

BYLAWS OF THE CLERMONT COUNTY BOARD OF HEALTH

(Adopted 02/12/2020, Effective 03/11/2020)

A. **Mission**

The mission of Clermont County Public Health (CCPH) is striving to improve the health of Clermont County by preventing disease, promoting health, and protecting the environment.

B. **Vision**

The vision of CCPH is Healthy People, Healthy Communities, Healthy Clermont.

C. **Values**

The guiding values of CCPH are:

Service – we believe in providing accessible and comprehensive services of exceptional quality

Credibility – we believe in high standards of performance and adhering to principles

Dependability – we believe in being honest, fair and reliable in our intentions and actions

Responsibility – we believe in being accountable for our decisions and actions and taking ownership of our duties

Respect – we believe in treating everyone with the same level of compassion and respect

In addition to the values, CCPH believes in promoting and implementing strategies that are evidence based on science, supported by data, and are considered best practices.

D. **Core Functions and Ten Essential Services**

The three core functions* of public health include assessment, policy development, and assurance. The ten essential services** present a working definition of public health and provide a guiding framework for the responsibilities of local public health systems throughout the United States as well as Clermont County. The ten essential public health services are listed below and categorized under the appropriate core function.

I. Assessment:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

II. Policy Development:

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

III. Assurance:

6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

* Institute of Medicine, Future of Public Health, 1988.

** A consensus list developed by federal health agencies in partnership with major national public health organizations, adopted: Fall 1994 by the Public Health Functions Steering Committee.

E. Six Functions of Public Health Governance

The National Association of Local Boards of Health, working with the Centers for Disease Control and Prevention, other partners, and experts have developed the following model of *Six Functions of Public Health Governance* consisting of policy development, resource stewardship, legal authority, partner engagement, continuous improvement and oversight that boards that govern health departments can assess their own activities:

1. Policy development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

2. Resource stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

3. Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

4. Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

5. Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health commissioner to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

6. Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health commissioner to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with the health commissioner in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health commissioner; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

F. Purpose, Duties and Authority of the Board of Health

The Board of Health (BOH) is the legal policy making authority created by Ohio Revised Code (ORC) 3709. The Clermont County Board of Health met for the first time on March 17, 1920. The overall purpose of the CCPH BOH is to prevent disease, promote health and protect the environment for all citizens of Clermont County. The BOH provides oversight and direction to CCPH in fulfilling its mission. It plays a role in the work CCPH conducts through the BOH's review of, study of, and advisement and recommendations to the Health Commissioner (HC) on matters related to public health.

A major role of the BOH is to adopt policies and to make such orders and regulations as are necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement, or suppression of public health nuisances.

The powers and duties of the BOH are set out primarily in ORC Chapters 3709, governing health districts, and 3707, governing boards of health. The BOH is vested with authority to provide for the public health needs within CCPH's jurisdiction.

G. Execution of Duties and Roles and Responsibilities of BOH

The BOH:

- Operates not only within its legal responsibilities but also operates under the principles of good faith and ethical conduct;
- Establishes broad policy to ensure stakeholders' needs are being addressed and met;
- Reviews CCPH's strategic plan, position, and policies and makes recommendations for changes as needed;
- Reviews operational data on the activities and outcomes of the BOH and CCPH;
- Approves CCPH programs to ensure their consistency with the CCPH mission, priorities, stakeholder needs and resources;
- Approves CCPH financial actions including the budget (The fiscal year for the agency is January 1 to December 31) (Operating budget, bills, additional appropriations, amended certificates, and capital expenditures are by motion or consent agenda motion; cash advances, establishing new funds, and closing funds are by resolution);
- Appoints the HC as the Chief Executive Officer;
- Delegates to the HC the authority to carry out policies established by the BOH;
- Evaluates the HC's performance on an annual basis or as needed;
- Acts as an advocate for the citizens it represents by appraising CCPH's programs, services and activities;
- Approves policies related to personnel, procedures, and finances as they relate to the overall conduct of CCPH;
- Maintains and respects confidentiality in all matters relating to the BOH and CCPH;
- Maintains high ethical standards including sensitivity regarding conflict of interest and/or the appearance of such conflict;
- The BOH's authority comes by a majority vote of the BOH at a meeting of the BOH;
- Individual BOH members have no authority to order or direct CCPH staff or serve any other function at CCPH other than as a member of the BOH.
- BOH members may not serve on other boards, commissions, or as an elected official as determined by law. (May not be county commissioner, township trustee, village mayor, or a village/township administrator. May not serve on a board of elections or a local board of education.)

