



ASSOCIATION OF COMMUNITY CANCER CENTERS

Orientation Manual

BOARD OF TRUSTEES
2018 - 2019



Board of Trustees Orientation

ACCC is the leading education and advocacy organization for the multidisciplinary cancer team.

ACCC Strategic Plan: Core

- **Core Purpose:**

To be the leading education and advocacy organization for the multidisciplinary Cancer Team.

- **Core Values:**

- Integrity
- Collaboration
- Stewardship
- Knowledge
- Service
- Innovation
- Excellence
- Compassion

ACCC Strategic Plan: Goals

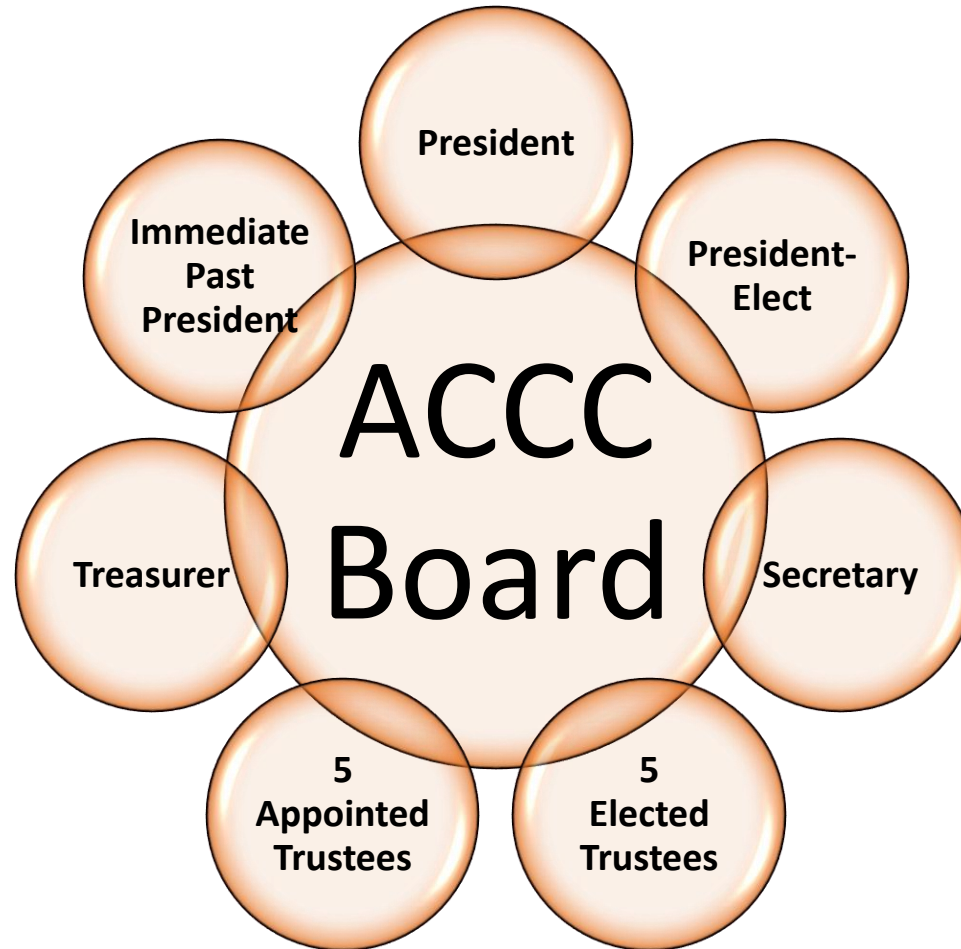
Big Audacious Goal (BAG):

ACCC will be recognized as the leading organization that advocates for quality comprehensive cancer care for all.

Five-Year Goals

- **Goal A:** Members will **recognize the value of ACCC** and utilize its resources for knowledge exchange, education, and networking.
- **Goal B:** ACCC will **expand its influence and advocacy** for quality cancer care.
- **Goal C:** ACCC will **manage its resources** to meet its financial objectives.
- **Goal D:** ACCC will **establish meaningful collaborations & partnerships**.
- **Goal E:** ACCC will **examine its leadership and membership** structure.

Board Structure: Members



Board Structure: Committees

ACCC currently has 13 different standing committees:

- Audit
- Awards
- Bylaws
- Clinical Affairs
- Communications
- Corporate Development
- Education
- Governmental Affairs
- Guidelines
- Investment
- Membership
- Nominating
- Strategic Planning

Membership

- **24,000+ cancer care professionals** from over 2,100 hospitals and practices nationwide are affiliated with ACCC.
- **36 chapter members** representing state oncology societies ACCC supports the cancer care team by disseminating best practices, peer-to-peer learning, practical and relevant information.
- **65% of cancer patients nationwide** are treated by a member of ACCC.

Meetings



- Annual Meeting & Cancer Center Business Summit
- National Oncology Conference
- Oncology Reimbursement Meetings



ACCC ONCOLOGY REIMBURSEMENT MEETINGS

THE FREE MEETING IT PAYS TO ATTEND!

2018

Alternative Payment Models
Data & Quality Reporting
Federal Reimbursement Policies
Billing & Coding
Financial Navigation Services

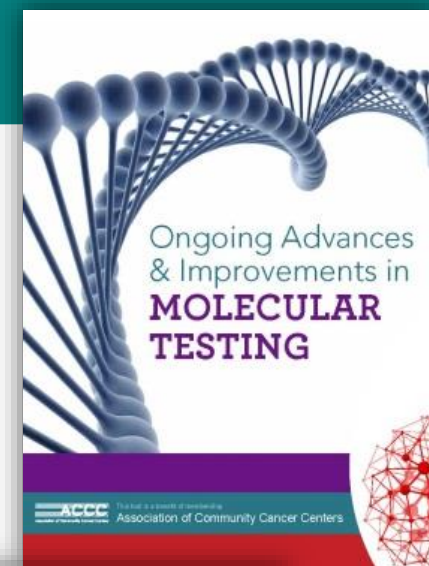
Date	Location
TUESDAY, APRIL 10	Princeton, New Jersey Princeton Marriott at Forrestal
THURSDAY, MAY 3	Charleston, West Virginia Four Points By Sheraton Charleston
TUESDAY, JUNE 19	Baton Rouge, Louisiana Renaissance Baton Rouge Hotel

Educational Programs

Provider of How-to Resources

Recent projects and initiatives include:

- Oncology Pharmacy Education Network (OPEN)
- Optimal Care Coordination Model
- Trending Now in Cancer Care
- Immuno-Oncology Initiative
- Financial Advocacy Network
- Virtual Tumor Boards
- Molecular Testing
- Health Literacy



Advocacy & Public Policy

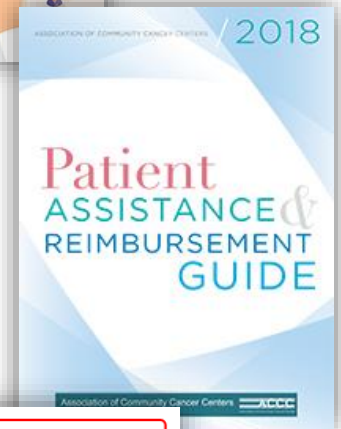
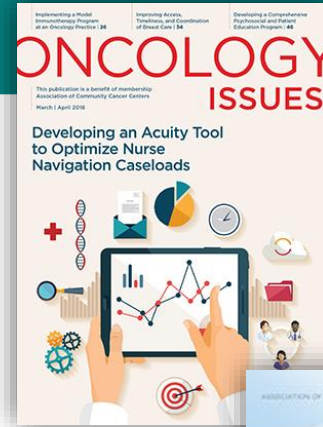
ACCC works with:

- **The Centers for Medicare & Medicaid Services (CMS)**
- **The Government Accountability Office**
- **The Medicare Payment Advisory Commission (MEDPAC)**

and other key policy makers in Washington, D.C. to ensure patient access to quality cancer care in community cancer programs and in physician offices.

Publications

- ***Oncology Issues***
- ***ACCC's Oncology Drug Database***
- ***Reimbursement and Patient Assistance Programs: A Guide for Community Cancer Centers***
- ***Cancer Program Guidelines***



ACCC ONCOLOGY DRUG DATABASE
Reimbursement made easy

Corporate Partnerships

ACCC works with corporate partners to bring important projects and information to our membership. Corporate partners are segmented into Advisory Councils:

- **The Industry Advisory Council (IAC)**
- **The Technical Advisory Council (TAC)**
- **The Emerging Companies Council (ECC)**
- **Strategic Partnerships**

Budget & Financial: Executive Committee

Prior to the new fiscal year, a budget is prepared by staff, reviewed with the Treasurer, and submitted to the **Executive Committee**, which also serves as ACCC's **Finance Committee**:

- **President** - Thomas A. Gallo, MS
- **President-Elect** - Ali McBride, PharmD, MS, BCPS, BCOP
- **Immediate Past President** - Mark S. Soberman, MD, MBA, FACS
- **Secretary** - Krista Nelson, MSW, LCSW, OSW-C, BCD
- **Treasurer** - Randall A. Oyer, MD

At the Board Meeting at the NOC, this budget is reviewed by the entire Board and approved.

Budget & Financial: Management Firm

ACCC has engaged an association management firm, (c) Management, Inc. (CMI) to manage its day to day operations:

- **Membership services and support**
- **Financial reporting and recordkeeping**
- **National meeting planning and execution**
- **Board and committee support**
- **Management of ACCC's journal and web site**
- **Representation of ACCC to other organizations and at trade shows.**

ACCC compensates CMI for these responsibilities on a monthly basis for a fixed amount.

Board Responsibilities

In accordance with ACCC's Bylaws and Policies and Procedures, the Board of Trustees shall:

1. Perform the duties prescribed by ACCC's Bylaws, the parliamentary authority adopted by ACCC, the Board of Trustees and the voting membership.
2. Conduct, manage and control the affairs and business of ACCC.
3. Participate in ACCC meetings and events.
4. Approve ACCC membership applications.
5. Select the ACCC's annual award winners.
6. Approve the ACCC budget at fall meeting.
7. Approve all projects and grants submitted in the name of ACCC.

Board Communications

- ACCConnect
- MyNetwork
- Application Approvals

The image displays two overlapping digital assets. The top asset is the ACCConnect newsletter, a bi-weekly publication for members of the Association of Community Cancer Centers. The header features the ACCC logo and the title 'ACCConnect'. A prominent article is titled 'ACCC Conference Call on 340B Mega-Guidance', dated 9/30/2015. A sidebar on the right promotes the 'ICLIO 1st Annual National Conference' in Philadelphia, Pa., on October 2, 2015, with a 'REGISTER TODAY!' call to action.

The bottom asset is the MyNetwork website, a platform for professional networking. The header includes the ACCC logo and the 'myNETWORK' branding, with the tagline 'Connect with colleagues, share your interests, stay current.' The navigation bar lists 'Home', 'Communities', 'ACCC Exchange', 'ACCC Resources', 'Directory', 'Events', 'Browse', and 'Participate'. The main content area features a 'Welcome to MyNetwork!' message and three columns of content: 'Latest Discussions' (including 'RE: chest wall port dehiscence' and 'RE: Follow up LDCT Lung Cancer Screening Scan'), 'Recent Blogs' (including 'Key Takeaways from NCCN Summit on Value, Access, & Cost of Cancer Care' and 'ACCC Responds to CMS on Proposed 2016 PFS'), and 'Recent S...' (including 'RE: INte...' and 'RE: Mifosfan neurop...').

Board Communications: Financial

Each month, financial statements are sent to Board members.

Included in the financial package:

- Variance report
- Summary of certain ACCC projects, (i.e. Oncology Issues, National Meetings), and their financial numbers on a YTD basis
- Cash flow statement
- Copy of the month's check register

Board Travel

	Annual Meeting	NOC	Winter Meeting
Executive Committee	3 Nights Hotel Air Fare \$100 off Registration	3 Nights Hotel Air Fare \$100 off Registration	Air Fare 3 Nights Hotel \$100 Cash
Board Member	Air Fare 2 Nights Hotel \$100 off Registration	Air Fare 2 Nights Hotel \$100 off Registration	Air Fare 2 Nights Hotel \$100 Cash
Committee Chair	Air Fare \$100 off Registration*	Air Fare \$100 off Registration*	Air Fare 2 Nights Hotel \$100 Cash
Liaison	Air Fare \$100 off Registration*	Air Fare \$100 off Registration*	Air Fare 2 Nights Hotel \$100 Cash

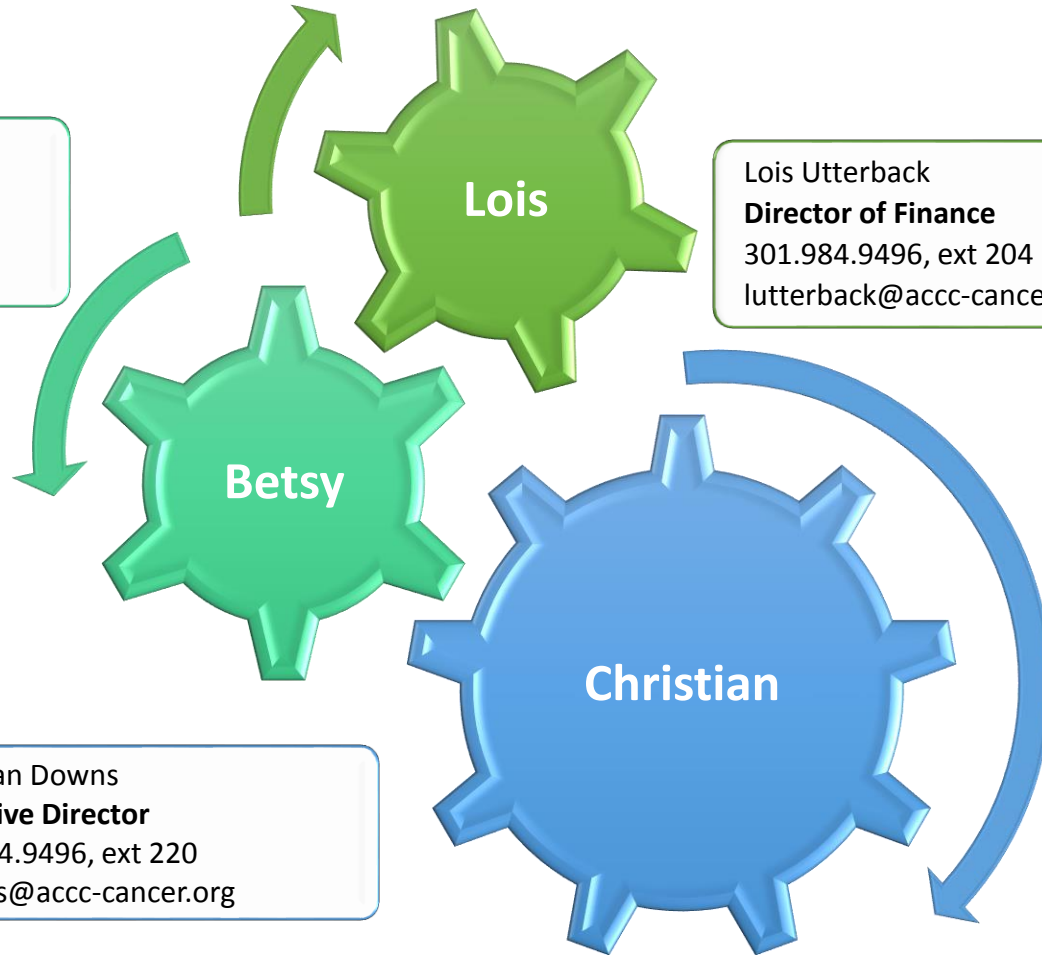
**\$100 cash will be paid directly to the Committee Chair/Liaison if a Past President.*

Staying in Touch: Our Contact Info

Betsy Spruill
Leadership Relations Manager
301.984.9496, ext 206
bspruill@acc-cancer.org

Lois Utterback
Director of Finance
301.984.9496, ext 204
lutterback@acc-cancer.org

Christian Downs
Executive Director
301.984.9496, ext 220
cdowns@acc-cancer.org



Staying in Touch: Your Contact Info



Thank You

Association of Community Cancer Centers (ACCC)
1801 Research Blvd, Suite 400
Rockville, MD 20850
301.984.9496



accc-cancer.org



[/accccancer](https://www.facebook.com/accccancer)



[@ACCCBuzz](https://twitter.com/ACCCBuzz)



accc-cancer.org/ACCCbuzz

Welcome to the Board of Trustees



Welcome to the Association of Community Cancer Centers' Board of Trustees.

You are now a member of a select group of individuals who are committed to multidisciplinary cancer care and the people who make it possible.

As you know, ACCC is the leading education and advocacy organization for the cancer team. As a leader of this organization you have the opportunity to help shape the future of modern cancer care.

On the following pages you will learn about the history of our organization and the important role ACCC has played over the past 40 years. There is also a brief explanation of the business of ACCC, its meetings, publications, advocacy, education, and staff.

Along with this brief primer, you will find ACCC's guiding documents, the Bylaws, Policy & Procedures Manual, and Strategic Plan. These documents give ACCC a strong foundation from which to move forward.

I look forward to working with you as you join this wonderful group of professionals. We thank you for your commitment to ACCC and the cancer care community at large.

Warm Regards,

A handwritten signature in black ink that reads "Christian G. Downs". The signature is written in a cursive, flowing style.

Christian Downs, JD, MHA
Executive Director

Table of Contents

Welcome to the Board of Trustees	2
History of ACCC	3
21 st Century and Beyond	10
Overview of ACCC	12
Business of ACCC	15
Board of Trustees Responsibilities	18
APPENDICES	
I. Bylaws	19
II. Policy & Procedures Manual	28
III. Strategic Plan	99
IV. Staff Contact List	119

Prologue

On December 23, 1971 President Richard Nixon signed the National Cancer Act, formally initiating the National Cancer Program. Cancer centers were being erected within the major academic medical centers across the country. The cooperative groups, benefiting from a great influx of funding, expanded their reach to the university cancer centers.

By 1972 the medical specialty of oncology had been formally established, creating a new corps of physicians specifically trained in multidisciplinary oncology practice and clinical research. The emigration of these physicians from the academic institutions in which they were trained to the community hospital setting would spark a transformation in cancer care delivery in the United States.



These community oncologists soon found themselves set apart from the mechanisms that had supported them throughout their training- nurses with specific knowledge of oncology, access to experimental therapies and clinical research, and a multidisciplinary approach to case management.

“These physicians came out of their training and into the community feeling extremely isolated,” explained John W. Yarbrow, M.D., Ph.D., a medical oncologist and a founding member of ACCC. “They were interested in producing the same high level of cancer care in the community, but they had no mechanism for dealing with the National Cancer Institute, with the cooperative groups, and with each other.”

In 1974 a small group of physicians seeking to dispel the myth that community physicians were uninterested in and incapable of participation in state-of-the-art cancer care came together to form the Association of Community Cancer Centers (ACCC). ACCC would become the mechanism through which clinical protocols and other oncology standards of care were developed and disseminated to community cancer programs across the nation. Led by ACCC, the community cancer provider would emerge as an equal partner in the war against cancer.

The Early Years

In 1975 ACCC was awarded a grant of just under \$100,000 from the National Cancer Institute to plan for the establishment of clinical investigation programs at the community level, in cooperation with NCI-supported cancer centers throughout the country. Yarbrow, who at that time was director of NCI’s Cancer Centers Program, was a chief proponent of community oncology and was instrumental in awarding the grant, which signaled the first time physicians in the community setting had received funds earmarked for clinical research directly from NCI. As part of the grant, ACCC took the first steps in establishing criteria for membership and participation in a national clinical investigation program as well as identifying the types of clinical protocols that could be conducted in the community. Yarbrow would later serve as ACCC president from 1984 to 1985.

In the early 1970s ACCC was steadfast in calling for increased government funding for the National Cancer Program to increase research opportunities for community cancer programs across the country.

History of ACCC

ACCC organized an effective network of community oncologists to educate their representatives in Congress about community cancer care issues.

Led by ACCC, hospitals across the country began to apply for planning grants in their communities. These early efforts resulted in a number of crucial gains for community oncology. In 1975, NCI initiated the Community Oncology Program (COP), an early precursor to the Community Clinical Oncology Program (CCOP). The COP was designed to fund communities that would then pool their resources to develop community cancer centers. The Grand Rapids Community Oncology Program (now the Grand Rapids CCOP), a consortium of hospitals in the greater Grand Rapids, Mich., area and a longtime ACCC member, was one of seven initial communities awarded COP funding in 1975.



