

Senate Bill No. 314—Senator Roberson

Joint Sponsor: Assemblyman Thompson

CHAPTER.....

AN ACT relating to public health; revising the composition and duties of health districts in certain larger counties; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law creates a health district in a county whose population is 700,000 or more (currently Clark County). The health district consists of a district health officer and a district board of health, which consists of representatives selected by various governmental entities and additional members selected by those representatives. (NRS 439.362) **Section 3** of this bill revises the composition of such a health district to include a chief medical officer and a public health advisory board. **Section 3** provides that certain members selected by the representatives of various governmental entities under current law no longer serve as voting members of the district board of health and instead comprise the public health advisory board, the members of which serve as nonvoting members of the district board of health. **Section 3** additionally includes one resident of each city in the county, as selected by the governing body of the city, on the public health advisory board. **Section 3** also prohibits any member of the district board of health from designating another person to vote, participate in a discussion or otherwise serve on his or her behalf. **Section 4** of this bill provides for the conversion of the currently serving members of a district board of health whose positions would become part of a public health advisory board pursuant to **section 3**. **Section 1** of this bill provides for the appointment, job description, qualifications and compensation of a chief medical officer. **Section 3.5** of this bill revises provisions relating to the duties, selection, job description, qualifications and compensation of a district health officer.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 439 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The district health officer shall, with the approval of the district board of health:

(a) Approve a job description, qualifications and compensation for a chief medical officer; and

(b) Oversee the recruitment and selection process for and appoint a chief medical officer, who serves under the direction of the district health officer.



2. The chief medical officer is entitled to receive the compensation approved by the district health officer and serves at the pleasure of the district board of health.

Sec. 2. NRS 439.361 is hereby amended to read as follows:

439.361 The provisions of NRS 439.361 to 439.368, inclusive, *and section 1 of this act* apply to a county whose population is 700,000 or more.

Sec. 3. NRS 439.362 is hereby amended to read as follows:

439.362 1. A health district with a health department consisting of a district health officer, *a chief medical officer, a public health advisory board* and a district board of health is hereby created.

2. The district board of health consists of:

(a) Representatives selected by the following entities from among their elected members:

(1) Two representatives of the board of county commissioners;

(2) Two representatives of the governing body of the largest incorporated city in the county; and

(3) One representative of the governing body of each other city in the county; and

(b) The following representatives, selected by the elected representatives of the district board of health selected pursuant to paragraph (a), who shall represent the health district at large and who must be selected based on their qualifications without regard to the location within the health district of their residence or their place of employment:

(1) ~~Two representatives~~ *One representative* who ~~are physicians~~ *is a physician* licensed to practice medicine in this State; ~~one of whom is selected on the basis of his or her education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations;~~

(2) ~~One representative who is a nurse licensed to practice nursing in this State;~~

~~(3) One representative who has a background or expertise in environmental health or environmental health services;~~

~~(4)~~ One representative of a nongaming business or from an industry that is subject to regulation by the health district; and

~~(5)~~ (3) One representative of the association of gaming establishments whose membership in the county collectively paid the most gross revenue fees to the State pursuant to NRS 463.370 in the preceding year, who must be selected from a list of nominees



submitted by the association. If no such association exists, the representative selected pursuant to this subparagraph must represent the gaming industry.

3. *The public health advisory board consists of:*

(a) *One resident of each city in the county selected by the governing body of each such city; and*

(b) *The following representatives, selected by the district board of health, who shall advise the health district on matters relating to public health and who must be selected based on their qualifications without regard to the location within the health district of their residence or their place of employment:*

(1) *One representative who is a physician licensed to practice medicine in this State, selected on the basis of his or her education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations;*

(2) *One representative who is a nurse licensed to practice nursing in this State; and*

(3) *One representative who has a background or expertise in environmental health or environmental health services.*

4. *Members of the public health advisory board serve as nonvoting members of the district board of health. A member of the district board of health may not designate another person to vote, participate in a discussion or otherwise serve on his or her behalf.*

5. *Members of the district board of health and the public health advisory board serve terms of 2 years. Vacancies must be filled in the same manner as the original selection for the remainder of the unexpired term. Members serve without additional compensation for their services, but are entitled to reimbursement for necessary expenses for attending meetings or otherwise engaging in the business of ~~the~~ their respective board.*

~~14.~~ 6. *The district board of health shall meet in July of each year to organize and elect one of its voting members selected pursuant to subsection 2 as chair of the board.*

~~15.~~ 7. *The county treasurer is the treasurer of the district board of health. The treasurer shall:*

(a) *Keep permanent accounts of all money received by, disbursed for and on behalf of the district board of health; and*

(b) *Administer the health district fund created by the board of county commissioners pursuant to NRS 439.363.*



~~16.1~~ 8. The district board of health shall maintain records of all of its proceedings and minutes of all meetings, which must be open to inspection.

~~17.1~~ 9. No county, city or town board of health may be created in the county. Any county, city or town board of health in existence when the district board of health is created must be abolished.

Sec. 3.5. NRS 439.368 is hereby amended to read as follows:

439.368 1. The district board of health shall appoint a district health officer for the health district who shall have full authority as a county health officer in the health district.

2. The district health officer ~~must:~~

~~—(a) Be licensed to practice medicine or osteopathic medicine in this State or be eligible for such a license and obtain such a license within 12 months after being appointed as district health officer;~~

~~—(b) Have at least 5 years of management experience in a local, state or national public health department, program, organization or agency; and~~

~~—(c) Have:~~

~~—(1) At least a master's degree in public health, health care administration, public administration, business administration or a related field;~~

~~—(2) Work experience which is deemed to be equivalent to a degree described in subparagraph (1), which may include, without limitation, relevant work experience with a national organization which conducts research on issues concerning public health; or~~

~~—(3) Obtained certification from or be eligible to be certified by the American Board of Preventive Medicine, the American Osteopathic Board of Preventive Medicine, a successor organization or, if there is no successor organization, by a similar organization designated by the district board of health.] shall direct the work of the health district, administer the health district and perform any other duties specified by the district board of health.~~

3. *The district board of health shall:*

(a) Approve a job description, qualifications and compensation for a district health officer; and

(b) Oversee the recruitment and selection process for a district health officer.

4. The district health officer is entitled to receive ~~the salary fixed~~ *the compensation approved* by the district board of health and serves at the pleasure of the board.

~~14.1~~ 5. Any clinical program of a district board of health which requires medical assessment must be carried out under the direction of a physician.



Sec. 4. 1. The term of each member serving on a district board of health created pursuant to NRS 439.362 who is selected pursuant to subparagraph (2) or (3) of paragraph (b) of subsection 2 of NRS 439.362, and the term of one member, chosen by the district board of health, who is selected pursuant to subparagraph (1) of that paragraph, expire on June 30, 2015.

