

*District Board of Health RULES,
POLICIES AND PROCEDURES*

Adopted June 27, 2024

Article 1	DEFINITIONS AND GENERAL POLICIES.....	1
1.1	Definitions.....	1
1.2	Duties and Responsibilities	1-2
1.3	Communications outside of public hearings or meetings.....	2
1.4	Ethical Principles for Board Conduct; Disclosures and Abstentions.....	2-3
Article 2	VOTING.....	3
2.1	Voting.....	3
2.2	Motions to reconsider.....	3
Article 3	MEETINGS.....	4
3.1	Rules.....	4
3.2	Agenda	4-5
3.3	Continued Items.....	5
3.4	General Expectations of Members During Meetings	5
3.5	Meeting Decorum; Removal for Disruptive Conduct	5
3.6	Public Hearings or Individual Agenda Items	6
3.7	Procedures for Individual Agenda Items.....	7
Article 4	BOARD COMMENTS	7
Article 5	USES OF STAFF	7
Article 6	MEMBERS	7
6.1	The physician member appointed by the Board shall be expected to serve as a Board liaison to the physicians of Washoe County and the Washoe County Medical Society	7
Article 7	AMENDMENT OF RULES, POLICIES AND PROCEDURES	8
7.1	Amendments.....	8

Article 1 DEFINITIONS AND GENERAL POLICIES

1.1 Definitions. The following words have the following meanings for purposes of these rules, policies and procedures:

- a. **District** means the Northern Nevada Public Health District (NNPH) or the department designated by the Interlocal Agreement Concerning the Northern Nevada Public Health signed by Reno, Sparks and Washoe County.
- b. **Interlocal Agreement** means the Interlocal Agreement Concerning the Northern Nevada Public Health District signed by Reno, Sparks and Washoe County on August 26, 1986 and amended by the Amendment to the Interlocal Agreement Concerning the Northern Nevada Public Health signed by Reno, Sparks and Washoe County and having an effective date of August 24, 1993.
- c. **District Health Officer** means the District Health Officer of the Health District, or his/her designee.
- d. **General Business matters include** taking action on general business items and procedural matters such as election of officers, appointment of committees, ceremonial or administrative resolutions, and amendments to these rules.
- e. **Board Determines Rules, Policies and Procedures.** The District Board of Health (DBOH) under State statute and by the Interlocal Agreement, has the responsibility for policy development and leadership that fosters local involvement and a sense of ownership, that emphasizes health district needs, and that advocates equitable distribution of public resources and complementary private activities commensurate with health district needs.

1.2 Duties and Responsibilities.

- a. POLICY
 - i Members of the DBOH shall keep themselves informed on health laws, policies, procedures and trends in public health, and ethics laws of Nevada.
 - ii The seven DBOH members shall represent the best interests of the citizens of and visitors to Washoe County.
 - iii DBOH members shall endeavor to provide questions on agenda items to the managers or staff of the NNPH prior to the meeting on which the agenda item is scheduled (24 hrs. when possible).
 - iv. DBOH members who are not officers shall serve as liaisons to NNPH Divisions or Programs
 - 1. The Chair shall annually assign members who are not DBOH officers to serve as liaisons to divisions or programs.
 - 2. The member(s) shall meet with the division director(s) of the area they have been assigned to regularly (quarterly recommended) to be informed of the Division/Program activities, plans, and issues.
 - a. The District Health Officer will be present

- b. The member will report back to the DBOH on Division/Program activities, plans, or issues as they deem appropriate

b. RULE

- i. Members shall be prompt and diligent in attendance.
 - a. Due to the important role of the DBOH as the public health authority for Washoe County, every effort should be made by each DBOH member to attend Board meetings in person or virtually.
 - b. If members are unable to attend a DBOH meeting they shall contact the Board Recording Secretary to report their absence for the meeting by phone, or by email, as soon as they are aware they will not be able to attend.
 - c. DBOH members shall review the meeting packet materials before the meeting in order to be prepared and engaged during the meeting, and to make informed decisions.

1.3 Communications outside of public hearings or meetings.

- a. **POLICY. General:** Members should avoid ex-parte communications (i.e., private communications outside a public meeting with interested parties not employed as NNPH staff) and limit any communication to matters not coming for appeal before the DBOH.

b. RULE

- i. A DBOH member will disclose on the record any ex-parte communication and any relevant information pertaining thereto on matters before the DBOH for decision.
- ii. Members shall not solicit, offer, or accept any offer for any business relationship or arrangement with any interested party. Any preexisting, ongoing, or expected business relationship with any interested party must be disclosed and may be grounds for abstention under NRS Chapter 281A.