Led by the late Edward L. Moorhead, M.D., the Grand Rapids program pioneered the development of patterns of care guidelines in the community and as a result became the model for the NCI's next incarnation, the Community Hospital Oncology Program (CHOP). The CHOP program, which evaluated community physician use of the patterns of care, opened the door for clinical trials in the community by establishing that community physicians were providing a level of care equivalent to their university-based colleagues. Moorhead, who would go on to serve as ACCC president from 1985 to 1986, barnstormed the nation, traveling across the country to press the case for community involvement in clinical trials.

Despite these gains, ACCC leaders believed that further NCI funding for community clinical research would be limited without increased community participation within the ranks of NCI itself. Community representation on the National Cancer Advisory Board (NCAB) was imperative. In 1978, Congress renewed the National Cancer Act, which was amended to include, for the first time, an emphasis on community care.

The act also called for community representation on the National Cancer Advisory Board. One year later, J. Gale Katterhagen, M.D., a medical oncologist from Tacoma, Wash., and a past president of ACCC (1976-1978), became the first community physician appointed to the NCAB. Katterhagen credited the vision of Vincent DeVita, M.D., director of the NCI from 1980 to 1988, as driving community participation on the NCAB. "Community representation on the NCAB was a significant step in vying with the academic centers for NCI research funding," Katterhagen stated.

By the late 1970s, community clinical research was still a work in progress. In 1981, frustrated by the community hospital's dependence on academia medical centers for research funding, Moorhead organized ACCC's Ad Hoc Clinical Research Committee to more effectively facilitate clinical trials dialogue with NCI. The committee promoted a mechanism that would elevate community physicians as equal partners in clinical research with their university colleagues.

In 1982, NCI responded with the Community Clinical Oncology Program.



As then-chair of the NCAB's Committee on Cancer Control and Prevention, Katterhagen played a major role in developing the CCOP. "We convinced NCI that we could do decent cancer research, that our data matched that of the academic centers, Katterhagen stated. "[Then-NCI Director] Vincent DeVita took a chance on us that really paid off for oncology." According to Robert W. Frelick, M.D., a medical oncologist and ACCC president from 1980 to 1981, the CCOP program offered hospitals a theretofore unprecedented level of fiscal autonomy with which to run their research programs. Previously, community hospitals had been dependent on academic institutions, which controlled the purse strings and often the patient referral patterns. "The CCOP gave community hospitals the authority to provide state-of-the-art care in the communities where patients lived," Frelick said.

The CCOP program continues to evolve today. ACCC remains a part of that evolution, with members having served on various NCI committees and subcommittees throughout the years and currently participating on NCI's Clinical Trials Implementation Committee and Chemoprevention Implementation Committee.

The Changing Face of Oncology

From the beginning, community oncology sought to emulate the multidisciplinary environment inherent to the university hospital setting. By the late 1970s and early 1980s, community hospitals were forming dedicated oncology units, which became the hub of multidisciplinary cancer care. From this unit the oncology team began to form. The oncology inpatient unit would also foster the participation of oncology nurses, social workers, pharmacists, nutritionists, pastoral care givers, and other disciplines.

In the 1980s, rising health care costs would soon challenge this health care delivery paradigm.

The economics of oncology began to dictate how and when patients would be treated, as well as how hospitals and physicians would be reimbursed. With the advent of the DRG reimbursement system and the growth of managed care, site of care for most cancer diagnoses would shift to the more economical outpatient hospital setting and to physician practices, late 1980s early 1990s made possible by a wave of innovation in cancer therapies and treatment. Keeping the multidisciplinary aspect of oncology care intact in all treatment settings would become a major ACCC priority.

The membership of ACCC, an organization founded by oncologists, soon began to reflect the changing face of oncology. Included among its membership were oncology nurses, hospital and physician practice administrators, medical directors, social workers, and cancer registrars employed in a variety of settings, including hospitals, physician practices, hospice and home care, and freestanding cancer centers. By 1991 the ACCC membership elected Jennifer L. Guy, R.N., B.S., as ACCC president, the first nurse (and the first woman) to serve in that capacity.

Guy reflected on her role within ACCC. "Having a woman and a nurse leading the Association made a statement about the diversity and multidisciplinary nature of ACCC," Guy said. According to Guy, her term was one step in the overall maturation of the specialty of oncology nursing. "Twenty-five years ago, oncology nursing was in its infancy," she said. "Within the past ten years especially, oncology nursing has

flourished within ACCC and has become fully integrated into the organization.” Guy credits ACCC’s oncology nurse constituency with building strong ties to allied organizations such as the Oncology Nursing Society.

In its early years the specialty of radiation oncology had endured a relative isolation of its own; many departments were located in hospital basements and lacked a distinct identity as the core of the cancer program. With the rise of the multidisciplinary cancer center, radiation oncologists, as well as radiation therapists and technicians, gained a renewed visibility within their institutions and within ACCC. “Before ACCC, community oncologists tended to exist within their own disciplines,” remembered Simeon Cantril, MD, who was with ACCC at the beginning as an original founding member and the Association’s first Secretary/ Treasurer. “ACCC promoted interdisciplinary networking, which had never really happened before.” According to Cantril, this interdisciplinary networking would prepare all disciplines for the collaboration that future advancements would require, such as multimodality treatment, as well as clinical protocol requirements for interdisciplinary collaboration.



Thus, ACCC developed into the only national organization promoting the collective concerns of the oncology team as a whole. Beginning with its first annual meeting in 1974, ACCC has facilitated multidisciplinary oncology collaboration in a variety of forums dedicated to diverse aspects of cancer program management, including general sessions, small group discussions, and networking events. In 1983, ACCC held its first oncology economics conference, which for the first time explored the economics of cancer program management from a multidisciplinary perspective.

Measuring Quality Oncology Care

While community cancer programs sprouted up all over the country, ACCC soon recognized the need to establish a set of standards that would provide its members with tangible guidance on just how to go about setting up oncology programs. Under the leadership of ACCC President Herbert Kerman, M.D. (ACCC President 1981–1982), ACCC initiated development of standards for cancer programs in 1981.

In 1985, led by Robert Enck, M.D. (ACCC President, 1987-1988), the newly formed Ad Hoc Committee on Standards culled the collaborative contributions of the eight committee members and representatives of more than twenty ACCC Delegate institutions. On March 13, 1987, the Standards for Cancer Programs were unanimously approved by the House of Delegates at ACCC’s 13th Annual National Meeting.

ACCC’s Standards for Cancer Programs, first published in 1988, expand upon the standards of the American College of Surgeons’ Commission by offering more detailed information on what the major components of a cancer program are, regardless of setting, and how those components relate to each other. Former ACCC President (1999-2000) Margaret A. Riley, M.N., R.N., C.N.A.A., was a member of the Standards Committee that oversaw the development of ACCC’s first published set of standards. “The standards enabled ACCC to deliver its own stamp on what a cancer program should be,” Riley said. “Our



central point was, and has always been, that no matter the setting, a quality cancer program offers, either directly or indirectly, access to the core components of oncology care as outlined in the Standards.” The Standards were the first of many tools ACCC would provide to its membership to help them deliver the most effective and efficient care possible to patients with cancer. In 1997 the first editions of ACCC’s patient management guidelines were developed to reflect the standard of care for the majority of cancer patients who benefit from conventional therapy. The guidelines, which were developed in conjunction with a large number of national specialty and state oncology societies, are a mechanism by which a physician can

inform payers of the standard of care that is accepted in his or her state. In addition, ACCC has published three editions of Critical Pathways, a compilation of clinical pathways used by various ACCC member institutions.

Perhaps one of ACCC’s most daunting challenges and most significant contributions to oncology was a project to determine the most practical approach to measuring quality of care. ACCC had previous experience in measuring quality with the CHOP and CCOP programs, through the development of standards of treatment and utilization. The ACCC Clinical Indicators Initiative would explore both process and results as a measure of quality cancer care.

In 1988 ACCC established a Clinical Indicator Core Committee, comprised of representatives from a variety of cancer organizations and treatment centers. These institutions offered a wide range of treatment and support modalities necessary for cancer management. The committee was charged with identifying and testing clinical cancer indicators in the community hospital oncology program setting. An initial twenty-one indicators were presented to a JCAHO task force, which was chaired by ACCC Past President John Yarbrow, M.D., and included Irvin D. Fleming, M.D., F.A.C.S. (ACCC president, 1989-1990), and Robert E. Enck, M.D., among its membership. Data from this initiative would play a major role in JCAHO’s efforts to redirect its accreditation process from a system that monitored the structural elements of health care organizations to an outcome-oriented evaluation process that monitors the quality of care delivered.

ACCC and the State Oncology Movement

By the late 1980s, the nation was witnessing an overall belt-tightening approach to health care spending. Between the mid-1980s and the early 1990s, the cost of health care and pharmaceuticals had risen at about twice the rate of general inflation. The payers of health care—the federal government, insurance companies, employers, and the growing number of HMOs and managed care companies—sought to curb the rising costs of health care, primarily by changing the way health care was reimbursed. Prospective payment systems, gatekeeper mechanisms, and stricter definitions of coverage theoretically were intended to protect patients and enhance quality of care by improving efficiency and reducing inappropriate and/or “experimental” treatment. These measures have contributed to some extent to a higher level of efficiency and decreased health care costs. However, many hospitals and physicians— and

patients-have held that too often these cost savings have been derived at the expense of patient care. For the first time, hospitals and oncologists found their decisions regarding patient treatment being weighed against the economic feasibility of carrying them out.

In 1989 ACCC conducted a survey of medical oncologists that found that, as a result of an increasingly restrictive reimbursement environment, patients were being denied access to therapies administered as part of both standard treatment and clinical research. In particular, a growing number of physicians reported reimbursement difficulties surrounding off-label uses of FDA-approved drugs. “Third-party payers were in effect trimming costs by moving off-label drugs into an ‘experimental’ category, and then refusing to pay for them,” remembers David K. King, M.D., F.A.C.P., a medical oncologist at Good Samaritan Medical Center in Phoenix, Ariz., and chair of ACCC’s Ad Hoc Committee on Reimbursement. Dr. King served as ACCC President from 1988 to 1989.

By refusing to cover off-label indications, King said, third-party payers were disregarding the work of the national compendia-at that time the U.S. Pharmacopeial Convention’s USP Drug Information, the American Medical Association’s Drug Evaluations, and the American Society of Hospital Pharmacists’ Drug Information-which were nationally recognized for establishing standards for off-label uses. (As of January 1, 1996, the American Medical Association stopped publishing its Drug Evaluations. The AMA transferred its Drug Evaluation files to the U.S. Pharmacopeial Convention, Inc.)



The increasing restrictiveness of third-party payers in covering the cost of patient care propelled a new oncology movement-this time at the state level-in the form of local oncology societies. This move came at a time when more and more legislative issues, especially those related to health care, were focused at the state level. The formation of state oncology societies would enable oncologists to establish a more effective dialogue with state insurance regulators. They would also serve as a platform for the development of legislation to counteract those insurer policies deemed by the oncology team as detrimental to patient care.

As state oncology societies across the nation were forming, many looked to ACCC for leadership in the areas of legislative assistance, meeting events, and overall society management. By 1990, ACCC had expanded its categories for membership to include state societies as Chapter members. ACCC would go on to assist in the development of numerous state societies.

In 1989 the state of Michigan had become the first in the nation to pass legislation requiring insurers to cover off-label indications.

However, the legislation lacked any provision for referencing the three compendia-a stipulation ACCC would steadfastly promote as part of its legislative agenda. In 1990

ACCC developed uniform health insurance language in an attempt to influence payers to revise their

policies for coverage of off-label indications. The language called for payment coverage for off-label indications when their use is recognized by one of the three compendia or when data within the peer-reviewed literature supports off-labeled use as safe and effective therapy. ACCC's uniform health insurance language would become the basis for legislation in many states guaranteeing patients access to off-label indications.

In 1991, a GAO survey reported that 50 percent of responding physicians were experiencing reimbursement problems for the off-label use of drugs. The study, which was conducted at the request of the Senate Committee on Labor and Human Resources, was developed by the GAO in consultation with ACCC and its members, including Dr. David King. The study called national attention to the problem of denied coverage for off-label use and its ramifications on quality of patient care.

In 1991, ACCC inaugurated the Compendia-Based Drug Bulletin, a quarterly compilation of all cancer-related drugs and indications listed in the major compendia. According to King, the Bulletin was created to alert insurance companies to the information offered by the compendia and to close the gap between the time a new indication or drug is recognized by one of the compendia and when it is recognized by payers.

This sequence of events sparked a nationwide movement to legislate what physicians, nurses, and other oncology care givers view as a central tenet of quality care. Since 1989 ACCC has assisted more than thirty states to in developing legislation and regulations requiring coverage for off-label drug indications. This state reform movement soon led the way for similar reform on the federal level: The language within the Rockefeller-Levin provision passed as part of the Omnibus Budget Reconciliation Act (OBRA) of 1993 to ensure Medicare coverage of off-label indications closely mirrors ACCC's legislative model.

Concurrently, ACCC has also lobbied for payer coverage of the patient care costs of clinical trials. Rhode Island became the first state to pass clinical trials legislation in 1994. In 1998 Maryland enacted legislation requiring payers to cover the patient care costs for patients in all phases of clinical trials. Georgia also passed legislation covering the costs of pediatric patients on clinical trials. ACCC continues to support the Rockefeller-Mack initiative to create a demonstration project in which the patient care costs of clinical trials would be covered by Medicare.



Since the early 1990s, ACCC has worked to help all its members stay abreast of state and regional trends. Each year ACCC offers a series of oncology symposia held in various locations across the country. The symposia bring together representatives from the local or regional Medicare carriers, physicians, and office staff to discuss reimbursement policies, legislative initiatives, and other issues specific to their region. As of the turn of the millennium, ACCC had conducted more than 100 oncology symposia.

ONCOLOGY IN THE 21ST CENTURY AND BEYOND

More than 35 years later, oncology remains a perplexing paradox.

Tremendous opportunities in cancer biology and genetics offer the potential for significant changes in what we can do for our patients.

Yet these advances are occurring against a backdrop of payer restrictions that may seriously hinder our ability to deliver quality cancer care.

The new millennium offers few guarantees. However, this much is certain: as the baby boomer population ages, the incidence of cancer will only increase. Cancer will soon overtake heart disease as the leading cause of death in persons over 65. By 2030, a record number of Americans will be age 65 or older. More than ever, there will be a need for quality, comprehensive oncology care administered by a qualified, dedicated, interdisciplinary team of oncology professionals.

The new century saw ACCC continue its role as a national forum for addressing issues that affect community cancer programs, such as regulatory and legislative issues, measurements of the quality of care, and clinical research.

ACCC continued to promote timely access to quality medical and psychosocial care from prediagnosis through all phases of the cancer experience. It encouraged comprehensive multidisciplinary community cancer program development and provided education about approaches for the effective management, delivery, and financing of comprehensive cancer care. The Association continued to work proactively with state and federal governments on behalf of cancer patients and their families on issues of access to appropriate treatment and to clinical trials.

ACCC worked closely with leaders at the Centers for Medicare & Medicaid Services (CMS) and on Capitol Hill. We commented on a number of issues of concern to members: drug reimbursement, the packaging of certain imaging services, the packaging threshold, physician supervision, quality measures, and the date of service rule, among others.

ACCC can count a number of finalized provisions as victories based on ACCC's meetings with and suggestions to CMS. In 2009, after three years of concerted efforts from ACCC and other stakeholders, CMS finally recognized that its formula for determining the average sales price (ASP) + number was flawed and needed readjustment. ACCC continues our advocacy efforts around ASP, most recently producing data to present to CMS that demonstrates the detrimental impact their proposed Part B Drug Payment Model would have on community oncology.

In the past year, ACCC commented extensively on critical policy proposals, including the 340B Program "mega-guidance," the new Medicare physician payment system required by the Medicare Access and CHIP Reauthorization Act (MACRA), the proposed Part B Drug Payment Model, and the revised draft of USP Chapter <800> guidelines.

ACCC regularly testified before the Hospital Outpatient Payment (HOP) Panel and, this past year, successfully mitigated cuts to radiation oncology payments and secured reimbursement for advance care planning and lung screening services through comments on the Medicare Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment System (HOPPS) rules.

On Capitol Hill, ACCC helped our members to effect real change by co-hosting briefings, conducting large-scale advocacy campaigns, and meeting with hundreds of members of Congress on issues like repealing the Sustainable Growth Rate (SGR), the prompt pay discount, and passing a federal oral parity law. ACCC members saw Congress finally pass a repeal of the SGR shortly after our Capitol Hill Day in 2015. On the state level, ACCC partnered with patient advocacy organizations to pass oral parity legislation in forty states plus DC, spearheading efforts to create educational materials on new cost-sharing obligations in the clinical setting.

When CMS' Center for Medicare & Medicaid Innovation (CMMI) launched its first specialty-specific alternative payment model, the Oncology Care Model (OCM), ACCC unveiled a comprehensive resource center to provide education and support for our members navigating CMMI's program. We subsequently launched the OCM Collaborative to serve as a forum to share implementation tips, best practices, and educational resources as the model is implemented.

The Association expanded its support of state-level oncology organizations. These organizations of oncologists and other healthcare providers offer a forum for discussion of patient care, local reimbursement, and legislative issues on the state and national levels. In 2015, 34 state oncology societies were ACCC Chapter Members, and 18 oncology societies used ACCC management services. These states are Arizona, Colorado, Hawaii, Illinois, Indiana, Iowa, Kansas, Minnesota, Missouri, Montana, Nevada, North Carolina, South Carolina, Tennessee, Texas, Virginia, West Virginia, and Wisconsin.

ACCC also greatly expanded its educational programs and projects, including the Institute for Clinical Immuno-Oncology (ICLIO), the Optimal Care Coordination for Model for Medicaid Patients with Lung Cancer, and the Financial Advocacy Network (FAN), among others.

No doubt, the decades ahead will offer their own set of challenges. Community oncology programs can expect the Association of Community Cancer Centers to help them face the changes ahead.

Membership

Over 20,000 cancer care professionals from approximately 2,000 hospitals and practices are affiliated with ACCC. It is estimated that 65 percent of the nation's cancer patients are treated by a member of ACCC.

ACCC members work in every aspect of cancer care and include:

- Medical, radiation, and surgical oncologists
- Cancer program administrators
- Nurses
- Physician assistants
- Pharmacists and pharmacy technicians
- Hospital and practice billers and coders
- Physician office managers
- Social workers
- Radiation therapists
- Dieticians
- Other support staff

Meetings

ACCC's national meetings are designed to keep members in touch with new trends in oncology. These meetings include:

- Annual Meeting, "CANCERSCAPE"
- National Oncology Conference
- Oncology Reimbursement Meetings
- Financial Advisory Network (FAN) Case-based Workshops

Each meeting is tailored to specific needs of members of the multidisciplinary cancer care team—physicians, administrators, nurses, pharmacists, and medical directors—everyone involved with the policy, management, and financial issues of cancer care.

All meetings provide the participating oncology professionals with an opportunity to stay up to date and better prepared for the ever-changing oncology agenda. Meetings allow attendees to develop new contacts with colleagues in cancer programs and practices across the country, as well as to meet one-on-one with leaders in the oncology field.

Educational Programs

ACCC's goal is to provide community-based cancer care programs with the skills necessary to increase their efficiency while maintaining the highest standards of quality care. The Center for Provider Education relies on educators with expertise in management of hospital and office-based cancer programs\financial analysis, policy and reimbursement, marketing, and healthcare economics to achieve this goal.

Through ACCC's Center for Provider Education, members can learn practical strategies for meeting the challenges of running a modern cancer center or group practice. Hands-on courses for physicians,

practice managers, nurses, oncology pharmacists, financial officers, and coders/billers are available in cities throughout the country as well as on-line.

Oncology Pharmacy Education Network (OPEN)

OPEN reaches out to more than 1,100 oncology pharmacists and hundreds of cancer program administrators or medical directors interested in pharmacy-related issues. The Network's priorities are to expand communication to the pharmacy membership through an expanded Web site presence as well as educational sessions. National educational sessions take place for oncology pharmacists and OPEN members at two ACCC's signature events: its Annual Meeting and National Oncology Conference. A special one-day OPEN meeting takes place at ACCC's fall National Oncology Conference.

Advocacy & Public Policy

The Association of Community Cancer Centers champions the importance of access to cancer specialists and appropriate cancer therapies and leads efforts to respond to regulations and legislation that threaten to compromise the delivery of quality cancer care.