2. A person whose term as a member of a district board of health expires pursuant to subsection 1 shall be deemed to be a member of the public health advisory board created by NRS 439.362, as amended by section 3 of this act, on and after July 1, 2015. The term of office of a person deemed to be a member of a public health advisory board pursuant to this subsection expires on the date that the person's term as a member of the district board of health would have expired notwithstanding the provisions of subsection 1.

3. The governing body of each city specified in paragraph (a) of subsection 3 of NRS 439.362, as amended by section 3 of this act, shall, on or before July 1, 2015, select one resident of the city to serve as a member of the public health advisory board pursuant to that paragraph.

4. The district board of health shall, on or before July 1, 2015, appoint a district administrative officer pursuant to section 1 of this act.

Sec. 5. The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.

Sec. 6. 1. This section and sections 4 and 5 of this act become effective upon passage and approval.

2. Sections 1 to 3.5, inclusive, of this act become effective on July 1, 2015.



Costs Projected for SB314

Costs for new staff member:

Salaries & benefits	\$340,266
Vehicle expense	7,200
Travel	6,000
Dues & memberships	<u>2,500</u>
Total	\$355,966

Costs for advisory committee meetings

Approximate Total	\$ 30,000
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Add Costs to Health District	\$386,000
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SOUTHERN NEVADA DISTRICT BOARD OF HEALTH BYLAWS

ARTICLE 1: NAME

- 1.1 The name of this board shall be the Southern Nevada District Board of Health, hereinafter referred to as the Board.

ARTICLE 2: AUTHORITY

- 2.1 The Board is authorized pursuant to Nevada Revised Statutes (NRS) Chapter 439.
- 2.2 The Board is the governing body of the Southern Nevada Health District, a health department operating under the direction of a Chief District Health Officer and the Board, which has jurisdiction over all public health matters in the incorporated and unincorporated areas of Clark County, Nevada.

ARTICLE 3: PURPOSE AND FUNCTION

- 3.1 The purposes and functions of the Board are to:
 - a) Protect and promote the public health generally.
 - b) Adopt, amend, and enforce reasonable regulations consistent with law in the areas outlined in NRS Chapters 439, 441B, 444, 446, 450B, and all other statutes providing authority to adopt, amend, and enforce regulations consistent with law.
 - c) Adopt a schedule of reasonable fees to be collected for providing of public health services, including but not limited to issuing or renewing any health permit or a license required to be obtained from the Board or the Health District pursuant to applicable law, with such permit or license fees being collected for the sole purpose of defraying the cost and expenses of the procedures for issuing licenses and permits, and investigation related thereto, and not for the purposes of general revenue.
 - d) Prepare and submit to the Board of County Commissioners an annual operating budget for the Health District as required by law.
 - e) Appoint a Chief District Health Officer for the Health District who shall have full authority as a County Health Officer in the incorporated and unincorporated areas of Clark County, Nevada.
 - f) Adopt written policies and procedures for administering the Board.
 - g) Oversee the Health District's Public Health Advisory Board.

- h) Approve the District Health Officer's job description, qualifications and compensation, and oversee any recruitment and selection process.
- i) Exercise all powers, duties, and limitations as now or hereafter provided by law for the creation and conduct of the Board of Health.

ARTICLE 4: COMPOSITION

4.1 The composition of the Board and the terms of its members is prescribed by law as follows:

- a) Members of the Board serve terms of two years.
 - 1) Representatives selected by the following entities from among their elected members:
 - 2) Two representatives of the board of county commissioners;
 - 3) Two representatives of the governing body of the largest incorporated city in the county; and
 - 4) One representative of the governing body of each other city in the county; and
- b) The following representatives, selected by the elected representatives of the Board selected pursuant to paragraph (a), who shall represent the Health District at large and who must be selected based on their qualifications without regard to the location within the Health District of their residence or their place of employment:
 - 1) ~~One Two~~ representatives who ~~is a~~ are physicians licensed to practice medicine in this State, ~~one of whom is selected on the basis of his education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations;~~
 - 2) ~~One~~ representative who is a nurse licensed to practice nursing in this State;
 - 3) ~~One~~ representative who has a background or expertise in environmental health or environmental health services; and
 - 4) ~~2~~ One representative of a nongaming business or from an industry that is subject to regulation by the Health District; and
 - 5) ~~3~~ One representative of the association of gaming establishments.
- d) A committee of the Board shall review applications for selection as an at-large member, assess qualifications of applicants, and make recommendations to the Board prior to selection of at-large members by the elected representatives of the Board.
- e) ~~Alternate Board members shall be selected by the Board to serve in the absence of at large representatives. Alternate members for at large representatives shall be selected in the same manner as at large representatives. Each jurisdiction may designate an alternate member for their representative(s). Alternate Board members shall serve the same term as the member for whom the alternate substitutes.~~

- 4.2 Board officers shall be elected by the Board at the Board's meeting in July of each year, and shall include a Chairman, Vice-Chairman, and Secretary.
- 4.3 The Chairman shall:
- a) Preside at all meetings of the full Board, and enforce the parliamentary rules and order of business pursuant to the Agenda and Nevada's open meeting law.
 - b) Have the right to offer resolutions and to discuss questions.
 - c) Have the power to vote on all matters, except as otherwise prohibited by law.
 - d) Call special meetings of the Board whenever there is sufficient business to come before the Board, or upon written request of at least three (3) members of the Board.
 - e) Advise the **ChiefDistrict** Health Officer on Agenda preparation for the meetings.
 - f) Sign all papers and documents as required by law or as authorized by action of the Board.
 - g) Administer oaths or affirmations to witnesses at hearings.
 - h) Appoint a Chairman and members of Board committees.
 - i) Exercise such other powers as may be delegated by the Board.
- 4.4 The Vice-Chairman shall, in the absence of the Chairman, serve in the capacity and assume the duties of the Chairman, taking actions appropriate to fulfill said responsibilities.
- 4.5 The Secretary shall:
- a) Call the Board meetings to order in the absence of the Chairman and Vice-Chairman, and serve in the capacity of the Chairman and assume the duties of the Chairman.
 - b) Exercise such other powers that may be delegated by the Board.
- 4.6 Committees which include non-Board members may be created by Board action and the size and membership determined by the Board.
- 4.7 No member of the Board can bind the Board by word or action unless the Board has, in its capacity as governing body, designated such member as its agent for some specific purpose and for that purpose only.

