

Bylaws
(Steering Committee)

ARTICLE I: MISSION and VISION

The North Carolina Colorectal Cancer Roundtable is a state coalition of public, private, and voluntary organizations, and invited individuals dedicated to reducing the incidence of morbidity and mortality from colorectal cancer in NC, through coordinated leadership, strategic planning, and advocacy.

The vision of the Roundtable is:

Eliminate colorectal cancer deaths in North Carolina

The mission of the Roundtable is:

Reducing the burden of colorectal cancer in North Carolina through prevention and early detection.

**ARTICLE II: ORGANIZATIONAL STRUCTURE OF THE COLORECTAL CANCER
ROUNDTABLE**

Section 1. Overview of the Organizational Structure. The work of the Colorectal Cancer Roundtable shall be carried out by the Roundtable, Steering Committee, Executive Committee, and Task Groups.

Section 2. Role of the Colorectal Cancer Roundtable. The roundtable is comprised of individuals and organizations committed to reduce colorectal cancer in North Carolina. The role of the Roundtable members is to bring their expertise, resources, and advice to the Roundtable, and to work collaboratively with other members to support the statewide effort to reduce colorectal cancer. Any interested individual or organization committed to reduce colorectal cancer in North Carolina may participate in the Roundtable. Roundtable members are encouraged to participate on one or more task groups.

Section 3. Role of the Steering Committee. The Steering Committee is a decision-making body for the Colorectal Cancer Roundtable. The role of the Steering Committee members is to use their expertise, resources, and influence within their institutions and organizations to help reduce colorectal cancer, and to guide the broader work of the Roundtable. The Steering Committee shall approve the mission, vision, objectives, and strategies for the Roundtable. It is the expectation that each organization represented on the Steering Committee shall participate on one or more task groups.

Section 4. Role of the Executive Committee. The Executive Committee is empowered to make decisions necessary for the ongoing work of the Colorectal Cancer Roundtable and Steering Committee, and to facilitate communication and ongoing work of the task groups between Steering Committee meetings.

Section 5. Role of the Task Groups. The task groups are charged with developing and implementing action steps to facilitate statewide work directed by the Steering Committee. The Task groups shall report to and get feedback from the Steering and Executive Committees on a regular basis.

ARTICLE III: STEERING COMMITTEE

Section 1. Membership of the Steering Committee. The Steering Committee of will consist of no more than 25 members. Steering committee members shall include broad representation of organizations involved in colorectal cancer prevention and early detection, and shall be broadly representative to ensure geographic, racial, and ethnic diversity.

Section 2. Selection Criteria. There shall be at least one member representing the following types of organizations or professional associations: Local health directors, Division of Public Health, Division of Health Benefits, AHEC, Office of Minority Health and Health Disparities, Office of Rural Health, health professional association (including those representing gastroenterology and primary care), Advanced Practice Providers, payers, cancer centers, American Cancer Society, Federally Qualified Health Centers. In addition, there shall be at least one member from the academic research community and at least one colorectal cancer survivor who can broadly represent the views of survivors. Other at large members can also be selected to serve on the steering committee.

Individuals selected to serve on the steering committee, either as an organizational, professional, or individual capacity must commit to active participation in Steering Committee meetings, in person or electronically. In addition, these individuals must meet one or more of the criteria listed below to be considered for membership:

- a. Have a strong interest in reducing colorectal cancer morbidity and mortality;
- b. Have outstanding expertise and reputation in colorectal cancer information and research;
- c. Have special expertise in colorectal cancer prevention, early detection, and treatment;
- d. Have the ability to deliver CRC education;
- e. Have the ability to deliver CRC screening services.

Section 3. Selection Process.

Membership requests and/or appointments based on selection criteria will be submitted to the Executive Committee. Each request and/or appointment will be vetted based on the above criteria and sent to the Steering Committee for approval/rejection. Each member is selected for a two-year term. Members may succeed themselves for one term but may be appointed again after missing one term. The Chair may also appoint a nominating committee to assist with appointments as described above and for steering committee incoming chair and co-chair.