On your behalf, ACCC works with the Centers for Medicare & Medicaid Services, the Government Accountability Office, the Medicare Payment Advisory Commission (MEDPAC), and other key policy makers in Washington, D.C., to ensure patient access to quality cancer care in community cancer programs and in physician offices.

Hospital Outpatient Issues

ACCC serves as a policy advocate to its hospital members on federal legislative/regulatory issues before the United States Congress and federal government agencies.

The Association also serves as an essential information resource on all Medicare reimbursement issues facing its hospital members. ACCC works on Capitol Hill to help correct the underpayment for therapies under the hospital outpatient prospective payment system.

Physician Office Issues

ACCC continues to monitor, respond, and communicate to our physician practice members any changes in Medicare reimbursement to Part B covered drugs and biologicals, drug administration, and coding. ACCC also assembles in-depth analyses of the Medicare Physician Fee Schedule Proposed Rules.

Coverage Issues

Medicare coverage policies continue to be a primary area of focus for ACCC.

ACCC has emerged as a leader in this area, and is committed to ensuring that our members' views are considered as policies are developed. ACCC works to ensure patient access to new oncology drugs. ACCC spearheaded efforts to make citation of a cancer drug in any of the standard reference compendia sufficient to require insurers to pay for its use outside of FDA-labeled use. ACCC has also been committed to passing state and federal oral parity laws; to date, 40 states plus DC have passed laws that limit patient out-of-pocket costs for oral anti-cancer medications.

Publications

ACCC members consistently give ACCC publications high marks for their timeliness and usefulness. Experts in the field of oncology contribute to ACCC's publications approach to educating oncology healthcare professionals about streamlining and improving cancer services, practice management trends and techniques, legislative issues, and technological innovations.

Oncology Issues

Oncology Issues, the official journal of the Association of Community Cancer Centers, serves the multidisciplinary specialty of oncology care and cancer program management.

Oncology Issues is the only oncology-related publication devoted to policy, management, and financial issues of concern to cancer care providers. Featured topics include cancer program and oncology practice improvement, oncology reimbursement and economics, community cancer center profiles, and regulatory and legislative issues affecting cancer care professionals.

Surveys

To identify and compare trends in conditions and organizational performance in the oncology marketplace, ACCC initiates surveys of its membership.

ACCC examines and publishes annual survey results as a joint project between ACCC and Eli Lilly. Findings from the 2015 Trends in Cancer Programs survey are available online. On other fronts, ACCC encourages cancer program administrators employed at ACCC-Member Cancer Programs to take an annual online survey.

Oncology Drug Database

ACCC's *Oncology Drug Database* identifies oncology-related indications contained within the four drug compendia currently recognized by the Centers for Medicare & Medicaid Services (CMS). It also provides contact information about manufacturers, which allows readers to obtain more detailed information about a listing and its appropriate use in specific patients. This publication replaces ACCC's *Compendia-based Drug Bulletin*.

Reimbursement and Patient Assistance Programs: A Guide for Community Cancer Centers

Reimbursement and Patient Assistance Programs: A Guide for Community Cancer Centers, available in print and online at www.accccancer.org, is designed for healthcare providers. This guide brings together information on pharmaceutical and non-pharmaceutical patient assistance programs and reimbursement resources in a user-friendly format. The digital edition allows users to link directly to program information and enrollment forms.

Cancer Program Guidelines

Cancer Program Guidelines reflect the optimal components of a cancer program and have been established to assist cancer programs that want to develop and/or maintain a comprehensive interdisciplinary program that meets the needs of cancer patients and their families. These guidelines were last revised in March 2009; however, the *Nutrition Services Guideline* was revised in March 2012 and the *Patient Advocacy and Financial Services Guideline* was added in October 2012.

Budget & Financial Reporting

ACCC's fiscal year begins on July 1 of each year and ends on June 30.

Each year, prior to the start of the new fiscal year, a budget is prepared by the staff, reviewed with the Treasurer, and submitted to ACCC's Executive Committee for their review and approval.

At the Board of Trustees Meeting at the National Oncology Conference, this budget is reviewed by the entire Board of Trustees and approved.

Each month, financial statements are sent to Board members. The only exception to this is when the statements are included in a Board Meeting packet. These statements include a Statement of Financial Position, or balance sheet, and a Statement of Activities and Changes in Net Assets, or income statement. This latter statement compares the actual numbers for the month and year to date to the budgeted numbers for the same period.

Also included in the financial package is a variance report. The variance report reviews our status on membership renewals and new members and also reports on any variances from budget that equal or exceed \$5,000. The financial package also includes a summary of certain ACCC projects, (i.e. Oncology Issues, National Meetings), and their financial numbers on a year-to-date basis.

The final two statements included in the package are the cash flow statement and a copy of the month's check register. The cash flow statement shows where the money came from and how the money was spent during the month. The check register comes right out of our accounting system and shows every check that was written that month.

Each board member is encouraged to review these financial statements and if they have a question, please direct the question to Lois Utterback, ACCC's Director of Finance.

At the end of the fiscal year, the Audit Committee (the Treasurer and two board members) engages the independent auditor. The audit takes place after the fiscal year is closed. A draft audit report is first reviewed by the Audit Committee and approved. The final audit report is distributed to the board and reviewed at the Board of Trustees Meeting at the National Oncology Conference.

Corporate Partnerships

ACCC has a long successful history of working with corporate partners to bring important projects and information to our membership. As an organization, ACCC understands how important it is for members to have a forum where they can have open dialogues with their industry counterparts. ACCC encourages this communication through the corporate participation in ACCC's Advisory Councils.

Corporate members are also expected to work cooperatively with ACCC's leadership on key areas of importance, such as ACCC's uniform legislation and patient advocacy efforts. Membership is subject to the invitation of the ACCC Executive Committee and the Corporate Development Committee.

ACCC segments corporate partners into Advisory Councils. Each council is composed of similar companies, who have parallel interests and needs. ACCC corporate partners participate in one of three advisory Councils:

- **The Industry Advisory Council (IAC)**
The Industry Advisory Council is a select group of companies who have a long history of serving the oncology community and are typically established therapeutic manufacturers.
- **The Technical Advisory Council (TAC)**
The Technical Advisory Council is comprised of healthcare service, equipment and technology companies who support cancer care community and are companies that represent non-therapeutic manufacturers.
- **The Emerging Companies Council (ECC)**
The Emerging Companies Council allows companies that are smaller therapeutic manufacturers to create a stake in the oncology community.

ACCC Corporate Partnership Guidelines

ACCC's 10 Essential Principles:

1. All ACCC programs are developed based on member needs and requests.
2. All ACCC programs are independent, non-commercial, and free from the influence and bias of sponsors. No marketing, advertising, or attempts to sell or promote specific drugs or products should occur during any educational program.
3. All sponsorships are disclosed to speakers, invitees, attendees, and participants and noted on all documents describing and marketing the program and in all program documents themselves.
4. Sponsorship will not defray the costs of any physician attendee (non-speaker) for travel, meals, time, or personal expenses.
5. Programs are conducted in appropriate, not lavish, locations and venues with significant time spent on program activities.
6. Sponsored programs cannot offer or give anything personal of more than nominal value. Cash subsidies for meeting attendees or participants are strictly prohibited.
7. All educational programs allow ample time for discussion and for questions and answers.
8. Sponsorships will not exceed direct program costs.
9. Sponsored programs offering CME credit require that attending physicians pay a conference fee.

10. Sponsored programs have no role in Association program selection and design, Association direction of activities and practices; or Association decision-making.

Management Firm

ACCC has engaged an association management firm, (c) Management, Inc. (CMI) to manage its day to day operations including membership services and support, financial reporting and recordkeeping, national meeting planning and execution, board and committee support, management of ACCC's journal and web site, and representation of ACCC to other organizations and at trade shows. ACCC compensates CMI for these responsibilities on a monthly basis for a fixed amount.

CMI also provides the staffing for the state societies that elect ACCC's management services. This staffing is paid for through the management fees that are billed the societies.

CMI also works with ACCC's Executive Committee and Corporate Development Committee in generating sponsorships through the corporate partnerships in what is known as the "IAC" Project.

This project includes meetings outside of the two National Meetings, the *Oncology Drug Database*, *Oncology Pharmacy Education Network (OPEN)*, the *Institute for Clinical Immuno-Oncology National Conference (ICLIO)*, legislative support, and several educational programs grouped under the Center of Provider Education. CMI is compensated for these projects based on billable hours. At the end of each ACCC fiscal year, ACCC's Executive Committee performs an evaluation of CMI's performance with respect to written, annual performance objectives that have been established jointly and agreed upon by CMI and the Executive Committee prior to the start of the year being reviewed. Based on the evaluation, CMI may earn a performance incentive. The Executive Committee provides its feedback and rating to the CMI staff at the June Executive Committee meeting. At the fall Board of Trustees meeting, the evaluation results are shared with the entire Board.

The agreement between ACCC and CMI is a twenty-year agreement that began in 2007.

Overview of Board of Trustees

The ACCC Board of Trustees is comprised of trustees and officers elected /appointed from within the membership. Trustees serve for a term of 2 (two) years and may not serve more than 2 (two) consecutive terms. The Board of Trustees convenes three times each year and on conference calls as needed. The three meetings are held in the winter (January-February) and in conjunction with the Annual Meeting (March or April) and the National Oncology Conference (September-October).

In accordance with ACCC's Bylaws and Policies and Procedures, the Board of Trustees shall:

1. Perform the duties prescribed by ACCC's Bylaws, the parliamentary authority adopted by ACCC, the Board of Trustees and the voting membership.
2. Conduct, manage and control the affairs and business of ACCC.
3. Participate in ACCC meetings and events.
4. Approve ACCC membership applications.
5. Select the ACCC's annual award winners.
6. Approve the ACCC budget at fall meeting.
7. Approve all projects and grants submitted in the name of ACCC.



Overview of Executive Committee

The ACCC Executive Committee is comprised of the: President, President-Elect, Secretary, Treasurer, and Immediate Past President. The President, President-Elect, and Immediate Past President all serve a term of 1 (one) year. The Secretary and Treasurer are elected for two year terms on alternating years.

In addition to their responsibilities as members of the Board of Trustees as noted above, the members of the Executive Committee also serve as ACCC's Finance Committee. In order to properly perform the duties required of the Board and Executive Committee, Trustees and Officers must be willing and able to sign the ACCC Board of Trustee and Committee Person Conflict of Interest Policy, Board of Trustees Standards of Conduct, and the acknowledgement of having read the anti-trust policy.



Association of Community Cancer Centers

Bylaws

*The leading education and advocacy
organization for the cancer team*

ASSOCIATION OF COMMUNITY CANCER CENTERS

BYLAWS

Adopted Unanimously by House of Delegates - March 1984

Amended by Vote of House of Delegates

March 1988
March 1990
March 1991
March 1993
March 1994
March 1998
March 2001
March 2002
March 2003
March 2004
April 2008
April 2014
March 2016

ASSOCIATION OF COMMUNITY CANCER CENTERS

BYLAWS

ARTICLE I. NAME

Section 1. The name of this Corporation shall be the Association of Community Cancer Centers, hereinafter sometimes referred to as ACCC or the Association.

Section 2. No member or other person shall use the Association's name or logo without the prior written approval of the Board of Trustees or the Executive Office of the Association. This provision shall not prevent members from stating that they are a member or from using the Association's name in connection with Association activities, unless the Board of Trustees or the Executive office determines that the use of the Association's name is misleading or inappropriate.

ARTICLE II. PURPOSE

The primary purposes for which this Corporation is formed are as stated in the Articles of Incorporation filed in the State of California on September 6, 1974 and read as follows:

Section 1. To provide improved cancer care at the community level by implementing present knowledge and technology relating to cancer detection, cancer diagnosis, cancer treatment, and cancer rehabilitation, so that it is made available to the greatest number of cancer patients possible;

Section 2. To translate and communicate to the local community level new developments, knowledge, and technology about cancer care;

Section 3. To do research into the development and delivery of cancer care at the local community level.

ARTICLE III. MEMBERSHIP

Section 1. Classes of Membership: The Association shall have four (4) classes of Active membership: Cancer Program Members; Chapter Members; Individual Members and System Members.

Section 2. Qualifications of Members:

- A. Cancer Program: Any hospital or other provider, which has a multi-disciplinary cancer committee advisory group, team, or department, which is involved directly with the management of cancer patients, may be eligible to become a Cancer Program Member. Any physician group practice, which is involved directly with the management of cancer patients, may be eligible to become a Cancer Program Member. Each Cancer Program Member shall appoint one Delegate and one Alternate Delegate Representative to the House of Delegates.
- B. Chapter: Groups (of individuals) who are affiliated with an oncology state society may be eligible to become a Chapter member. Chapters shall fulfill the purposes of ACCC at the local level. The structure and function of the chapter shall be consistent with the Bylaws and Policy and Procedures Manual of ACCC. Each chapter shall appoint one Delegate and one Alternate Delegate Representative to the House of Delegates.
- C. Individual: Any person engaged in health care services, who is interested in, involved in, or with a commitment to cancer care may qualify to become an Individual Member of the Association.
- D. System: Any system that includes entities that are eligible to become Cancer Program Members may be eligible to be a System Member.

Section 3. Privileges of Members: Cancer Program and Chapter Members shall have voting rights and are eligible to serve as an Officer or on the Board of Trustees as outlined herein. No member shall hold more than one (1) voting membership in the Association. Individual and System Members shall have no voting rights and are not eligible to serve as an Officer or on the Board of Trustees.

Section 4. Admission to Membership: The Board of Trustees has the ability to determine the criteria for admission to membership as outlined in the Association's Policy and Procedures.

Section 5. Dues: The amount of dues for each membership class is set by the Board of Trustees. An increase exceeding 5% shall be recommended by the Board of Trustees to the voting membership and approved by the voting membership at the annual meeting.

Section 6. Termination of Membership: The Board of Trustees may, by at least a two-thirds vote of those Trustees currently in office, terminate the membership of any member who or which fails to pay dues in a timely manner, fails to continue meeting the relevant qualifications for membership, violates any provision of these bylaws or any rule or regulation of the Association or any directive of the Board of Trustees or President of the Association, or acts in a way which is in any other way contrary to the purposes of the Association. The Board's decision on termination shall be final and not subject to review or challenge in any forum.

ARTICLE IV. OFFICERS AND TRUSTEES

Section 1. Officers:

- A. The Officers of this Association shall be a President, a President-Elect, a Secretary and a Treasurer.
- B. Eligibility of Officers: In order to be elected as an Officer an individual must be formally affiliated with a Cancer Program or Chapter Member. Officers need not be a voting Delegate Representative to serve as an Officer.
- C. Term of Office: President and President-Elect shall serve for a term of one (1) year or until their successors are elected. Secretary and Treasurer shall serve for a term of two (2) years or until their successors are elected. The term of office shall begin at the conclusion of the Annual Meeting at which the Officer is elected.
- D. Duties of Officers:
 - 1. Officers shall perform the duties prescribed by these Bylaws, the parliamentary authority adopted by the Association, the Board of Trustees and the voting membership.
 - 2. President-Elect: The President-Elect shall automatically succeed to the office of President. In the absence of the President and in the event a vacancy is created in the office of the President, the President-Elect shall perform all the duties of the President and, in so acting, shall have all the powers of the President.

Section 2. Trustees:

- A. There shall be a total of ten (10) elected and/or appointed Trustees.
- B. Eligibility of Trustees: In order to be elected and/or appointed as a Trustee an individual must be formally affiliated with a Cancer Program or Chapter Member. Trustees need not be a voting Delegate Representative to serve on the Board.
- C. Term of Office: All Trustees shall serve for a term of two (2) years or until their successors are elected and/or appointed. Trustees shall not serve for more than two (2) consecutive terms. The term of office shall begin at the conclusion of the Annual Meeting-at which the Trustee is elected.

Section 3. Election of Officers and Trustees:

- A. A President-Elect, Secretary and five Trustees shall be elected in the even - numbered years. In the odd-numbered years, a President-Elect and a Treasurer will be elected and five Trustees shall be appointed.

- B. The Nominating Committee shall: solicit the membership for nominees; review the qualifications and select nominees to be appointed and/or placed on the ballot; prepare a ballot for all elected offices of the Association and, whenever possible select at least two nominees for each open Board of Trustee position. The Nominating Committee shall endeavor to secure nominees from as many different Cancer Programs and Chapters as is possible.
- C. Ballots shall be mailed or sent by electronic means to all (voting) Delegate Representatives and returned to the Association's Executive Offices in accordance with instructions provided. The candidate/candidates who receive the highest number of valid votes for each position shall be elected.
- D. Election and appointment results shall be presented at the Annual Meeting.

Section 4.

Removal from Office:

- A. Resignation: Any Officer, Trustee or Immediate Past-President may resign from their position.
- B. Without Cause: Any Officer, Trustee or Immediate Past-President may be removed from office without cause by a two-thirds vote of the voting membership.
- C. For Cause: Any Officer, Trustee or Immediate Past-President may be removed from office for cause by unanimous vote of the Board of Trustees, with the exception of the Trustee being considered for removal. Cause shall mean a material violation of the Association's policies and procedures which is or is reasonably likely to be injurious to the Association, monetarily or otherwise.
- D. Membership Status Change: Any Officer, Trustee, or Immediate Past-President who ends their member affiliation may be subjected to steps taken by the Board in accordance with the Association's Policy and Procedures.
- E. Absence: Any Officer, Trustee or Immediate Past-President may be removed from office by a two-thirds vote of the Board of Trustees or the Executive Committee for failure to attend at least fifty percent (50%) of the combined total of meetings of the Executive Committee (if a member of said committee), Board of Trustees and Annual Meeting during any six-month period following the Annual Meeting of the Membership.

Section 5.

Vacancies: In the event a vacancy should occur, such vacancy shall be filled for the unexpired term, by a majority vote of those Trustees remaining on the Board of Trustees (even though less than a quorum) with the following exceptions:

- A. Should a vacancy occur in the office of the President, the President-Elect shall succeed to the Presidency and shall serve for the unexpired term of the

President.

- B. The office of the President-Elect shall remain vacant and shall be filled by the voting membership at the next Annual Meeting. At the conclusion of the President's term, the President-Elect shall continue in the office of the President for one (1) year.

ARTICLE V. MEETINGS OF MEMBERS

Section 1. Place: Meetings of Members shall be held at such time and place as is specified by the Board of Trustees.

Section 2. Annual Meeting: At least fifteen (15) days before the date of the Annual Meeting, written notice of the meeting shall be sent to each Delegate Representative.

Section 3. Special Meetings:

- A. Special Meetings may be called at any time by the majority of the Board of Trustees or by no less than 25 voting members.
- B. Written notice of a Special Meeting shall be sent to each Delegate Representative at least fifteen (15) days prior to such meeting.
- C. Notice of Special Meetings must include, in addition to the time and place, the exact purpose of the meeting.

Section 4. Quorum: A quorum for any meeting of the Members shall be no less than twenty (20) voting members present.

Section 5. Voting:

- A. Each Delegate Representative is entitled to one vote on each matter submitted to a vote of the membership.
- B. Any vote may also be conducted by mail or electronic means. A majority vote of those responding shall constitute consent to actions taken.
- C. Vote of the President:
 - 1. If the President of the Association is not the Delegate Representative, the President may vote when the vote is a tie.
 - 2. If the President of the Association is also the voting Delegate Representative, the President shall be entitled to one vote on any issue to come before the Association for a vote. If the President has already voted on an issue that results in a tie vote, the tie vote shall be considered a NO vote.

ARTICLE VI. BOARD OF TRUSTEES

Section 1. The Board of Directors of this Association shall be known as the Board of Trustees and shall consist of the following fifteen members: Immediate Past President; President; President-Elect; Secretary; Treasurer; and ten (10) elected and/or appointed Trustees.

Section 2. Powers:

- A. To conduct, manage and control the affairs and business of the Association;
- B. To make rules and regulations not inconsistent with the Law, the Articles of Incorporation, or the Bylaws; and provide for representation of the Association to other organizations.

Section 3. Meetings:

- A. Regular meetings shall be held at such time and place as may be designated by the Board of Trustees.
- B. Special meetings may be called by the President, or a majority of the Board of Trustees.
- C. Notice: Written notice of the time and place of meeting shall be sent to each Trustee at least fifteen (15) days prior to the date of the meeting. The date and time of special meetings shall be designated by the person or persons calling the special meeting and will take place at the Executive Offices of the Association.

