Request for Proposals (RFP): Laboratory Information System (LIS) for Indonesia's Balai/Balai Besar Teknik Kesehatan Lingkungan dan Pengendalian Penyakit ("B/BTKL-PP") Laboratories

RFP Issued: April 21, 2021

Technical Assistance Webinar: May 5, 2021

Application Due Date: May 21, 2021

Submit questions and responses to:

Reshma Kakkar
Informatics Manager, Global Health
reshma.kakkar@aphl.org

This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $6.8 million dollars (COAG #NU2HGH000080, CFDA #93.318). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC, HHS, or the U.S. Government. For more information, please visit https://www.aphl.org/programs/global_health/Pages/default.aspx.

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Summary
The Association of Public Health Laboratories (APHL) received funding through a cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC) to implement a laboratory information system (LIS) and central laboratory data management system at the Indonesian Balai Besar Teknik Kesehatan Lingkungan public health laboratories (B/BTKL-PPs) with support from the Indonesian Ministry of Health (MOH) surveillance program.

BACKGROUND

APHL is soliciting offers from qualified information technology software providers with offices and operations in Indonesia to implement LIS in four B/BTKL-PP Ministry of Health laboratories in Indonesia. The successful proposal will provide a cost-effective LIS that can be maintained reliably in a timely manner and will offer an affordable solution that can be sustained in a resource-poor setting. APHL, working together with the Indonesia MOH and US CDC, surveyed four laboratories to identify and implement the first phase of the LIS in Indonesia. Phase 1 will provide objective information for development of a national plan for LIS implementation that addresses the technical, human resource, support and financial issues for a LIS. The four laboratories selected for the Phase 1 project are BBTKL-PP Yogyakarta, BBTKL-PP Surabaya, BBTKL-PP Banjarbaru, and BTKL-PP Batam.

APHL assisted US CDC and the Indonesia MoH in the performance of an evaluation of the laboratory system needs for a LIS and to develop an implementation plan for the Phase 1 laboratories. The assessment team activities included the following:

- Survey of operations in the Phase 1 laboratories and meetings with stakeholders, in order to describe standard laboratory services and current LIS capacity in the public health sector of Indonesia;
- Visits to B/BTKL-PP laboratories to compare sample flow procedures and understand how samples are processed;
- Discussion meetings on LIS requirements with Indonesia MOH surveillance leadership and MOH Data and Information Center, as well as with CDC Indonesia staff and leadership;
- Initiated development of an action plan and implementation schedule for the LIS in Indonesia; and
- Compiled the specific information, request and report forms and requirements for the development of an RFP for the purchase of a LIS.

RFP TIMELINE

- RFP Issued: April 21, 2021
- Webinar: May 5, 2021
- Questions due: May 5, 2021
- Responses due: May 21, 2021
- Award selection: June 25, 2021

The initial award will be made through September 29, 2021. Any subsequent awards will be made during the following financial year for APHL's cooperative agreement with CDC.

ELIGIBLE APPLICANTS

This RFP solicits offers from software providers with offices and operations in Indonesia that can deploy the LIS in Bahasa Indonesia and provide maintenance and support in Bahasa as well.

The Indonesia Ministry of Health may require the source code of the LIS solution selected. Alternatively the LIS source code may be placed in escrow for the duration of the project.

The LIS vendor/provider will agree to provide administrator level training to APHL and designated Ministry of Health staff. This will enable the trainees to carry out configurations, enhancements and maintenance tasks.

REQUIREMENTS OF FUNDING REQUESTS

- This LIS RFP should be considered a laboratory-oriented, sample-centric application as opposed to a patient-centric, patient management application. While there are many patient-centric applications that have laboratory components, the primary purpose of this application is to collect and manage laboratory test data, quality control data, inventory control data, standard operating procedures and training information within the laboratory. Sample-centric laboratory systems that link individual patient data through some universal identifier for epidemiological purposes are preferred.
- For the purpose of this RFP, the LIS vendor should describe the approach and technical specifications and ability to deploy LIS as:
    - Central database deployment hosted by a private cloud or at primary Indonesia MOH location. The centralized LIMS deployment should ensure all the laboratories are fully managed independently with appropriate security grouping that offers system demarcation. The MOH will need the ability to manage data from all laboratories.
    - Individual installations deployed on local server and local area network (LAN) in multiple laboratories
- The laboratory requirements found in section on Laboratory Business Requirements are meant to be a guide for respondents in responding to this RFP and to ensure that respondents understand the type of data that needs to be collected and communicated within the Indonesia laboratories. Consequently, they are general in nature and represent the minimum of data points to be collected.
- Computer and network hardware procurement will be the responsibility of APHL. Respondents can assume that:
    a. Network cable will be in place and functional in each laboratory prior to installation of the application.
    b. Each laboratory will have access to the internet either through broadband connection and that access will be available through the local LAN installed in the laboratory.
    c. Sufficient PCs will be available to run the application software in each laboratory prior to the installation of the application software.
    d. Bar code printers and scanners (if necessary) along with a sufficient number of networked system printers required by the selected application will be available prior to the installation of application software. These items may be provided by the vendor.

