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CONFLICT OF INTEREST POLICY and DISCLOSURE STATEMENT (FY'2020)

1. INTRODUCTION

As stated by the Ryan White Treatment Extension Act of 2009, it is the responsibility of Planning Councils¹ to establish priorities for the allocation of Part-A funds within each Eligible Metropolitan Area (EMA). According to the Act, these priorities must be based upon size and demographics of the population of individuals with HIV disease, documented need, cost and outcome effectiveness of proposed strategies, priorities of HIV-infected communities for whom the services are intended, coordination with programs for HIV prevention and for the prevention and treatment of substance abuse, the availability of other governmental and non-governmental resources, and capacity development needs resulting from disparities in the availability of HIV- related services in historically underserved communities. In order to ensure that priorities are based upon the above objective criteria, the Health Resources and Services Administration (HRSA) expects each Planning Council to define Conflict of Interest and develop a plan for its management. This plan will become part of the Council's operating procedures and bylaws.

2. DEFINING CONFLICT OF INTEREST

The membership of the Planning Council is dictated by the Ryan White Treatment Extension Act of 2009 to ensure a range of perspectives and expertise from all of the communities within the eligible metropolitan area. It is expected that each of these members will contribute to a discussion from their own expertise and background. This contribution should not be misconstrued as a Conflict of Interest.

A Conflict of Interest involves an actual or perceived interest by a member in an action by the planning body, which results or appears to result in personal, organizational, geographical or professional gain. It includes direct or indirect financial or other personal or professional interest or gain where the benefit can go to the member or a partner or family member, friend, or business associates. Like other members, people living with or affected by HIV/AIDS can also have Conflicts of Interest.

"To plan for the development, implementation and continual improvement of the health care and treatment services for People Living with and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren."

Differentiating between "Conflict of Interest" and "speaking to one's expertise" may be quite difficult. The former is when one's objective in arguing for a particular point is for personal or professional gain (as defined above). The latter is in the spirit of contribution to a discussion for the greater good, i.e. with the intent of reaching a decision that is based upon as much factual evidence as can be gathered. A hallmark of this spirit of contribution is listening and considering all perspectives with the aim of reaching an objective decision that will bring the greatest benefit to the ultimate recipients of Ryan White funds. For the purposes of this Policy, Conflict of Interest shall be defined as:

Conflict of Interest: It is the policy of the Newark EMA HIV Health Services Planning Council that any voting member (of the full of Planning Council or any of the Council's Committee) who also serves as a Director, Trustee, or salaried employee, or otherwise materially benefits from association with any agency which may seek Ryan White Part-A funds is deemed to have an "interest" in said agency or agencies. This member may not vote on an issue directly related to the organization, and in some cases, even the work it undertakes or the geographic area it serves. Additionally, s/he may not vote regarding the allocation or prioritization of any service categories for his/her county/region. This policy shall not be construed as preventing any member of the Council from full participation in discussion and debate about community needs, service priorities, allocation of funds to broad service categories, and the processes for the results of evaluation of service effectiveness. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the HIV service delivery system in the EMA when such matters are under deliberation. All members of the Council are expected to assist in keeping the Council focused on directing funds to meet the needs of individuals affected by the HIV epidemic in the most expeditious manner possible without undue regard to the benefit to specific agencies or programs.

3. LEGISLATIVE REQUIREMENTS RELATED TO CONFLICT OF INTEREST

The following summarize the primary points from the Ryan White Treatment Extension Act of 2009 regarding Conflict of Interest:

- Planning Councils may not be directly involved in the administration of a grant nor may they designate particular providers as recipients of any amounts provided in the grant;
- Individual Planning Council (and committee) members must not participate in the grantee's process for provider selection if they have any of the following relationships with an organization seeking a grant:
 1. Financial interest;
 2. Membership;
 3. Employment.

4. SITUATIONS THAT COULD RESULT IN A CONFLICT OF INTEREST

- Allowing one person or group to dominate the Ryan White Treatment Extension Act of 2009 process.
- Confusing Planning Council priority setting with grantee procurement/contracting.
- Setting priorities and allocating resources based on individual interests rather than the results of a Needs Assessment and/or Comprehensive Health Plan.

- Using decision-making processes that do not give equal weight to the opinions of each voting member.
- Confusing the evaluation of effectiveness of services with evaluation of providers.
- Influencing discussion by arguing for funds to be allocated to an area where there is personal or professional gain (e.g. a service category or political entity) or duality of interest (e.g. geographical area).

5. MANAGING CONFLICT OF INTEREST

Approaches to preventing and minimizing Conflict of Interest;

- Adopt Conflict of Interest policies and apply them consistently;
- Clarify disclosure requirements and use disclosure forms;
- Require verbal disclosure when discussion begins;
- Keep mission always present in members' minds;
- Address Conflict of Interest in orientation and training;
- Limit discussion on specific providers;
- Implement an open and orderly meetings process;
- Keep all processes well defined and open to the public, and keep community members informed;
- Assign responsibilities for resolving Conflict of Interest.

The role of PLWHAs in helping to manage Conflict of Interest:

- Request orientation on Conflict of Interest;
- Request, review, and clarify Conflict of Interest policy;
- Complete and regularly update disclosure forms;
- Make sure that PLWHAs serve on the committee responsible for dealing with Conflict of Interest;
- Disclose possible Conflict of Interest situations before they become an issue;
- Help to find "unaffiliated" PLWHAs members (not employed by or a Board member of provider organizations and not employed by or affiliated with the grantee).

Responsibilities for Resolving Conflicts of Interests:

- Disclosure forms will be completed by each Planning Council and Comprehensive Planning Committee member and continually updated;
- Committee members will be asked by the Chairperson to also verbally disclose any actual or perceived Conflicts of Interest at the beginning of each and every discussion during the priority setting and resource allocations process;
- Committee members will recuse themselves from discussing and voting on areas where they hold Conflicts of Interests;
- The Committee Chairperson will objectively guide the Priority Setting Process and will relinquish his/her right to vote except in the case of a tie vote;
- All Committee members and Planning Council staff are responsible for ensuring that the Committee adheres to the Conflict of Interest Policy and Priority Setting Process;
- Deviations from the Priority Setting Process can be grieved by following the Council's Grievance Procedures. The Executive Director will serve as the initial contact for committee members to resolve any potential grievance.

DISCLOSURE STATEMENT

(Please keep this copy for reference)

The Newark EMA HIV Health Services Planning Council; in order to ensure the objectivity of all of our decision making processes and to avoid Conflicts of Interest from disrupting this process, requires all Planning Council and Comprehensive Planning Committee members to disclose any personal, professional or volunteer affiliations with any entity or individual currently providing or interested in providing any Ryan White Part-A service.

Affiliation will include but is not limited to:

- Employment with a service provider as a full time, part time, or per diem staff person;
- Employment with a service provider as a paid consultant;
- Volunteer assignment with a service provider;
- Board member assignment, Advisory Committee member, etc. with a service provider;
- Recipient (customer, client, patient) of direct or support services from a service provider;
- Professional relationship with the priority or allocation process (e.g. Council staff, Grantee employees, Union County employee).

The above will also include the involvement of any family member, significant other or business associate in a similar capacity as stated above.

In the space provided below please disclose any affiliations that could be perceived as Conflicts of Interest:

KEEP THIS COPY FOR REFERENCE

DISCLOSURE STATEMENT – FY'2020

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In the space provided below please disclose any affiliations that could be perceived as conflicts of interest:

Signature: _____

Date: _____

Name (please print): _____