Section 4. Quorum: A majority of the Board of Trustees, including at least one Officer, shall constitute a quorum for the transaction of business.

ARTICLE VII. COMMITTEES

Section 1. Executive Committee: The Executive Committee shall consist of the Officers and the Immediate Past President. Between meetings of the Board of Trustees, the Executive Committee shall perform those duties delegated to it by the Board of Trustees.

Section 2. Nominating Committee: The Nominating Committee shall consist of five (5) members nominated by the Board of Trustees and elected by a mail ballot or sent by electronic means to all voting delegate representatives. The Nominating Committee shall perform those duties prescribed in these Bylaws. The Chairperson of the Nominating Committee shall be elected from among its members by the members serving on the Nominating Committee. No member of the Board of Trustees shall serve on the Nominating Committee.

Eligibility of Members: In order to be elected as a member of the Nominating Committee, an individual must be formally affiliated with a Cancer Program or Chapter Member.

Term of Office: Members of the Nominating Committee shall serve for a term of two (2) years or until their successors are elected. Members shall not serve for more than two (2) consecutive terms. The term of office shall begin at the conclusion of the Annual Meeting at which the Nominating Committee members is elected.

Section 3. Other Committees: Other committees of the Association shall be appointed by the Board of Trustees as defined in the Policy and Procedures.

ARTICLE VIII. INDEMNIFICATION

Any director, officer, employee, or contractor of the Association made, or threatened to be made, a party to any threatened, pending or completed action, suit, appeal, or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that he is or was a director, officer, employee, or contractor of the Association shall be indemnified and held harmless by the Association against expenses, including reasonable attorneys fees, judgments, fines, and amounts paid in settlement, actually and reasonably incurred by him in connection with such action, suit, appeal, or proceeding which is caused by or results from his employment by or service on behalf of the Association within the scope of such employment or service, except in such cases where the director, officer, employee, or contractor is adjudged guilty of willful misfeasance or malfeasance in the performance of his duties; provided, however, that in the event of a settlement, the indemnification for such settlement amount shall apply only when and if the Board of Directors approves such settlement as being in the best interest of the Association. The foregoing right of indemnification shall be in addition to, and not exclusive of, all other rights to which such director, officer, employee or contractor may be entitled.

ARTICLE IX. PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Association in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the Association may adopt.

ARTICLE X. AMENDMENTS TO BYLAWS

These Bylaws may be amended by the vote or written assent of two-thirds of the Delegate Representatives voting. Written notice of proposed Bylaws amendments must be sent to voting members at least 30 days prior to the meeting at which they are to be acted on.



Association of Community Cancer Centers

Policies & Procedures Manual

*The leading education and advocacy
organization for the cancer team*

Association of Community Cancer Centers

Policy & Procedures Manual

Revised January 2018

TABLE OF CONTENTS

INTRODUCTION	2
POLICY AND PROCEDURES DEVELOPMENT	3
GENERAL POLICIES AND PROCEDURES.....	4
FISCAL POLICIES AND PROCEDURES.....	5
BOARD OF TRUSTEES GENERAL POLICIES AND PROCEDURES	9
OFFICERS POLICIES AND PROCEDURES.....	11
EXECUTIVE DIRECTOR POLICIES AND PROCEDURES	14
CHAPTERS	15
COMMITTEES:	
General Policies and Procedures of Committees	16
Executive Committee.....	18
Audit	19
Award Selection.....	21
Bylaws	23
Clinical Affairs	24
Communications	25
Corporate Development.....	26
Education Committee.....	27
Governmental Affairs	29
Guidelines	30
Investment Committee.....	31
Membership	32
Nominating	34
Strategic Planning.....	39
Non-Committee Related Functions:	
Editorial Board.....	40
Liaisons.....	41
THE JOURNAL OF THE ASSOCIATION OF COMMUNITY CANCER CENTERS	42
APPENDICES:	
A. Antitrust Policy.....	44
B. Travel Reimbursement Policy	45
C. Management Firm Conflict of Interest Policy.....	49
D. Board of Trustee and Committee Person Conflict of Interest Policy	50
E. Standards of Conduct	55
F. Letter of Understanding.....	57
G. Recommended Committee Report Format.....	59
H. Recommended Committee Minutes Format.....	60
I. Policy on Industry Support.....	61
J. Document Destruction Policy	63
K. Whistleblower Policy	64
L. Identity Theft Prevention Program.....	66
M. Investment Policy Statement.....	68

INTRODUCTION

The Policy and Procedures Manual of the Association of Community Cancer Centers (ACCC) has been developed to provide direction and guidelines to those responsible for conducting the business affairs of the organization, including the members of the Board and the management staff and to inform new Board members and Committee Chairpersons.

The objective of this manual is to meet the current needs of ACCC; therefore, it is subject to continuous review and revision. The bylaws of ACCC shall at all times supersede any directive contained in this manual. Comments and suggestions for revision may be forwarded to the Bylaws Committee in care of the Executive Offices: 1801 Research Blvd., Suite 400, Rockville, MD 20850.

POLICY AND PROCEDURES DEVELOPMENT

Definitions

Policy -- A position on issues

Procedures -- The methodology to carry out policy

The policy established by majority vote of the Board of Trustees* is the policy of ACCC until it is revoked or modified by another vote of the Board of Trustees or the House of Delegates**.

The Executive Committee*** is empowered to develop new procedures between meetings of the Board or the House of Delegates. Any new procedures must be submitted to the Board of Trustees within seven (7) business days with an explanation for the development. Any new procedures are to be presented for ratification by the Board at the next regular meeting.

* The Board of Trustees (Board) is comprised of the President, President-Elect, Secretary, Treasurer, Immediate Past-President and ten (10) Trustees.

** The House of Delegates (House) is comprised of one representative of each Cancer Program Member and one representative of each Chapter Member voting at the Annual Meeting.

*** The Executive Committee is comprised of the President, President-Elect, Secretary, Treasurer and Immediate Past-President of ACCC.

GENERAL POLICIES AND PROCEDURES

1. The ACCC Policy and Procedures Manual shall be distributed, either on paper or electronically, to all Board Members, Committee Chairpersons, Liaison Members, and Executive Office staff.
2. The Bylaws Committee, in conjunction with Executive Office staff, shall review the Policy and Procedures Manual at least once every three (3) years and revise as necessary.
3. The President of ACCC is the official spokesperson for the organization.
4. Official communications from the Board shall be sent out over the signature of the President.
5. Official communications from ACCC's Executive Office shall be sent out over the signature of the Executive Director or duly appointed surrogate.
6. ACCC participation in jointly sponsored meetings and symposia shall be approved by the Board of Trustees prior to the scheduled event.
7. All documents and forms developed by ACCC shall be identified as originating from ACCC and be dated. The date of origin or revision shall be indicated.
8. Official ACCC stationery (letterhead) shall be printed to reflect the current Board membership and will include the name of the Executive Director and the Executive Office address.
9. Use of ACCC stationery shall be restricted to the President, President-Elect, and the ACCC Executive Office.
10. With the exception of new Board member updates, modification of the ACCC logo or letterhead shall require approval by the Board of Trustees.
11. Written notice of the Annual Meeting of ACCC shall be mailed to all Delegate Representatives not less than forty-five (45) days prior to the Annual Meeting.
12. To monitor voting, the House of Delegates shall utilize the colored cards distributed to each voting member.
13. Immediately following the Annual Meeting each year, all Trustees, and Committee Chairpersons shall receive a copy of the Antitrust Policy (APPENDIX A), Board of Trustee and Committee Person Conflict of Interest Policy (APPENDIX D) and Standards of Conduct (APPENDIX E). Members of the Board of Trustees and Committee Chairpersons shall sign a statement that they have read and understand these documents. Signed statements shall be kept on file in the Executive office. The antitrust policy and guide shall be distributed to all members along with annual dues statements.

FISCAL POLICIES AND PROCEDURES

1. The fiscal year runs from July 1 through June 30.
2. ACCC must file a Form 990 (tax return) with the Internal Revenue Service (IRS) by November 15th of each year or an extension may be filed. The Form 990 must be filed no later than May 15th of the following year.
3. Prior to the filing of Form 990, the Executive Committee shall review the Form before the Treasurer signs it. All Board Members shall review the public copy of the Form 990 before it's filed with the IRS.
4. The CT-2 - Periodic Report to Attorney General of California must be filed with the State of California (State of Incorporation) no later than November 15th of each year in order to maintain corporate status.
5. A California Form 199 - Annual Information Return shall be filed with the State of California no later than November 15th of each year.
6. ACCC shall make the following documents available to the public upon request: the tax-exempt application, the IRS determination letter, the public copy of the Forms 990, the governing documents, the conflict of interest policy, and the annual audited financial statements.
7. A form SI-100 - Statement by Domestic Non-Profit Corporation will be filed with the State of California by September 30th of every other year.
8. The Audit Committee shall engage the auditor annually.
9. The Audit Committee shall review the audit and present a report for approval by the Board.
10. Only approved audited financial statements may be presented to the membership.
11. All persons handling or disbursing ACCC funds shall be bonded at required amount.
12. The Treasurer shall be responsible for overseeing the ACCC's fiscal transactions and reviewing all fiscal records maintained by the Director of Finance and all fiscal impact statements.
13. The Treasurer shall present a financial report at each Board meeting and at the Annual Business Meeting.
14. Financial statements shall be distributed monthly to the Board.
15. The budget shall be prepared annually by the Treasurer and the Executive Director. A tentative budget shall be submitted to the Executive Committee for approval prior to June 30th. Final adoption of the budget and further modifications, if necessary, shall take place at the fall meeting of the Board. The budget may be approved, without a meeting, if all members of the Board shall consent in writing to such action. Such written consent shall be filed with the minutes of the Board and shall have the same force and effect as the unanimous vote of all Directors. Approval of the budget may be conducted by a mail or electronic vote of the Board. The tentative and final budgets shall be shared with Committee Chairpersons.

16. The Executive Director shall recommend dues increases up to and including 5% to the Board of Trustees for approval. Dues increases above 5% will require membership approval through the voting process at the House of Delegates Meeting. Dues increase recommendations shall take place prior to the tentative June budget submission.
17. Each year the incoming President, President-Elect and Treasurer will sign signature cards for all checking accounts, savings accounts and investment accounts. Signers from prior years who are no longer in office will have their signatures removed from all accounts.
18. The Executive Director or a designated director shall sign checks not in excess of \$5,000.00.
19. Checks in excess of \$5,000.00 require two signatures, at least one of who must be an authorized Board signatory. Authorization may be obtained via fax or electronic communication and a facsimile signature may then be applied.
20. Blank checks shall never be signed.
21. Checks payable to staff or contract holders must be signed by one or more authorized Board signatories. No facsimile signature may be applied.
22. Two percent of the gross revenues from membership fees and from the Annual Meeting and the National Oncology Conference revenues will be set aside in a separate escrow account and will be spent only with the approval of the majority of the Executive Committee.
23. Contract funds may or may not be maintained in separate bank accounts as authorized by the Executive Committee.
24. All ACCC expenditures which exceed \$10,000.00 will require the Executive Office to obtain at least two (2) bids.
25. Travel expenses for Board members, Committee Chairpersons, ACCC staff, and such other members as designated to be on official ACCC business, shall be supported by ACCC. All travel must have prior approval of the Board or in interim periods between meetings by the President and must be in accordance with the guidelines set forth on the Travel Reimbursement Voucher (APPENDIX B).
26. Board members will be reimbursed for round trip, coach airfare for travel to Board meetings. For the Annual Meeting, National Oncology Conference, and Winter Board Meeting, Board members shall receive up to two (2) nights paid hotel rooms. All Board members shall also receive a \$100 discount on meeting registration fees for the National meetings. For the Winter Board meeting, all Board members shall receive \$100 to cover incidentals. No receipts need to be submitted for this reimbursement.
27. Committee Chairpersons shall be reimbursed for round trip, coach airfare for travel to the Winter Board Meeting, the Annual Meeting, and the National Oncology Conference. For the two National meetings, Committee Chairpersons shall also receive a \$100 discount on their meeting registration fees. For attending the Winter Board Meeting, Committee Chairpersons shall receive up to two (2) nights paid hotel rooms and \$100 to cover incidentals. No receipts need to be submitted for this reimbursement.

28. Liaisons to other oncology-related organizations shall be reimbursed for round trip, coach airfare for travel to the Winter Board Meeting. For attending the meeting, Liaisons shall receive up to two (2) nights paid hotel rooms and \$100 to cover incidentals. No receipts need to be submitted for this reimbursement.
29. Liaisons shall be reimbursed for round trip, coach airfare for travel to the Annual Meeting and the National Oncology Conference. Liaisons shall also receive a \$100 discount on their meeting registration fees.
30. Liaisons shall be reimbursed for all reasonable travel expenses incurred for attending the primary meeting of the organization in which they are the liaison. Reasonable travel expenses include coach airfare, lodging, reasonable meals, ground transportation, parking, and tips. Any additional travel must be approved in advance by the Executive Committee.
31. Expense reimbursement policy: All expenses shall be approved in advance by the Board of Trustees (budget process). Travel reimbursement vouchers must be submitted within 30 days. Expense forms for miscellaneous items must be submitted within 90 days.
32. Original receipts shall be attached to the expense forms. (See travel reimbursement voucher - APPENDIX B).
33. ACCC shall not financially sponsor any non-ACCC activities or meetings unless approved by the Executive Committee.
34. Any members submitting a proposal that may have fiscal impact on ACCC must submit a fiscal impact statement with the proposal. The Treasurer shall be consulted in the development of this statement.
35. The registration fee for any ACCC or other meeting attended by an ACCC member shall be the responsibility of the member. Registration fees for the Annual Meeting and the National Oncology Conference may be waived for Past Presidents not currently serving on the Board of Trustees.
36. ACCC-owned information/data (i.e. slides, tapes, etc.) shall be provided to Cancer Program members for the cost of production; this includes one set of mailing list labels annually. Additional mailing lists are available at the standard rental fee.
37. Mailing list requests from members other than Cancer Program members must come in the form of a written request including a statement of the intended use of the list. All requests must receive review/approval from the Executive Office. If further review/approval is necessary the request will be forwarded to the Board of Trustees.
38. The Education Committee and the Executive Office shall set registration fees, speaker honoraria amounts, exhibit fees, and determine travel policies associated with the Annual Meeting and the National Oncology Conference in accord with prevailing rates in professional organizations of the same or a similar nature.
39. Membership year shall be from July 1 to June 30.
40. ACCC has established an annual membership billing date of June 1st, and new members who join during the program year on or after December 1st of that year shall be charged at the rate of one-half the annual dues. The second half of the payment will be applied to the next fiscal year.

41. Dues notices shall be sent to all members on or before June 1st with reminders sent periodically thereafter. All members shall receive a final notice on September 1st.
42. A list of delinquent Cancer Program members shall be prepared for the Winter Board Meeting.
43. Delinquent unpaid Cancer Program members and Individual members shall be removed from the membership list and website on December 31st. A final notice shall be sent to delinquent Cancer Program members and Individual Members.
44. If ACCC contemplates investing in, contributing assets to, or participating in a joint venture or similar arrangement with a taxable entity, the Executive Committee shall evaluate ACCC's participation in the arrangement with regard to Federal tax law and ascertain that appropriate measures have been taken to safeguard ACCC's tax exempt status with respect to such arrangements.
45. ACCC Investment Policy is contained in Appendix M.

BOARD OF TRUSTEES GENERAL POLICIES AND PROCEDURES

1. The agenda and all supporting documents for Board meetings shall be sent (via overnight mail or electronically, to Board members at least ten (10) days prior to the meeting.
2. A call for suggested agenda items will be made to all Board members at least 30 days prior to the board meeting. Board members shall submit suggested agenda items and handouts to the Executive Director at least twenty-one (21) days prior to the Board meeting.
3. The ACCC Board (through the Corporate Development Committee and the annual budgeting process) shall approve in advance of submission all projects or grants submitted in the name of ACCC.
4. Minutes from all Board meetings and annual meeting of the House of Delegates shall be reviewed by the Secretary and presented to the Board for approval at the Board's next meeting.
5. The Secretary shall serve as the Compliance Officer (see Appendix K for Whistleblower responsibilities).
6. The President may prepare an annual report (written) which outlines the activities of ACCC and present same at the annual meeting of the House of Delegates.
7. The President shall oversee the development and implementation of the President's Grant. The purpose and scope of the Grant is at the President's discretion; however, the Grant shall observe the following guidelines:
 - a. the President's Grant is dependent on external funding which covers the total costs of the project;
 - b. the project is to be of limited scope and must occur within the course of the presidential year;
 - c. the project is intended to support an area of interest to the President;
 - d. the project must be supportive of the mission and strategic plan of ACCC;
 - e. funding for the project may not exceed \$50,000 unless approved by the Executive Committee and the project must be announced to and reported on to the Board of Trustees.
8. The Executive Committee shall make a report to the Board at annually scheduled Board Meetings of all activities and decisions made by the Committee.
9. The Treasurer shall prepare an annual report on the financial status of ACCC and present same at the annual meeting of the House of Delegates.
10. Every appointed liaison to another organization may report to the Board at its meeting either in writing or in person and also to the House of Delegates at its annual meeting.
11. Regular reports of Board and Committee activities shall be provided to the membership through one or more of the following: Journal, ACCC website, blast fax, and/or e-mail.

12. The Board of Trustees may determine the criteria for admission to membership as recommended by the Membership Committee.
13. All policies adopted by the Board shall be added to the ACCC Policy and Procedures Manual.
14. If the ACCC Achievement Award is to be awarded, it shall be presented at the National Oncology Conference to an individual or organization whom have made significant contributions, nationally and/or internationally, to cancer care and to patients with cancer.
15. A "Clinical Research Award" may be presented annually at the National Oncology Conference.
16. If the David King Community Clinical Scientist Award is to be awarded, it shall be presented at the National Oncology Conference.
17. Board members completing their term of office shall be recognized at the Annual Meeting.
18. Board members shall sign and adhere to the principles detailed in the Standards of Conduct (see APPENDIX E) and the Board of Trustee and Committee Person Conflict of Interest (see APPENDIX D).
19. If an Officer, Trustee, or Immediate Past-President ends their member affiliation, the Board shall take the following steps in determining whether an individual continues serving on the Board:
 - a. If the individual leaves a member organization and decides not to pursue employment with another member organization or an organization that meets the requirement of a Cancer Program Member, the individual will be deemed to be invalid to serve in their current position on the Board and will be asked to submit their resignation from the Board, which resignation shall be effective upon the date of the next Annual Meeting.
 - b. If an individual leaves a member organization and actively pursues employment with another member organization or an organization that meets the requirement of a Cancer Program Member, the individual will continue to serve on the Board. After six months from their termination date, if the individual has not found new employment with a qualified organization, it shall be determined that the individual is invalid to serve in their current position on the Board will be asked to submit their resignation from the Board, which resignation shall be effective upon the date of the next Annual Meeting.
 - c. If an individual leaves a member organization and is employed, contracted with, or receives significant remuneration by an organization not qualified to be a Cancer Program Member, the individual shall submit their resignation and the resignation shall be effective immediately.
20. Officers, Trustees and members of Committees shall disclose the existence of any political activity or the seeking of any political offices, or the holding of any such offices that might pose a conflict of interest in their roles within ACCC.
21. Officers, Trustees and members of Committees shall not become involved as participants in any political activity or campaigns in which they purport to represent the Association of Community Cancer Centers, either in support of, or in opposition to any candidate or other political issue.

OFFICERS POLICIES AND PROCEDURES

President:

- The President shall serve a term of one (1) year.
- The duties of the President are as follows:
 - a. Serves as official spokesperson for ACCC.
 - b. Serves as a member of the Board of Trustees.
 - c. Serves as a member of the Executive Committee.
 - d. Leads all meetings of the Executive Committee and Board of Trustees.
 - e. Acts as a signatory for ACCC bank accounts.
 - f. Serves as an Ex Officio member of all ACCC committees.
- Each year the incoming President will sign signature cards for all checking accounts, savings accounts and investment accounts.
- The President shall prepare an annual report (written) which outlines the activities of ACCC and present same at the annual meeting of the House of Delegates.
- The President shall oversee the development and implementation of the President's Theme. The purpose and scope of the Theme is at the President's discretion; however, the Theme shall observe the following guidelines:
 - a. the President's Theme may involve external funding;
 - b. the project is to be of limited scope and must occur within the course of the presidential year;
 - c. the project is intended to support an area of interest to the President;
 - d. the project must be supportive of the mission and strategic plan of ACCC;
 - e. funding for the project may not exceed \$50,000 unless approved by the Executive Committee and the project must be announced to and reported on to the Board of Trustees.