- Deployment will occur in three phases and include data exchange and electronic laboratory reporting. As a result, applications that have the ability to create and transmit data files in internationally recognized standards such as HL7 and utilize standard vocabulary code sets such as LOINC and SNOMED are preferred.
    a. Phase 1 will take place at four B/BTKL-PPs. This will involve two aspects:
        i. Installation and deployment of the LIS at the Reception, Virology, Parasitology and Bacteriology Laboratory sections
        ii. Data exchange/electronic laboratory reporting of patient level laboratory results to a separate Central Laboratory Data Repository.
        iii. Pilot of electronic test order and result (eTOR) between B/BTKL-PPs and selected high volume referring facilities e.g. laboratories and health center
    b. Phase 2 will deploy these 4 modules (Reception, Virology, Parasitology and Bacteriology) at 6 additional LIS B/BTKL-PPs.
    c. Phase 3 is expected to include expansion of the LIS to all areas of the 10 B/BTKL-PPs pending budget availability and discussion with MOH and laboratories.
- Respondents whose application software is licensed by PC or server, can base their proposal on the following standard information:
    a. LIS Central Server hosted by private cloud or at the Indonesian MOH
    b. Phase 1:
        i. At least 8 PCs available at each B/BTKL-PP, 2 PCs per laboratory section (Virology, Parasitology, Bacteriology) and 2 at reception. Total of minimum 24
        ii. Computers may also be added to hubs that are facilities that will refer specimens for testing to B/BTKL-PPs
- Respondents should bid a LIS application package that includes the following for Phase 1:
    a. All software required to make the LIS viable at 4 B/BTKL-PPs
    b. Instrument Interfaces for existing instrumentation at 4 B/BTKL-PPs
    c. Super user, end user and network administrator training (if applicable). We recommend initial minimum one week end user training at the laboratory facility on the software as provided, two weeks post-live supportive supervision.
    d. Installation and initial customization of the software for use in Phase 1 sites
    e. One (1) year minimum of software maintenance (updates, patches, etc.)
    f. One (1) year minimum of software support (for user questions, help desk, etc.). The maintenance and support may be a combined package
    g. Plans and prices for the continuation of software maintenance and support
    h. Costs associated with instrument interfaces
    i. Costs associated with technical support (if not included with software maintenance and support)
    j. Costs associated with additional training besides those listed above and software customization following initial installation.

Questions regarding technical and business (laboratory) requirements described in this RFP must be directed in writing, via email to Reshma Kakkar (with a copy to lucy.robinson@aphl.org):

Reshma Kakkar
Informatics Manager for Global Health, APHL
Email: reshma.kakkar@aphl.org

DURATION OF AWARDS

APHL, working together with the Indonesia MOH and US CDC, surveyed four laboratories to identify and implement the first phase of the LIS in Indonesia. Phase 1 will provide objective information for development of a national plan for LIS implementation that addresses the technical, human resource, support and financial issues for a LIS. The four laboratories selected for the Phase 1 project are:

1. BBTKL-PP Yogyakarta
2. BBTKL-PP Surabaya
3. BBTKL-PP Banjarbaru
4. BTKL-PP Batam

Phase 1 will be awarded from June through September 29, 2021. Phase 2 (depending on funding availability) will be from September 30, 2021 to September 29, 2022.

PROGRAM EXPECTATIONS

The information below on deployment approach, assumptions and preferences, are not requirements, but serve to provide an overview of important issues for consideration by respondents.

1. This LIS RFP should be considered a laboratory-oriented, sample-centric system as opposed to a patient-centric, patient management system. While many patient-centric systems that have laboratory components exist, the primary purpose of this system is to collect and manage laboratory test data, quality control data, inventory control data, standard operating procedures and training information within the laboratory. Sample-centric laboratory systems that link individual patient data through some universal identifier for epidemiological purposes are preferred.