H. Health Commissioner

The Ohio Revised Code states that the Health Commissioner (HC) shall be the executive officer of the BOH and shall carry out all orders of the BOH and of the Ohio Department of Health. The HC shall be charged with the enforcement of all sanitary laws and regulations in the district and shall keep the public informed in regard to all matters affecting the health of the district. The HC shall attend all meetings of the District Advisory Council (DAC) and speak for the BOH.

To the extent permitted by law, the HC shall be responsible for all matters relating to employees of CCPH and shall act on behalf of the BOH in all matters specifically delegated to the HC by the BOH. The HC manages and administers the day to day functions of CCPH. The HC can approve budget transfers within a fund, out of county travel, and purchases up to \$5,000 per item. The HC may advertise for any open vacant positions. The HC may initially appoint, employ, and set compensation according to the guidelines or salary scale set by the BOH for employees of CCPH, the decision of the HC must be fully ratified at the next regular BOH meeting. The HC is not empowered to open new positions without action from the BOH.

I. Appointments, Removals, Vacancies, and Terms of Office of BOH Members

- 1.) Composition and Appointment: The BOH is a five-member board; members are appointed in staggered five-year terms by statutory requirement of ORC 3709.02.
 - All members are appointed by the DAC
 - One member must be a physician
- 2) Vacancies: In the event of resignation, death, or removal, the DAC fills the resulting vacancy.
- 3) Term Limits: It has been the position of the BOH that members do not have term limits.
- 4) Removals: BOH members may be removed from office pursuant to ORC 3709.35.

J. Compensation and Travel Expenses

Each BOH member may receive compensation pursuant to ORC 3709.02.

Each member shall be paid a sum not to exceed eighty dollars a day for the member's attendance at each meeting of the BOH. No member shall receive compensation for attendance at more than eighteen meetings in any year.

Each member shall also receive travel expenses at rates established by the Ohio Director of Budget and Management pursuant to ORC 126.31 to cover the actual and necessary travel expenses incurred for travel to and from meetings that take place outside the county in which the member resides, except that any member may receive travel expenses for registration for any conference that takes place inside the county in which the member resides. It shall be the responsibility of the President or Vice President of the BOH to authorize travel in advance and approve the reimbursement for actual and reasonable expenses incurred by members of the BOH in the performance of their duties.

Travel reimbursement does not include expenses associated with meetings and committees of the BOH.

K. Officers

Election:

- a) The elected officers of the BOH shall be the President and Vice President. These offices shall be elected at the April meeting of the BOH following the appointment of member(s) at the March DAC Meeting. Officer appointments shall be for a term of one year. Nominations may be made from the floor by members of the BOH. The President and Vice President shall take office immediately following election.

Duties:

- a) The President shall conduct all meetings of the BOH, sign records thereof, and perform generally all the duties performed by presidents of like bodies or commissions. The President shall have a vote on all issues.
- b) The Vice President functions as the Sergeant-at-arms, maintaining order at BOH meetings. The Vice President shall fill in for the President in the event of absence. Should the President position become vacant, the Vice President shall become President for the remainder of the term. The BOH will then name a new Vice President to complete the term.
- c) The HC serves as the Secretary of the BOH and is not a voting member. The HC may have other staff assist in the duties of the Secretary. The Secretary issues notices for all meetings, records all meeting minutes and maintains records of all meetings as set forth in the ORC 3709.19, receives and attends to all correspondence of the BOH, maintains custody of all documents belonging to the BOH, and duties required by the BOH.