ARTICLE 5: MEETINGS

- 5.1 The Board shall hold its regular meetings as frequently as determined by the Board, generally on the fourth Thursday of the month unless such interferes with holidays or circumstances which justify the setting otherwise.
- 5.2 Members of the Board may participate in a meeting by means of conference telephone or similar communication equipment by means of which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this method shall constitute presence in person at such meeting.
- 5.3 The Agenda for Board meetings shall be prepared by the **ChiefDistrict** Health Officer. The order of business as specified on the Agenda for Board meetings

may be changed at the discretion of the Chairman, and shall generally be as follows:

- Call to Order
- Pledge of Allegiance
- Board Recognition Items
- Public Comment
- Adoption of the Agenda
- Any Closed Session
- Consent Agenda
- Public Hearing/Action
- Report/Discussion/Action
- Health Officer and Staff Reports
- Informational Items
- Public Comment
- Adjournment

- 5.4 As prescribed by law, a majority of the members of the Board constitutes a quorum.
- 5.5 Motions on action items shall require a second.
- 5.6 Any action of the Board shall require majority vote of the members in attendance and eligible to vote, except when adopting regulations or amending these Bylaws whereby an affirmative vote of a majority of all members of the Board is required.
- 5.7 A roll call vote of record of the Board shall be had upon request of any Board member.
- 5.8 Special meetings may be held upon notice to each member of the Board as often and in such places within the Clark County as the needs of the Board require.
- 5.9 Meetings will generally follow parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Nevada Revised Statutes and these Bylaws.
- 5.10 In all cases, public notice of meetings shall be provided at a time and in a manner consistent with the requirements of the then current Nevada Open Meeting Law, NRS Chapter 241.

ARTICLE 6: STAFFING

- 6.1 Staff to the Board shall be provided by the Southern Nevada Health District for purposes of secretarial, research, and other needs.
- 6.2 The Chief District Health Officer shall act as Executive Secretary to the Board.

ARTICLE 7: AMENDMENTS

- 7.1 These Bylaws may be amended by affirmative vote of a majority of all members of the Board.

ARTICLE 8: EFFECTIVE DATE

8.1 These Bylaws shall become effective and binding upon the Board of Health immediately upon their adoption.

Adopted by the Southern Nevada District Board of Health February 23, 2006

Amended March 23, 2006

Amended September 22, 2011

| Amended June , 2015

DRAFT

BGP-001: CONSTRUCTION OF BOARD OF HEALTH MEETING AGENDAS

Adopted: 1/27/2011

Revised: xx/xx/xxxx

Southern Nevada District Board of Health

SOUTHERN NEVADA HEALTH DISTRICT

The Executive Secretary to the Southern Nevada District Board of Health, in consultation with the Board Chair, shall prepare an agenda for all regular and special Board meetings, and those of its committees, and ensure that copies are provided as required by Nevada's Open Meeting Law (OML). Backup materials sufficient to allow Board members to give their prior consideration to the agenda items shall be provided to the Board members and the public in addition to the agenda. In preparing the agenda, the following procedures will be followed:

1. Availability of Agenda

- A. The agenda shall be sent to each Board member in advance of the meetings, and posted on the Board website no later than Thursday the week prior to the Board meeting, or as soon thereafter as possible. Back-up materials, if any, will be posted at the same time or as soon thereafter as possible.
- B. Deadline for receipt in the Board's Executive Secretary's office of agenda items and related reference materials, is ten (10) business days prior to the meeting.
- C. If a holiday occurs during any of the periods specified herein, the deadlines may be adjusted.

2. Agenda Preparation and Approval

- A. According to the posting dates of the agenda, the Board's Executive Secretary will review all items submitted by Health District management for the agenda. A draft of the agenda will be prepared and submitted in a timely manner to the Board's Executive Secretary, the Board Chair and Board legal counsel for review and recommendation on consent agenda and staff action items. The Board Chair has final approval.
- B. Except in an emergency, and in accordance with Nevada's Open Meeting Law (OML), no member can place an item on the agenda less than 72 hours in advance of a meeting.

3. Order of Agenda Items

- A. The first item on the agenda following the Call to Order, Pledge of Allegiance, Oaths of Office and recognitions will be the consideration of any tabled and/or reconsideration items.
 - i. An agenda item which has previously been considered and decided by the Board within the past year may only be placed on the agenda for reconsideration by a Board member who was on the prevailing side of the previous decision. The agenda item will be preceded by a specific agenda item to address whether the item should be reconsidered.

- B. The second item on the agenda will be a Closed Session, if any.
- i. Board members or the Board's Executive Secretary may request a Closed Session. The requestor shall, prior to the meeting, arrange for the item to be placed on the agenda and provide backup material and information when available. Closed Session must be in compliance with OML.
 - ii. This request must be reviewed by Board legal counsel for recommendation with regard to OML compliance.
 - iii. If a person is to be discussed in the Closed Session, he or she must be notified as per the provisions of OML.
- C. The remainder of the agenda will, generally, shall be in the following order: Public Comment (the first of two), Consent Agenda and Approval of Agenda (which includes approval of meeting Minutes), Public Hearings, Report/Discussion/Action Items, Public Comment, Board Reports, Health Officer & Staff Reports, and Informational Items, and Public Comment.

4. Agenda Item Requests

- A. All business for consideration shall be included on the approved agenda. The Chair shall rule as "out of order" the consideration of any matter not on the agenda.
- B. All matters to be considered by the Board at any regular meeting shall be submitted to the Board's Executive Secretary so that he/she may calendar the item for consideration in conformance with the procedures established by the OML and any necessary supporting documentation prepared on the subject. Board member requested items shall be handled in the following manner:
- i. At any time during a discussion on an agenda item or following public comment, individual Board members may make a motion that the matter be placed on a future agenda.

At all other times, Board member requests shall be submitted in writing (which includes e-mail requests) within the time specified in 1(B) above, to both the Board Chair and the Board's Executive Secretary with a clear description of the requested item, the rationale and background for the item, and any supporting documents. If the Board Chair, in consultation with the Board's Executive Secretary, deems the agenda request to be relevant to the mission of the Board and within the Board's authority, consideration of the request as a future agenda item will be placed on the agenda as a discussion item. If, after discussion, the Board deems the request to warrant further discussion and/or action, the Board may move to bring the item back to the Board at a later date for further discussion and/or possible action and the item will be calendared accordingly.

- ii. Public requests for agenda items must be in writing and submitted with supporting documents, if any, at least twenty (20) days before the scheduled meeting date. Public requests should be sent to the attention of the Board's Executive Secretary via US Mail, fax (702-383-6341), or by email (board.of.health@snhdmail.org). All requests will be forwarded to the Board

Chair for consideration and approval. The Board Chair, in consultation with the Board's Executive Secretary, will approve or deny any such requests.