2. For purposes of this RFP, the LIS vendor should describe the approach and technical specifications and ability to deploy LIS as:
    - Central database deployment hosted by a private cloud or at primary Indonesia MOH location. The centralized LIS deployment should ensure all the laboratories are fully managed independently with appropriate security grouping that offers system demarcation. The vendor will need to provide MOH with access to manage data from all laboratories
    - Individual installations deployed on local server and local area network (LAN) in multiple laboratories

3. The laboratory requirements found in Laboratory Business Requirements are meant to be a guide for respondents in responding to this RFP and to ensure that respondents understand the type of data that needs to be collected and communicated within the Indonesia laboratories. Consequently, they are general in nature and represent the minimum of data points to be collected.

4. Computer and network hardware procurement will be the responsibility of APHL. Respondents can assume that:
    a. Network cable will be in place and functional in each laboratory prior to installation of the system.

b. Each laboratory will have access to the internet either through broadband connection and that the access will be available through the local LAN installed in the laboratory.

c. Sufficient PC's will be available to run the system software in each laboratory prior to the installation of the system software.

d. Bar code printers and scanners (if necessary) along with a sufficient number of networked system printers required by the selected system will be available prior to the installation of system software. Although they may be provided by the vendor.

5. Deployment will occur in three phases and include data exchange and electronic laboratory reporting. As a result, systems that have the ability to create and transmit data files in internationally recognized standards such as HL7 and utilize standard vocabulary code sets such as LOINC and SNOMED are preferred.

a. Phase 1 will take place at four B/BTKL-PPs. This will involve two aspects:
   i. Installation and deployment of the LIS at the Reception, Virology, Parasitology and Bacteriology Laboratory sections
   ii. Data exchange/electronic laboratory reporting of patient level laboratory results to a separate Central Laboratory Data Repository.
   iii. Pilot of electronic test order and result (eTOR) between B/BTKL-PPs and selected high volume referring facilities e.g. laboratories and health center

b. Phase 2 will deploy these four modules (Reception, Virology, Parasitology and Bacteriology) at 6 additional LIS B/BTKL-PPs.

c. Phase 3 is expected to include expansion of the LIS to all areas of the 10 B/BTKL-PPs subject to budget availability and discussion with MOH and laboratories.

6. Respondents whose system software is licensed by PC or server, can base their proposal on the following standard information:

a. LIS Central Server hosted by private cloud or at the Indonesian MOH
b. Phase 1:
   i. At least eight (8) PCs available at each B/BTKL-PP, 2 PCs per laboratory section (Virology, Parasitology, Bacteriology) and 2 at reception. Total of minimum 24
   ii. Computers may also be added to hubs that are facilities that will refer specimens for testing to B/BTKL-PPs

7. Respondents Phase 1 application package should include the following for Phase 1:

a. All software required to make the LIS viable at 4 B/BTKL-PPs
b. Instrument Interfaces for existing instrumentation at 4 B/BTKL-PPs
c. Super user, end user and network administrator training (if applicable). APHL recommends initial minimum one weekend user training at the laboratory facility on the software as provided, two weeks post-live supportive supervision.
d. Installation and initial customization of the software for use in Phase 1 sites
e. One (1) year minimum of software maintenance (updates, patches, etc.)
f. One (1) year minimum of software support (for user questions, help desk, etc.). The maintenance and support may be a combined package
g. Plans and prices for the continuation of software maintenance and support
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i. Costs associated with technical support (if not included with software maintenance and support)
j. Costs associated with additional training besides those listed above and software customization following initial installation.

Questions regarding technical and business (laboratory) requirements described in this RFP must be directed in writing, via email to Reshma Kakkar (with a copy to lucy.robinson@aphl.org):

Reshma Kakkar
Informatics Manager for Global Health, APHL
Email: reshma.kakkar@aphl.org

SUBMISSION OF RFP

Responses must be sent to APHL by e-mail attachment in MSWord or PDF format (electronic signatures accepted) to Reshma Kakkar, Informatics Manager, Global Health, via email at reshma.kakkar@aphl.org. E-mail attachment is the preferred means of receipt. E-mail responses must be received at the APHL office by 5 pm WIB (Western Indonesia Time zone)/6 am Eastern time (U.S) on May 21, 2021. Submitters will receive a confirmation of receipt of their RFP by APHL. If submitters do not receive a confirmation within 48 hours of sending the response, submitters should reach out to Reshma Kakkar (reshma.kakkar@aphl.org) for confirmation. APHL may terminate or modify the RFP process at any time during the response period.

