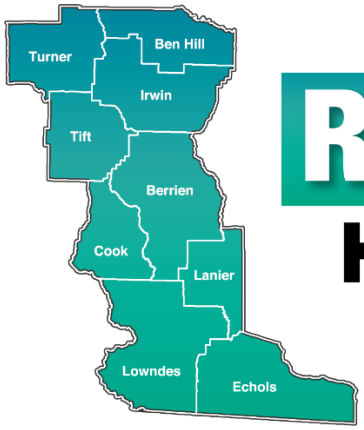

REGION L
Healthcare
Coalition

Bylaws

Date of Initial Approval: 12/10/2012
Date of Initial Adoption: 05/17/2013

Date of Last Annual Review: 10/7/2025
Date of Last Membership Adoption: 12/5/2025

Record of Changes

The month and year located on the title page shows the date of the last annual review of the entire document by the Executive Committee. Revisions (small or large) should also be noted in the table below along with the date the Executive Committee approved the change.

Date	Brief Description of Change	Section(s) Affected	Change Made By: Name, Title	Date approved by Executive Committee
May 4, 2023	Complete review of plan by Executive Committee.	All sections	Lauren Robinson, EC	5/4/23
May 4, 2023	Addition of record of changes for future documentation.	Page 2	Lauren Robinson, EC	5/4/23
October 31, 2024	Complete review of plan by Executive Committee. Article 7, Section 4: remove word “core”; Move Article 6 into Article 4, Section 4. This move renumbers Articles 7-9 to 6-8.	Articles 4, 6, 7, 8, 9	Frank Johnson, HCF	10/31/24
October 7, 2025	Revisions to Article 3 to add new sections on management, administration, and operational roles sections to align with grant requirement.	Article 3, Sections 2-3	Lauren Robinson, EC	10/7/25
October 7, 2025	Addition of descriptions for Clinical Advisor and Department of Defense Advisor	Article 5, Section 1	Lauren Robinson, EC	10/7/25
October 7, 2025	New Article added: Community Coordination and Engagement; renumbering of articles occurred to keep Amendment of Bylaws as the last article within document.	Article 8	Lauren Robinson, EC	10/7/25
October 7, 2025	New Article added: Response Operations; renumbering of articles occurred to keep Amendment of Bylaws as the last article within document.	Article 9	Lauren Robinson, EC	10/7/25

Article 1
Name and Geographical Area

Section 1 Name

A. The name of this organization shall be the Region L Healthcare Coalition (also referred to as “the Coalition” within this document.)

Section 2 Geographical Area

A. The geographical areas that make up the Coalition shall be the limits of Ben Hill, Berrien, Cook, Echols, Irwin, Lanier, Lowndes, Tift, and Turner counties within the state of Georgia. This area is based upon the Georgia Healthcare Coalition map produced by the Georgia Department of Public Health.

Article 2
Mission Statement & Purpose

Section 1 Mission

A. The Coalition will support the local healthcare community and other response agencies to jointly plan for and respond to natural or human hazards, by promoting intra-regional cooperation, coordination, and sharing of resources, to assist emergency management and ESF 8 partners

Section 2 Purpose

A. To assist in the coordination of emergency preparedness efforts and plans of its member organizations.
B. To assist in the development of regional coordination procedures for the management of healthcare system response to emergencies and/or disasters
C. To assist in the coordination of situational awareness and promotion of a common operating picture for the regional healthcare system
D. To promote partnerships, information sharing, and resource sharing among members
E. To coordinate training, drills, and exercises among members at a regional level
F. To strengthen medical surge capacity and capabilities

Article 3
Coalition Structure

Section 1 Organizational Structure

A. The Coalition shall consist of the following:
   (1) Coalition Membership
      (a) Coalition Members – see Article 4
      (b) Executive Committee – see Article 5
   (2) Invited non-members – see Article 4
   (3) Executive Director – see Article 4
B. The Region L Healthcare Coalition's leadership and decision-making structure is defined in Article 5 Executive Committee and Article 6 Voting.

Section 2 Management and Administration of Funding

A. Region L Healthcare Coalition is a sub-recipient of the Georgia Department of Public Health's HPP Cooperative Agreement Award.
B. The Georgia Department of Public Health utilizes a fiduciary agent to disperse grant funds to the local Coalitions, including Region L Healthcare Coalition.
C. Tift Regional Medical Center acts as the local fiduciary agent to receive funds from the Georgia Department of Public Health's fiduciary agent and spend funds on behalf of Region L Healthcare Coalition. See Article 4, Executive Director.