L. Orientation of New Members and Continuing Education

BOH members are expected to become knowledgeable about the duties, operations, and functions of CCPH through reading of materials provided to members for BOH meetings, consultation with the HC, and staff presentations at BOH meetings. The HC will meet with newly appointed members and conduct orientation either individually or at a regular session of the BOH to all members.

Each BOH member must complete two hours of continuing education annually per ORC 3701.342. Each continuing education credit shall pertain to one or more of the following topics: ethics, public health principals, and a member’s responsibilities. Credits may be earned in these topics at pertinent presentations that may occur during regularly scheduled board meetings throughout the calendar year or at other programs available for continuing education credit. Continuing education credits earned for the purpose of license renewal or certification by licensed health professionals serving on boards of health may be counted to fulfill the two-hour continuing education requirement.

M. Committees

The BOH may designate from among its members standing committees, and such other committees of the BOH as the BOH may from time to time find appropriate.

Committee members shall be appointed by the BOH based upon the BOH member’s expertise and shall be appointed by nomination and motion. No committee of the BOH shall consist of a majority of the BOH members. Membership on committees shall be for a period of one year, unless otherwise stated. Attendance of BOH members at committee meetings is expected.

Activities of committees shall be reported to the full BOH during regular meetings.

- a) **Audit Committee:** The Audit Committee consists of all members of the board and meets annually to discuss the agency financial audit during regularly scheduled meetings.

The HC may request from time to time to have a representative of the BOH on agency or other stakeholder committees. The appointment for such committees shall be in the same manner as above.

N. Meetings: Notice and Procedure

A regular meeting of the BOH shall be held at least once in each calendar month. The BOH has established the second Wednesday of each month at 6:30 pm as the regularly scheduled meeting of the BOH. Meetings are held at the Clermont County Permit Central Building, 2275 Bauer Rd., Batavia, OH 45103, unless otherwise noted. Additional meetings may be scheduled as is necessary for the prompt and thorough transaction of its business.

The Secretary of the BOH is responsible for giving notices of the meetings. All meeting minutes are open for public inspection as required in ORC 121.22 ("Sunshine Law"). The Secretary is responsible for posting the meeting dates of all meetings and notifying BOH members and the public of all meetings. The tentative meeting agenda and prior meeting draft minutes will be provided to the BOH approximately three (3) days in advance of the meeting. Notification to BOH members may be electronic or mailed.

Notice of all meetings outside the regularly scheduled meeting dates and anytime the regular meeting date, time, or location is changed shall be given to newspapers, radio and television stations within CCPH's jurisdiction at least 24 hours in advance of the meeting.

Special meetings may be called either by the President, or in the case of his/her absence the Vice President, or by any three members of the BOH. At least 24 hours prior notice shall be provided for each special meeting unless an emergency condition warrants meeting with shorter notification.

Meetings are open to the public except for executive sessions that may be called during a meeting to discuss those issues permitted by law provided the requisite motions with statement of purpose are passed by a roll call vote in open session.

The Clermont County BOH has a very open door policy and supports citizen input. If a citizen is particularly upset or concerned about an action or decision of CCPH they can request time on the BOH's monthly agenda to voice their concerns directly to the policy making body. Although they are being "heard" by the BOH, they are not in any way being given a hearing and no decision or action will be made at the meeting as a result of their input. They are simply stating their thoughts on a particular matter. Persons requesting a formal hearing on a decision, please see Section O.

As a courtesy to the Board members and in the interest of time, such presentations are typically limited to 5 to 10 minutes. Citizens get on the BOH agenda by making a formal request to the HC who will typically discuss the situation with the citizen and if their concern cannot be resolved will schedule them at an upcoming BOH meeting. Individuals with comments and concerns are asked to contact the HC a minimum of fourteen (14) days prior to the regularly scheduled BOH.

