in healthcare are consumers, providers, pharmaceutical firms, employers, insurance companies, and government. https://sites.sju.edu/icb/health-care-reform-duties-and-responsibilities-of-the-stakeholders/

**Value-based Insurance Design** is an approach to increasing the quality of care a consumer receives while also lowering the costs of providing care by using financial incentives to promote cost efficient services and consumer choices. http://www.ncsl.org/research/health/value-based-insurance-design.aspx

## Appendix II – Conflict of Interest Policy and Statement

General Principles

The OHS Cost Growth Benchmark Technical Team ("CGBTT") seeks to avoid any conflict of interest in its operations and, where possible, to avoid even the appearance of a conflict. The members of the CGBTT understand that, as an advisory body of OHS, CGBTT members are expected to maintain a commitment to transparency and integrity of their work.

The integral nature of the input OHS receives from the CGBTT will inform the development of health policy intended to benefit all within the State. While CGBTT members will benefit from their work, as a resident of the State, this policy is not intended to address those situations where Members may benefit from a decision simply because they are a member of the CGBTT. Instead, this policy is designed to address situations where a board or committee member has a specific or individualized interest which may impact his/her ability to participate in CGBTT activities in a neutral, transparent and unbiased manner.

Taking into consideration the above principles, individuals covered by this policy agree that they will not participate in any CGBTT decision that materially benefits them or a related party.

All individuals covered by this policy also agree to disclose any interest they have in a matter being considered by the CGBTT of which he/she is a member where that interest could reasonably be viewed by others as affecting the objectivity or independence of the covered individual. An insubstantial interest will not normally be viewed as affecting the objectivity or independence of the covered individual. However, in the interest of full disclosure, an insubstantial interest should be disclosed to the CGBTT chair.

Conflict of Interest Policy for CGBTT Members

For purposes of this policy, CGBTT members are considered to have a conflict if the conflict defined under the policy is one of self or a related party to self. For the purposes of this policy, a related party is any:

• Immediate family member (children, grandchildren, parents, siblings and spouses thereof and spouses);

• Household member (persons residing in a Member's household); or

• Organization with which an immediate family member or household member has a formal relationship. A formal relationship is defined as serving as a member, director, officer, employer or partner of an organization regardless of whether the organization is a business or nonprofit.

Determining the Existence of a Conflict of Interest "Conflicts of Interest"

Generally Defined "Conflicts of interest" includes not only individual financial gain in conflict with an individual's duties to the CGBTT ("material conflict") but also conflicts arising from any interest in or duty to another organization. In general, individuals shall not seek to profit personally from their affiliations with the CGBTT or favor the interests of themselves, relatives, friends, supporters, or other organizations over the interests of the CGBTT, or bring their interests into conflict or competition with the interests of the CGBTT.

Recognizing that not all conflict of interest situations are clear-cut and easy to define, it is ultimately the responsibility of each individual to use sound judgment and avoid or determine the existence of and disclose any situation that creates or appears to create a conflict of interest. Specific questions about the possible presence of a conflict of interest shall be directed to OHS' General Counsel. Alternatively, the Member may choose to treat the issue as a conflict of interest in accordance with this policy.

Examples

This section includes illustrative examples of what does and does not constitute a conflict of interest that would need to be disclosed under this policy.

1. A Member works for a consulting firm which the CGBTT is considering hiring. The Member has a material conflict of interest with respect to that issue that needs to be disclosed.
2. A Member's employer organization has applied for a grant from the CGBTT which is awarded by the committee. The Member has a material conflict of interest with respect to the grant decisions that needs to be disclosed.
3. A Member's foundation has requested the CGBTT work on a project funded by the foundation. The Member has a non-material conflict of interest with respect to the CGBTT's consideration of the project under the policy on external funding and grants that needs to be disclosed
4. A Member's foundation is being considered for a non-financial award selected by the committee. This Member has a non-material conflict of interest with respect to award decisions that needs to be disclosed.

Other Conflicts of Interest

When a matter presents a non-material conflict of interest for individuals covered by this policy, the following procedure must be followed unless a more specific procedure is outlined above: a) The Member involved identifies the potential conflict to the CGBTT; b) The Member fully discloses all facts relevant to the CGBTT's discussion of the matter; c) The member refrains from voting on the matter and, if requested by the CGBTT chair, absents him or herself from the meeting during any discussion of the matter; and d) The disclosure of the conflict and recusal from the vote is documented in meeting minutes and/or other records.

CGBTT Members are under a continuing obligation to report any actual or potential conflicts of interest and must report promptly any conflicts of interest that have not been previously disclosed including material or non-material conflicts of interest requiring disclosure under this policy.

If an individual has reasonable cause to believe that others have failed to disclose a conflict of interest, he/she shall inform the CGBTT chair and OHS' general counsel. The CGBTT chair shall discuss the issue with OHS' general counsel to assist in determining the appropriate steps to protect the CGBTT.

Certificate The undersigned hereby certifies that he or she has read and understood this Conflict of Interest Policy and agrees to abide by it.

______________________________ ______________

Signature Date

______________________________

Print Name

## Appendix III – Robert's Rules of Order, Abbreviated

What is Parliamentary Procedure? It is a set of rules for conduct at meetings that allows everyone to be heard and to make decisions without confusion. It's a time-tested method of conducting business at meetings and public gatherings. It can be adapted to fit the needs of any organization.

Sample Order of Business:

1. Call to order and roll call of members
2. Present the Agenda
3. Consider minutes of last meeting—vote to accept amended minutes.
4. Special orders--important business previously designated for consideration at this meeting
5. Business--motions
6. Announcements
7. Adjournment

Presenting Motions:

1. Obtain the floor
2. Make a motion--avoid personalities and stay on subject.
3. Wait for someone to second the motion.
4. Another member will second the motion or the Chairman will call for a second--if there is no second to motion it is lost.
5. The Chairman restates the motion.
6. Debate—concise and focused on content of motion.
7. Keep established time limits.
8. Put the question to the membership--if there is no more discussion, a vote is taken.

Note: Motion to Table – This motion is often used in the attempt to "kill" a motion. The option is always present, however, to "take from the table", for reconsideration by the membership.

Voting on a Motion:

1. By General Consent -- When a motion is not likely to be opposed, the Chairman says, "if there is no objection ..." The membership shows agreement by their silence, however if one member says, "I object," the item must be put to a vote.
2. By Voice -- The Chairman asks those in favor to say, "aye", those opposed to say "no". Although "voice" is preferred, any member may move for an exact count.
3. By Ballot -- Members record their votes; this method is used when secrecy is desired.

In summary, parliamentary procedure is an effective means to get things done at your meetings. But, it will only work if you use it properly.

1. Allow motions that are in order.
2. Have members obtain the floor properly.
3. Obey the rules of debate—stay focused

Most importantly, BE COURTEOUS.

Adapted from: http://www.robertsrules.org/rulesintroprint.htm