



# HCA Health Committee Policy

- 1.0 **Name:** The name of this HCA Standing Committee shall be the "HCA Health Committee," hereafter referred to as the "HC".
- 2.0 **Purpose and Mission:** The primary purpose of the HC is to provide support for the **HCA Constitution Article I Section 2. Objective A)** to encourage and promote quality in the breeding of purebred Havanese and to do all possible to bring their natural qualities to perfection. The HC mission is "Advancing Havanese Health".
- 3.0 **Basic Functions:** The HC shall function to advise the HCA on matters related to the health and welfare of the breed which includes the following:
  - 3.1. To gather and share with the Members scientific information and data analysis vital to the improvement of canine health.
  - 3.2. To recommend to the Members educational programs, procedures and research relevant to canine health.
- 4.0 **Responsibilities:** The HC shall be responsible for:
  - 4.1. Reviewing pertinent canine health related information (utilize OFA, CERF, CHIC, CHF, and other credible sources of data available). This includes performing data analysis and providing periodic reports of findings for educational purposes.
  - 4.2. Recommending general health related testing protocols, as well as requirements for OFA, CHIC, HCA Health Awards, etc. Note: Proposed changes to testing requirements must be approved by a majority vote of the HC members prior to submitting them to the HCA Board of Directors (BOD) for final approval.
  - 4.3. Maintaining the HCA Health Awards certificate program and other health related awards. Award preparation may be delegated or outsourced. Normal business expenses associated with printing and mailing Awards are pre-approved by the BOD.
  - 4.4. Conducting a periodic (suggest every five years or as needed) breed survey and reporting findings to the Membership. Survey may be delegated or outsourced. Note: The first baseline breed survey was conducted and reported in 2004.
  - 4.5. Updating the HCA website with current health related information, which should at a minimum include basic information on breed specific health problems; links to applicable research projects of interest to the breed; health award information and recipient listing; and links to other HCA supported sites such as OFA, CHIC, CERF, etc.
  - 4.6. Recommending HC Policy changes to reflect current committee responsibilities and to incorporate other HCA or AKC recommendations. Note: Proposed changes to the HC Policy must be approved by a majority vote of HC members prior to submitting them to the HCA BOD for final approval.



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- 4.7. Provide contact(s) to serve as the HCA HC interface with external health organizations such as CHF, OFA, CHIC, CERF, etc. This includes making recommendations on who should represent HCA at conferences and other health related events.
- 4.8. Recommend policy and donations as appropriate to support health related funding and research studies for 501(c)(3) Foundations (e.g. CHF Donor Advised Fund).
- 5.0 **Committee Composition:** The HC will be composed of a Chair and up to six voting members. The Chair and HC members may be recommended to the BOD for approval by a majority vote of HC members. In the event of tie votes, the HC Chair shall vote to break the tie. The Chair may designate an alternate to temporarily fulfill his or her duties as necessary. The Chair or designee may also serve as the committee Secretary or appoint a member to fulfill administrative duties. Non-HC members may be invited to assist with or perform ad-hoc tasks. Specialists from outside the HCA may be utilized to perform independent reviews and consultations. They may participate in HC meetings and on the HC e-list as needed in a non-voting capacity.
- The HC Chair or designated representative will plan to attend Board meetings as appropriate to discuss specific HC related agenda items. The HC may also seek out a Board member and ask them to serve as a liaison if needed. Board members are not eligible to serve as the HC Chair.
- 6.0 **Member Elections:** The HC members will vote on recommendations for the Board as needed to fill vacant positions. HC Members may nominate potential candidates for member positions. In addition, HCA Members interested in serving on the HC may submit a statement indicating their qualifications. The committee should consider geographical representation of the membership to the extent possible.
- 7.0 **Member Qualifications:** The HC members, including the Chair, must be HCA members “in good standing”. HC members deemed not “in good standing” will be removed from the committee within 30 days of notification to the Chair.
- 8.0 **Meeting Frequency:** The HC shall meet at least once per quarter and as convened by the Chairman or designated alternate. Meetings may be held in person, via teleconference, or electronically (i.e. internet e-list or e-meeting). Regular meeting dates and times should be established at the beginning of each year. Special meetings may be called in accordance with RONR and should be announced a minimum of two weeks in advance to ensure member availability, unless a majority can attend on a shorter notice.
- 9.0 **Quorum:** A majority of the total number of HC voting members shall constitute a quorum for the transaction of HC business at all meetings. Non-voting members attending any meeting shall not be considered in the establishment of a quorum.



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## **10.0 General Operating Guidelines:**

- 10.1.** Robert's Rules of Order Newly Revised (RONR) shall be utilized unless they are in conflict with HCA Bylaws.
- 10.2.** HCA members and non-members may be invited to participate in committee activities in a non-voting capacity.
- 10.3.** The HC will consider and respond to all Board requests.
- 10.4.** HC members should have an opportunity to review and comment on reports submitted to the BOD. Committee members who do not agree with the report may submit a dissenting opinion to be included with the report. HC Members should receive copies (either printed or electronically) of reports presented to the Board.
- 10.5.** The HC shall respect the powers designated to the Board of Directors in the HCA Bylaws.
- 10.6.** HC members may resign at any time by written notice to the Chair (email is acceptable).
- 10.7.** The Chair may resign at any time by written notice to the BOD (email is acceptable). HC Members should also be notified so ongoing committee business may continue.
- 10.8.** In the absence of a BOD appointed chair, the committee members may elect an interim chair in accordance with RONR.
- 10.9.** Two consecutive unexplained or unapproved absences from meetings shall constitute a resignation from the committee.
- 10.10.** HC members who violate committee policy or are not actively participating in a positive manner may be recommended for removal to the Board by a majority vote of HC members. The vote may be conducted by electronic poll on the HC e-list. The member should be notified of the infraction(s) and provided an opportunity to voice, either orally or in writing, justification for their actions prior to the vote.
- 10.11.** HC related annual expenses greater than \$500 must be pre-approved by the BOD.

- 11.0 Records:** The HC shall maintain written minutes of each meeting that at a minimum document the results of all activities performed which includes votes and decisions made. The date, time, location, a list of attendee's, and an agenda outline with a brief summary of discussions should also be included. Minutes and Reports shall be provided to the HC for review and approval. Approved minutes may be shared with HCA members as appropriate.

HC Reports shall be documented in writing and submitted to the BOD for review and action if appropriate. They should be included with the BOD minutes and published in the Hotline, on the HCA website, or by some other means of communication (either electronically or printed) to the membership at large. The HC Chair or appointed designee shall maintain copies for historical purposes. All records shall be turned over to the new HC Chair or designee within 30 days of appointment.

**Original Policy Approved: October 11, 2007**