

Boards of Health AND Agency Functions

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Local Board of Health (BOH) Requirements

In accordance with [902 KAR 8:150](#), a governing board functions shall include:

- Interviewing and hiring a qualified agency director in accordance with 902 KAR 8:140;
- Effectively communicating approved board policies and priorities to the agency director;
- Assuring LHD services meet the needs of local citizenry to protect and promote public health;
- Establishing agency priorities and objectives based on service delivery, a [community health assessment](#), [compliance reviews](#) and the resources of the agency and updating them as needed;
- Review and approve policies and procedures governing the operations of a local health department;
- Assuring acceptable financial controls and program evaluation measures are ongoing and facilitate effective and efficient agency services and operations;
- Reviewing information and data provided by agency director to assess the effectiveness of the agency (e.g., [DPH compliance review findings](#), [financial summary and local community health assessment/surveys](#)); and
- Evaluating the performance of the agency director on an annual basis making sure to consider the information and data evidence obtained as outlined above.
- Authorize by vote all Public Health Director salary increments..

A non-governing board shall meet the requirements of [902 KAR 8:150](#) Section 3(2). A nongoverning board shall:

- (a) Maintain a membership on the county public health taxing district board;
- (b) Prepare the annual public health tax resolution;
- (c) Maintain trusteeship of the county public health tax;
- (d) Provide for maintenance and upkeep of the agency building;
- (e) Determine the appropriate use of the facility by community groups and other agencies; and
- (f) Provide the district board with information regarding specific public health needs and concerns of the city-county or county board.

The policies and procedures developed by a governing board shall be in compliance with [KRS 212.230](#)(1)(b) through (d). Internal board regulations and ordinances must be approved by the board and the cabinet prior to implementation. New BOH policies shall be available online and/or placed in a health policy manual no later than thirty (30) days after approval by the board and the cabinet, if applicable. All local ordinances acted upon by a board shall be in compliance with [KRS 67.076](#) and [67.077](#).

Employment of Counsel

In all matters related to the enforcement of health and medical laws, HIPAA requirements, and in the performance of the board, representation shall be in accordance with [KRS 212.270](#). County, city-county and district boards formed by [KRS 212.020](#), [KRS 212.640](#), and [KRS 212.855](#) shall employ counsel as needed to act as legal advisor for the board.

LHD Director's Responsibility to Board

The agency director is responsible for accurately and timely presenting the policies, regulations and guidelines of the Department for Public Health (DPH) to the board for their information and action and to keep the board informed of the activities and effectiveness of the health department.

The agency director is responsible for executing the policies and plans adopted by the board and for regularly reporting on their progress. **Regular reports are to include:**

- Program/Service Report
- [Financial Summary Report](#)
- [LHD Compliance Review Findings and Corrective Action Plan Report\(s\)](#)
- Personnel Action Summary Report
- Local Community Health Assessment/Surveys Report

In the absence of a local health officer, the Secretary of the Cabinet for Health and Family Services or the Secretary's duly appointed representative shall serve as health officer for the county concerned. [KRS 212.170](#), [KRS 212.240](#)

LOCAL BOH APPOINTMENTS/MEMBERSHIPS AND GOVERNING OF AGENCY FUNCTIONS

Board Members and Conflicts Of Interest

Board of health members must comply with [902 KAR 8:150, Section 7](#) and [KRS 45A.340](#), Conflicts of interest of public officers and employees.
COPY PASTE REG section 7

Nominations

Nominations for BOH members shall be in accordance with [KRS 212.020](#) .

[Advertising for new board of health nominations may begin in September. Online nomination submission must be made by November 1.](#) Email AFM's BOH inbox LHDBoardofHealth@ky.gov with questions.

Appointments/Membership

The Secretary of the Cabinet for Health and Family Services (CHFS) appoints members to 118 of the 120 county or city-county boards of health based on [KRS 212.020](#) and [KRS 212.640](#). Fayette and Jefferson County board members are appointed by the mayor and fiscal court respectively.