Section 3 Operational Roles

A. Region L Healthcare Coalition utilizes its Executive Committee, special planning committees, and subject matter experts, and coordinates with other Georgia healthcare coalition leadership to carry out HPP core functions.
B. ASPR outlines the requirement of a Healthcare Coalition Readiness and Response Coordinator for the Coalition. Region L Healthcare Coalition retains two leadership positions, the Healthcare Coalition Coordinator (HCC) and the Healthcare Coalition Facilitator (HCF). These individuals serve together as the Region L Healthcare Coalition's administrative and programmatic points of contact during everyday operations, including managing communications, systems, and coordination with the Georgia Department of Public Health and Georgia Hospital Association. Together, they coordinate and oversee Coalition planning activities, coordinate training, facilitate exercises, ensure financial sustainability, and develop budgets. They lead three principal activities: reviewing and activating the Readiness Plan, supporting the Coalition in steady state and in response, and leading engagement with non-clinical community partners. The HCC is employed by the Regional Coordinating Hospital. The HCF is employed by the local public health district.
C. Region L Healthcare Coalition integrates clinical expertise by the inclusion of a Clinical Advisor on the Executive Committee as well as engagement of clinical professionals as members in Coalition planning, training and exercise activities. See Article 5, Section 1 for a description of Clinical Advisor.

Article 4
Membership

Section 1 Coalition Membership

A. Membership to the Coalition is open to all healthcare organizations, emergency management agencies, or other agencies and jurisdictions that support preparedness and response within the Coalition geographical area (Article 1, Section 2) and that agree to work collaboratively on emergency preparedness and response activities.
B. If there is uncertainty as to whether an organization qualifies as an eligible organization or whether the organization's jurisdiction falls within the geographical area, a majority vote by Active Coalition Members will determine.
C. Member organizations should designate at least one representative to attend Coalition meetings. The representative(s) should have the authority to represent and speak on behalf of the organization.
D. Coalition members are eligible to fill elected Coalition positions.
E. Individuals may represent more than one organization but must clearly be acting in the interests of each represented organization independently.

Section 2 Membership Responsibilities

A. Provide representation at Coalition meetings and activities and ensure attendance
B. Participate in collaborative regional preparedness planning.
C. Participate in the development of surge capacity plans, inter-organizational agreements, and collaborative emergency response coordination plans.
D. Contribute to meeting Coalition priorities, goals, and deliverables.
E. Vote on Coalition business placed before the membership.
F. Respond to regional emergencies and disasters in collaboration with other members.

G. Participate in sub-committees and workgroups organized under the umbrella of the Coalition. Sub-committees and workgroups may exist and function temporarily or long-term, as needed.
H. Participate in Coalition sponsored training and exercise opportunities.

Section 3 Invited Non-Members

A. Coalition collaborating organizations which are deemed not eligible for membership may nevertheless be invited to attend coalition meetings and activities by members. Such invited organizations may fully engage in coalition discussions and other activities but shall have no vote in Coalition business.

Section 4 Executive Director

A. The Executive Director of the Coalition will exist to control and dispense funding as allocated by the Executive Committee. This position will be held by a designee of the Regional Coordinating Hospital.

Article 5
Executive Committee

Section 1 Composition

A. An interdisciplinary Executive Committee comprised of eleven Active Coalition Members will be formed.
   (1) Two Core positions:
      a. The Regional Coordinating Hospital and District Public Health employ specified personnel who work for the mission of the Region L Healthcare Coalition as a part of their day-to-day responsibilities. These positions will be core, permanent members of the Executive Committee.
         i. Regional Coordinating Hospital / Healthcare Coalition Coordinator
         ii. Public Health (District) / Healthcare Coalition Facilitator
   (2) Two Advisory positions (appointed):
      a. The Advisory positions are appointed by the Executive Committee Chairperson and/or Vice Chairperson, in coordination with the Executive Committee.
         i. Clinical Advisor
            Acts as a medical expert, providing clinical guidance and expertise to the coalition by reviewing plans, ensuring clinical accuracy, and acting as a liaison between the coalition and healthcare providers, essentially ensuring that the coalition's initiatives align with best medical practices and patient needs.
         ii. Department of Defense Advisor
            Recognizing the significant presence of a military installation in the healthcare coalition jurisdiction, the Executive Committee includes a liaison to Moody Air Force Base to address matters of mutual interest and impact.

   (3) Two Standing positions (elected):
         i. Emergency Management Agency (local)
         ii. Emergency Medical Services
   (4) Five At-Large positions (elected):
      a. The remaining five positions will be considered at-large members and must not duplicate each other. At-Large positions can include but are not limited to representatives from the following:
         i. Hospitals
         ii. Skilled nursing facilities, long-term care facilities

iii. Hospice, home health, or other outpatient home services
iv. Behavioral health/developmental disability service providers
v. Assisted Living facilities, personal care homes
vi. Other healthcare entities

B. Once elected, Standing and At-Large Executive Committee members must designate a proxy that is both within their discipline and outside of their own agency. Proxy must be an Active Member of the Coalition. Proxy is encouraged to regularly attend all Executive Committee meetings along with primary Executive Committee member and will vote on Executive Committee business in the absence of the primary Executive Committee member. Proxy must be approved by current Executive Committee. Core member proxy designees may remain within the member's organization. Clinical Advisor and Department of Defense Advisor do not require a proxy.