ARTICLE IV: STEERING COMMITTEE OFFICERS

Section 1: Chair. The Chair shall preside at all meetings of the Steering Committee, serve as Steering Committee spokesperson, and sign all official papers and documents of the Steering Committee. The Chair shall be elected for a two-year term and may be re-elected for another two-year term.

Section 2: Co-Chair. The Co-Chair shall perform duties of the Chair in the absence of the latter. The Co-Chair shall be elected for a two-year term and may be re-elected for another two-year term. When both the Chair and Co-Chair are absent, a chair Pro Tempore shall be selected by those members present.

Section 3: Secretary. The Secretary shall keep accurate minutes of all meetings of the Executive Committee and General Membership meetings, shall maintain official files, and shall assist the Chair with Steering Committee correspondence.

Section 4: Treasurer. The Treasurer shall hold the funds of the North Carolina Colorectal Cancer Roundtable and disburse them upon authorization by the Executive Committee. The Treasurer shall maintain a roll of the members. The Treasurer shall keep accurate accounts of receipts and disbursements, shall report to each meeting of the General Membership, and shall prepare an annual financial statement for publication to members as directed by the Executive Committee informed of the financial condition of the North Carolina Colorectal Cancer Roundtable, shall be bonded by the North Carolina Colorectal Cancer Roundtable, shall assist the Budget committee in the initial drafting of the annual budget and shall file such reports with the Internal Revenue Service or the Department of Labor as are required by law.

Section 5: Executive Director-Ex officio. The Program Manager of the NC Cancer Prevention and Control Branch shall serve as ex officio, non-voting liaison and advisor to the Steering Committee and will handle its administrative needs.

Section 6: Election of Officers. A nominating Committee shall be appointed by the Chair and shall nominate a Chair, Co-Chair, Secretary and Treasurer when term expires or is vacated to present to the Steering Committee for consideration. Elections for new officers shall occur at the last regularly scheduled meeting of the end of the current officers' terms.

ARTICLE V: MEETINGS OF THE STEERING COMMITTEE

Section 1: Regular Meetings. A calendar for each successive year will be decided upon by the Steering Committee at the last meeting of each State fiscal year. The Committee shall convene an in-person meetings at least twice a year at the call of the chair.

Section 2: Notice of Meetings. Notice of each meeting will be communicated to each Steering Committee member at least two weeks prior to each regular meeting.

Section 3: Special Meetings. Special meetings may be called by the Chair or in his/her absence, by the *Co-Chair*, by giving each member at least one-week notice.

Section 4: Quorum. A quorum is required for any action of an official nature. A meeting quorum exists when a majority of the filled Steering Committee membership is in attendance, in person or through approved electronic means (e.g., telephone or videoconferencing). If at any meeting Directors leave so that there is less than a quorum remaining, the Steering Committee may thereafter continue to conduct its business, and it shall be deemed that a quorum was present.

Section 5: Voting. Voting may be done in person, or through electronic communications (email, teleconferencing, videoconferencing, and/or fax). Absentee ballots and proxy votes shall be counted when a quorum exists. Any action that may be taken at a regular or special meeting of the Steering Committee may be taken without a meeting if approved, in writing, by a majority of the then filled Steering Committee members.

Section 6: Rules of Order. General parliamentary rules, as in the latest revised edition of *Robert's Rules of Order*, shall be observed in conducting meetings of the Steering Committee.

Section 7: Attendance. Members are expected to attend meetings and to maintain active communication with the Steering Committee, the Chair and Executive Director. Any Steering Committee member that misses over 50% of meetings over a two-year period without an excused absence shall be removed from the Board.

Section 8: Reimbursement for Expenses. There will be no reimbursement of expenses.