- Membership is for 2 years and there is no restriction on the number of terms a member may serve, and includes the county judge executive or designee, the mayor, city manager or designee of the city-county containing a city containing a population equal to or greater than 15,000 and a fiscal court appointee.
- **Each member's term has an end date, and they must be re-nominated for new term every two years.**
- **If a current BOH member fails to be re-nominated, they may lose their term.**

- Physicians, dentists, pharmacists and fiscal court appointees are appointed in even-numbered years; nurses, engineers, optometrists, veterinarians and laypersons are appointed in odd-numbered years.
- If one or more of the professionals do not reside in the county or are unwilling to serve, the Secretary of the Cabinet may appoint a resident layperson in lieu of the vacancy.
- Members of the BOH receive no compensation for their services.
- The Secretary of the Cabinet shall remove any member, other than the county judge/executive or fiscal court appointee, who fails to attend three (3) consecutive scheduled meetings and may remove board members according to [KRS 65.007](#). The fiscal court may remove its appointee in like fashion.
- The composition of a district BOH must be in accordance with [KRS 212.855](#).

Professional Members

A person eligible for membership as a professional member shall be qualified and must maintain a current license in Kentucky in their respective profession.

Board Chairperson

The board shall elect a chairperson from its membership on an annual basis and that chairperson may serve more than (1) consecutive term. The BOH Chairman must be reported to AFM on or before April 1. [Local Health Personnel Branch - Cabinet for Health and Family Services \(ky.gov\)](#)

Secretary of Board

Officers shall be elected or appointed members of the board except that the agency director may serve as secretary to the board. An agency director of a district agency may serve as secretary to the district board and as secretary to the non-governing board within the district; or the agency director may designate an employee to serve as secretary of a city-county or county board. When agency staff is serving as secretary, the secretary has no voting powers.

Persons Not Eligible for Membership

- An employee of an agency shall **not** serve as a member of the board.
- A person shall **not** serve on a board and receive in excess of \$2,000 per year in contract payments, unless approved in writing by the Cabinet.
- A personal service contract shall not be entered into with a local board of health member, unless authorized in writing by the Department for Public Health, and except for medical or professional services under \$10,000.
- State officials, members of the General Assembly, superintendents of school districts, and members of local boards of education are **not** eligible for appointment to local boards of health. Such positions are considered incompatible under [KRS 61.080](#).

MEETINGS OF BOARDS OF HEALTH

Quorum

- A quorum must be present in order to conduct business and approve actions. A quorum is seven voting board of health members. This number does not change with vacant positions on the board of health.
- A telephone poll vote is **not** permitted on any issue considered by the board.
- In order to attain a quorum, a public agency may conduct any meeting, other than a closed session, through video teleconference (meeting shall comply with the requirements of KRS 61.820 or 61.823 as appropriate).

The context below must adhere to KRS Chapter 61, specifically 61.805 through KRS 61.850:

Proxy

A member of a board must **not** be represented by a proxy at a board meeting, except for the designated officials of a county; or city of the second class.

Meeting Schedule

Meetings of a board and its committees must comply with the Kentucky Open Meetings Law.

- Meetings of a board must be regularly held at specific times and places convenient to the public.
- The board must provide a schedule of regular meetings, which must be made available to the public, in advance of the meeting, and published on the LHD website and in a local newspaper of general circulation.
- Board meetings must be held in locations accessible to individuals with disabilities.
- A qualified interpreter for the deaf and hard of hearing must be made available upon request to the board chairperson or agency director at least ninety-six (96) hours prior to the scheduled meeting.

Executive Committee

A board may establish an executive committee for the execution of specific tasks.

- The executive committee is subordinate to the board.
- Matters delegated to the executive committee must be specified in the Minutes.
- Executive committee must report its actions at the next regular board meeting.
- An action of an executive committee must be confirmed by the board and reflected in the board Minutes.

Frequency of Meetings

- Governing county boards and district boards of health **shall** hold a regular meeting at an minimum, quarterly, and other special or regular meetings as necessary.
- Non-governing county or city-county boards (those within a district) shall hold a regular meeting at minimum once every twelve months.