- a. Elected officials and members of the legislature may request agenda items directly through the Board Chair or another Board member.
- iii. All requested agenda items must be relevant to the mission of the [Board of Health](#) and the Southern Nevada District Board of Health, and must fall under the purview of the same.
- iv. The Board's Executive Secretary may place items of a ministerial nature on the agenda, e.g., consent, informational, follow-up, public hearing, and staff recognition items, staff reports and SNHD contracts. As a general practice, routine contracts are appropriate for placement on the Consent Agenda. Examples of routine contracts include, without limitation, Interlocal agreements, renewal contracts, and grants. However, contracts such as employment and professional services, renewal contracts with substantive term changes, and major capital purchases should be placed on the agenda as a Report / Discussion / Action item. Contracts that have not been brought to the Board in over five years be agendaized for administrative review and, as necessary, removed from the consent agenda.
 - a. All contracts are subject to review by the Chair prior to being placed on the agenda. The Chair may, in his/her discretion, make the final determination regarding placement of an item on the agenda.
 - b. After the initial discussion and consideration of any contract, and unless otherwise directed by the Board, the contract may be itemized on the Consent Agenda.
 - c. Any Board member may request that a contract be removed from the Consent Agenda and placed on the regular agenda as a discussion/action item.
- v. In the event that the Board Chair, in consultation with the Board's Executive Secretary, deems an agenda request to be irrelevant to the mission of the Board or outside of the Board's authority, the Board member requesting the agenda item will be so informed. If the Board member wishes to pursue his/her request, the item may be resubmitted to the Board's Executive Secretary for inclusion in the agenda as a discussion/action item. All such resubmissions must be sponsored by no less than two (2) Board members representing differing jurisdictions and/or industries.
- vi. The Board Chair will exercise his/her discretion with respect to the actual calendaring of the Board member request submitted pursuant to 4.B.i or 4.B.v above. The Board Chair will make all reasonable efforts to ensure that the request is heard within a reasonable time period after submission.

5. Notice of Board of Health Meetings

- A. Notices of the meetings of the Southern Nevada District Board of Health and its committees shall be posted in accordance with the OML.

BGP-002: VOTING & ATTENDANCE PROCEDURES

Adopted: 12/16/2010

Revised: ~~8/25/2011~~ / /2015

Southern Nevada District Board of Health

SOUTHERN NEVADA HEALTH DISTRICT

1. Voting Procedures

- A. With the following exceptions, all members of the Southern Nevada District Board (Board) of Health are eligible to vote on all matters coming before the Board:
 - i) In accordance with the Nevada Revised Statutes (NRS) and the Southern Nevada District Board of Health Bylaws, with the exception of the selection of at-large members as provided in NRS 439.362(2)(b); and
 - ii) Advisory board members serve as nonvoting members as provided in NRS 439.362(b)(4).
- B. The elected representatives of the Board shall select three (3) members who shall represent the Health District at-large and who must be selected based on their qualifications without regard to the location within the Health District of their residence or place of employment.
- B. The Chair shall have the same right as any other Board member to initiate a motion, question, or debate, and vote on a motion.
- C. All voting procedures shall be in accordance with parliamentary authority. The Chair may call for a roll call vote on any item as he/she deems appropriate and/or necessary.
- D. All Board members shall abide by the requirements of Nevada's *Ethics in Government* law (NRS 281A.420). Whenever possible, the Board member with a potential conflict of interest shall disclose the potential conflict prior to casting their vote. Unless abstention is required per NRS 281A.420 or pursuant to advice of Board legal counsel, the disclosing Board member will cast his/her vote.
- E. Members shall recognize that a member may only vote during an official meeting and that the member has no legal status to bind the Board outside such meetings. A quorum of Board members may not meet, deliberate and vote regarding matters within the Board's jurisdiction except in open meetings or approved Closed Sessions as provided in Open Meeting Law, NRS Chapter 241.
- F. Action may only be taken by a quorum of members of the Board. A majority of the members of the Board shall constitute a quorum. Board action shall be valid only upon a vote of approval by a majority of the quorum unless otherwise required by law.

2. Board Member Attendance Requirements

- A. Board members should make every effort to attend every Board meeting in person.
- B. ~~If a Board member knows in advance he/she is not able to attend a Board meeting in person, he/she is expected to contact his/her respective alternate to attend the meeting in his/her place.~~ It is the responsibility of the Board member to be appropriately briefed on any action or discussion which occurred at any the missed Board meeting.
- C. If an emergency prevents the Board member from attending the Board meeting, he/she may call the Board's Executive Secretary or his/her Executive Assistant to notify the Board Chair of his/her absence. Board members may call (702) ~~497-0455~~ 497-0314 to report a last minute absence.
- D. Telephonic participation is permitted when ~~neither~~ a Board member ~~nor~~ ~~his/her alternate~~ is unavailable to personally attend a Board meeting.
 - i. In order to attend telephonically, the Board member ~~and/or alternate~~ must contact the Board's Executive Secretary no later than 3:00 p.m. the day prior to the scheduled meeting to advise of his/her intent to participate telephonically.
 - ii. In the event an emergency necessitates telephonic participation on the day of a meeting, the participant must contact the Board's Executive Secretary as soon as possible so telephonic arrangements can be made.
 - iii. When participating telephonically, the Board member is expected to actively participate in the discussions, as well as review all pertinent materials to make an informed decision.
 - iv. Whenever attending telephonically, the Board member is reminded that background noise is to be avoided as it is disruptive to the meeting and interferes with transcription of the minutes.

3. Electronic Devices

- A. The use of cell phones and other electronic devices during Board meetings is prohibited.

This policy applies to any group formed by Board action, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the District Health Officer.

1. Establishing a Committee

- A. Board committees will be organized as needed to assist with tasks that belong to the Board. The Board Chair will appoint the chairperson and members of Board committees.
 - i. Proposals for Board-appointed committees may be initiated by any regularly-seated Board member in the form of a request for consideration to the Board Chair at a regularly scheduled meeting of the Board.
 - ii. At a minimum, proposals for Board-appointed committees will include the following information:
 - a. The defined purpose and scope of the committee, including the specific issues to be reviewed or considered for the provision of recommendations to the full Board; and
 - b. The composition of the committee, including any specific Board positions required to be represented on the committee.
 - iii. Special (ad hoc) committees are formed for a specific purpose. Upon completion of the assigned project, the committee automatically dissolves unless assigned additional projects by the Board. Each special (ad hoc) committee shall select a committee chair unless the Board Chair appoints one.
 - iv. Standing advisory committees are formed to do their assigned duties on an on-going basis. Unless the Board Chair otherwise limits the duration, advisory committees are formed with a continued existence. The Board is responsible for providing committee members on-going training in governance issues.
 - v. Board members are encouraged to volunteer for committee membership.