At its discretion, the BOH may allow a person to address the BOH and may set a time limit on individual public comments due to the number of individuals wishing to speak and/or to the amount of business to conduct at that meeting. Questions at a meeting are to be directed to the board as a whole and may not be addressed to any individual member of the board or the CCPH staff, except by permission of the President. A disruptive person waives the right to attend a meeting and may be removed.

Persons whose property is listed on the agenda may address the BOH during that specific agenda item.

The BOH may adopt its own rules of procedure but shall rely on Robert's Rules of Order for questions of parliamentary procedure, except where they are inconsistent with these bylaws or are contrary to existing laws of the State of Ohio.

The President and Vice President should have a working knowledge of the Robert's Rules of Order.

A quorum is a majority of BOH members. BOH members, whose position is vacant due to death, resignation, or failure to appoint, will not count for purpose of determining a quorum of the meeting. A simple majority of those members present and voting yes, if at least a quorum is in attendance, shall constitute a favorable vote. An abstention from voting shall not be counted as either an affirmative or negative vote. A BOH member who is present but abstaining from a vote shall count toward a quorum. Any BOH member may request a roll call vote.

The regular order of business shall be:

- a) Call to order
- b) Approval of Consent Agenda
- c) Action items to include the following:
 - 1) Variances
 - 2) Bills
 - 3) Other Agenda items
- d) Discussion Items
- e) Board of Health Education
- f) Adjournment

Without objection, the regular order of business may be changed by the President or upon the request of a BOH member. If there is an objection, a motion, second and vote to consider an item out of turn is in order.

Consent agenda items are considered non-controversial items which do not generally need explanation or debate, such as approval of budget amendments, personnel actions, minutes, contract renewals with minor changes, black water holding tank variance renewals (after initial variance is approved), and other items that may be routine. A consent agenda may be presented at any regular BOH meeting. The intent of the consent agenda is to expedite processing for repetitious or routine items of business and allow for more meaningful conversation on public health issues impacting the community. The President will request if any member would like an item moved from the consent agenda and placed on the regular agenda prior to approving the consent agenda. If any request is made, the agenda item will be moved with no further discussion as to why the request was made nor is any vote taken to move the agenda item.

O. Board of Health Hearings

The purpose of establishing a hearing process for the BOH is to ensure a consistent process for all parties and to make expectations and responsibilities clear. Placing the responsibility for copying necessary materials on the individual requesting the hearing ensures all parties involved have the necessary information and the information accurately represents what the requestor

intends to present. Generous timelines are established in order to keep the issue moving forward without representing a hardship to the aggrieved individual. There is no fee for requesting a Board of Health hearing.

A BOH hearing is a formal requirement of due process whereby an individual who feels they have been wronged by a decision of the BOH or more commonly a decision made on behalf of the BOH by CCPH staff, has an opportunity to present information to support their desired proposed alternate action. Hearings are not debates on the merit of a particular law or regulation. An aggrieved individual who does not like a law enforced by CCPH and believes it to be unconstitutional, will need to have their enforcement action reviewed at a hearing and argue the merit of the law in court.

- 1) Who May Request a Hearing:** Any person who is affected or aggrieved by a decision made by CCPH staff, or a BOH action or regulation, may appeal that decision to the BOH if they are the property owner, license holder, or permit holder for a property impacted by the decision. If an aggrieved party chooses to have an agent serve as their representative, the representative **must** be an attorney licensed to practice law in the State of Ohio. If an aggrieved party chooses to have an individual who is not an attorney speak on their behalf without the owner, license holder, or permit holder present, the non-licensed individual will need to have a written letter or power of attorney indicating their intent to have the individual speak on their behalf. An individual who is not an attorney speaking on behalf of the owner, license holder or permit holder will only be able to provide information about the situation on behalf of the owner, but will not be able to argue the facts or merits of the situation.