President-Elect:

1. The President-Elect shall serve a term of one (1) year.
2. The Duties of the President-Elect are as follows:
 - a. Serves as a member of the Board of Trustees.
 - b. Serves as a member of the Executive Committee.
 - c. In the event of a vacancy in the office of President, the President-elect will assume office. The President-Elect shall serve for the unexpired term of the President in addition to the term to which elected.
 - d. Chair the Strategic Planning Committee.
 - e. Responsible for appointing Committee Chairpersons prior to assuming the office of President.
3. Each year the incoming President-Elect will sign signature cards for all checking accounts, savings accounts and investment accounts.

Treasurer:

1. The Treasurer shall serve a term of two years.
2. The Treasurer is elected by the membership on odd-numbered years.
3. The duties of the Treasurer are as follows:
 - a. Serves as a member of the Board of Trustees.
 - b. Serves as a member of the Executive Committee.
 - c. Chairs the audit committee.
 - d. Chairs the investment committee.
 - e. Oversees ACCC's fiscal transactions and reviews all fiscal records maintained by staff.
 - f. Acts as a signatory for all of ACCC bank accounts and signs checks in excess of \$5,000.
 - g. Signs ACCC's tax returns.
 - h. Provides reports on ACCC's current financial position at each Executive Committee meeting, Board of Trustees meeting, and House of Delegates meeting.
 - i. Assists with the preparation of the annual budget including presentation to the Executive Committee and the Board of Trustees.

4. Each year the incoming Treasurer will sign signature cards for all checking accounts, savings accounts, and investment accounts.

Secretary:

1. The Secretary shall serve a term of two years.
2. The Secretary is elected by the membership on even-numbered years.
3. The duties of the Secretary are as follows:
 - a. Serves as a member of the Board of Trustees.
 - b. Serves as a member of the Executive Committee.
 - c. Serves as Compliance Officer (see Appendix K for responsibilities).
 - d. Prepares minutes from Executive Committee, Board of Trustee and Annual Meetings.
 - e. Approves bank resolutions.

EXECUTIVE DIRECTOR POLICIES AND PROCEDURES

Policy: The Association of Community Cancer Centers (ACCC) shall have coordination and support in implementation of its programs through a designated Executive Director.

Procedures:

1. The Executive Director shall be designated by, and serves at the pleasure of the Board. An annual performance evaluation of the management firm shall be conducted in accordance with the current management agreement.
2. Staff and support functions shall be negotiated between the Executive Director and the Board as part of the leadership and budgeting process.
3. If the Executive Director and staff are not full-time employees of ACCC, then contracts for their services must be negotiated and approved by the Executive Committee.
4. In the situation of contracted service for the Executive Director and support staff, language of the agreement must clearly specify separate activities of the contractor, which are outside the duties of ACCC. Contractor activities external to ACCC must not be inferred as, implied as, or confused with official ACCC activities as perceived by the Board.
5. A conflict of interest statement (See Management Firm Conflict of Interest Statement - APPENDIX C) shall be made available to all new members of ACCC defining the relationship between ACCC, the Executive Director, and the management firm.
6. A member having concerns regarding conflict of interest shall notify the President or the Board in writing at least thirty (30) days prior to the next scheduled Board meeting. The Board shall review the specific concern and respond to the member in writing thirty (30) days following the meeting of the Board.

CHAPTERS

1. A Chapter, as defined in ACCC's Bylaws, is a group (of individuals) that is affiliated with an oncology state society. Each Chapter shall appoint one Delegate and one Alternate Delegate Representative to the House of Delegates.
2. Chapter membership must receive Board approval.
3. Chapters may or may not be incorporated.
4. Chapters must meet the following requirements:
 - a. Abide by the Bylaws of ACCC.
 - b. Have signed a letter of understanding (see APPENDIX F).

COMMITTEES

General Policies and Procedures of Committees

1. These General Policies and Procedures of Committees apply to all ACCC Board-appointed Committees, unless otherwise specified within the ACCC Policy & Procedures Manual or Bylaws.
2. The Committee year is July 1 to June 30.
3. Upon assuming office, the President-Elect is responsible for appointing Committee Chairpersons, in conjunction with the Executive Director and Staff Liaisons. Committee Chairpersons serve a term of two (2) years, with the first year serving as Chairpersons-Elect, shadowing their current Chairpersons.
4. In the event a vacancy should occur in the office of Committee Chairperson, the Chairperson-Elect shall succeed to serve for the unexpired term of Chairperson and continue in the office of Chairperson for the following Committee year. The office of Chairperson-Elect shall remain vacant until the conclusion of the current Committee year.
5. Committee members shall be appointed by the Chairperson in conjunction with the President and Staff Liaisons. Committee members serve a term of two (2) years and may not serve more than four (4) consecutive years.
6. A working goal of all committees will be that 25-30% of each committee's membership should consist of members who have not previously served on any committee.
7. Committee Chairpersons shall work with the Membership Committee to solicit members for their Committees from among the entire ACCC membership, as appropriate based on the policies of each Committee.
8. Committee Chairpersons shall appoint Committee members based upon their knowledge of, and experience with, the issues of the Committee.
9. Committee Chairpersons shall not appoint members that present a conflict of interest with ACCC's vision and mission, or may be perceived as presenting a conflict of interest, with ACCC's vision and mission.
10. Voting Committee members shall not have a commercial interest with ACCC or its membership. Each voting Committee member must annually sign the Board of Trustee and Committee Person Conflict of Interest Policy (APPENDIX D). Committees may utilize a panel of non-voting outside experts including those that may have a commercial interest with ACCC or its members.
11. Annually Chairpersons of standing committees must review and, if necessary, recommend revision of the statement of their Committee responsibilities. Recommendations for revisions shall be submitted to the Bylaws Committee Chairperson.
12. Committees may report to the Board at each Board Meeting any activities that have been undertaken since the previous Board Meeting.
13. Any ACCC official communications recommended by committees or liaison representatives must have Executive Committee or Executive Director approval prior to dissemination.

14. Committee Chairpersons may attend all meetings of the Board with the exception of sessions specified as closed by the Board.
15. Committee Chairpersons and Liaison representatives shall report to the House of Delegates at its annual meeting. Each Committee Chairperson and Liaison representative shall submit a written report to the Executive Office 30 days prior to the Annual Meeting (see APPENDIX G). The written reports shall be compiled into the Annual Report which is distributed at the annual meeting of the House of Delegates. Any new information, not included in the written report, is to be presented during the Annual Meeting.
16. A call for budget revisions will go to all chairpersons by March 15th. Chairpersons shall submit budget requests to the Executive Office by April 15th for the development of an annual budget by the Treasurer and Executive Director.
17. Specific staffing needs and budget requests shall be reviewed at the outset of the term with the Executive Director, who shall provide information on standing allocations of money and time.
18. Expenses incurred by Committee Chairpersons for items such as printing, postage, administrative services, etc., must receive prior approval from the Executive Director in accordance with the Committee budget and must be submitted for reimbursement within ninety (90) days. All travel expenses must have prior approval of the Board and be submitted within thirty (30) days of completion of the trip. (See policies of Travel Reimbursement Voucher in APPENDIX B of this Manual.)
19. Committee Chairpersons shall provide the Executive Office with their current office mailing address, office phone and fax numbers, and e-mail addresses. Upon request by the Executive Office, Committee Chairpersons shall provide a portrait or headshot photograph suitable for publication on the ACCC Website.
20. Committee Chairpersons shall be reimbursed for round trip, coach airfare for travel to the Winter Board Meeting, the Annual Meeting, and the National Oncology Conference. For the two (2) National meetings, Committee Chairpersons shall also receive a \$100 discount on their meeting registration fees. For attending the Winter Board Meeting, Committee Chairpersons shall receive up to two (2) nights paid hotel rooms and \$100 to cover incidentals. No receipts need to be submitted for this reimbursement.
21. Committees will conduct at least four (4) meetings annually, by way of conference call or in person.
22. ACCC Committee Minutes
 - a. An accurate record of each committee meeting is as important as the record of each Board meeting and annual meeting of the House of Delegates. A meeting summary file shall be maintained by each committee. In addition, a copy of the meeting summary shall be sent to all committee members and to the Executive Office to maintain a permanent record.
 - b. Committee minutes may be prepared by the Staff Liaison and distributed as outlined.
 - c. A standard minutes format is attached. (See APPENDIX H).

ACCC Executive Committee Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Executive Committee shall perform those duties delegated to it by the Board of Trustees and serve as governing body of ACCC between Board of Trustees' meetings. The Executive Committee also serves as ACCC's Finance Committee.

Committee Composition & Term Limits

The Executive Committee consists of the Officers and the Immediate Past President.

See Article IV, Section 1-C, of the ACCC Bylaws for term limits.

Charge

The duties of the Committee shall be to:

1. Serve as the Finance Committee of the Association.
2. Provide preliminary approval for the budget.
3. Approve expenditures outside of the budget.
4. Set agenda for the Board of Trustees' meetings.
5. Serve as governing body of ACCC between Board of Trustees' meetings.
6. Perform the evaluation of the Association Management Company annually.

Committee Meetings

The Executive Committee conducts four (4) meetings per year and as needed, by way of conference call or in person.

Committee Year

The Committee Year runs from the end of ACCC's National Meeting in March/April to the end of the following year's National Meeting.

ACCC Audit Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Audit Committee assists the Board in fulfilling its oversight responsibilities with respect to the audit of ACCC's books and records and the system of internal controls that ACCC has established by reviewing:

- ACCC's accounting and financial reporting controls with the staff from the Executive office and outside auditors;
- the scope and general extent of the outside auditors' annual audit; and,
- the results of the annual audit.

Committee Composition & Term Limits

1. Members are appointed to the Audit Committee.
2. The Committee consists of three (3) members of the Board of Trustees, all in good standing. One (1) of the three (3) members is the Treasurer. The Treasurer of ACCC shall serve as Chairperson. The Treasurer is to be the only member from the Executive Committee.
3. Committee membership shall rotate annually.
4. No member shall serve longer than two (2) years.
5. If the Board of Trustees determines that additional financial expertise is required to perform the duties as described, the Board shall appoint an independent third party to the Audit Committee.

Charge

The duties of the Committee shall be to:

1. Assist the Board in fulfilling its oversight responsibilities with respect to (1) the audit of ACCC's books and records and (2) the system of internal controls that ACCC has established.
2. Recommend to the Board the selection, retention, or termination of the outside auditors.
3. Review with the Executive Director and outside auditors ACCC's accounting and financial reporting controls.
4. Review the scope and general extent of the outside auditors' annual audit.
5. Review the results of the annual audit.
6. Meet once a year with the outside auditor.
7. Review the Committee's charter annually and reassess the adequacy of it and consider changes that are necessary because of new laws or regulations.
8. Perform such other duties as assigned by law, ACCC's Bylaws, or the Board of Trustees.

Committee Meetings

At a minimum, the Committee will meet twice a year. Once in the May/June timeframe to approve the audit engagement. The second meeting will occur in September to review the draft financial statements and the audit with the auditor.

Committee Year

The Committee Year runs from the end of ACCC's National Meeting in March/April to the end of the following year's National Meeting.

ACCC Award Selection Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Awards Committee is responsible for selecting the nominees for the ACCC Individual and Organizational Awards. The committee reviews the nominating process, issues the call for nominations, and reviews the desired qualifications of nominees annually. The committee also selects the award recipient(s) and submits the candidate(s) to the Board for final approval.

Committee Composition & Term Limits

1. The Committee Chairperson shall be the Immediate Past-President and shall serve for one year.
2. Committee members are appointed by the President, prior to assuming the role of Immediate Past President, and shall serve a term of at least one (1) year, and no more than two (2) consecutive years.

Charge

1. The Committee's responsibilities shall be to:
 - a. Select candidates for ACCC's annual awards, including:
 - i. The Clinical Research Award
 - ii. The Annual Achievement Award
 - iii. The David M. King Community Clinical Scientist Award
 - a. Report selected recipients to the Board of Trustees for their final approval.
2. For the Clinical Research Award the Committee shall:
 - a. Review the nominating process, the desired qualifications of nominees, and the call for nominations annually.
 - b. Endeavor to select qualified candidates who are individuals whose research has significantly and positively impacted the oncology patient, family and/or community.
 - c. Annually issue a call for nominations.
 - d. Review qualifications of all nominees and select the award recipient.
 - e. Submit the candidate selected by the Committee to the Board of Trustees at least 60 days prior to the National Oncology Conference for final approval.
3. For the Annual Achievement Award the Committee shall:
 - a. Review the nominating process, the desired qualifications of nominees, and consider suggestions received throughout the year.
 - b. Endeavor to select qualified candidates who are individuals or organizations who have made significant contributions, nationally and/or internationally, to cancer care and to patients with cancer.

- c. Review qualifications of all nominees and select the award recipient.
 - d. Submit the candidate selected by the Committee to the Board of Trustees at least 60 days prior to the National Oncology Conference for final approval.
4. For the David M. King Community Clinical Scientist Award the Committee shall:
- a. Review the nominating process, the desired qualifications of nominees, and the call for nominations annually.
 - b. Endeavor to select qualified candidates who are active community clinical research leaders who have demonstrated leadership in the development, participation, and evaluation of clinical studies and/or are active in the development of new screening, risk assessment, treatment, or supportive care programs for cancer patients.
 - c. Annually issue a call for nominations.
 - d. Review qualifications of all nominees and select the award recipient.
 - e. Submit the candidate selected by the Committee to the Board of Trustees at least 60 days prior to the National Oncology Conference for final approval.

Committee Meetings

The Awards Committee conducts meetings as needed, by way of conference call or in person.

Committee Year

The Committee Year runs from the end of ACCC’s National Meeting in March/April to the end of the following year’s National Meeting.

ACCC Bylaws Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Bylaws Committee is responsible for developing and maintaining the ACCC Policy and Procedures Manual. The committee is tasked with reviewing the Manual and the ACCC Bylaws at least once every other year. It also monitors the activities of ACCC and assures that these are consistent with the Bylaws.

The Bylaws Committee also formulates recommendations for revision or amendments to the ACCC Bylaws in response to suggestions from the membership, or to needs perceived by the committee, and presents revisions and amendments to the Board for its approval.

Committee Composition & Term Limits

1. The Chairperson serves a term of three (3) years, with the first year serving as Chairperson-elect, shadowing the current Chairperson.
2. Committee members serve a term of three (3) years, and may not serve more than two (2) consecutive terms.

Charge

The duties of the Committee shall be to:

1. Review the Bylaws at least every other year, or when an ACCC member submits a proposed amendment.
2. Monitor the activities of ACCC and assure that they are consistent with ACCC's Bylaws.
3. Formulate recommendations for revision or amendments to the Bylaws of ACCC in response to suggestions from the membership or to needs perceived by the Committee, and present the revisions and amendment to the Board for their approval.
4. Place notice of the December 1st deadline for submission of proposed amendments in *Oncology Issues* and other ACCC communication vehicles, during the months of July through October.
5. Send written notice of proposed bylaw amendments to the voting members at least thirty (30) days prior to the annual meeting of the House of Delegates.
6. Present proposed Bylaws amendments to the membership for vote at the annual meeting of the House of Delegates.
7. Develop and maintain a Policy and Procedures Manual for ACCC.
8. Review Policy and Procedures Manual at least once every other year, or when an ACCC member submits a proposed amendment.
9. Perform such other duties as may be assigned by the President or the Board of Trustees.

Committee Meetings

The Bylaws Committee conducts meetings as needed, by way of conference call or in person.

Committee Year

See General Policies & Procedures of Committees.

ACCC Clinical Affairs Committee Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Clinical Affairs Committee serves as a resource on clinical matters for the Board and Executive staff. The committee recommends topics and speakers to the Task Forces for national meetings, suggests topics and authors for *Oncology Issues*, and highlights gaps for community clinicians for Executive staff to use in developing broader educational strategies. The committee may also work in conjunction with the Government Affairs Committee.

Committee Composition & Term Limits

1. Committee membership (including the Chairperson) is limited to ten (10) people.
2. *See General Policies & Procedures of Committees.*

Charge

The duties of the Committee shall be to:

1. Serve as a resource for the Board and Executive staff on clinical matters.
2. Recommend topics and speakers to the Education Committee for the Annual Meeting and the National Oncology Conference.
3. Suggest topics and write articles for *Oncology Issues* and the website focusing on clinical issues, new technologies and their practical implications.
4. Highlight educational gaps for community clinicians and work with Educational Development team to develop educational strategies.
5. Validate educational strategies and tactics and the applicability to ACCC members.
6. Provide guidance in assessment of outcomes of educational initiatives.
7. Work in conjunction with the Governmental Affairs Committee on patient access issues.
8. Perform other duties as assigned by the President or the Board of Trustees.

Committee Meetings

See General Policies & Procedures of Committees.

Committee Year

See General Policies & Procedures of Committees.

ACCC Communications Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Communications Committee consists of members of the multidisciplinary cancer care team, including physicians, nurses, administrators, social workers, and others. The committee provides input on content for *Oncology Issues*, and has oversight for the ACCC website and e-mail communications, social media, and public relations.

Committee Composition & Term Limits

1. The Communications Committee is comprised of individuals from ACCC-member programs to help steer the direction of *Oncology Issues*, the official journal of ACCC, and www.accc-cancer.org, ACCC's official website, and other e-publications.
2. The Chairperson of the Communications Committee is appointed by the President-elect. Five to ten members will serve on the Communications Committee.
3. The Chairperson of the Communications Committee will also sit on the Editorial Board of *Oncology Issues*. In conjunction with the Managing Editor, the Chairperson will act as a liaison between the Communications Committee and the *Oncology Issues* Editorial Board.
4. The Communications Committee will consist of members of the multidisciplinary cancer care team, including physicians, nurses, administrators, social workers, and others.
5. *See General Policies & Procedures of Committees.*

Charge

The duties of the Committee shall be to:

1. Provide input into future article topics and authors for *Oncology Issues*.
2. Provide input on appointed members to the *Oncology Issues* Editorial Board.
3. Provide guidance and feedback on ACCC website and web-related content.
4. Serve on a speaker's bureau as a resource for press interviews. Make recommendations for potential articles and interviewees for outside publications.
5. Monitor ACCC's listserv at least weekly, and serve as an active participant.
6. Make recommendations for content and format on email communications and e-newsletters.
7. Provide input to staff on content, format, and audience for all member communications.

Committee Meetings

See General Policies & Procedures of Committees.

Committee Year

See General Policies & Procedures of Committees.

ACCC Corporate Development Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Corporate Development Committee oversees the Advisory Council, which is comprised of the Industry Advisory Council (IAC), Emerging Companies Council (ECC), and the Technical Advisory Council (TAC) and other corporate support. The committee also presents to the Executive Committee, in conjunction with the annual budget, a plan for corporate development and a budget of industry supported programs.

Committee Composition & Term Limits

1. The Committee will be composed of past presidents of ACCC, Executive Committee members and members of the Board of Trustees.
2. The Chair of the Committee is appointed by the President and will serve for a term of three (3) years.
3. Committee member terms shall not exceed five (5) consecutive years.

Charge

The duties of the Committee shall be to:

1. Oversee the Industry Advisory Council, Emerging Companies Council, and Technical Advisory Council and other corporate support.
2. Lead meetings of the Councils in conjunction with the Annual Meeting and the National Oncology Conference.
3. Present to the Executive Committee, in conjunction with the annual budget, a plan for corporate development and a budget for industry supported programs.
4. Update the Executive Committee and the full Board of Trustees at regular meetings.
5. Be a resource for the ACCC staff in developing additional non-dues revenues.
6. Participate in focus groups, meetings, calls with established and potential corporate partners.
7. Be available to attend national meetings to represent ACCC corporate partnership program.
8. Recommend to the Board of Trustees up to ten (10) complimentary guests to national meetings that represent potential partners or non-dues opportunities
9. Help identify new potential corporate partners for ACCC.

Committee Meetings

See General Policies & Procedures of Committees.

Committee Year

See General Policies & Procedures of Committees.

ACCC Education Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Education Committee gives guidance on the planning and development of educational programming, and ensures that all educational programs are in keeping with the mission of ACCC. The Education Committee recommends speakers and advisory committee members for educational programming, and coordinates the Annual Meeting and National Oncology Conference Task Forces. The Education Committee also coordinates with the Communications Committee to plan and develop articles for various ACCC publications, and with other committees, as necessary, to support and promote educational programming.