Responses that are not received by the stated deadline shall be determined to be non-responsive and at APHL's discretion may not be considered in the review of respondents.

Vendor information required to be included with response.

1. Full legal name and if LIS provider has a "doing business name" the d/b/a as well.
2. Contractor's authorized representative for the proposal.
3. Telephone, and e-mail address of the contractor's authorized representative for communication between APHL and the LIS provider.
4. Business/Office mailing address.
5. All appendices must be completed including sections A through I. Vendors may input their response directly into the text boxes provided and submit these sections as part of their response

TRAVEL

Due to COVID-19, APHL will not be providing any funds for travel.

EVALUATION OF RESPONSES

Initial Review

Part One:
APHL reviews all responses received by the response deadline, assesses the responses and compares them to the requirements stated in the RFP including word and page limits stated for each section.

One or more providers are selected to be included in Part Two of the RFP review process. Applications that do not meet the minimum technical requirements of the RFP may not be included for consideration in Part Two due to weaknesses in the noted criteria compared to other applications. All providers will be informed of the outcome of their RFP response via email. Those selected for Part Two will receive details regarding the demonstration. Respondents to the RFP should address all noted criteria found in Appendix A of this RFP.

Part Two:
APHL may require respondents selected for the Part Two review to provide a virtual demonstration of their proposed application to APHL, CDC-Indonesia and the Indonesia MoH managers and representatives and answer questions related to their software, project plan and costs. Respondents will be short-listed by a Selection Committee for further consideration in Part Three. Respondents not selected during Part Two of the evaluation process will be informed by APHL via email.

Part Three:
After consideration of the information provided in the RFP response and a demonstration of the system, Indonesia MoH shall select the preferred respondent in consultation with APHL and CDC-Indonesia. APHL will request a final offer from the preferred respondent prior to awarding a contract. The final offer will permit inclusion of changes that may arise in deliverables or conditions of the implementation during the negotiation of a contract.

The purchasing contract negotiated between APHL and the selected respondent will identify costs and payments to be associated with:

- initial system licenses
- purchase price
- implementation costs
- training costs
- maintenance and update costs
- other associated costs and services.

Evaluation Team

The initial screening will be conducted by APHL Global Health team members to ensure applications submitted in response to the RFP meet minimum requirements stated in the RFP. The final selection will be made by a Selection Committee comprising of APHL and Indonesia MoH staff. All evaluators will complete a conflict of interest form prior to participating in the evaluation.

Evaluation Criteria

Responses are assessed on these criteria:

- LIS Phase 1 Project requirements
- Strength of the provider's project plan to successfully implement a LIS in the Phase 1 sites.
- Strength of the providers project plan to sustain operation of LIS in the Phase 1 sites
- Value of the offer relative to cost, performance and maintenance

TERM OF PROJECT

Detailed contract and terms will be finalized as part of contract negotiations. The contract starting and ending effective dates shall be indicated on the purchase order or contract and by mutual agreement of both parties; the ending date may be extended for maintenance, support and additional work subject to the APHL and CDC cooperative agreements requirements.

COMPENSATION AMOUNT

APHL estimates between $50,000 and $85,000 for the initial award for this project.

AWARD ANNOUNCEMENT

The bidders' conference will take place between June 14 and June 18. APHL will inform selected and non-selected applicants of the award decision by June 25, 2021. APHL will post a list of selected programs on APHL's procurement website, www.aphl.org/rfp. The expected date of contract award is July 12, 2021.

All applicants will be entitled to utilize APHL's RFP Appeals Process to formulate an appeal regarding alleged irregularities or improprieties during the procurement process. Specific details of this policy are located on the procurement website, www.aphl.org/rfp.

CONDITIONS OF AWARD ACCEPTANCE

The eligible applicants must be able to contract directly with APHL or have an existing relationship with a third-party organization that can contract directly with APHL on behalf of the applicant.

RFP RELATED QUESTIONS

All questions should be submitted in writing via email to Reshma Kakkar, Informatics Manager, Global Health, reshma.kakkar@aphl.org, no later than May 5, 2021. Questions will be addressed on APHL's procurement website.