2. Committee Composition

- A. When possible, all committees shall consist of at least five (5) Board members, and no more than six (6) members. At no time shall there be fewer than three (3) members.
 - i. ~~Alternate Board members may serve on a Board committee whenever the regular member for the position is unavailable to participate.~~

ii.i. When appropriate, non-members of the Board may serve on committees, but shall not serve as a committee chair.

iii.ii. Committee membership should reflect the diversity of the Southern Nevada Health District community.

3. Roles, Responsibilities and Expectations of Board Committees

A. Committees will be used sparingly and ordinarily in an ad hoc capacity. When used, committees will ensure that the Health District's needs and interests are asserted over personal and/or business relationships. The Board will approve the committee's objectives, determine a timeline and allocate an appropriate budget (if needed). Voting rights of non-member committee members will be determined by majority vote of the Board.

i. Board Committees:

- a. Support the Board in doing its jobs, not to help or advise the staff. Committees ordinarily will assist the Board by preparing policy alternatives and implications for Board deliberation. In keeping with the Board's broader focus, Board committees will normally not have direct involvement with current staff operations.
- b. Cannot exercise authority over staff. Because the Chief Health Officer works for the full Board, he/she will not be required to obtain approval of a Board committee before taking executive action.
- c. Will ensure all meetings comply with Nevada's Open Meeting Law and generally follow parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Bylaws or applicable law.

ii. Committee Members:

- a. May not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the Chief Health Officer. Decisions made by a committee do not carry the authority of the full Board unless it is a Board committee of the whole.
- b. Will avoid over-identification with organizational parts rather than the whole. Therefore, a Board committee that has helped the Board create policy on some topic will not be used to monitor organizational performance on that same subject.

iii. Committee Meetings, Report and Recommendations:

- a. Reports and recommendations should be based upon objective criteria in furtherance of the Health District's current and future needs.
- b. Meetings will be presided over by the committee chair.
- c. The committee chair will coordinate with the Executive Secretary and assigned staff to determine meeting schedules, approve agenda items, facilitate the meeting, direct discussion, delegate assignments, assign a facilitator in the absence of the chair, work with the Board Chair to keep the

full Board informed to the committee's progress, and assume the commonly accepted responsibility of the position.

- d. The Executive Secretary will provide a mechanism for official committee communications.
- e. Committees may establish a schedule of meetings as necessary and practical to carry out their assigned charge, review and discuss information and formulate recommendations for presentation to the full Board.
- f. Unless specifically approved by the Board, committee members should not speak to issues that have not been officially decided by the Board.
- g. Reports from Board committees shall be agendaized as part of the regular meeting of the full Board when necessary or as requested by the Board Chair. Reports shall include any supporting documentation that may be necessary and available.
- h. The Board may choose to accept or reject committee recommendations, and/or provide additional direction to the committee in carrying out their charge and continuing their deliberations.

4. Review and Evaluation of Board Committees

- A. Board committees shall be reviewed annually by the full Board at its August meeting including confirmation of the necessity for the committee, its stated purpose or charge, and current membership.
- B. Appointment and/or re-appointment of committee members shall take place at the August Board meeting.

BGP-005: BOARD OFFICERS / MEMBERS

Adopted: 5/26/2011

Revised: 8/25/2011 / /2015

Southern Nevada District Board of Health

SOUTHERN NEVADA HEALTH DISTRICT

1. Terms of Office

- A. An officer of the Board serves a term of one (1) year, or until a successor is elected. No Board member may serve more than two (2) successive terms in any one particular office and no person shall hold more than one (1) office at a time.
- B. Members of the Board serve terms of two (2) years. ~~Alternate Board members shall serve the same term as the member for whom the alternate substitutes.~~

2. Board Composition

- A. The Board shall be comprised of elected and non-elected members as follows:
 - i. Two representatives of the Board of County Commissioners;
 - ii. Two representatives of the governing body of the largest incorporated city in the county;
 - iii. One representative of the governing body of each other city in the county;
 - ~~iv. One Two representatives who are~~ physicians licensed to practice medicine in this State, ~~one of whom is selected on the basis of his or her education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations;~~
 - ~~v. One representative who is a nurse licensed to practice nursing in Nevada;~~
 - ~~vi.iv. One representative who has a background or expertise in environmental health or environmental health services;~~
 - ~~vii.v. One representative of a non-gaming business or from an industry that is subject to regulation by the Health District; and~~
 - ~~viii.vi. One representative from the association of gaming establishments.~~
- B. Elected members ~~and their alternates~~ will be selected for Board membership by the elected members of their respective entities. At-Large members ~~and their alternates~~ will be selected by elected Board members.

3. Officer Composition

- A. The officers of the Board shall be a Chair, a Vice Chair, and a Secretary. The Chair, Vice Chair, and Secretary shall be elected annually at the July meeting from among the voting Board members and will include at least one (1) elected member.

4. Selection Committee

A. Officers

- i. The Chair will form a Nomination of Officers Committee which will include, at a minimum, the current Board officers and convene no later than July of each year. The ~~Board Officer~~-Nomination of Officers Committee will receive nominations for Board officers, discuss the nominations and make a recommendation to the full Board for annual election in July.

B. At-Large Members

- i. The Chair will form an At-Large Member Selection Committee which will include, at a minimum, ~~at least~~ two (2) current Board officers, to receive and review nominations and/or applications for at-large membership, discuss the nominations, and make recommendations to the elected members of the Board at the next regularly scheduled meeting.
- ii. At-large members shall represent the Health District at large and must be selected based on their qualifications without regard to the location within the Health District of their residence or place of employment.

5. Election

- A. To select officers and at-large members/~~alternates~~, the following procedure will be used one office and/or at-large position at a time:

- i. Any Board member may nominate for any office or at-large position (including the nomination of oneself);
- ii. Nominations do not need to be seconded; and
- iii. A motion, a second and a vote will close nominations

- B. Although the full Board may participate in discussion of the nominees, only elected Board members may vote on at-large members ~~and/or their alternates~~. At-large voting requires a quorum of elected Board members be present in person or via telephone.

- C. To be elected to an office, a nominee must receive a majority vote of the members in attendance.

6. Compensation

- A. Members serve without additional compensation for their services; but are entitled to reimbursement for necessary expenses for attending meetings or otherwise engaging in the business of the Board.

7. Vacancies

- A. Vacancies must be filled in the same manner as the original selection for the remainder of any unexpired term.