Committee Composition & Term Limits

1. Committee membership (including the Chairperson) is limited to ten (10) people.
2. *See General Policies & Procedures of Committees.*

Charge

The duties of the Committee shall be to:

1. Give guidance on the planning and development of educational programming.
2. Ensure that all educational programs are in keeping with the mission of ACCC.
3. Recommend speakers and advisory board members for educational programming.
4. Plan and develop educational sessions at national and annual meetings:
 - a. Oversee the Task Force for the National Oncology Conference (NOC).
 - i. Each Task Force will be composed of no more than seven (7) ACCC member volunteers.
 - ii. The Task Force will:
 1. Assist with development of the Call for Abstracts and review responses.
 2. Assist with development of the Innovator Award application and review responses.
 3. Assist with development of the agenda for the NOC.
 4. Suggest speakers for the NOC.
 5. Participate in monthly one-hour NOC Task Force phone call.
 6. Attend the NOC the year prior to, and the year of, that NOC to which the Task Force is assigned (e.g. 2018 NOC Task Force members will be expected to attend the 2017 NOC and the 2018 NOC).
 - iii. All Task Force volunteers will have a one-(1) year term limit with optional reappointment by the Education Committee Chair for another year.
 - iv. Volunteers may serve on additional Task Forces over non-consecutive years.

- v. A Task Force member's term will begin the last day of the previous year's meeting and end with the meeting for which the Task Force is responsible.
- b. Oversee the Task Force for the Annual Meeting.
- i. Each Task Force will be composed of no more than seven (7) ACCC member volunteers.
 - ii. The Task Force will:
 - 1. Assist with development of the Call for Abstracts and review responses for the Annual Meeting.
 - 2. Assist with development of the agenda for the Annual Meeting.
 - 3. Suggest faculty for the Annual Meeting.
 - 4. Participate in monthly one-(1) hour Annual Meeting Task Force phone call.
 - 5. Attend the Annual Meeting the year prior to, and the year of, that Annual Meeting to which the Task Force is assigned (e.g. 2019 Annual Meeting Task Force members will be expected to attend the 2018 Annual Meeting and the 2019 Annual Meeting).
 - iii. All Task Force volunteers will have a one-(1) year term limit with optional reappointment by the Education Committee Chair for another year.
 - iv. Volunteers may serve on additional Task Forces over non-consecutive years.
 - v. A Task Force member's term will begin the last day of the previous year's meeting and end with the meeting for which the Task Force is responsible.
5. Coordinate with Communications Committee to plan and develop articles for various ACCC publications.
6. Coordinate with other Committees as necessary to support and promote educational programming.
7. Plan and develop such other programs as may be assigned by the Board of Trustees and the President.

Committee Meetings

See General Policies & Procedures of Committees.

Committee Year

See General Policies & Procedures of Committees.

ACCC Governmental Affairs Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Governmental Affairs Committee monitors federal and state legislation and advises the Board of Trustees and the membership on matters that will impact reimbursement and access in community cancer care. The committee recommends ways that ACCC can be most effective in influencing the executive and legislative branches of federal and state governments consistent with ACCC's core purpose and strategic objectives. In addition to policymakers in Congress and the Centers for Medicare & Medicaid Services, the committee works to establish relationships and maintain communication with federal agencies, independent organizations, and fellow stakeholders to advocate for the needs of the nation's cancer patients as perceived by the leadership of community cancer programs.

Committee Composition & Term Limits

1. The committee will strive to ensure its members reflect the diversity of ACCC's membership and represent diverse roles on the multi-disciplinary cancer care team.
2. ACCC's Executive Committee members shall serve as ex officio non-voting members of the Governmental Affairs Committee.
3. *See General Policies & Procedures of Committees.*

Charge

The duties of the Committee shall be to:

1. Monitor federal and state legislation and advise the Board and the membership on matters which will impact community cancer care.
2. Recommend ways ACCC can be most effective in influencing the executive and legislative branches of federal and state governments in a direction consistent with ACCC's core purpose and strategic objectives.
3. Establish strategic partnerships and maintain communication with federal agencies, independent organizations, and provider and patient stakeholders to advocate for the needs of the nation's cancer patients as perceived by the leadership of community cancer programs.
4. Assist and provide guidance to Congress and the Administration concerning legislation and government programs which may influence the goals of the ACCC.
5. Serve as content experts at policy briefings, Congressional hearings, and meetings with policymakers, stakeholders and funders.
6. Perform such other duties as may be assigned by the President or the Board of Trustees.

Committee Meetings

See General Policies & Procedures of Committees.

Committee Year

See General Policies & Procedures of Committees.

ACCC Guidelines Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Guidelines Committee monitors the applicability of the ACCC *Cancer Program Guidelines*. In doing so, the Committee reviews, refines, and updates the existing guidelines to reflect new technologies and best practices in community cancer care.

Committee Composition & Term Limit

See General Policies & Procedures of Committees.

Charge

The duties of the Committee shall be to:

1. Monitor the applicability of the ACCC's Cancer Program Guidelines.
2. Refine the existing guidelines as appropriate.
3. Develop new criteria as appropriate.
4. Perform such other duties as may be assigned by the President or the Board of Trustees.

Committee Meetings

The committee will meet at the discretion of the Committee Chair.

Committee Year

See General Policies & Procedures of Committees.

ACCC Investment Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Investment Committee assists the Board in fulfilling its oversight responsibilities with respect to the investment of funds, specifically excess funds not required to meet current obligations. The committee monitors the performance of investment funds and investment managers in accordance with the Investment Policy and provides for review at each Executive Committee meeting and at each Board of Trustees meeting the status of all investments including reports issued by any and all outside fund managers.

Committee Composition & Term Limits

1. Members are appointed to the Investment Committee.
2. The Committee shall consist of three (3) members. One (1) of the three (3) members is the Treasurer of ACCC who shall serve as Chairperson. The Treasurer is to be the only member from the Executive Committee. One (1) member shall be from the Board of Trustees. The third member shall be an ACCC member-at-large.
3. Committee members serve a term of two (2) years unless the newly elected Treasurer has been a member of the committee in years prior to the role of Treasurer.

Charge

The duties of the Committee shall be to:

1. Assist the Board in fulfilling its oversight responsibilities with respect to the investment of funds, specifically excess funds not required to meet current obligations.
2. Understand ACCC's financial goals contained in ACCC's Strategic Plan.
3. Adopt and review annually ACCC's Investment Policy and ACCC's Investment Guidelines.
4. Monitor the performance of investment funds and investment managers in accordance with the Investment Policy.
5. Recommend to the Executive Committee the selection, retention, or termination of any investment or investment manager.
6. Provide for review at each Executive Committee meeting and at each Board of Trustees meeting the status of all investments including reports issued by any and all outside fund managers.
7. Perform such other duties as assigned by law, ACCC's Bylaws, or the Board of Trustees.

Committee Meetings

Committee meetings are held every three (3) months with the investment advisor.

Committee Year

The Committee Year runs from the end of ACCC's National Meeting in March/April to the end of the following year's National Meeting.

ACCC Membership Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Membership Committee is charged with identifying and implementing strategies to promote new membership and member retention in ACCC in keeping with its mission. The committee recommends to the Board of Trustees ways ACCC can reach out to new and existing members and reports on member growth and retention. The Membership Committee also reviews all prospective membership applications for approval prior to a formal vote by the Board of Trustees.

Committee Composition & Term Limits

1. The Chairperson of the Membership Committee shall appoint six (6) Regional Ambassadors each for a term of two (2) years. Regional Ambassadors must be an ACCC member in good standing.
2. *See General Policies & Procedures of Committees.*

Charge

1. The duties of the Committee shall be to:
 - a. Identify and implement strategies to promote new membership and member retention in ACCC in keeping with its mission.
 - b. Review periodically the definition of a "cancer center" and, if appropriate, recommend modification to the Board for its approval.
 - c. Review and recommend the approval of applications to the Board of Trustees.
 - d. Recommend the criteria for the various categories of membership, including: Cancer Program Members; System Members; Chapter Members; and Individual Members.
 - e. Update and revise, as necessary, the membership application form, which allows for detailed data to be gathered for each category of membership.
 - f. Recognize and welcome new members.
 - g. Perform such other duties as may be assigned by the President or the Board of Trustees.
2. Cancer Program Membership Criteria:
 - a. Cancer Program members include, but are not limited to: medical centers, hospitals, oncology practices, cancer programs and cancer clinics.
 - b. A center or program must diagnose and/or treat a minimum of 100 cancer patients per year.
 - c. Applicant must have a board certified medical oncologist, radiation oncologist or surgeon.
 - d. Acceptance of the ACCC Hold Harmless Agreement which reads, "By submitting this application, the undersigned applicant agrees not to bring any action, suit, or proceeding or to assert any claim against ACCC or any of its members, officers, agents, or contractors, in law or in equity or otherwise, relating to any decision made in connection with this application or any action taken (or not taken) or any statement made in the course of their consideration of

this application, and applicant expressly waives any rights it might otherwise have had to bring any such action, suit, proceeding or to make any such claim."

- e. Applicant must have at least one (1) staff member with certification as an oncology certified nurse (OCN) or who has been specifically trained in the care of the oncology patient. Evidence of training must be provided.
- f. Applicant must be able to document the availability of social work services for oncology patients.

Committee Meetings

See General Policies & Procedures of Committees.

Committee Year

See General Policies & Procedures of Committees.

ACCC Nominating Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Nominating Committee duties include soliciting the membership for nominees; reviewing their qualifications and selecting the nominees to be placed on the ballot on even-numbered years. The committee prepares the ballot for all elected offices of the Association and, whenever possible, selects at least two (2) nominees for each open Board of Trustee position. During odd-numbered years, the committee appoints five (5) members to the Board.

Committee Composition & Term Limits

1. The Committee consists of five (5) members nominated by the Board and elected by a mail or electronic ballot of all Cancer Program members and Chapter members. Members of the Nominating Committee shall serve for a term of two (2) years. Members shall not serve for more than two (2) consecutive terms.
2. The Chairperson of the Nominating Committee shall be elected from among its members by its members.
3. No member of the Board shall serve on the Nominating Committee.
4. In order to be elected to the Nominating Committee, individuals must be formally affiliated with a Cancer Program Member or a Chapter Member. In addition, all Nominating Committee members must adhere to the principles detailed in ACCC's Standards of Conduct and the Antitrust Policy and Guide.

Charge

1. The duties of the Committee shall be to:
 - a. Solicit nominations for the Board of Trustees from the membership by placing notices in official ACCC communications---setting a deadline date for receipt of nominations to coincide with the Committee's planned meeting/conference call.
 - b. Review the qualifications of the nominees and select appropriate candidates to be placed on the ballot.
 - c. Endeavor to secure nominees who are representative of the different institutions/organizations, chapters, and professions which comprise the ACCC membership.
 - d. Implement a two-(2) envelope system of balloting for mail-in ballots or use a secure third party electronic balloting program.
 - e. Prepare a ballot for offices of ACCC and, whenever possible, for at least two (2) members of the Board.
 - i. Odd Years: President-Elect
 Treasurer
 [Not on ballot—five (5) appointed Trustees]
 - ii. Even Years: President-Elect
 Secretary
 Five (5) Trustees

- f. Tally the ballots and present the election results at the annual meeting of the House of Delegates.
 - g. Appoint five (5) members to the Board on the odd-numbered years. Appointed Board Members may only serve one (1) term by appointment
 - h. Perform such other duties as may be assigned by the President or the Board of Trustees.
2. The Chairperson shall be responsible for:
- a. Organizing and conducting meetings of the Nominating Committee.
 - b. Submitting a committee budget by April 15th.
 - c. Assuring that appropriate deadlines are met.
 - d. Encouraging committee members and the membership-at-large to solicit nominations.
 - e. Assuring that the policies and procedures of the Nominating Committee are reviewed and revised as necessary.
 - f. Receiving nominations and ensuring they are complete.
 - g. Supervising the election process.
 - h. Writing the annual report for presentation at the Annual Meeting.
3. Nomination/Election/Appointment Instruction:
- a. Call for Nominations
 - i. Purpose: To solicit from the constituency of ACCC, candidates who are willing to be nominated for offices on the Board.
 - ii. Procedure:
 - 1. The Call for Nominations will be placed in official ACCC communications
 - 2. The Nomination Material required:
 - a. Curriculum vitae or biographical sketch
 - b. Title of position for which the person is nominated
 - c. Letter of acceptance from the nominee
 - iii. Following a candidate's nomination, the Chairperson will return a letter to the candidate, stating the nomination has been received. A second letter will be sent after the committee's slating meeting, notifying the candidates of the results of the meeting.
 - b. Slating/Appointing of Candidates

- i. Purpose: To provide a balanced, qualified slate of candidates for each available office.
- ii. Policy: The Bylaws direct the Nominating Committee to prepare a ballot of not less than one (1) nominee for each executive office and not less than two (2) nominees for each non-executive office whenever possible.
- iii. Further, it directs the Nominating Committee to slate/appoint those candidates most qualified based on information provided on the curriculum vitae and the letter of intent. The following criteria are considered as additional desired attributes. The candidate should:
 - 1. Meet current qualifications for office as defined in the Bylaws.
 - 2. Be able to articulate various ideas and issues.
 - 3. Demonstrate the ability to meet obligations, complete assignments and meet deadlines.
 - 4. Demonstrate the ability to identify and utilize appropriate channels of communication.
 - 5. Demonstrate leadership skills as evidenced by past professional responsibilities, including experience in local or national organizations.
 - 6. Demonstrate the ability to work well in a group and have the ability to support group decisions.
 - 7. Demonstrate accountability for actions.
 - 8. Be able and willing to sign the Antitrust policy, the Standards of Conduct, and the Board of Trustees and Committee Person Conflict of Interest Policy.
 - 9. No member of the Nominating Committee can be nominated/appointed for a seat on the Board of Trustees.
- iv. Procedure:
 - 1. All applications, curriculum vitae and or biographical sketches are reviewed by Nominating Committee members.
 - 2. The most qualified nominees for each office will be slated for ballot elections or selected for Board appointment on odd-numbered years.
 - 3. All nominees will be notified of the results of slating. Nominees will also be provided with the Board of Trustee and Committee Person Conflict of Interest Policy (APPENDIX D), the Antitrust Policy (APPENDIX A), and the Standards of Conduct (APPENDIX E) to review.
 - 4. The completed ballot must be submitted to the Executive Office by January 1st to allow time for ballot preparation.

5. On odd-numbered years, the Nominating Committee will make their selections for Board appointment in January.

c. Rejection of Candidates

- i. Purpose: The Nominating Committee has the prerogative to reject candidates if they do not meet the above criteria.

d. Balloting

- i. Procedure: Ballots shall be mailed or sent electronically to all Delegate Representatives at least thirty (30) days prior to the deadline for their return. The deadline date for return shall be a minimum of seven (7) days prior to the annual meeting of the House of Delegates. All ballots received prior to the deadline, and those postmarked by midnight of the established deadline date and received within 48 hours of the deadline, shall be counted.

e. Ballot Counting

- i. Purpose: To provide a systematic manner to count all valid election ballots.
- ii. Policy: Only valid ballots shall be used to determine the results of the ACCC annual elections.

1. Valid are those ballots which are:

- a. Cast by an ACCC Delegate Representative.
- b. Received prior to the deadline and those postmarked by midnight of the established deadline date and received within 48 hours of that deadline.
- c. Identified with the individual's name and control number on the outside envelope.
- d. If mailed, sealed with the ballot in a sealed inner envelope marked "ballot."
- e. Properly completed, according to the directions on the ballot.

- iii. Procedure:

1. ACCC Executive Office will be responsible for the security of the ballots.
2. Ballots will be counted by at least one (1) member of the Nominating Committee, the Executive Director and a member at large designated by the Nominating Committee.
3. Each ballot will be checked against a current membership roster to ensure one (1) vote for each member.
4. All invalid ballots will be put in a separate envelope and will not be counted.
5. The candidate who gets the highest number of votes is elected.

6. Tie votes on all elections shall be broken by drawing lots. The tie lot shall be drawn by the Nominating Committee Chairperson before the final count is announced to the membership.
 7. The ballots will be kept for six (6) months and then will be destroyed.
- e. Notification of Results
- i. Appointment and/or election results will be announced at the annual meeting of the House of Delegates.
 - ii. A tabulation of the results will be available to the ACCC membership.

Committee Meetings

See General Policies & Procedures of Committees.

Committee Year

The Committee Year runs from the end of ACCC's National Meeting in March/April to the end of the following year's National Meeting.

ACCC Strategic Planning Committee

Policies & Procedures

Committee Purpose, Primary Goals, and Objectives

The Strategic Planning Committee monitors the Strategic Plan. On an annual basis, the committee incorporates the President's initiative, making sure it's consistent with the goals stated in the Strategic Plan; reviews the long-range goals, strategies, and milestones; and, reports to the Board of Trustees and Committee Chairpersons annually if changes to the Strategic Plan are recommended.

Committee Composition & Term Limits

1. Members are appointed to the Strategic Planning Committee. The President-Elect serves as Chairperson.
2. *See General Policies & Procedures of Committees.*

Charge

The duties of the Committee shall be to:

1. Reflect the full diversity of ACCC's multi-disciplinary membership.
2. Monitor the Strategic Plan.
3. On an annual basis, incorporate the President's initiative, making sure it's consistent with the goals stated in the Strategic Plan.
4. On an annual basis, review the long-range goals, strategies, and milestones.
5. Report to the Board of Trustees and Committee Chairpersons annually if changes are made to the Strategic Plan and obtain approval by the Board of Trustees.
6. Present the Board-approved strategic plan to the House of Delegates at its annual meeting.
7. Perform such other duties as may be assigned by the President or the Board of Trustees.

Committee Meetings

See General Policies & Procedures of Committees.

Committee Year

The Committee Year runs from the end of ACCC's National Meeting in March/April to the end of the following year's National Meeting.

Non-Committee Related Functions Policies & Procedures

Editorial Board

Editor-in-Chief

Starting in 2018, the Editor-in-Chief will serve a two-year term. The current chair of the Editorial Committee, the ACCC President, the President-Elect, and Executive Director will appoint the Editor-in-Chief

In succeeding years, the Editor-in-Chief, ACCC President, President-Elect and Executive Director will appoint a candidate from the existing Editorial Board.

Editorial Board

The Editor-in-Chief, ACCC President, President-Elect, Communications Committee Chair, and Executive Director will identify ACCC members to serve on the Editorial Board, ensuring that the board represents the multidisciplinary membership and all practice settings.

In 2018, when the journal transitions to our outside publisher, one-half of the Editorial Board will serve a one-year term and one-half of the Editorial Board will serve a two-year term. Starting in 2019, all Editorial Board Members will serve a two-year term, with half of the Editorial Board rotating off each year.

Beginning in 2018 and continuing annually thereafter, ACCC will announce open Editorial Board Member positions as they become available, so that members can self-nominate. These candidates will be considered in addition to candidates put forth by the Editor-in-Chief, ACCC President, President-Elect, Communications Committee Chair, and Executive Director.

Two-Year Terms for the Editor-in-Chief and Editorial Board

FY 2018

The current chair of the Editorial Committee, the ACCC President, the President-Elect, and Executive Director will appoint the 2018-2020 Editor-in-Chief to serve a two-year term (2018-2020). Seven members will be appointed to serve a one-year term limit (2018-2019) and 8 members to serve a two-year term (2018-2020) on the Editorial Board, to be approved by the Editor-in-Chief.

FY 2019

The Editor-in-Chief and Communications Committee appoints 7 new members to a two-year term (replacing those with a one-year term limit and eight members to fulfill the second year of their two-year term limit).

FY 2020

The Editor-in-Chief and Communications Committee Chair appoints 8 new members to a two-year term (2020-2022). Seven members fulfill the second year of their two-year term limit (2020-2022).

The Editor-in-Chief, ACCC President, President-Elect, Communications Chair, and Executive Director will appoint a new Editor-in-Chief from the existing Editorial Board.