- 2) How to Request a Hearing:** To challenge a decision, the aggrieved individual must file a written request with the CCPH HC which includes the following specific information. Any request received that does not include all of the necessary information will not be accepted. The written request for a hearing must include:
 - a) The name and address of the individual requesting the hearing. This should be the property owner, license holder, or permit holder.
 - b) The name of the requestor's attorney or identified spokesperson if any.
 - c) The grounds for the request. This should be a detailed explanation of the objections to the decision describing information that was excluded or incorrect.
 - d) The particulars relevant to the hearing. This might include background facts that relate to the situation including how you are affected by the decision or order.
 - e) A description of the relief or remedy requested. That is, what you are asking the BOH to do at the end of the hearing.
 - f) The signature of the requestor or the requestor's attorney. A copy of the decision (the permit, license, application, order, disapproval, etc.) that is being challenged.
 - g) Ten copies of all documents supporting the appeal including the original notice of appeal.

The request for a hearing must be mailed or hand delivered to the office of the CCPH. Emailed and faxed appeals will not be accepted.

- 3) Time Limit for Filing a Hearing Request:** Every request for a hearing in front of the BOH must be filed within 180 days of the initial notice from CCPH of the disapproval or order that causes the requestor to be aggrieved.

The HC will reject any request filed after the time limit.

- 4) Incomplete Request for Hearing:** If, after review by the HC, the request for a hearing is found to not contain the required information it will be considered deficient. The request for a hearing will be returned to the requestor with a written notice that identifies the deficiencies and informs the requestor the BOH will not proceed with the request for a hearing until an amended request that addresses the identified deficiencies is received by a specified date.

If the deficiencies identified by the HC are not corrected by the date specified in the notice the hearing request will be considered abandoned.

- 5) Notification of Hearing:** Once a complete request for a hearing is received the requestor will be notified in writing within 14 days of receipt by the HC of the date the hearing will be set before the BOH. Hearings are held at the regularly scheduled monthly BOH meetings so depending on the timing of receipt of the request and the upcoming BOH agendas, the hearing may be scheduled several months from the receipt of the completed request. Every attempt will be made to schedule the hearing as quickly as possible as well as to accommodate the requestor's scheduling needs. While the hearing is pending there will be no further action against the requestor except when a nuisance situation is endangering others.

- 6) Hearing Decision of the Board of Health:** The requestor and/or their representative, if applicable, will have the opportunity to present the information contained in their request for a hearing in person to the BOH. The requestor may also have additional parties that present information to the BOH on their behalf at the hearing but those individuals will be limited to providing information on behalf of the requestor or answering questions posed by the BOH or the Board's attorney. CCPH staff will also be at the hearing to present their side of the issue and will answer questions from the requestor, the requestor's attorney, the BOH and the BOH's attorney. The BOH will make a decision during the hearing and take one of four actions:

- a) Deny the requestor's desired action and uphold the original orders/decision of CCPH staff or the BOH
- b) Approve the requestor's alternate action
- c) Approve the requestor's challenge and allow the appellant to proceed with a revised action determined by the BOH
- d) Continue the hearing at a subsequent meeting to allow time for additional information to be obtained

- 7) Options When a Challenge is Denied:** If the BOH denies the challenge, the appellant has the option to appeal the BOH's decision to either the Clermont County Court of Common Pleas or if the hearing was related to a sewage issue, to the Clermont County Sewage Appeals Board.

P. Sewage Treatment System Hardship Hearing Requests

CCPH administers the Septic System Rehabilitation Financing Program (SSRFP) to assist households throughout Clermont County in addressing malfunctioning or incomplete on-site sewage disposal systems. The goal of the SSRFP is to eliminate public health nuisances at low income, owner occupied properties by repairing or replacing the existing septic system or by connecting the property to sanitary sewer. Homeowners are strongly encouraged to apply for funding through the SSRFP prior to requesting a financial hardship hearing.

In the event homeowners do not qualify for the SSRFP, or there is not funding for the program, homeowners may apply for a financial hardship variance.