- B. Election shall take place as soon as possible at a meeting following receipt of notice of the vacancy and in accordance with Nevada's Open Meeting Law.
- C. If the office of the Chair becomes vacant, the Vice Chair shall fill the vacancy until the election of a successor.

BGP-006: BOARD GOVERNANCE PROCESS

Adopted: 06/23/2011

Revised: xx/xx/xxxx

Southern Nevada District Board of Health

SOUTHERN NEVADA HEALTH DISTRICT

The Board is accountable to the people of Clark County for the competent and effective accomplishment of its objectives.

1. Governance Process

- A. The Board's role is to provide leadership and oversight of the activities of the Southern Nevada Health District (SNHD Health District). In both areas, it strives to represent the public health interests of represented jurisdictions and the broader community.
- B. In providing leadership, the Board, in consultation with the Chief-District Health Officer (GDHO), will look toward the future while reviewing the SNHD's Health District's mission and identifying the desired ends. In providing oversight, the Board will assess organizational performance in relation to the ends set by its' policy goals and adherence to budget, rather than by examining or advising on day-to-day decisions.

i. Global Governance Commitment

- a. The Board is committed to ensuring the SNHD achieves appropriate results at an appropriate cost while avoiding unacceptable actions and situations.

ii. Governing Style

- a. The Board will govern with a style that promotes vision, strategic leadership and collective decision-making.
- b. Board governance will emphasize:
 - 1) Outward vision rather than internal preoccupation;
 - 2) Encouragement of diversity in viewpoint;
 - 3) Strategic leadership more than administrative detail;
 - 4) Clear distinction of Board and Executive Secretary roles;
 - 5) Collective rather than individual decisions;
 - 6) The future rather than past or present; and
 - 7) Proactive conduct through express value statements versus conduct that is reactive to specific events/decisions.
- c. The Board will not allow any officer, individual Board member or committee of the Board to be a reason for not fulfilling its commitments.

iii. Unity of Control

The Board acknowledges that all actions are by majority rule.

- a. The Board's group decision, as determined through input, discussion and voting, must be unambiguous.
 - 1) Only officially passed motions of the Board are binding on the Executive Secretary and SNHD staff.
 - 2) Instructions of individual Board members are binding on the Executive Secretary and SNHD staff once the Board has specifically approved such individual authority.

iv. Cost of Governance

- a. The cost of governance includes leadership excellence as well as ensuring adequate resources to achieve the desired outcomes of Board policies. The Board commits to investing in its own capabilities to govern with excellence and to uphold the principles of accountability and transparency.
- b. Accordingly, the Board will:
 - 1) Ensure Board development includes training and orientation for new members and continuing education for existing members to maintain and increase their skills and understandings;
 - 2) Facilitate an annual Board self-evaluation; and
 - 3) Ensure associated costs are incurred prudently, though not at the expense of good governance.

2. Board's Responsibilities

- A. The Board's governance role is distinct from the Health District's management role. In its governance role, the Board sets broad policies (with input from management). By contrast, management's role involves implementation and day-to-day management of Board policies. Because the Board's voice is expressed through its policies, Board decision-making is always an amendment of, or in addition to, existing policy.
 - i. The Board will produce written governing policies that, at the broadest levels, address the following categories of organizational decision-making:
 - a. *Board Governance Process*: Identifies the Board's philosophy and how it carries out its responsibilities and governs itself;
 - b. *Ends*: Written with a long-term perspective, defines what results are to be achieved, for whom, and at what cost;
 - c. *Executive Limitations*: Establishes the acceptable boundaries within which the identified ends will be achieved;
 - d. *Board-Executive Secretary Linkage*: Clarifies the Executive Secretary's authority; how authority is delegated, and how the Board evaluates performance in relation to ends and limitations.
 - ii. Board governance policies (BGP) establish overall parameters within which the Board, management and staff operate. By contrast, management policies, developed and implemented by the District Health Officer ~~Executive Secretary~~,

specify how the SNHD Health District and staff operate within Board policy parameters.

- a. The Board recognizes the distinction between Board policies and management policies.
- b. Individual Board members, Board committee members or the Executive Secretary may propose Board policies.
- c. The Board Chair, in consultation with the Executive Secretary, will review all proposed policies for applicability and to ensure they do not duplicate or contradict existing policies or Board Bylaws.

3. Role of the Chair

A. The Chair is empowered to chair Board meetings with all the commonly accepted power of that position (e.g., ruling, recognizing). The Chair ensures the integrity of the Board's processes and, as needed, represents the Board to outside parties.

B. The Chair:

- i. Provides leadership to the Board in convening and chairing its meetings, including special meetings and Closed Sessions;
- ii. Ensures the Board behaves consistently with its own rules and those legitimately imposed upon it externally;
- iii. Ensures the meeting discussion content will be only those issues, which according to Board policy, clearly belong to the Board to decide;
- iv. Ensures deliberation is fair, open, and thorough, but also timely, orderly, and to the point;
- v. Drives the Board towards consensus and resolution of issues and clear conclusions on Board positions;
- vi. Acts as the voice of the Board with respect to Board agreed positions;
- vii. Supports the Executive Secretary as requested and necessary; and
- viii. Carries out other duties as requested by the Executive Secretary and Board as a whole, depending on need and circumstances.

C. The Chair has no authority to make independent decisions regarding the Board's Ends and Executive Limitations policies.

D. Although the Chair may delegate his/her authority, he/she remains accountable for its use.

4. Role of the Vice Chair

A. The Vice Chair's responsibilities are to assist the Chair and fulfill the Chair's role in the event of an absence or recusal resulting from a conflict of interest.



DISTRICT HEALTH OFFICER

ROLE OVERVIEW

Highly responsible public health professional responsible for directing the work of the Southern Nevada Health District, administering the District, and performing any other duties specified by the District Board of Health. The District Health Officer reports to and serves at the pleasure of the District Board of Health.

SUPERVISION RECEIVED AND EXERCISED

Receives general direction from, and provides ongoing support to the Board of Health and provides leadership to the executive team and the Southern Nevada Health District.

Exercises direct supervision over management, supervisory, professional, technical, and clerical staff.