Section 2 Election

A. Elections for Standing and At-Large members to the Executive Committee will occur during the last coalition meeting of the calendar year.
B. Any new vacancies of the Standing and At-Large members Executive Committee will be filled as soon as possible by vote of the Active Coalition members.
C. Nominations should be made in a way to maintain the multidisciplinary composition of the Executive Committee.
D. Elected Executive Committee members will serve for two years. However, there is no limit to the number of successive terms an elected Executive Committee member may serve.
E. Special election may be called at any meeting to fill prematurely vacated Executive Committee position(s).

Section 3 Executive Committee Duties

A. Review and approve meeting agendas
B. Monitor Coalition projects and contract deliverables
C. Provide input to the coalition planning process including the review and approval of Coalition plans
D. Prioritize funding and budget requests
E. Assemble, finalize, and submit all plans and procedures as received from the Coalition membership.
F. May serve as workgroup facilitators during Coalition planning sessions and activities.
G. Serve as a liaison to the general membership.
H. Attend state sponsored planning meetings.
I. Participate in an annual Executive Committee work session.

Section 4 Decision Making

A. Decisions of the Executive Committee will be made by a simple majority.

Section 5 Coalition Chairperson

A. The position of the Coalition Chairperson will held by the Healthcare Coalition Coordinator.
B. Facilitates Executive Committee and Coalition Meetings.
C. The Chairperson serves as the primary contact, representative, and spokesperson for the Coalition.
D. The Chairperson holds final authority to allocate Coalition resources.
E. Available to the membership for information exchange concerning the Coalition.
F. Acts in the general interests of the Coalition and its membership.
G. Assumes additional duties as appropriate to facilitate the function of the Coalition.
H. The Chairperson will be a non-voting member except in the event of a tie.

I. The proxy of the Chairperson acts for the Chairperson in his/her absence.

Section 6 Coalition Vice Chairperson

A. The position of the Coalition Vice Chairperson will be held by the Healthcare Coalition Facilitator.
B. Acts as the Chairperson in the absence of both him/her and his/her proxy.

Article 6
Voting and Conducting Business

Section 1 Voting Eligibility

A. Voting is restricted to Coalition members.

Section 2 Votes

A. Each organization shall have one vote.
B. Voting shall be determined by a simple majority.

Section 3 Special Votes

The Coalition may hold special votes that occur outside of the regular Coalition meetings by email or conference call. When such votes are conducted, there shall be a reasonable opportunity (five business days) for all members to have input prior to the vote.

Section 4 Conducting Business

A. A quorum of the Executive Committee members must be in attendance to conduct official Coalition business at a meeting.
B. Actions in a meeting shall be determined by a simple majority.

Article 7
Meetings

Section 1 Scheduling

A. Coalition meetings will be scheduled at least quarterly.
B. Executive committee will meet at least quarterly.
C. Written notice and agendas for all meetings of the membership shall be transmitted at least 5 working days in advance of the meetings, except for emergency meetings.

Section 2 Venue

Meetings will be held at locations convenient for members. Electronic (“Virtual”) meetings are allowed if necessary.

Section 3 Attendance

Meetings may be attended in person, by conference call or by other electronic means if available.

Section 4 Emergency meetings

Emergency meetings may be convened at the request of the Coalition Chairperson. When feasible, members will be given five business days to the proposed meeting stipulating the time, place, and objective of the meeting. No business may be transacted at an emergency meeting except that specified in the notice.

Article 8
Community Coordination and Engagement

Section 1 Whole Community Approach

Region L Healthcare Coalition promotes a whole community approach by actively engaging a wide range of stakeholders from across our nine-county jurisdiction—Ben Hill, Berrien, Cook, Echols, Irwin, Lanier, Lowndes, Tift, and Turner counties. This inclusive strategy ensures that preparedness, response, and recovery planning reflects the diverse needs and capacities of our region's population.

Region L Healthcare Coalition fosters participation from traditional healthcare providers (hospitals, EMS, public health), emergency management agencies, and long-term care facilities, while also building partnerships with non-traditional partners, including:

- Faith-based organizations
- Behavioral health providers
- Community-based organizations (CBOs) serving vulnerable populations
- Schools and higher education institutions
- Organizations representing individuals with access and functional needs (AFN)

Region L Healthcare Coalition ensures engagement by hosting regular coalition meetings (virtual and in-person), conducting multi-agency exercises, and distributing situational updates across a broad communication network. Through joint planning, resource-sharing, and education initiatives, Region L Healthcare Coalition builds capacity and trust across communities, enabling coordinated responses to healthcare emergencies.