- 1) When a financial hardship, for any reason, prevents a homeowner from complying with an order from CCPH for the repair or replacement of a sewage treatment system, the BOH may approve a time extension to the original order(s). The time extension would only be valid for the original requestor and shall expire when designated by the BOH or when the property changes ownership, whichever is earliest.
- 2) A financial hardship hearing will follow the same general process as all hearings. Prior to review of the time extension request, the following must be provided by the property owner:
 - a) A written hearing request with all documentation as outlined in Section O. 2. a. – f. above;
 - b) At least two written estimates of the cost to complete the repair/replacement or sewer connection;
 - c) Report and recommendation from a financial advisor, debt counselor, accountant, or other qualified financial expert confirming the financial hardship;
 - d) An affidavit, signed by the requestor of the variance, stating that all information provided to both the financial advisor and the Board of Health is true, accurate, and complete;
 - e) A plan to accumulate the money necessary to pay the for the repair, replacement or sewer connection as recommended by the financial advisor.
- 3) If the septic system has not been inspected within the past 6 months, the system will be inspected to ensure that is operating properly. The owner will be responsible for the reinspections fee. If the septic system is not operating properly it will be tested to determine if the system is causing a sewage nuisance. The owner will be responsible for all fees associated with sampling and testing the system. Any system that is found to be creating a sewage nuisance will not be considered for a time extension variance.
- 4) Properties that are granted a time extension variance will continue to be monitored under the Operation Permit program. If at any time the system is found to be malfunctioning or failing, the Board shall terminated the time extension variance.

Q. Confidentiality, Conflict of Interest, and Discipline

Confidentiality: Most of the work done by the BOH is public in nature. However, there may be times when information may be obtained or is discussed that is confidential in nature, e.g. specific information about employees, other board members, the HC, CCPH, or other

organizations. BOH members shall keep such information confidential. All BOH members must sign a confidentiality statement in the first quarter of each term.

Conflict of Interest: BOH members shall avoid all conflicts of interest or the appearance of such conflicts. Most BOH members have outside business and professional interests. BOH members may not use their position on the BOH to further their outside business or employment. BOH members shall not accept any gifts, gratuities, trips, personal property, or other items of value from an outside person or organization as an inducement to do business or provide services. BOH members shall not abuse their positions by using any services, staff, equipment or property for their personal or family use.

- a) A member who knowingly has a conflict of interest on any matter before the BOH shall declare such conflict of interest prior to any discussion of the matter and shall refrain from any participation in discussion, debate or voting on such matter.
- b) Any member who has reason to believe that another member has a potential conflict of interest shall state the potential conflict of interest and request a determination by the BOH, whereupon the BOH shall determine, by roll call vote, whether a conflict of interest exists. The member stating the potential conflict of interest and the member with the potential conflict of interest shall not participate in the decision.

Discipline: Attendance of BOH members is expected at all BOH meetings and assigned Committee meetings. Any BOH member who misses all or part of three consecutive Board and assigned Committee meetings or one third of the total Board and assigned Committee meetings in a calendar year shall meet with the BOH President to determine his/her continued interest in and availability to serve as a BOH member and may be referred to the DAC for possible removal. The inability of a BOH member to attend an emergency meeting will not be counted as an unexcused absence.

Should a BOH member act in a manner unbecoming of a BOH member, (e.g. disruptive or abusive behavior, excessive absenteeism, violation of confidentiality, and violation of conflict of interest obligations) the BOH President shall speak directly with the offending member to try and resolve the situation. If, in the President's judgment, there is no resolution, the full BOH may recommend that the BOH member resign if the behavior continues. If the behavior continues and the BOH member does not resign, the BOH may contact members of the DAC or the Director of the Ohio Department of Health to urge that removal procedures be instituted against the offending BOH member pursuant to ORC 3709.35.

R. Bylaw Function, Review and Amendments

The BOH bylaws will function as the BOH's internal governance procedures. The bylaws shall be reviewed at a minimum of every five years. These bylaws can be amended at any regular meeting of the BOH, to be effective at the next meeting. Changes may be made by a vote of two-thirds of the members during a meeting.