1.4 Ethical Principles for Board Conduct; Disclosures and Abstentions.

a. POLICY

- i. The DBOH is governed by Nevada's ethics laws, including NRS Chapter 281A

b. RULE

- i. Potential Conflicts of Interest. In connection with matters coming before the Board, NRS 281A.420 discusses three circumstances where disclosure and abstention may be required. These three circumstances include when a Member:

- has accepted a gift or loan,
- has a significant pecuniary interest, or
- would reasonably be affected by the Member's commitment in a private capacity to the interests of another person in connection with the matter.

In any of those circumstances, the Member should check current statutes and rulings of the Nevada Board on Ethics to determine what disclosures should be made and when

abstention is warranted. If disclosure is required, it should be made before the matter is discussed by the DBOH, and at that time the Member must also discuss whether or not he/she is abstaining, and why. If abstaining, it is not necessary to leave the room during deliberation and vote, but the Member should leave his/her seat at the dais until after the vote.

If a Member has an ownership or pecuniary interest in an item being considered, the Member must abstain but may address the DBOH to discuss facts about the proceeding but must not ask, advocate or give any reasons for or against a vote.

Article 2 VOTING

2.1 Voting.

a. Unless otherwise provided by bylaws, code or statute, all matters and motions may be resolved by a majority of votes of those present at the meeting.

2.2 Motions to reconsider. A motion to reconsider any action taken by the DBOH may be made only during the meeting at which the action was taken or at the next regularly scheduled meeting. A motion to reconsider must be made by a Member who voted on the prevailing side of the motion being reconsidered, but a motion to reconsider may be seconded by any member of the DBOH. A previous motion failing by virtue of a tie vote may be reconsidered upon motion of any Member. If a motion for reconsideration relates to an item requiring legal notice, only the motion itself shall be debated and, if passed, reconsideration of the item continued to a future date to allow for the provision of legal notice.

Article 3 MEETINGS

3.1 Rules

- a. The DBOH is a public body and must comply with the laws of Nevada regarding public and open meetings, including NRS Chapter 241 (the “open meeting law”)
- b. All meetings of the DBOH will be held in accordance with the open meeting law.

3.2 Agenda

- a. Items scheduled on the regular DBOH agenda shall ordinarily be limited to those matters that have prior staff review and are in a form suitable for DBOH action. The District Health Officer will list the matters according to the order of business and furnish a copy of the agenda with background materials prior to the DBOH meeting to each member of the Board, the District Attorney, and Division Directors. No item may be submitted to the DBOH, except through the District Health Officer.
- b. In establishing the agenda, the District Health Officer may vary the order of business set forth in Article 3.2, Section d by grouping items involving related subject matter or the same personnel, regardless of whether the items are public hearings, action items or informational items.
- c. The draft agenda is not considered final until approved by the Chair.
- d. Order of Business. Regular meetings shall be conducted *substantially* in the following order:
 1. Roll Call and Determination of a Quorum

2. Pledge of Allegiance
3. Approval of Agenda
4. Recognitions
5. Proclamations
6. Public Comment
7. Consent Items
 - a. To include approval of minutes of previous meeting(s).
 - b. Cases not appealed to a Hearing/Advisory Board.
8. Public Hearings
9. Business Items
10. Staff Reports and Program Updates
11. Board Comment
12. Adjournment

FOR POSSIBLE ACTION language will be added to Agenda headings and items to correctly indicate whether or not an item is an action.

3.3 Continued Items.

- a. The DBOH may vote to grant a continuance on an agenda item upon request of a Member, and, in addition, in the case of an Appeal, the Appellant. If the Board decides to continue an item, the Chair shall first ask if anyone in the audience wishes to testify on the matter even though it may be continued to another date, time, and location certain.

3.4 General Expectations of Members During Meetings.

- a. Members shall treat each other and all persons at a meeting with respect before, during, and after the meeting. The decorum rules stated below apply to Members as well as members of the public, and a Member may be removed by the Chair for disruptive conduct.

3.5 Meeting Decorum; Removal for Disruptive Conduct.

- a. Meetings of the DBOH are limited forums for the governmental purpose of making health policies and decisions for the community in accordance with its duties under state and local law. That governmental purpose is efficiently accomplished only when the process established by law is followed and all participants in a meeting conduct themselves within the limits established and with decorum, civic responsibility, and mutual respect.
- b. It is the intent of the DBOH to maintain the highest level of decorum. The Chair is authorized to take appropriate actions to maintain such decorum to include declaring recesses, admonishing speakers, and other remedies set forth below.
- c. The viewpoint of any speaker will not be restricted, but reasonable restrictions may be imposed upon the time, place, and manner of speech at the meeting. Remarks which are irrelevant, impertinent, unduly repetitious, or which contain personal

attacks, implied or actual threats, fighting words, or profanity are not consistent with efficiently accomplishing the governmental purpose.