Liaisons

1. ACCC may provide liaisons to other oncology-related organizations, including but not limited to, the following:
 - a. National Cancer Advisory Board (NCAB),
 - b. American College of Surgeons Commission on Cancer (ACoS/CoC),
 - c. Oncology Nursing Society (ONS),
 - d. American Society for Therapeutic Radiology and Oncology (ASTRO),
 - e. American Society of Clinical Oncology (ASCO)
2. Liaison appointments must be approved by the President.
3. Appointed liaisons may submit a report in writing or in person to the Board of Trustees at a Board meeting and or to the House of Delegates at its annual meeting.
4. Liaisons shall be reimbursed for round trip, coach airfare for travel to the Winter Board Meeting. For attending the meeting, Liaisons shall receive up to two (2) nights paid hotel rooms and \$100 to cover incidentals. No receipts need to be submitted for this reimbursement.
5. Liaisons shall be reimbursed for round trip, coach airfare for travel to the Annual Meeting and the National Oncology Conference. Liaisons shall also receive a \$100 discount on their meeting registration fees.
6. Liaisons shall be reimbursed for all reasonable travel expenses incurred for attending the primary meeting of the organization in which they are the liaison. Reasonable travel expenses include coach air fare, lodging, reasonable meals, ground transportation, parking, and tips. Any additional travel must be approved in advance by the Executive Committee.

**The Journal of the Association of Community Cancer Centers
And
The Association of Community Cancer Centers Website**

1. The official *Journal* of ACCC, *Oncology Issues*, will be directed by an Editorial Board appointed by the President.
 - a. A website subcommittee of the Editorial Board will monitor the content of the ACCC website and the appropriateness of the advertising to ensure that they both are in keeping with the mission of ACCC. The subcommittee will be selected by the Chairperson of the Editorial Board.
2. The Executive Director will serve as Senior Editor of the *Journal*.
3. The Editorial Board will monitor the article content and the appropriateness of the advertising to ensure both are in keeping with the mission of ACCC.
4. Solicited and unsolicited papers may be published in the *Journal* and available on ACCC's website; all manuscripts shall be reviewed by a representative of the Editorial Board.
5. ACCC retains the copyrights of all articles published in the *Journal* and available on ACCC's website.

APPENDICES

APPENDIX A

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

ANTITRUST POLICY

The mission of the Association of Community Cancer Centers (ACCC) is to be the multidisciplinary organization for providers that advances cancer care from prevention through survivorship.

Nevertheless, as a trade association, ACCC must be aware of the requirements of the antitrust laws and ensure that its conduct is consistent with those laws. It is ACCC's policy not merely to act fully in compliance with the antitrust laws, but to avoid even approaching the boundaries of what is permitted under the antitrust laws; ACCC policy is to avoid any conduct which even appears to be inconsistent with those laws. A complaint or a suit brought against us claiming violation of the antitrust laws would be expensive and disruptive. It is ACCC's policy, therefore, that all trustees, officers, employees, contractors, and members of ACCC in conducting ACCC activities do nothing that violates the antitrust laws or which could give rise to a claim of such violation, even if ultimately unsuccessful.

To enforce this policy, the Board has approved the following antitrust guide. The Board assures that each year all Board members and committee chairpersons receive a copy of this policy statement and the guide and sign a statement that they have read it, understand it, and will abide by it.

Antitrust Guide

ACCC, like any trade association, is composed of members who are engaged in the same field, many of whom are in competition with each other. Antitrust regulators view trade associations with particular suspicion, reflecting the warning expressed by Adam Smith two hundred years ago that:

People of the same trade seldom meet together, even for merriment and diversion, but that the conversation ends at a conspiracy against the public, or in some contrivance to raise prices.

The essential requirements of the antitrust laws are clear: competitors cannot agree on prices and cannot agree to avoid competing with each other with respect to markets in which they are or would compete. They cannot act jointly to injure a competitor or to negotiate prices with a third party payer.

The requirements of the antitrust laws apply not only to formal written agreements but to all understandings -- oral or even implied. Agreements may be inferred from conduct even in the absence of an agreement. Because the antitrust laws invoke the law of conspiracy, a person can be drawn into an antitrust action if he is at a meeting and merely listens to violative agreements and does nothing to stop them.

Antitrust actions can be brought against ACCC for its own activities and for those of its members. Actions can also be brought against the individuals taking the actions and against the hospitals or other organizations they represent. Violations of the antitrust laws can give rise to civil actions (in which treble damages may be recovered); civil penalties; injunctions prohibiting certain conduct and permitting the government to monitor closely the activities of ACCC; and criminal penalties, including imprisonment.

In order to avoid actions which violate the antitrust laws or which even may be perceived to violate the antitrust laws; it is ACCC policy that the following conduct be observed:

What to do

1. All meetings of ACCC or ACCC committees shall have agendas, and discussion at meetings shall follow those agendas.
2. Officers, staff, and committees, must be alert to antitrust problems and terminate any discussions that may stray into potentially prohibited areas.
3. All committee minutes are to be reviewed carefully to ensure that committee activities are consistent with ACCC policy.
4. Counsel should be consulted where there is a question whether an ACCC activity poses a problem or whether conduct at ACCC meetings is proper.

What not to do

1. ACCC will not exclude organizations from membership on the ground that they are competitors. Entrance will be based on written objectives and proper criteria. In developing any industry standards, ACCC will not do so to hurt or help particular members.
2. Data collection and dissemination activities must be designed not to reveal pricing or cost information of identifiable members. There must be no inference that disseminated information is a guide to member conduct, and members should not take it to be such.
3. Members will not discuss among themselves:
 - a. Fees charged by them;
 - b. any discounts negotiated with third party payers;
 - c. what markets -- product or geographic -- they intend to enter or not to enter;
 - d. refusals to deal with suppliers or payers; or
 - e. ways to injure a competitor.

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

Antitrust Policy

Signature Page

I have been given a copy of the Association of Community Cancer Centers (ACCC) Antitrust Policy and Guide dated January 2009. I have read this material, understand it and will abide by it as indicated by my signature below.

Printed Name

Signature

Date

APPENDIX B

ASSOCIATION OF COMMUNITY CANCER CENTERS

TRAVEL REIMBURSEMENT

Outlined below is the reimbursement policy for board members, committee chairs and liaisons attending board meetings during the Annual Meeting, National Oncology Conference (NOC) and the Winter Board of Trustees Meeting.

Travel Policy for Executive Committee, Trustees, Chairs and Liaison Effective July 1, 2015

	Annual Meeting	National Oncology Conference	Winter Board Meeting
Executive Committee	3 Nights Hotel Air Fare \$100 off Registration	3 Nights Hotel Air Fare \$100 off Registration	Air Fare 3 Nights Hotel \$100 Cash
Board Member	Air Fare 2 Nights Hotel \$100 off Registration	Air Fare 2 Nights Hotel \$100 off Registration	Air Fare 2 Nights Hotel \$100 Cash
Committee Chair	Air Fare \$100 off Registration*	Air Fare \$100 off Registration*	Air Fare 2 Nights Hotel \$100 Cash
Liaison	Air Fare \$100 off Registration*	Air Fare \$100 off Registration*	Air Fare 2 Nights Hotel \$100 Cash

**\$100 cash will be paid directly to the Committee Chair/Liaison if a Past President.*

Note

- ☆ Hotel nights will be placed on ACCC's Master Account.
- ☆ Airfare must be booked through ACCC's travel agent.
- ☆ If it's necessary to utilize an alternative form of booking, the travel reimbursement voucher (attached) should be completed and sent to the ACCC Executive Office following the meeting. **Original receipts** are required (if you're unable to submit original receipts {i.e. lost, required by institution}, an explanation is required in writing.
- ☆ If submitting a reimbursement request, staple receipts to the reimbursement voucher. Receipts are required for air transportation (even if airfare was prepaid by the Association), as well as for limousine, taxi, parking, meals, etc., but not for baggage expenditures. Original individual hotel bills are considered receipts for all expenditures listed therein. Extraordinary expenditures should be explained.
- ☆ Expense reconciliations should be submitted within 30 days of the completion of trip.

TRAVEL REIMBURSEMENT VOUCHER

**ASSOCIATION OF COMMUNITY CANCER CENTERS
EXECUTIVE OFFICES**

Attn: _____
1801 Research Blvd, Suite 400
Rockville, Maryland 20850
Phone: 301/984-9496 Fax: 301/770-1949

Name: _____ Telephone: (____) _____

Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose: _____

Travel Status	Point of Departure:	Point of Return:
Duration	Date:	Date:

Date:							Comments
Ground Transportation							
Commercial Carrier							
Private Auto, Tolls/Parking (\$__ per mile)							
Hotel							
Meals							
Miscellaneous (Please explain)							
Total Expenses							TOTAL EXPENSES

Approved Expenses: See Board, Committee Chair, and Liaison Reimbursement Policy on Prior Page.

Check payable to: _____

Signature: _____ **Date:** _____

APPENDIX C

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

MANAGEMENT FIRM CONFLICT OF INTEREST POLICY

The Association of Community Cancer Centers represents the highest levels of professional and ethical behavior in the cancer community. In order to maintain the highest level of competent services to the members, the ACCC Board of Trustees has contracted for professional association management services for support in implementation of its programs through a designated Executive Director.

ACCC has designed a conflict of interest statement to clearly define the relationship between ACCC, the Executive Director and the management support firm. This statement is as follows:

The Executive Director shall be designated and serve at the pleasure of the Board. An annual performance evaluation of the management firm shall be conducted in accordance with the current management agreement.

Staff and support functions will be negotiated by the Executive Director, and confirmed by the Board of Trustees, as part of the leadership and budgeting process.

If the Executive Director and staff are not full-time employees of ACCC, the contract for these services must be negotiated and approved by the Executive Committee.

If the situation of contracted service for the Executive Director and support staff exists, language of the agreement must be clear that activities of the contractor, outside the duties of ACCC, are clearly separated. Contractor activities external to ACCC must not be inferred as, implied as, or confused with official ACCC activities in the eyes of the Board of Trustees.

Any member having concerns regarding conflict of interest shall notify the President or the Board in writing at least thirty (30) days prior to the next scheduled Board meeting. The Board shall review the specific concern and respond to the member in writing thirty (30) days following the meeting of the Board.

Meetings of the Board/Executive Committee occur at each National Meeting of ACCC (held in the Spring and Fall), during the winter (January/February) and in June/July each year.

APPENDIX D

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

BOARD OF TRUSTEE AND COMMITTEE PERSON CONFLICT OF INTEREST POLICY

Article I. Purpose

The purpose of the conflict of interest policy is to protect the interest of the Association of Community Cancer Centers (“ACCC”) when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of ACCC or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II. Definitions

1. Interested Person

Any director, officer, or member of a committee with Board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which ACCC has a transaction or arrangement,
- b. A compensation arrangement with ACCC or with any entity or individual with which ACCC has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which ACCC is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial. A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the Board or appropriate committee decides that a conflict of interest exists.

Article III. Procedures

1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the

directors and members of committees with Board delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the Board of Trustees or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

- a. An interested person may make a presentation at the Board of Trustees or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b. The President or Committee Chair shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c. After exercising due diligence, the Board or Trustees or committee shall determine whether ACCC can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board of Trustees or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in ACCC's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

- a. If the Board or Trustees or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board of Trustees or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV. Records of Proceedings

The minutes of the Board of Trustees and all committees with Board delegated powers shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present,

and the Board of Trustees' or committee's decision as to whether a conflict of interest in fact existed.

- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V. Compensation

- a. A voting member of the Board of Trustees who receives compensation, directly or indirectly, from ACCC for services is precluded from voting on matters pertaining to that member's compensation.
- b. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from ACCC for services is precluded from voting on matters pertaining to that member's compensation.
- c. No voting member of the Board of Trustees or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from ACCC, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article VI. Annual Statements

Each director, officer and member of a committee with Board delegated powers shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflicts of interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands that ACCC is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Article VII. Periodic Reviews

To ensure ACCC operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to ACCC's written policies, are properly recorded, reflect reasonable investment

or payments for goods and services, further charitable purposes and do not result in insurement, impermissible private benefit or in an excess benefit transaction.

Article VIII. Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, ACCC may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

**BOARD OF TRUSTEE AND COMMITTEE PERSON
CONFLICT OF INTEREST POLICY**

Signature Page

I have been given a copy of the Association of Community Cancer Centers (ACCC) Board of Trustee and Committee Person Conflict of Interest Policy. I have read this material, understand it and will abide by it as indicated by my signature below.

Printed Name

Signature

Date

APPENDIX E

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

BOARD OF TRUSTEES STANDARDS OF CONDUCT

As a member of the
Association of Community Cancer Centers' Board of Trustees,
I pledge myself to:

- MAINTAIN the highest level of personal conduct.
- PROMOTE AND ENCOURAGE the highest level of ethics within the professional my specialty represents.
- RECOGNIZE AND DISCHARGE my responsibility and that of ACCC to uphold the laws and regulations relative to ACCC policies and activities.
- STRIVE for excellence in all aspects of direction of ACCC.
- USE ONLY legal and ethical means in all ACCC activities.
- SERVE all members of ACCC impartially, provide to any individual member, and accept no personal compensation from a member except with the knowledge and consent of ACCC's governing board.
- MAINTAIN the confidentiality of privileged information entrusted or known to me by virtue of my office.
- REFUSE to engage in, or countenance, activities for personal gain at the expense of ACCC or its industry or profession.
- REFUSE to engage in, or countenance, discrimination on the basis of race, sex, age, religion, national origin, sexual orientation, or disability.
- ALWAYS communicate ACCC internal and external statements in a truthful and accurate manner.
- COOPERATE in every reasonable and proper way with other ACCC members, and work with them in the advancement of the goals of ACCC.
- USE EVERY opportunity to improve public understanding of the role of ACCC.

This Code of Standards of Conduct for members of the Association of Community Cancer Centers' Board of Trustees has been adopted to promote and maintain the highest standards of association service and personal conduct among its members. Adherence to these standards is required for membership on the Board, and serves to assure public confidence in the integrity and service of this ACCC's leadership.

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

**BOARD OF TRUSTEES
STANDARDS OF CONDUCT**

Signature Page

I have been given a copy of the Association of Community Cancer Centers (ACCC) Standards of Conduct. I have read this material, understand it and will abide by it as indicated by my signature below.

Printed Name

Signature

Date

APPENDIX F

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

LETTER OF UNDERSTANDING

This letter of understanding is entered into by and between Association of Community Cancer Centers, a California corporation (hereinafter "ACCC"), and _____ (hereinafter "the Chapter") as of _____.

WHEREAS, ACCC is a not-for-profit corporation which provides educational and scientific services to enhance the quality of care provided to cancer patients in this country and is tax exempt under Section 501(c)(3) of the Internal Revenue Code of 1986;

WHEREAS, the Chapter wishes to carry out the purposes of ACCC in _____ and to support and undertake educational and scientific activities to improve the quality of care provided to cancer patients in _____ and,

WHEREAS, the Chapter wishes to become a Chapter member pursuant to Article III(B)(2) of ACCC's Bylaws, and has submitted an application for membership to ACCC, which has been approved by the Board of Trustees of ACCC.

NOW, THEREFORE, in consideration of the mutual covenants and promises herein, the parties agree:

1. The Chapter shall abide by the Bylaws, standing rules, and policies of ACCC. It shall take no action which is inconsistent with ACCC's policies, procedures, or purposes, or which is contrary to any direction of ACCC.
2. The Chapter shall support and undertake educational and scientific activities to improve the quality of treatment of cancer patients in _____ and across the country. The Chapter shall take no action inconsistent with ACCC's status as an organization exempt under Section 501(c)(3) of the Internal Revenue Code.
3. The Chapter shall pay to ACCC as dues the amount approved by ACCC's membership for fiscal year July 1 – June 30.
4. The Chapter shall provide ACCC with a quarterly report of its activities. Such reports shall be due on the 10th day of the first month following the end of each calendar quarter and shall contain a complete report of all activities during such quarter, including any appropriate documentation.
5. The Chapter shall provide ACCC with a quarterly report of its financial activities. Such reports shall be due on the 10th day of the first month following the end of each calendar quarter and shall be in the form of a statement of revenue and expenses and listing of receipts and disbursements with an explanation for each receipt and disbursement.
6. The Chapter does not have the authority to act on behalf of ACCC, except when authorized to do so pursuant to the Bylaws, and shall not purport to act on behalf of ACCC except in such

circumstances. The Chapter shall not enter into any contract or agreement or incur any obligation on behalf of or binding ACCC without the prior written approval of ACCC.

7. The Chapter shall not use ACCC's name or logo or any terminology implying a relationship with ACCC or ACCC sponsorship or endorsement without prior written approval of the Board of Trustees or the Executive Office of ACCC.
8. ACCC or the Chapter may terminate the membership in the Chapter of any person who fails to pay required dues or whose actions are contrary to the Bylaws or policies of ACCC.
9. ACCC may terminate the Chapter's membership in ACCC at any time upon 30 days prior written notice, for violation of this agreement. In addition, either ACCC or the Chapter may terminate the Chapter's membership in ACCC at any time upon 30 days prior written notice to the other, for any reason or for no reason. ACCC shall be entitled to retain dues owed for the period prior to termination.
10. The Chapter shall indemnify and hold harmless ACCC for any loss, damage, or liability (including attorneys' fees) and any claim therefore, resulting from any breach or violation by the Chapter of this Letter of Understanding of the Bylaws, standing rules, policies, or directives of ACCC.

For the Board of Trustees

ASSOCIATION OF COMMUNITY
CANCER CENTERS
For the Board of Trustees

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

APPENDIX G

**THE ASSOCIATION OF COMMUNITY CANCER CENTERS
RECOMMENDED ANNUAL COMMITTEE REPORT FORMAT**

Committee Name:

Objective or Responsibilities:

Accomplishments for previous year:

Recommendations for next year:

Chairperson:

Members:

APPENDIX H

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

RECOMMENDED COMMITTEE MINUTES FORMAT

(Committee) Minutes

Date

City

- I. Call to Order
- II. Members Present
- III. Members Absent
- IV. Approval of Minutes of the Preceding Meeting
- V. Adoption of Agenda
- VI. Reports
- VII. Unfinished Business
- VIII. New Business
- IX. Future Meeting Dates
- X. Adjournment

Secretary (signature)

Special notes --

- 1. Only action items shall appear in the minutes. Minutes may indicate that no action was taken on an item or that an item will be discussed at the next meeting or referred to the Board. If the committee wishes, it may be parenthetically mentioned that the committee entered into discussion regarding a particular topic. If the committee requests that a description of the discussion is necessary, the pros and cons of a topic should be recorded and extraneous information should be avoided.
- 2. It is unnecessary to list the names of people who initiate any actions, unless the committee specifically asks that this information become part of the minutes.

APPENDIX I

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

POLICY ON INDUSTRY SUPPORT

ACCC General Association Activities Requiring Industry Support:

Each year ACCC will prepare a list of potential activities for which ACCC is seeking corporate sponsorship. Examples of such activities include exhibits at meetings, National meeting sponsorships, web site sponsorships, and special supplements of the *Journal*.

ACCC Sponsorships for Special Projects:

The Board of ACCC has formed three categories of corporate memberships, The Industry Advisory Council (IAC), Emerging Companies Council (ECC), and Technical Advisory Council (TAC). The IAC is a group of major pharmaceutical and biotechnology companies that have an interest in serving cancer patients and their providers. The ECC is a group of pharmaceutical and biotechnology companies that have a relatively new product in the oncology marketplace. The TAC is a group of non-pharmaceutical companies that have an interest in the oncology field. Annually, ACCC charges a fee for membership in these groups. Projects funded by these corporate members are developed by ACCC's Corporate Development Committee, approved by the Executive Committee and negotiated by the staff with the sponsor.

Corporate members are also expected to work cooperatively with ACCC's leadership on key areas of importance, such as ACCC's uniform legislation and patient advocacy efforts. Membership is subject to the invitation of the ACCC Executive Committee and the Corporate Development Committee.

Duration of Sponsorship

All ACCC-initiated sponsorships have a duration of one year unless defined in the solicitation requests.

Responsibilities, Restrictions, and Guidelines

ACCC retains total and complete control over the content and form of any sponsored activity. Corporations may utilize the ACCC logo only in relationship to the sponsored activity and only with the explicit written permission of the ACCC Executive Committee. Advertisement of the sponsored activity is permitted following approval of the advertisement by ACCC.

The following guidelines shall be followed in receiving sponsorships from corporate members.

1. All ACCC programs are developed based on member needs and requests.
2. All ACCC programs are independent, non-commercial, and free from the influence and bias of sponsors. No marketing, advertising, or attempts to sell or promote specific drugs or products should occur during any educational program.

