

**BYLAWS
OF THE
APPALACHIAN DISTRICT HEALTH DEPARTMENT**

ARTICLE I

OFFICES

Section 1: Principal Office of the Appalachian District Health Department shall be located at the Department's District Office, located in Watauga County at 126 Poplar Grove Connector, Boone, North Carolina 28607.

Section 2: Other offices of the Department will be located in Alleghany County at 157 Health Services Road, Sparta, North Carolina 28675; and in Ashe County at 413 McConnell Street, PO Box 208, Jefferson North Carolina 28640.

**ARTICLE II
GS 130A-37**

DISTRICT BOARD OF HEALTH

Section 1: Responsibilities: The district board of health shall be the policy-making, rule-making and adjudicatory body for the Appalachian District Health Department and shall be composed of 15 members; provided the district board may be increased up to maximum number of 18 members by agreement of the Boards of Commissioners in Alleghany, Ashe and Watauga Counties. The agreement shall be evidenced by concurrent resolutions adopted by these Boards of County Commissioners.

Section 2: Appointments: The County Commissioners of each county in the district shall appoint one county commissioner to the district board of health. The county commissioner members of the district board of health shall appoint the other members of the board including at least one physician licensed to practice medicine in North Carolina, one licensed dentist, one licensed optometrist, one licensed veterinarian, one registered nurse, one licensed pharmacist, and one professional engineer. The composition of the district board shall reasonably reflect the population makeup of the entire district and provide equitable district-wide representation. All members shall be residents of the district. If there is not a licensed physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a registered nurse, a licensed pharmacist or a professional engineer available for appointment, an additional representative of the general public shall be appointed. If however, one of the designated professionals has only one person residing in the district, the county commissioner members shall have the option of appointing that person or a member of the general public.

Section 3: Terms: Except as provided in this subsection, members of the district board of health shall serve terms of three years. No board member shall serve more than three consecutive three-year terms unless the member is the only person residing in the district who represents one of the professions designated in section two of this article. County commissioner members shall serve only as long as the member is a county commissioner. When a representative of the general public is appointed due to the unavailability of a licensed physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer that member shall serve only until a licensed physician, a licensed dentist, a licensed optometrist, a licensed veterinarian, a registered nurse, a licensed pharmacist, or a professional engineer becomes available for appointment. The county commissioner members may appoint a member for less than a three-year term to achieve a staggered term structure.

Section 4: Abolishment of the District: Whenever a county shall join or withdraw from the district health department, the district board of health shall be dissolved and a new board shall be appointed as provided in Section 3.

Section 5: Vacancies shall be filled for any unexpired portion of a term.

Section 6: Chairperson shall be elected annually by the district board of health. The local health director shall serve as secretary to the board.

Section 7: A quorum is constituted by a majority of the members of the district board of health.

Section 8: Removal: By a majority vote of a quorum present at a regular or duly called meeting of the district board of health, the board may recommend to the commissioner members that a member be removed for cause. Before such recommendation, the district board shall inform the member in writing of the reasons for removal and offer a hearing before the commissioners at least 10 days after the board member receives written notice for the basis for removal. Cause for removal may include (1) commission of a felony or other crime involving moral turpitude; (2) conflict of interest in violation of state law or of written policy adopted by the district board before the conduct believed to present a conflict; (3) habitual failure to attend board meetings; (4) misconduct in office, removal under this provision may take place only upon recommendation of the district board; (5) failure to maintain qualifications for appointment required in Section 2 of this article.

Section 9: Resignation: Any member of the district health board may resign at any time by giving written notice to the chairperson or vice-chairperson of the board. The resignation of any board member shall take effect upon receipt of the notice thereof or at such later date as shall be specified in such notice; and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

Section 10: Compensation: A district board member may receive a per diem in an amount established by the county commissioner members of the district board of health. Reimbursement for subsistence and travel shall be in accordance with a policy set by the county commissioner members of the district board of health.

Section 11: Meetings: Regular meetings of the district board shall meet at least every two months. The chairperson or three of the members may call a special meeting. Regular or called meetings of the district board shall be given 48 hours notice to any usual means of communication in the district.

Section 12: Committees of the Board: The district board of health, by resolution adopted by a majority of the members of the district board of health, may designate three or more members to constitute an Executive Committee and other committees as deemed necessary to assist with the operation and management of the district health department. These committees shall report to the full district board any recommendations for board approval.

Section 13: Insurance: The district board of health will provide (GS130A-37.k) liability insurance for the members of the board and the employees of the district health department. The district board of health is also authorized to contract for the services of an attorney to represent the board, the district health department and its employees, as appropriate.

ARTICLE III GS 130A-38

DISSOLUTION

Section 1: Dissolution: Should the board of commissioners of each county of the Appalachian District Health Department determine that the district health department is not operating in the best health interests of the respective counties; they may direct that the district health department be dissolved. In addition, whenever a board of commissioners of a county which is a member of the Appalachian District Health Department determines that the district health department is not operating in the best health interests of that county, it may withdraw from the district health department by a county shall be effective only at the end of the fiscal year in which the action of dissolution or withdrawal transpired.