DISCLAIMER AND OTHER GENERAL MATTERS

This RFP is neither an agreement nor an offer to enter into an agreement with any respondent. Once evaluation is complete, APHL may choose to enter into a definitive contract with the selected RFP applicant(s).

APHL must ensure that the selected applicant(s) are neither suspended nor excluded from receiving federal funds and that the applicant(s) meet any other funding eligibility requirement imposed by the Cooperative Agreement. APHL's determination of whether the applicant is eligible to receive Cooperative Agreement funding will be definitive and may not be appealed. In the event that APHL determines that the selected applicant(s) is ineligible to receive Cooperative Agreement funding, APHL will nullify the contract or will cease negotiation of contract terms.

Each applicant will bear its own costs associated with or relating to the preparation and submission of its application. These costs and expenses will remain with the applicant, and APHL will not be liable for these or for any other costs or other expenses incurred by the applicant in preparation or submission of its application, regardless of the conduct or outcome of the response period or the selection process. By responding to this RFP, each applicant agrees to the information provided in this section.

APPENDICES A-H

Please download the fillable Appendices A-H.

APPENDIX I: APHL CONFLICT OF INTEREST DISCLOSURE STATEMENT (FOR COMPLETION BY REVIEWERS ONLY – APPLICANTS DO NOT NEED TO COMPLETE)

Association of Public Health Laboratories

Conflict of Interest Disclosure Statement

Applicability: Disclosure of the following information is required of all Officers, Directors, committee members, staff members and other volunteers who have been designated and who have accepted responsibility to act on behalf of APHL ("APHL Personnel"). Please answer the following questions and, where indicated, include the same information for your immediate family members (your parents, your spouse or partner, your children and your spouse/partner's parents).

APHL will keep your completed disclosure statement in the corporate records of the association.

1. Please list the name, address, phone number, email address and type of business of your current employer. If you are self-employed, please note that below and provide us with the address, phone number, email address and type of business you operate.

_____

_____

_____

☐ Do you, or does any family member, currently serve as an officer, director, committee member, or other volunteer (or work as an employee of or a paid consultant to) any organization serving the interest of laboratory science or public health laboratories other than APHL or your state or local laboratory?

☐ **Yes** ☐ **No**

If yes, please list the organization(s) and provide detail on your or your family member's interest or position in the organization(s).

_____

☐ Do you, or any family member, have an existing or potential interest in, or compensation arrangement with, any third party providing goods or services to APHL, or with which APHL is currently negotiating?

☐ **Yes** ☐ **No**

If the answer is yes, please provide the name of the organization below and describe in detail the nature of the position held.

4. Please note any other financial or business interest you may have with any organization serving the interests of public health laboratories.

If you have none, please check this box: ☐

☐ Do you, or does any family member, have any other interest or affiliation that is likely to compromise your ability to provide unbiased and undivided loyalty to APHL, or that could come in conflict with your official duties as an Officer, Director, committee member, staff member or other volunteer who has been designated and who has accepted responsibility to act on behalf of APHL?

☐ Yes ☐ No

If you answered yes, please describe in detail below the nature of each such interest or affiliation.

6. If you are currently aware of any actual or possible conflict of interest that might otherwise hamper your ability to serve APHL to your best ability and with the highest degree of care, loyalty and obedience – ***including any potential conflict you or a family member may have with one or more of the RFP applicants*** – please describe them in detail below.

7. Do you agree that so long as you are an Officer, Director, committee member, staff member or other volunteer who has been designated and who has accepted responsibility to act on behalf of APHL you will immediately disclose to the other Directors and/or Officers or, for staff members, the Executive Director and/or General Counsel the nature of any interest or affiliation which you may hereafter acquire, which is in or is likely to become in conflict with your official duties with APHL?

☐ **Yes** ☐ **No**

YOU MUST READ THIS SECTION AND THEN SIGN BELOW

I acknowledge that I have received and read APHL's Fiduciary Responsibility and Conflict of Interest Policy (the Policy). I have listed all my relevant fiduciary responsibilities and affiliations, and I have identified any actual or potential conflict of interest on this Disclosure Statement and I agree to abide by the Policy. I understand that it is my responsibility to inform APHL in writing of any change in circumstances relating to the Policy and this Disclosure Statement.