ARTICLE VI: TASK GROUPS

Section 1: Appointments. The Chair shall have the authority, subject to approval of the Steering Committee, to appoint such Task Groups or work groups as deemed necessary to complete the work of the Steering Committee. The functions and composition of all Task Groups shall be kept current and appended to the *Bylaws*.

Section 2: Membership. The Steering Committee members of any Task Group may invite, at the discretion of that Chair/Co-Chair, such other persons as they choose to become members of their Task Groups.

Section 3: Election of Chair and Co-Chair for Task Groups. Each task group will be led by a Chair (selected from the Steering Committee) and a Co-Chair (selected from broader Roundtable membership). The Chair and Co-Chair will be approved by the Steering Committee, upon recommendations submitted by the task group members. The Chair and Co-chair are appointed for a two-year term and may be reappointed for another two-year term.

Section 4: Task Group work. Task Groups shall meet regularly throughout the year, in order to implement activities needed to reduce colorectal cancer through prevention and early intervention. Task Groups shall regularly report on their work to the Steering Committee. Any action that needs an official vote shall be presented to the Steering Committee, or in its absence, the Executive committee.

ARTICLE VII: AMENDMENTS TO THE BYLAWS

These *Bylaws* may be amended at any regular meeting of the Steering Committee by a majority vote of all Steering Committee members, provided at least two-week notice of any proposed amendment has been given.

ARTICLE VIII: EXECUTIVE COMMITTEE

Section 1: Membership. The Executive Committee will consist of the Steering Committee Chair and Co-Chair, the chairs of each task group, and the Program Manager of the NC Cancer Prevention and Control Branch.

Section 2: Executive Committee actions. The Chair shall have the authority, subject to approval of the Steering Committee, to engage the Executive Committee as deemed necessary to complete any business or immediate actions needed in between Steering Committee meetings as part of the responsibilities of the Steering Committee.

Section 3: Executive Committee meetings. The Executive Committee will meet in person or by conference call each month.

Summary Description of Standing Task Groups

There are currently three Standing Task Groups: Provider, System and Policy Improvement (PSPI), Public Education and Outreach, Access to Care. All Task Groups should include work toward the implementation of the vision, mission, objectives and strategies of the Roundtable. In addition, their work may include activities such as those outlined below. Steering Committee (SC) and Roundtable Partner (RT).

Provider, System and Policy Improvement (PSPI)

PSPI has prioritized the four cross-cutting topics listed below with development of specific action steps and responsibilities for each person/agency.

Cross-cutting areas include:

1. Designing and implementing a state-wide system to improve the clinical linkages between Primary Care Physicians and Gastroenterologists;
2. Developing a simplified code for billing and reimbursement of colorectal cancer risk factor counseling and screening/diagnostic testing;
3. Developing a strategy for the state to have appropriate resources for colorectal cancer screening and treatment of uninsured populations of NC citizens; and
4. Institutionalizing standard education to health care providers and staff to engage them on:
 - a. Implementing evidence-based interventions for the identification and management of patients at risk for developing colorectal cancer,
 - b. Providing colorectal cancer risk factor counseling and management (including screening options), and
 - c. Appropriate coding and billing.

Public Education and Outreach Task Group

The Public Education and Outreach Task Group works to bring awareness to residents of NC around the importance of colorectal cancer screening. Knowing that colorectal cancer is 90% preventable through proper screening, this group works collaboratively to get this message out to the public and direct residents of NC, who are of eligible screening age, to their primary care doctor and/or somewhere where they can find a primary care doctor if they do not have one, in order speak with a physician about the various types of colorectal cancer screening and the guidelines.

Access to Care Task Group

The Access to Care Task group recognizes that there are a number of barriers for both uninsured and insured patients across North Carolina. This group brings together interested stakeholders across the state to identify these barriers and come up with solutions that will overcome these barriers for those residents in NC who face them. They work closely with the other task groups to help promote these solutions so that screening rates can increase, and we can reduce the burden of colorectal cancer in NC.