- d. The Chair may remove (with or without warning) any person who willfully makes the kind of remarks described above or engages in other disorderly conduct, if such remarks or conduct makes the orderly conduct of the meeting impractical.

3.6 Public Hearings or Individual Agenda Items.

- a. The following rules apply to persons speaking during public hearings or individual agenda items (as opposed to speaking during general public comment periods).
 - i. Public hearings and receiving public input during individual agenda items are part of a governmental process and, in order to efficiently pursue that process, persons addressing the DBOH during such items are to speak only to the topic being considered. Irrelevant or overly repetitions comments by the same person delays and disrupts the process.
 - ii. Speakers must sign and deliver to the Recording Secretary a “Request to Speak” form.
 - iii. The Chair shall determine the order of speakers.
 - iv. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes for appellant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the DBOH or by action of the Chair.
 - v. The speaker will also be encouraged to limit his/her comments regarding the background of the topic. When speakers have exceeded the allotted time, the Chair will endeavor to remind them that they have gone past the recommended time limits and request they conclude their remarks. The Chair may rule the speaker out-of-order should the speaker not obey the Chair’s admonition.
 - vi. Alterations to the above time limits may be permitted by the Chair in the following circumstances.
 - a. All public testimony. The Chair may modify speaker time limits for all public testimony during any item and will announce the modification at the beginning of the agenda item, if possible, or as soon as is practicable during the agenda item. The modified time limits will remain in effect only for that specific agenda item.
 - b. Individual time limits for public speakers. The Chair may adjust individual speaker time limits to accommodate questions by Members.
 - c. Appellants and amicus organizations. Appellants or his/her representative, or a person representing an amicus group (a group with special knowledge or interest in the agenda item who desires to testify as a friend of the DBOH) may notify Department staff 24 hours prior to the start of a noticed meeting at which action may be taken that a longer time is requested to make a presentation. When making the notification, an approximate amount of time needed to make the presentation must be

provided. The department will notify the Chair, who has the discretion to grant, modify, or deny such a request at the beginning of the agenda item.

- d. During individual presentations by appellants, or amicus organizations, the Chair may adjust the time limit to accommodate questions by Members or if the Chair believes that extra time is essential to a complete presentation of probative and non-repetitive information.

3.7 Procedures for Individual Agenda Items.

- a. **General Principles.** These rules are intended to promote consistency and efficiency, maximize public input, and afford the appropriate amount of due process in the conduct of meetings of the DBOH. These rules apply to all proceedings before the DBOH.
- b. **Consent Agenda.**
 - i. The consent agenda may be used for matters which need not be individually discussed and acted on and may be more efficiently handled on a block vote. Examples of items typically handled on the consent agenda are management cases that have not been appealed, budget amendments, interlocal agreements, contracts, and acceptance of donations.
 - ii. Items which require a public hearing or have been appealed to or heard by a Hearing/Advisory Board shall not be placed on the consent agenda.
 - iii. When announcing the Consent agenda, the Chair shall ask for and allow public comments on any item. Any Member may ask for removal of an item from the consent agenda and it shall be removed and handled as a general business item under Rule C(9)(c). Otherwise, consent agenda items may be voted on as a block.
- c. **Motions.**
 - i. Motions must be seconded before acceptance or debate. If a motion is not seconded, it is considered moot, and the Chair may call for further discussion or a new motion. Unless otherwise directed by the Chair, motions may be made and voted upon by the board members present.
- d. **Vote.**
 - i. The Chair shall call for a vote.
 - ii. If a motion to approve an adjudicative matter does not receive the required number of affirmative votes, it is deemed denied.

Article 4 BOARD COMMENTS

- 4.1 Board comments will be limited to announcements or issue(s) for a future agenda.

Article 5 USES OF STAFF

- 5.1 DBOH members may request assistance of NNPH staff in research, responses to complaints, and other matters. The request must be made to the District Health Officer who will determine the appropriate level of assistance to be provided to meet the request. If the District Health Officer determines that the request will entail more than two hours

of staff time and if a request made by one DBOH member only, the request will have to be acted upon by the Board.

Article 6 MEMBERS

6.1 The physician member appointed by the DBOH shall be expected to serve as a Board liaison to the physicians of Washoe County and the Washoe County Medical Society.

Article 7 AMENDMENT OF RULES, POLICIES AND PROCEDURES

7.1 Amendments. The Rules, Policies and Procedures may be amended or added to by majority vote of the Members present. The proposed amendment or addition shall be placed as an action item on a DBOH meeting agenda, and would become effective at the next Board meeting upon a majority affirmative vote of the full Board.

Adoption: June 27, 2024