Signature: Date:

Printed Name:

APHL Fiduciary Responsibility and Conflict of Interest Policy

1. Policy Statement and Purpose

The members of the APHL Board of Directors understand the importance of serving APHL to the best of their ability and with the highest degree of obedience, loyalty and care. Accordingly, the Board adopts the following policy for APHL Officers and Directors, all staff, committee members, and other volunteers who have been designated and who have accepted responsibility to act on behalf of APHL ("APHL Personnel").

2. Individual Duty and Annual Disclosure

APHL Personnel will avoid any conflict of interest with APHL. APHL Personnel will not profit personally from their affiliation with APHL, or favor the interests of themselves, relatives, friends or other affiliated organizations over the interests of APHL. As used in this Policy, "Conflict of interest" includes any actual, apparent, and potential conflict of interest.

Upon commencing service with APHL, each APHL Personnel will file with the Board an annual statement disclosing all material business, financial, and organizational interests and affiliations they or persons close to them have which could be construed as related to the interests of APHL or the profession of public health laboratory science. Each APHL Personnel has an obligation to make an additional disclosure if a conflict of interest arises in the course of the individual's service to APHL, whether arising out of his/her employment, consulting, investments, or any other activity. These disclosures will be documented promptly in writing and recorded in the Board minutes and corporate records.

3. Procedure

Whenever APHL considers a matter, which presents an actual, apparent, or potential conflict of interest for APHL Personnel, the interested individual will fully disclose his/her interest in the matter, including the nature, type, and extent of the transaction or situation and the interest of the individual or that individual's relatives, friends or other affiliated organizations. The Board, after consultation with counsel as appropriate, will determine whether an actual and material conflict exists and, if so, what is the appropriate course of action under this policy and the Board vote will be recorded in the minutes.

Any Board member having a conflict of interest must either (i) voluntarily abstain from and be disqualified from participation in all deliberation and voting on all Board actions relating to the situation or matter that gives rise to the conflict of interest, or (ii) ask the Board to determine whether an apparent or potential conflict of interest is considered by the Board to be an actual and material conflict. In the event that the Board member in question requests that the Board evaluate the apparent or potential conflict, that Board member will abstain and be disqualified from participating in (and voting on) the determination of whether the issue presents an actual and material conflict. If the Board determines that an actual and material conflict exists, the Board member in question will abstain from all voting on, and will be disqualified from participation in all deliberation concerning all Board actions relating to the conflict of interest. The vote will be recorded in the minutes.

These procedures will neither prevent the interested individual from briefly stating his/her position on the matter, nor preclude him/her from answering pertinent questions of Board members, since his/her knowledge may be of assistance to the Board's deliberations.

APHL Personnel must be cautious and protective of the assets of APHL and insure that they are used in the pursuit of the mission of APHL. The association's policy requires APHL Personnel to avoid transactions in which APHL personnel may have a significant financial interest in any property which APHL purchases, or a direct or indirect interest in a supplier, contractor, consultant, or other entity with which APHL does business. The Board, after consultation with counsel as appropriate, will determine whether an actual and material conflict exists and, if so, determine whether the transaction is nonetheless favorable to APHL before considering whether to approve it.

4. Other Duties and Obligations

Whenever any APHL Personnel discovers an opportunity for business advantage which is relevant to the activities of APHL, the opportunity belongs to APHL and the individual must present this opportunity to the Board. Only once the Board determines not to pursue the matter and relinquishes the opportunity may the individual consider it a matter of possible personal benefit.
APHL Personnel may not accept favors or gifts exceeding $75.00 from anyone who does business with APHL.

All APHL Personnel will keep confidential those APHL matters designated confidential. APHL Personnel are prohibited from disclosing information about APHL to those who do not have a need to know or whose interest may be adverse to APHL, either inside or outside APHL, and are prohibited from using in any way such information for personal advantage to the detriment of APHL.

All APHL Personnel who participate in APHL activities, including committee activities and international consultation activities, must be adequately prepared to fully participate as their position descriptions require and will do so in accordance with the applicable laws and regulations of their respective state or territory and APHL's Articles of Incorporation, Bylaws, and corporate policies. The APHL Board will read and understand the association's Articles of Incorporation, Bylaws, corporate policies and financial statements, and routinely verify that all state, federal, and local tax payments, registrations and reports have been filed in a timely and accurate manner.

Board members will never exercise authority on behalf of APHL except when acting in meetings with the full Board or the Executive Committee or as authorized by the Board. If any member of the Board has significant doubts about a course of action of the Board, he or she must clearly raise the concern with the Executive Director and the Board and, when appropriate, seek independent expert advice.