## ASSEMBLY BILL NO. 232–ASSEMBLYMEN THOMPSON; BUSTAMANTE ADAMS, CARLTON AND KIRKPATRICK

## MARCH 5, 2015

JOINT SPONSORS: SENATORS ATKINSON, ROBERSON AND MANENDO

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions governing health districts. (BDR 40-694)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact. Effect on the State: No.

> CONTAINS UNFUNDED MANDATE (§ 3) (NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

EXPLANATION - Matter in **bolded italics** is new; matter between brackets [to be omitted.] is material to be omitted.

ACT relating to public health; establishing a district ANadministrative health officer and a district public health officer as the district health officers in certain larger counties; revising provisions governing the adoption of regulations by a district board of health in such counties; and providing other matters properly relating thereto.

## **Legislative Counsel's Digest:**

Existing law establishes a health district in each county whose population is 700,000 or more (currently Clark County). (NRS 439.361, 439.362) The health district consists of: (1) the district board of health, which has the powers, duties and authority of a county board of health in a health district; and (2) the district health officer, who is appointed by the district board of health and has full authority as a county health officer in the health district. (NRS 439.362, 439.368) Sections 1 and 3 of this bill require the board to instead appoint two district health officers: (1) the district administrative health officer; and (2) the district public health officer. Section 3 requires the board to assign the respective powers and duties of each of those district health officers.

Existing law authorizes a district board of health in a county whose population is 700,000 or more to prescribe regulations by an affirmative vote of a majority of





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the members of the board. (NRS 439.366) **Section 2** of this bill instead authorizes the board to prescribe regulations by an affirmative vote of a majority of votes cast.

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

**Section 1.** NRS 439.362 is hereby amended to read as follows: 439.362 1. A health district with a health department consisting of a district *administrative* health officer, *a district public health officer* 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 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;
- (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) 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. Members of the district board of health 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 board.

4. The district board of health shall meet in July of each year to

organize and elect one of its members as chair of the board.

- 5. 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.
- The district board of health shall maintain records of all of its proceedings and minutes of all meetings, which must be open to inspection.
- 7. 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. 2.** NRS 439.366 is hereby amended to read as follows:
- 20 439.366 1. The district board of health has the powers, duties and authority of a county board of health in the health district.
  - The district health department has jurisdiction over all public health matters in the health district.
  - 3. In addition to any other powers, duties and authority conferred on a district board of health by this section, the district board of health may, by an affirmative vote of a majority of fall the members of the board votes cast, adopt regulations consistent with law, which must take effect immediately on their approval by the State Board of Health, to:
    - (a) Prevent and control nuisances;
  - (b) Regulate sanitation and sanitary practices in the interests of the public health;
  - (c) Provide for the sanitary protection of water and food supplies:
    - (d) Protect and promote the public health generally in the geographical area subject to the jurisdiction of the health district; and
    - (e) Improve the quality of health care services for members of minority groups and medically underserved populations.
    - Before the adoption, amendment or repeal of a regulation, the district board of health must give at least 30 days' notice of its intended action. The notice must:
    - (a) Include a statement of either the terms or substance of the proposal or a description of the subjects and issues involved, and of



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the time when, the place where and the manner in which interested persons may present their views thereon;

(b) State each address at which the text of the proposal may be inspected and copied; and

(c) Be mailed to all persons who have requested in writing that they be placed on a mailing list, which must be kept by the board for such purpose.

- 5. All interested persons must be afforded a reasonable opportunity to submit data, views or arguments, orally or in writing, on the intended action to adopt, amend or repeal the regulation. With respect to substantive regulations, the district board of health shall set a time and place for an oral public hearing, but if no one appears who will be directly affected by the proposal and requests an oral hearing, the district board of health may proceed immediately to act upon any written submissions. The district board of health shall consider fully all written and oral submissions respecting the proposal.
- 6. The district board of health shall file a copy of all of its adopted regulations with the county clerk.

**Sec. 3.** NRS 439.368 is hereby amended to read as follows:

- 439.368 1. The district board of health shall appoint a district administrative health officer and a district public health officer who shall serve as the district health officers for the health district. [who shall have full authority as a county] The district board of health shall adopt regulations consistent with NRS 439.366 which must take effect immediately upon their approval by the State Board of Health that establish the respective powers and duties of the district administrative health officer and the district public health officer. [in the health district.]
  - 2. The district *public* 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 *public* 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.
  - 3. The district administrative health officer must:
  - (a) Have at least 5 years of management experience; and
- (b) Have at least a master's degree in public health, health care administration, public administration or a related field.
- 4. The district administrative health officer [is] and the district public health officer are entitled to receive a salary fixed by the district board of health and [serves] serve at the pleasure of the board.
- [4.] 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.** 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. 5.** This act becomes effective:
- 1. Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks necessary to carry out the provisions of this act; and
  - 2. On January 1, 2016, for all other purposes.