EXAMPLES OF ESSENTIAL RESPONSIBILITIES AND DUTIES – *This class specification lists the major duties and requirements of the job and is not all-inclusive. Incumbent(s) may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.*

- Maintain accountability for overall administration, financial health, and management of the District
- Oversees the development and implementation of public health policy consistent with the mission and overall goals of SNHD
- Plans, directs, and coordinates, through subordinate level managers, the District's strategic -plan; meets with management staff to identify and resolve problems; assigns projects and programmatic areas of responsibility; reviews and evaluates work methods and procedures
- Manages the development and administration of the District budget
- Provides planning and support for continuous and adequate funding for key programs from all available sources
- Coordinates District activities with state and local medical societies and other outside agencies and organizations; provide staff assistance to District Board of Health; coordinates, prepares, and presents staff reports and other necessary correspondence
- Directs the development and implementation of partnerships and collaborations to provide effective political networks within the community, county, and the state; represents the District to elected officials and outside agencies; explains, justifies, and defends programs, policies, and activities; negotiates and resolves sensitive, significant, and controversial issues
- Continuously monitors and evaluates the efficiency and effectiveness of service delivery methods and procedures in a Quality Assurance Program; assesses and monitors work load, administrative, and support systems and internal reporting

SOUTHERN NEVADA HEALTH DISTRICT
District Health Officer (*Continued*)

relationships; identifies opportunities for improvement and directs the implementation of changes

- May provide medical consultation to various SNHD programs and activities
- Participates on a variety of boards and commissions; attends and participates in professional group meetings; stays abreast of new trends and innovations in the field; responds to and resolves difficult and sensitive citizen inquiries. May perform or oversee professional medical services in clinics conducted by the Southern Nevada Health District
- Assures the development of protocols and standing orders for programs
- Identifies and analyzes public health policy issues and alternatives; utilizes principles of media advocacy to communicate the public health mission to stakeholders; works with community coalitions and advocacy groups; guides the Board and the District in seeking policy change and action on public health issues; translates policy decisions into organizational and community programs and services
- Serves as the District's primary media spokesperson on public health topics or, when appropriate, identify other subject matter experts for a particular topic
- Approves a job description, qualifications and compensation, and oversees the recruitment for and appoint a District chief medical officer
- Performs related duties and responsibilities as required

Qualifications:

Knowledge of:

- Operational characteristics, services, and activities of public health programs
- Organizational and management practices as applied to the analysis and evaluation of programs, policies, and operational needs
- Modern and complex principles and practices of program development and administration
- Advanced principles and practices of budget preparation and administration
- The utilization of computer software and MS Office applications
- Principles of supervision, training, and performance evaluation
- Pertinent Federal, State, and local laws, codes, and regulations
- Possible principles, protocols, and practices of medical diagnosis and treatment including the treatment and management of communicable diseases
- Public Health organization and function; community problem solving; and political structure
- Methods of instruction, staff development, and quality assurance for public health programs

Ability to:

- Plan, organize, direct, and coordinate the work of management, supervisory, professional, and technical personnel; delegate authority and responsibility

SOUTHERN NEVADA HEALTH DISTRICT
District Health Officer (*Continued*)

- Provide administrative and professional leadership and direction for the District
- Identify and respond to community and Board of Health issues, concerns, and needs
- Develop, implement, and administer goals, objectives, and procedures for providing effective and efficient leadership for the District
- Prepare and administer large and complex budgets; allocate limited resources in a cost effective manner
- Analyze problems, identify alternative solutions, project consequences of proposed actions, and implement recommendations in support of goals
- Research, analyze, and evaluate new service delivery methods, procedures, and techniques
- Prepare clear and concise administrative and financial reports
- Interpret and apply Federal, State, and local policies, procedures, laws, and regulations
- Communicate clearly and concisely, both orally and in writing
- Establish and maintain effective working relationships with those contacted in the course of work including District and other government officials, community groups, the general public, and media representatives
- Identify and interpret emerging trends in public health and provide information, analysis, and interpretation to the Board and community partners
- Lead organizational efforts to achieve and maintain local health department accreditation from the Public Health Accreditation Board
- Recommend policy changes to support greater efficiency and delivery of public health services

Training and Experience Guidelines

Training:

- Doctoral degree from an accredited college or university in public health, medicine, health care administration, public administration, business administration, or a related field
- If a physician, completion of accredited medical school and residency

Experience:

- At least 10 years of management success in administration roles within local, state, or federal public health departments, organizations, or agencies
- Expertise in public health policy and development

License or Certificate:

- If a physician, a current license to practice medicine or osteopathy in the State of Nevada within a year of employment
- If a physician, certification in public health and/or preventive medicine by the appropriate specialty board is preferred
- Possession of or ability to obtain an appropriate, valid Nevada driver's license

Conditions:

All required licenses must be maintained in an active status without suspension or revocation throughout employment. Any employee may be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

New employees must complete Incident Command System training, ICS 100, ICS 200, and NIMS as a condition of continuing employment, prior to the completion of the probationary period.

FLSA Exempt

Bargaining Unit Ineligible

Approved by the Board of Health on _____

DRAFT



CHIEF MEDICAL OFFICER

ROLE OVERVIEW

Highly responsible public health physician who in consultation with, and under the direction of the District Health Officer, will assist in the planning, direction, management of the Southern Nevada Health District, and oversee the activities and operations of the Clinics and Nursing Services Division, coordinate assigned activities with other divisions and outside agencies.

SUPERVISION RECEIVED AND EXERCISED

Receives general direction from, and provides highly responsible and ongoing support to the District Health Officer as a member of the executive team. Serves at the pleasure of the Southern Nevada Health District Board.

Exercises direct supervision over management, supervisory, professional, technical, and clerical staff.

EXAMPLES OF ESSENTIAL RESPONSIBILITIES AND DUTIES – *This class specification lists the major duties and requirements of the job and is not all-inclusive. Incumbent(s) may be expected to perform job-related duties other than those contained in this document and may be required to have specific job-related knowledge and skills.*

- Assists in the development and implementation of public health policy consistent with the mission and overall goals of SNHD
- Assume full management responsibility for all Clinics and Nursing Services Division services and activities including all clinics operated by the District and special support programs such as AIDS and home health
- Assists the District Health Officer with administrative work as assigned
- Plans, directs, and coordinates, through subordinate level managers, the District's business plan; meets with management staff to identify and resolve problems; assigns projects and programmatic areas of responsibility; reviews and evaluates work methods and procedures
- Develop and administer the Clinics and Nursing Services Division budget; direct the forecast of additional funds needed for staffing, equipment, materials, and supplies; direct the monitoring and approval of expenditures
- Participates in the development and administration of the District budget
- Provides planning and support for continuous and adequate funding for key programs from all available sources
- Provides staff assistance to the District Health Officer and District Board of Health; prepares and presents staff reports and other necessary correspondence
- Directs the development and implementation of partnerships and collaborations to provide effective political networks within the community, county, and the state; represent the District to elected officials and outside agencies; explains, justifies and defends programs, policies, and activities; negotiates and resolves sensitive, significant, and controversial issues