Region L Healthcare Coalition maintains active collaboration with a broad network of community and healthcare readiness partners. These collaborations are critical to strengthening healthcare resilience and ensuring coordinated disaster response across all nine counties. These partnerships are continuously strengthened through shared trainings, response after-action reviews, and participation in regional emergency preparedness initiatives.

Section 2 Identifying Communities Impacted by Disaster

In Region L Healthcare Coalition's jurisdiction, the communities most impacted by healthcare disasters typically include:

- Rural, medically underserved populations
- Low-income households
- Older adults (65+)
- Individuals with disabilities or chronic medical conditions
- Minority populations with limited English proficiency
- Uninsured or underinsured residents

These groups often face barriers to healthcare access, transportation, and communication, making them particularly vulnerable during healthcare disasters. To identify and prioritize these populations, the coalition leverages a variety of data sources, including:

- CDC/ATSDR Social Vulnerability Index (SVI)

    - Provides census tract-level insights into socioeconomic status, household composition, minority status, housing, and transportation vulnerability.
    - High SVI scores in counties such as Ben Hill, Berrien, and Echols highlight areas with greater need for targeted support.
- U.S. Census Bureau Data (American Community Survey)
    - Offers demographic data including age, income, disability status, and health insurance coverage.
- HRSA's Medically Underserved Areas/Populations (MUA/P) Data
    - Identifies healthcare provider shortages in specific counties such as Echols, Cook, Irwin, and Turner.
- Georgia Department of Public Health and local hospital Community Health Needs Assessments (CHNAs)
    - Provide local data on chronic disease prevalence, health disparities, and healthcare access issues.

These datasets enable the Coalition to map at-risk populations and prioritize preparedness, outreach, and response efforts accordingly.

Article 9
Response Operations

Section 1 – Response Coordination

During an emergency, the Region L Healthcare Coalition activates its response operations to support coordinated healthcare system readiness and continuity across the nine-county region, including Ben Hill, Berrien, Cook, Echols, Irwin, Lanier, Lowndes, Tift, and Turner counties.

Through incident management coordination, information sharing and situational awareness, and resource coordination activities, Region L Healthcare Coalition helps ensure a unified, informed, and efficient healthcare response that protects public health and supports system resilience.

Section 2 Incident Management Coordination

Region L Healthcare Coalition serves primarily as a coordinating body focused on facilitating information sharing, enhancing situational awareness, and supporting resource coordination among healthcare and emergency response partners across the region. The Coalition does not assume command authority but works to align efforts, foster collaboration, and ensure a unified response during emergencies.

Section 3 Communication, Information Sharing, and Situational Awareness

Region L Healthcare Coalition leverages a multi-modal communication strategy including WebEOC, email and direct communication, and a mass notification system to rapidly disseminate critical information and maintain situational awareness across all partner agencies.

Region L Healthcare Coalition plays an active role in maintaining regional situational awareness by:

- Hosting ad-hoc coordination calls with healthcare partners.
- Participating in regional and state-level response calls and briefings.
- Disseminating updates and guidance from CDC, ASPR, GDPH, and other authoritative sources.
- Aggregating facility status updates (e.g., bed availability, power outages, diversion status) for regional assessment.

Refer to the Region L Information Sharing Plan and Communication Matrix for more information.

Section 4 Resource Coordination and Support

A key function of Region L Healthcare Coalition during emergencies is assisting with regional resource coordination to address supply chain disruptions, patient surge, staffing shortages, and transportation needs. This is done in collaboration with:

- County Emergency Management Agencies – To support local Emergency Operations Centers (EOCs) and ensure healthcare resource needs are integrated into broader community response efforts.
- Georgia Department of Public Health – South Health District and State Office – To align with public health priorities, deploy state-managed assets, and coordinate with the local and state levels of Public Health.
- Healthcare Facility Partners – To identify needs, facilitate mutual aid, and ensure continuity of operations among hospitals, EMS, long-term care, and other in-patient and outpatient providers.

Resource requests originating from healthcare facilities are validated and submitted through the appropriate channels, typically via WebEOC or directly through emergency management, and tracked for resolution.
Refer to the Region L Resource Management Plan for more information.

Article 10
Amending the Bylaws

Amendment of these bylaws may take place at any meeting of the Coalition by a simple majority vote of Coalition Members provided a copy of such proposed amendment(s) are distributed at least five (5) working days in advance of such meeting and attached to the written notice for that meeting.

APPROVAL OF BYLAWS

These Bylaws are approved by a vote of the Region L Healthcare Coalition Executive Committee.
Most recent approval date: 10/7/2025

These Bylaws are adopted by a vote of the Region L Healthcare Coalition membership.
Most recent adoption date: 12/5/2025