3. All sponsorships are disclosed to speakers, invitees, attendees, and participants and noted on all documents describing and marketing the program and in all program documents themselves.
4. Sponsorship will not defray the costs of any physician attendee (non-speaker) for travel, meals, time, or personal expenses.
5. Programs are conducted in appropriate, not lavish, locations and venues with significant time spent on program activities.
6. Sponsored programs cannot offer or give anything personal of more than nominal value. Cash subsidies for meeting attendees or participants are strictly prohibited.
7. All educational programs allow ample time for discussion and for questions and answers.
8. Sponsorships will not exceed direct program costs.
9. Sponsored programs offering CME credit require that attending physicians pay a conference fee.
10. Sponsors have no role in ACCC's program selection and design.

APPENDIX J

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

DOCUMENT DESTRUCTION POLICY

The purpose of this policy is to ensure that necessary records and documents are adequately protected and maintained and to ensure that records that are no longer needed or of no value are discarded at the appropriate time. This policy is intended to eliminate accidental or innocent destruction.

No officer, director, or agent of the Association of Community Cancer Centers shall knowingly destroy a document with the intent to obstruct or influence the investigation or proper administration of any matter within the jurisdiction of any government department or agency or in relation to or contemplation of any such matter or case.

Type of Document	Minimum Requirement
Accounts payable ledgers and schedules	7 years
Audit reports	Permanently
Bank Reconciliations	2 years
Bank statements	3 years
Checks (for important payments and purchases)	Permanently
Contracts, mortgages, notes and leases (expired)	7 years
Contracts (still in effect)	Permanently
Correspondence (general)	2 years
Correspondence (legal and important matters)	Permanently
Correspondence (with customers and vendors)	2 years
Depreciation Schedules	Permanently
Duplicate deposit slips	2 years
Expense Analyses/expense distribution schedules	7 years
Year End Financial Statements (other months optional)	Permanently
Insurance Policies (expired)	3 years
Insurance records, current accident reports, claims, policies, etc.	Permanently
Invoices (to customers, from vendors)	7 years
Minutes (Executive Committee, Board and Committee)	Permanently
Tax returns and worksheets	Permanently
Trademark registrations and copyrights	Permanently
Bylaws, Policies and Procedures, and charter	Permanently
General ledgers (and end-of-year trial balances)	Permanently
Publications (Journal, Drug Bulletin) 1 copy of each	Permanently
Membership applications for lapsed members	3 years
Email	6 months
Voice mail	1 month

APPENDIX K

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

WHISTLEBLOWER POLICY

General

The Association of Community Cancer Centers (ACCC) requires officers, trustees, and committee members to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As representatives of ACCC, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

The Secretary of ACCC will serve as the Compliance Officer. If the concern is with the Compliance Officer, or any member of the Executive Committee, the complaint shall then be issued to the Executive Director.

Reporting Responsibility

It is the responsibility of all officers, trustees, and committee members to comply with this policy and to report violations or suspected violations in accordance with this Whistleblower Policy.

No Retaliation

No officer, trustee, or agent of ACCC shall take any harmful action with the intent to retaliate against any person, including interference with employment or livelihood, for providing to a law enforcement officer any truthful information relating to the commission or possible commission of any offense. Nor will any officer, trustee or agent take any harmful action with intent to retaliate against any individual for reporting to the appropriate officer the suspected misuse, misallocation or theft of ACCC's resources. This Whistleblower Policy is intended to encourage and enable volunteers and others to raise serious concerns within ACCC prior to seeking resolution outside ACCC.

Reporting Violations

ACCC suggests that volunteers share their questions, concerns, suggestions, or complaints with someone who can address them properly. For suspected fraud, individuals should contact ACCC's Compliance Officer directly.

Compliance Officer

ACCC's Compliance Officer is responsible for investigating and resolving all reported complaints and shall advise the Executive Director and the Executive Committee. The Compliance Officer has direct access to the Executive Committee and is required to report to Executive Committee at least annually on compliance activity. If the complaint is of a financial matter, the Executive Committee may choose to have the audit committee review.

Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Handling of Reported Violations

The Compliance Officer will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

APPENDIX L

ASSOCIATION OF COMMUNITY CANCER CENTERS

IDENTITY THEFT PREVENTION PROGRAM

The Federal Trade Commission instituted a Red Flags Rule effective December 18, 2010 requiring all organizations that provide products or services and bill their customers later to design an Identity Theft Prevention Program (Program).

An assessment was made of the Association of Community Cancer Centers (ACCC) and it was determined that the organization is at low risk for identity theft. The reasons ACCC is at low risk is that for all of its products and services that are provided and then billed to the customer, ACCC obtains a signed agreement in either the form of an ad insertion order or a contract. The only exception to this is a meeting registration that occurs onsite at the meeting venue and the registrant asks that his/her organization be invoiced.

IDENTIFYING RELEVANT RED FLAGS

The red flags that ACCC has identified are:

1. Notice from a customer, a victim of identity theft, a law enforcement agency, or someone else that an account has been opened or used fraudulently.
2. Inconsistency between the information on a person's photo ID and the person's appearance.

DETECTING RED FLAGS

ACCC will detect red flags it has identified:

1. Training registration staff at a meeting to look carefully at IDs to see if the person's appearance is consistent.
2. Upon receipt of a notice that an account has been opened or used fraudulently, staff is directed to forward the notice to the Director of Finance to investigate.

RESPONDING TO RED FLAGS

ACCC will respond to the red flags it has identified in the following ways:

1. If a photo ID is not consistent with the person's appearance, another form of identification must be provided. If this is not available or is inconsistent, the meeting registrant must pay in cash or entrance to the meeting will be denied.
2. If a customer notifies ACCC after the service has been provided and invoiced that their identity has been stolen and that they have not approved the expenditure, staff will ask that proof of an identity theft claim has been filed. Staff will also request that the customer notify all of its vendors of the fraudulent activity.

ADMINISTERING THE PROGRAM

Under the direction and guidance of ACCC's By-laws committee, the ACCC Board of Trustees has approved the Program.

The Director of Finance will administer the Program.

Certain staff members shall be trained in the following manner:

1. Meeting registration staff-Prior to each meeting, staff reviews policies and procedures for handling registrations
2. Staff handling billing and receiving incoming mail shall be instructed during new employee orientation and reminded annually of what should be done should a notice of fraudulent activity be received from a customer.

No service providers are used in connection with accounts covered by the Red Flags Rule.

The Program shall be kept current by management reviewing business operations periodically. If operations change or ACCC experiences identity theft, the Program will be re-evaluated.

APPENDIX M

THE ASSOCIATION OF COMMUNITY CANCER CENTERS

INVESTMENT POLICY STATEMENT

(Approved by the Investment Committee on October 4, 2013 and Revised on July 31, 2015)

1. Purpose

This Investment Policy Statement (IPS) establishes ACCC's objectives and guidelines for the investment of its reserve funds. Reserves are normally the result of accumulated surpluses in the financial operations of the activities and programs of ACCC. The reserves are maintained to facilitate the continuing operation of activities in the event of unusual financial conditions, or to address unbudgeted and extraordinary expenses. ACCC's policy is that its reserves plus cash in its checking account should be maintained within a range to cover 6 to 12 months of operating expenses.

2. Investment Objectives

Reserve funds will be separated into 2 accounts: one for potential Short Term needs, and one for Long Term investments (i.e., ACCC's "2% account").

The objective of the Short Term Account is preservation of capital and liquidity. Its risk tolerance shall be considered "Very Conservative." Short term funds are to be invested in cash equivalents and fixed income securities with maturity horizons of less than 3 years.

The objective of the Long Term Account is growth and income, with a time horizon of 3 to 5 years. Its risk tolerance shall be considered "Moderate-Conservative." Assets in this account are to be invested using broad diversification principles, per the asset allocation strategy shown below in #7.

3. Roles and Responsibilities

The Investment Committee is authorized by the Board to retain an Investment Advisor to oversee the management of the reserve funds. In discharging this authority, the Investment Committee shall act in the place and stead of the Board. The Investment Committee may also grant exceptions to the investment policies herein, provided that such exceptions are communicated to the full Board at its next regularly scheduled meeting.

It is the responsibility of the Investment Committee to review and propose changes to this IPS, with final approval from the Board of Directors. The authority for investment discretion and decisions lies with ACCC's Executive Committee and the Chairperson of the Investment Committee, in consultation with the Investment Committee.

The Treasurer, or Executive Director of ACCC upon approval of the Treasurer, may enter into agreements with banks or brokers and may purchase or trade and endorse instruments in the name of ACCC in carrying out the purpose of this policy.

The Investment Advisor shall provide monthly statements to ACCC which will include the transactions and performance of the short and long term accounts. The Investment Advisor shall also provide recommendations for any changes to the portfolios. ACCC staff shall communicate to the Investment Committee the investment performance and any recommendations by the Investment Advisor.

4. Allowable Investments

Short Term Account

- Money Market Funds
- CDs insured by the FDIC
- U.S. Government and Agency Securities
- Corporate Notes and Bonds, investment grade or better
- Mutual funds using the above securities

Long Term Account

- Same as above, plus the following:
- Well known Mutual Funds and Exchange Traded Funds (ETFs) that have a history of providing high volume trading activity and daily liquidity
- The overall average credit quality of the fixed income portion of the long term account shall be investment grade or better.

5. Prohibited Investments and Transactions

- Closed End funds
- Sector specific funds
- REITS
- Commodities and Futures Contracts
- Private Placements
- Individual stocks and Options
- Short selling (except within mutual funds)
- Margin Transactions

6. Benchmarks and Target Rates of Return

The benchmark target rate of return, net of fees, for each account is:

- Short Term Fund – Consumer Price Index
- Long Term Fund – 40/60 Blend of S&P 500/Barclays Aggregate Bond Indexes

7. Asset Allocation Guidelines

Long Term Account

Asset Class	Minimum, %	Maximum, %	Target, %
Fixed Income	50	70	60
Equities	30	50	40



Association of Community Cancer Centers

Strategic Plan

*The leading education and advocacy
organization for the cancer team*

Association of Community Cancer Centers

Strategic Plan

Long-Range Goal:

This goal is designed to challenge the organization and will require ACCC to move outside of its comfort zone. The goal can be accomplished and has a clear finish line, but will require stimulating membership activity, commitment, and participation beyond ACCC's present leadership. This goal sets the direction for the succession of future three-to-five-year strategic plans.

Three-to-Five-Year Goals:

These goals are outcome-oriented statements that will lead ACCC towards its envisioned future. These goals are not in any order of priority. All of the goals will need to be accomplished, if ACCC is to fully achieve its three to five year quest.

Strategies:

Strategies indicate how ACCC will organize, focus, and expend its resources and actions to maximize its effectiveness and efficiency in achieving these goals. The strategies must be reviewed and updated on an annual basis.

Indicators of Achievement:

The indicators of achievement are designed to measure the progress towards achieving the outcomes described in ACCC's Big Audacious Goal (B.A.G.). They should be reviewed yearly by the Board. The indicators of achievement also help to clarify what is intended by the goal. They describe what the profession and ACCC will look like when the B.A.G. is successfully completed.

CORE PURPOSE

To be the leading education and advocacy organization for the multidisciplinary Cancer Team.

CORE VALUES

ACCC will fulfill its core purpose by pursuing and adhering to these core values:

- Integrity
- Collaboration
- Stewardship
- Knowledge
- Service
- Innovation
- Excellence
- Compassion

STRATEGIC OBJECTIVES

ACCC's Big Audacious Goal (B.A.G)

ACCC will be recognized as the leading organization that advocates for quality comprehensive cancer care for all.

Five-Year Goals

Goal A: Members will recognize the value of ACCC and utilize its resources for knowledge exchange, education, and networking.

Goal B: ACCC will expand its influence and advocacy for quality cancer care.

Goal C: ACCC will manage its resources to meet its financial objectives.

Goal D: ACCC will establish meaningful collaborations & partnerships.

Goal E: ACCC will examine its leadership and membership structure.

Goal A: Members will recognize the value of ACCC and utilize its resources for knowledge exchange, education, and networking.

Strategies

- A1. Assess the educational needs of stakeholders.
- A2. Develop educational programs and activities that are relevant and meaningful to the entire cancer team.
- A3. Provide new opportunities for knowledge exchange and collaborations.
- A4. Improve access to and awareness of educational opportunities.
- A5. Continuously evaluate all educational offerings including meetings.

Indicators of Achievement

- Within two years, an educational projects pipeline will be created that solicits member feedback and suggestions.
- Develop separate educational programs with organizations representing each of the following: physicians, nurses, pharmacists and social workers.
- Present to the board and membership an annual inventory of educational offerings.
- Create and provide a value checklist in membership materials.
- Retain Cancer Program Member at 95% or greater.

Goal B: ACCC will expand its influence and advocacy for quality cancer care.

Strategies

- B1. Expand member engagement with stakeholders influencing quality cancer care on the federal level.
- B2. Establish meaningful collaborations and credibility with state societies and other stakeholders to affect change at the state and local levels.
- B3. Utilize traditional media and new technology to communicate with decision-makers about community cancer issues.
- B4. Provide members with the information necessary to understand salient issues impacting quality cancer care.

Indicators of Achievement

- Record at least 30 member visits a year to either Capitol Hill or a related agency.
- Increase involvement by state societies in ACCC's State Legislative Program by one additional participant per year.
- Increase social media followers by 25% over next 5 years.
- Encourage and support members offering a site visit for media and/or elected officials. Document at least 2 of these visits a year.

Goal C: ACCC will manage its resources to meet its financial objectives.

Strategies

- C1. Set targets to realize higher revenues.
- C2. Identify new sources of non-dues revenue over the next five years.
- C3. Develop a measurable value proposition for constituents and communicate it effectively.

Indicators of Achievement

- Identify and secure three new sources of non-dues revenue over the next 5 years.
- Increase overall annual revenue by \$100,000 per year during the next five (5) years.
- Increase fund balance to 45% of annual budget, excluding special projects, over 5 years.

Goal D: ACCC will establish meaningful collaborations & partnerships.

Strategies

- D1. Participate in activities related to the development of quality initiatives in the community setting.
- D2. Establish effective collaborations with other cancer organizations.
- D3. Explore collaborations with non-cancer organizations.
- D4. Engage with public and private payers.

Indicators of Achievement

- Create task force that determines collaborative strategies with accrediting entities.
- Participate in at least 3 coalitions/collaborations per year.
- Identify and engage in collaboration with 2 non-cancer organizations annually.
- Demonstrate at least three significant quality care initiatives developed with state oncology societies.

Goal E: ACCC will examine its leadership and membership structure.

Strategies

- E1. Analyze and report on current member demographics.
- E2. Review current governance structure (Board of Trustees & Committees).
- E3. Consider a different member structure taking into account the diversity of the membership.
- E4. Investigate different voting procedures/policies in order to increase member participation.
- E5. Increase knowledge and engagement of leadership.

Indicators of Achievement

- Conduct two board information calls per year.
- Engage each board member in at least one task force/committee each year.
- Outline member demographics in an annual membership fact sheet for the Board.
- Present different models of institutional-based voting procedures for Board consideration within two years.
- Review current governance structures and provide examples of “best practices” and/or “benchmarking” from other organizations or associations within three years.
- Implement system membership category within 3 years.



Association of Community Cancer Centers

Staff Contact List

*The leading education and advocacy
organization for the cancer team*

Staff Contact List

ACCC STAFF MEMBER		POSITION	PHONE EXTENTION 301.984.9496	DIRECT PHONE NUMBER	EMAIL ADDRESS
ASSOCIATION MANAGEMENT/FINANCE					
VICTORIA	ARAGON	Accounting Assistant	275		varagon@accc-cancer.org
ANNE-MARIE	DAVIS	Accountant	242		adavis@c-managementinc.com
CHRISTIAN	DOWNS	Executive Director, ACCC	220	301.984.5066	cdowns@accc-cancer.org
DEBRA	LUMPKINS	Accounting Assistant	203		dlumpkins@accc-cancer.org
LISA	KOKER	Manager, Human Resources & Office Admin.	222		lkoker@accc-cancer.org
BETSY	SPRUILL	Manager, Leadership Relations	206		bspruill@accc-cancer.org
LOIS	UTTERBACK	Director of Finance	204	301.984.5060	lutterback@accc-cancer.org
SARA	WEBER	Senior Accountant	207		sweber@accc-cancer.org
COMMUNICATIONS/MARKETING					
VASYL	BARYSHEV	Web Editor	251		vbaryshev@accc-cancer.org
MATT	CLARKE	Coordinator, Marketing	227		mclarke@accc-cancer.org
MICHELE	FOERST	Manager, Digital Strategy	254		mfoerst@accc-cancer.org
LORI	GARDNER	Senior Director, Communications & Marketing	226	301.984.5063	lgardner@accc-cancer.org
MONIQUE	MARINO	Senior Manager, Publications & Content	211		mmarino@accc-cancer.org
AMANDA	PATTON	Content Manager	245		apatton@accc-cancer.org
VALERIA	STEVENSON	Marketing Associate	259		vstevenson@accc-cancer.org
LISA	TOWNSEND	Senior Manager, Marketing	229		ltownsend@accc-cancer.org
WILL	TRUE	Writer/Editor	210		wtrue@accc-cancer.org
BRITTANY	WOLF	Marketing Associate	274		bwolf@accc-cancer.org
CORPORATE RELATIONS/BUSINESS DEVELOPMENT					
MIKE	ANDREWS	Senior Director, Corporate Relations	253	301.984.5075	mandrews@accc-cancer.org
MARIANNE	GANDEE	Director, Development	243		mdailey@accc-cancer.org
MALVIN	MILBURN	Manager, Corporate Relations	252	301.984.5074	mmilburn@accc-cancer.org
PAM	RATTANANONT FERRIS	Director, Education Initiative Development	225		pferris@accc-cancer.org
JANINE	SAKACS	Assistant Manager, Corporate Relations	218	301.984.5065	jsakacs@accc-cancer.org
PROVIDER EDUCATION					
HIRA	CHOWDHARY	Project Manager, Provider Education	209		hchowdhary@accc-cancer.org
BRISSAN	GUARDADO	Senior Project Manager	247		bguardado@accc-cancer.org
AMANDA	KRAMAR	Chief Learning Officer	208	301.984.5062	apauley@accc-cancer.org
LORNA	LUCAS	Director, Provider Education	270		llucas@accc-cancer.org
AMY	MARBAUGH	Senior Clinical Content Mgr, Provider Education	221		amarbaugh@accc-cancer.org
ELANA	PATE	Continuing Education Coordinator	258		epate@accc-cancer.org
TARA	PERLOFF	Project Manager, Provider Education (I-O)	269		tperloff@accc-cancer.org
CHANDRA	PERSAUD	Program Officer	244		cpersaud@accc-cancer.org
ELANA	PLOTKIN	Project Manager, Provider Education	214		eplotkin@accc-cancer.org
LATHA	SHIVAKUMAR	Director, Clinical Education Development		469-556-7814	lshivakumar@accc-cancer.org

During normal business hours (9 am - 5:30 pm, Mon-Fri), when dialing the main number or a direct number, you can press 0 at any time during the greeting to have your call routed to the CMI/ACCC Operator

Staff Contact List

ACCC STAFF MEMBER		POSITION	PHONE EXTENTION 301.984.9496	DIRECT PHONE NUMBER	EMAIL ADDRESS
MEMBERSHIP					
JEANNIE	JEFFRIES	Associate Mgr, Member Engagement, Data Integrity	216		jjeffries@accc-cancer.org
ARNOLD	SRIPINYO	Assistant Manager, Client Membership	267		asripinyo@accc-cancer.org
JENNIFER	WILSON	Director, Client Membership	215	301.984.5069	jwilson@accc-cancer.org
ONCOLOGY STATE SOCIETY NETWORK (OSSN)					
LU ANNE	BANKERT	Administrator, OSSN	219	301.984.5076	labankert@accc-cancer.org
MARCI	CALI	Executive Director, OSSN	238	301.984.5073	mcali@accc-cancer.org
NICOLE	DREABIT	Senior Account Executive, OSSN	239	301.984.5072	ndreabit@accc-cancer.org
LIZ	SWARBRICK	Client Relations Associate, OSSN	205		lswarbrick@accc-cancer.org
MEETINGS					
NELLIE	DICKENS	Manager, Meetings	254		ndickens@accc-cancer.org
EMMA	FERRAIUOLO	Meetings Associate	257		eferraiuolo@accc-cancer.org
CYNTHIA	TRACY	Administrative Assistant, Meetings (PT)	212		ctracy@accc-cancer.org
LISA	WENGER	Meetings Planner	202		lwenger@accc-cancer.org
PUBLIC POLICY					
BLAIR	BURNETT	Analyst, Health Policy	213		bburnett@accc-cancer.org
LEAH	RALPH	Director, Health Policy	223	301.984.5071	lralph@accc-cancer.org