SOUTHERN NEVADA HEALTH DISTRICT
Chief Medical Officer (*Continued*)

- Continuously monitors and evaluates the efficiency and effectiveness of service delivery methods and procedures in a Quality Assurance Program; assesses and monitors work load, administrative, and support systems and internal reporting relationships; identifies opportunities for improvement and directs the implementation of changes
- Provides medical consultation and oversight to various SNHD programs and activities
- Participates on a variety of boards and commissions; attends and participates in professional group meetings; stays abreast of new trends and innovations in the field; responds to and resolves difficult and sensitive citizen inquiries. Performs or oversees professional medical services in clinics conducted by the Southern Nevada Health District
- Assures the development of protocols and standing orders for programs
- Respond to and resolve difficult and sensitive citizen inquiries and complaints
- Performs related duties and responsibilities as required

Qualifications:

Knowledge of:

- Operational characteristics, services, and activities of public health programs
- Organizational and management practices as applied to the analysis and evaluation of programs, policies, and operational needs
- Modern and complex principles and practices of program development and administration
- Advanced principles and practices of budget preparation and administration
- The utilization of computer software and MS Office applications
- Principles of supervision, training, and performance evaluation
- Pertinent Federal, State, and local laws, codes, and regulations
- Principles, protocols, and practices of medical diagnosis and treatment including the treatment and management of communicable diseases
- Public Health organization and function; community problem solving; and political structure
- Methods of instruction, staff development, and quality assurance for public health programs

Ability to:

- Plan, organize, direct, and coordinate the work of management, supervisory, professional, and technical personnel; delegate authority and responsibility
- Select, supervise, train and evaluate staff
- Provide professional leadership and direction for the District
- Identify and respond to community and Board of Health issues, concerns, and needs
- Develop, implement, and administer goals, objectives, and procedures for providing effective and efficient leadership for the District

SOUTHERN NEVADA HEALTH DISTRICT
Chief Medical Officer (*Continued*)

- Prepare and administer large and complex budgets; allocate limited resources in a cost effective manner
- Analyze problems, identify alternative solutions, project consequences of proposed actions, and implement recommendations in support of goals
- Research, analyze, and evaluate new service delivery methods, procedures, and techniques
- Prepare clear and concise management and financial reports
- Interpret and apply Federal, State, and local policies, procedures, laws, and regulations
- Communicate clearly and concisely, both orally and in writing
- Establish and maintain effective working relationships with those contacted in the course of work including District staff, government officials, community groups, the general public, and media representatives

Training and Experience Guidelines

Training:

- Completion of accredited medical school and residency and,
- Master's degree from an accredited college or university in public health, health care administration, public administration, business administration, or a related field

Experience:

- Ten years of management experience in a local, state, or national public health department, program, organization, or agency

License or Certificate:

- Ability to obtain a license to practice medicine or osteopathy in the State of Nevada within six months of employment is required
- Certification in public health and/or preventive medicine by the appropriate specialty board is preferred
- Possession of, or ability to obtain, an appropriate, valid Nevada driver's license

Conditions:

All required licenses must be maintained in an active status without suspension or revocation throughout employment. Any employee may be required to stay at or return to work during public health incidents and/or emergencies to perform duties specific to this classification or to perform other duties as requested in an assigned response position. This may require working a non-traditional work schedule or working outside normal assigned duties during the incident and/or emergency.

New employees must complete Incident Command System training, ICS 100, ICS 200 and NIMS as a condition of continuing employment, prior to the completion of the probationary period.

FLSA Exempt

Bargaining Unit Ineligible

Approved by the Board of Health on _____



**RESOLUTION OF THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
ESTABLISHING A PUBLIC HEALTH ADVISORY BOARD
AND DELEGATING CERTAIN AUTHORITY TO THE ADVISORY BOARD**

WHEREAS, in 2015, Senate Bill 314 was enacted revising provisions governing certain health districts. Nevada Revised Statutes (NRS) Chapter 439 was thereby amended to create a public health advisory board in counties whose population was 700,000 or more;

WHEREAS, NRS 439.362 now establishes an eight (8) member standing advisory board which will advise the Southern Nevada District Board of Health (Board) on matters relating to local public health planning and policy;

WHEREAS, the Board met on _____, 2015 in a public meeting and authorized this resolution to put effect to the Senate Bill and memorialize the decision of the Board;

BE IT RESOLVED by the Board that there is hereby established the Southern Nevada Health District Advisory Board (Advisory Board). The Advisory Board is delegated the following duties, responsibilities, and functions:

- 1) Strategic planning including oversight of the Southern Nevada Health District's public health accreditation activities;
- 2) Identify local public health needs and priorities;
- 3) Coordinate and sponsor various forums on public health issues;
- 4) Encourage and support development of appropriate public health services;
- 5) Make recommendations to the Board on all major policy matters concerning the nature, scope, and extent of public health services;
- 6) Make recommendations to the Board relating to improvement of the delivery of public health services; and
- 7) Responsibility for its own effective and efficient performance.

BE IT FURTHER RESOLVED, the Advisory Board shall be constituted as an eight (8) member body.

- 1) The Advisory Board will be comprised as follows:
 - a. Five (5) members will be a resident appointed from each city in Clark County and selected by the governing body of each such city;
 - b. One physician licensed to practice medicine in this State;
 - c. One nurse licensed to practice nursing in this State; and
 - d. One representative with a background or expertise in environmental health or environmental health services.
- 2) Advisory Board members will serve two (2) year terms. The physician, nurse, and environmental health representative on the initial Advisory Board will serve a term of one (1) year.

BE IT FURTHER RESOLVED, subject to ratification by the Board, the Advisory Board shall adopt a mission, vision, and values and establish bylaws for its conduct. Said bylaws will include the election of its officers, the establishment of the date, time and place of regular meetings, and other such rules as are required for the efficient operation of a public body.

BE IT FURTHER RESOLVED, all meetings of the Advisory Board must be held in accordance with Nevada's open meeting law requirements (NRS Chapter 241); and will be further governed by this Board's Board Governance Policies.

BE IT FURTHER RESOLVED, Nothing in this resolution prohibits the Advisory Board or Southern Nevada Health District Administration from presenting any matter to the Board for review and/or approval.

BE IT FURTHER RESOLVED, the Advisory Board shall be directly responsible to the Board and shall coordinate its activities through the Southern Nevada Health District's Chief Health Officer.

I HEREBY CERTIFY that the foregoing Resolution was passed, adopted, and approved this ____ day of _____ 2015 by the Southern Nevada District Board of Health.

SOUTHERN NEVADA DISTRICT
BOARD OF HEALTH

By: _____
Chairman