Special Called Meetings

The following procedures shall apply when a board of health wishes to conduct a special called meeting:

- Only the chairperson or a majority of the board members may call a special meeting.
- The board of health shall provide written notice of the special meeting that shall state the date, time and location of the meeting.
- Discussion shall be limited to only those items on the agenda.
- Written notice shall be delivered by email, mail, or in person to every board member, as well as to any media organization that has filed a written request to receive notice of special meetings. The notice shall be delivered at least 24 hours prior to the meeting, or if not possible because of an emergency, the board shall make a reasonable effort to notify board members and the media. Notice of the special called meeting shall be posted in the lobby or reception area of the LHD.
- At the beginning of the special called meeting, the chairperson shall briefly describe the emergency circumstances precluding 24-hour, (when applicable), notice and these comments shall be reflected in the minutes.

Executive/Closed Session Meetings

Boards of health may conduct closed meetings for any of the following reasons:

- To deliberate on the future acquisition or sale of real property, but only when publicity would be likely to affect the value of a specific piece of property to be acquired for public use or sold by a public agency;
- To discuss proposed or pending litigation against or on behalf of the LHD or board;
- To discuss issues or concerns which might lead to the appointment, discipline, or dismissal of an individual employee or board member without restricting that individual's right to a public hearing if requested; and
- To discuss a specific proposal with a representative(s) of a business entity if open discussions would potentially put the interests of the business at risk.

The following procedures shall apply when a board of health conducts an executive or closed session meeting:

- Notice of the executive or closed session shall be given in the regular open meeting; the general nature of the business to be discussed and the reason(s) for the closed session shall be indicated.
- A closed session shall be held only after a motion is made and carried by a majority vote in open session.
- No final action shall be taken during a closed session.
- No matter shall be discussed in closed session other than those publicly announced prior to convening the closed session.

Minutes of a closed meeting are not required to summarize or record the discussion, or any statements made by a board member.

Any decisions made in the closed session must be voted on in open session., When board members return to open session, a summary of the decision is announced and voted on by the board.

Review the Opinion of the Office of the Kentucky Attorney General, entitled: [Protecting Your Right to Know: The Kentucky Open Records and Open Meetings Act](#) – Published August 2019 .

MINUTES OF BOARD MEETINGS

Minutes of Board Meetings must comply with the following: [902 KAR 8:150](#), Section 6. All meeting minutes must be submitted to the LHD Local Budget Analyst in DPH Administration & Financial Management within 2 weeks.

TRAINING FOR BOARD MEMBERS

A new member appointed to the board must receive training from the agency director or other appropriate agency representative. The training must occur prior to the new member's first board meeting.

The training must include discussion and written materials on the following topics:

- Statutory responsibilities and functions of the cabinet, agency, and the board;
- Board laws, regulations, and local ordinances; and
- Board members' responsibilities and functions.
- Agency service sites and the services provided at these sites;
- Agency staff by discipline or profession;

- Thorough review of agency clinic (medical) and environmental services, current DPH compliance review findings, budget and annual report;
- Board Minutes for the last calendar year; and
- A tour of the agency's main facility, and if feasible, a tour of all satellite or remote sites.

Taxing District

Where applicable, a taxing district function is created in accordance with [KRS 212.720](#) for all county boards of health (independent county-governing boards) and counties within districts (non-governing boards).

If a county has a public health tax, the tax resolution form [CH-61](#) or [CH-62](#) is used by the local BOH in establishing their public health tax rate. Form [CH-61](#) is completed by Fiscal Court Taxing Counties and Form [CH-62](#) is completed by Ballot Taxing Counties.

If a county does not have a public health tax, the fiscal court makes an appropriation to the health department using Form [CH-31](#). This function is not applicable to district boards of health.

These forms may also be accessed on the [LHD Information webpage](#). For additional questions or assistance, please contact the AFM Budget Branch, [Local Health Budget Section](#) at (502) 564-6663, Option 2.

The minimum acceptable level of local support shall be determined annually by the Commissioner of the DPH per [902 KAR 8:170](#) Section 3 (2).

The taxing district funds are to be used for the maintenance and operations of LHD. Operations include initiatives designed to improve the public health status of their citizens. Additionally the funds are for LHD capital improvements for the purchase or construction of new or additional facilities.