Section 2: Notification to the State: The Appalachian District Health Department shall not be dissolved without prior written notification to the North Carolina Department of Health and Human Services.

Section 3: Budgetary Surplus: Any budgetary surplus available to the Appalachian District Health Department at the time of its dissolution shall be distributed to those counties comprising the district on the same pro rata basis that the counties appropriated and contributed funds to the district health department budget during the current fiscal year. Distribution to the counties shall be determined on the basis of an audit of the financial records of the district health department. The district board of health shall select a certified public accountant or an accountant who is subsequently certified by the Local Government Commission to conduct the audit. The audit shall be performed in accordance with GS 159-34. The same method of distribution of funds described above shall apply when one or more counties of district health department withdraws from the district.

Section 4: Rules: Upon dissolution or withdrawal, all rules adopted by the Appalachian District Health Department shall continue in effect until amended or repealed by the new board or boards of health.

ARTICLE IV GS 130A-39

POWERS AND DUTIES OF THE DISTRICT BOARD OF HEALTH

Section 1: Responsibility: The district board of health shall have the responsibility to protect and promote the public health. The board shall have the authority to adopt rules necessary for that purpose.

Section 2: Rules: The district board of health may adopt a more stringent rule in an area regulated by the Commission for Health Services or the Environmental Management Commission where, in the opinion of the district board of health, a more stringent rule is required to protect the public health; otherwise, the rules of the Commission for Health Services or the rules of the Environmental Management Commission shall prevail over district board of health rules. However, a district board may not adopt a rule concerning the grading and permitting of food and lodging facilities as listed in Part 6, Article 8 of GS 130A. The district board of health may adopt rules concerning sanitary sewage collection, treatment and disposal systems which are not designed to discharge effluent to the land surface or surface waters and which are not public or community systems only in accordance with GS 130A-335(c).

Section 3: Municipalities: The rules of the district board of health shall apply to all municipalities within the local board's jurisdiction.

Section 4: Notification: Not less than 10 days before the adoption, amendment or repeal of any district board of health rule, the proposed rule shall be made available at the office of each county clerk within the district board's jurisdiction, and a notice shall be published in a newspaper having general circulation within the area of the board's jurisdiction. The notice shall contain a statement of the substance of the proposed rule or a description of the subjects and issue involved, the proposed effective date of the rule and a statement that copies of the proposed rule are available at the offices of each local health department. The district board of health rule shall become effective upon adoption unless a later effective date is specified in the rule. A copy of all rules shall be filed with the secretary of the district board of health.

Section 5: Reference: The district board of health may, in its rules, adopt by reference any code, standard, rule or regulation which has been adopted by any agency of this State, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.

Section 6 Fees: The district board of health may impose a fee for services to be rendered by the district health department, except where the imposition of a fee is prohibited by statute or where an employee of the district health department is performing the services as an agent of the State. Notwithstanding any other provisions of law, the district board of health may impose cost-related fees for services performed pursuant to Article 11 (GS 130A), "Sanitary Sewage Systems," and services performed pursuant to Part 10, Article 8 (GS 130A), "Public Swimming Pools". The fees collected under the authority of this subsection are to be deposited to the account of the district health department so that they may be expended for public health purposes in accordance with the provisions of the Local Government Budget and Fiscal Control Act.

ARTICLE V GS 130A-40

APPOINTMENT OF THE LOCAL HEALTH DIRECTOR

Section 1: Appointment: The district board of health, after consulting with the appropriate county board or boards of commissioners, shall appoint a local health director. The State Personnel Commission, after consulting with the Commission for Health Services, shall establish qualifications for the local health director. The qualifications shall give equal emphasis to education and experience. However, the local health director shall not be required to be a physician. When the district board of health fails to appoint a local health director within 60 days of the creation of a vacancy, the State Health Director may appoint a local health director to serve until the district board of health appoints a local health director in accordance with this section.

ARTICLE VI

GENERAL PROVISIONS

Section 1: Open Meetings: The district board shall comply with all open meeting laws of the State of North Carolina. In general, all meetings shall be open to the public unless a "Closed Session" is recommended, according to state law, by a majority of the district board members.

Section 2: Contracts: The district board is authorized to enter into a contract with any governmental or private agency or with any person for the provision or receipt of public health services. The district health director is the authorized official to sign contracts once approved by the district board.

Section 3: Amendments: Except as otherwise provided herein, these bylaws may be amended or repealed and new bylaws may be adopted by the affirmative vote of a majority of the district board members then holding positions on the board at any regular or special meeting of the district board.

Section 4: Parliamentary Authority: Unless otherwise provided herein, the provisions of Roberts Rules of Order, newly revised, shall apply to all proceedings.

Approved: _____

Date: June 29, 2004