

**SOUTHERN NEVADA HEALTH DISTRICT  
BOARD OF HEALTH COMMITTEES  
January 23, 2013**

<b>At Large Member Selection <i>Biannually in May-June Next 2014-2016 Term</i></b>	<b>Audit Committee <i>As Needed During Annual Audit</i></b>	<b>CHO Annual Review <i>Annually Between May and June</i></b>
<i>(Elected Members Only)</i>		
<b>1. Sam Bateman – Chair</b>	<b>1. Bob Beers - Chair</b>	<b>1. Mary Beth Scow - Chair</b>
2. Chris Giunchigliani	2. Sam Bateman	2. Chris Giunchigliani
3. Alan Litman	3. Susan Crowley	3. Dr. Nemec
4. Lois Tarkanian	4. Alan Litman	4. Bill Noonan
5. Anita Wood	5. Lori Winchell	5. Lois Tarkanian
	6. Rod Woodbury	6. Rod Woodbury
<b>Nomination of Officers <i>Annually – June</i></b>	<b><i>Ad Hoc - CHO Succession During Position Vacancy</i></b>	<b><i>Ad Hoc - Replacement Facility As Needed</i></b>
<b>1. Lois Tarkanian - Chair</b>	<b>1. Tim Jones - Chair</b>	<b>1. Anita Wood - Chair</b>
2. Sam Bateman	2. Bob Beers	2. Susan Crowley
3. Bob Beers	3. Susan Crowley	3. Bill Noonan
4. Tim Jones	4. Mary Beth Scow	4. Mary Beth Scow
5. Al Litman	5. Anita Wood	5. Lois Tarkanian
	6. Rod Woodbury	6. Lori Winchell
	7. Dr. Nemec – <b><i>Appoint New At Large Physician</i></b> (Temporary addition to committee)	
<b>Medical Corridor Committee <i>Ad Hoc</i></b>		
<b>1. Lois Tarkanian - Chair</b>		
2. Bob Beers		
3. Chris Giunchigliani		
4. Marietta Nelson, MD		
5. Mary Beth Scow		
6. Lori Winchell		

**DELETED: Attorney Selection/EH Division Finance Policy/Governance Committees**

This policy applies to any group formed by Board action, whether or not it is called a committee and regardless of whether the group includes Board members. It does not apply to committees formed under the authority of the Chief Health Officer.

1. Establishing a Committee

A. Board committees will be organized as needed to assist with tasks that belong to the Board. The Board Chair will appoint the chairperson and members of Board committees.

- i. Proposals for Board-appointed committees may be initiated by any regularly-seated Board member in the form of a request for consideration to the Board Chair at a regularly scheduled meeting of the Board.
- ii. At a minimum, proposals for Board-appointed committees will include the following information:
  - a. The defined purpose and scope of the committee, including the specific issues to be reviewed or considered for the provision of recommendations to the full Board; and
  - b. The composition of the committee, including any specific Board positions required to be represented on the committee.
- iii. Special (ad hoc) committees are formed for a specific purpose. Upon completion of the assigned project, the committee automatically dissolves unless assigned additional projects the Board. Each special (ad hoc) committee shall select a committee chair unless the Board Chair appoints one.
- iv. Standing advisory committees are formed to do their assigned duties on an on-going basis. Unless the Board Chair otherwise limits the duration, advisory committees are formed with a continued existence. The Board is responsible for providing committee members on-going training in governance issues.
- v. Board members are encouraged to volunteer for committee membership.

2. Committee Composition

- A. When possible, all committees shall consist of at least five (5) Board members, and no more than six (6) members. At no time shall there be fewer than three (3) members.
- i. Alternate Board members may serve on a Board committee whenever the regular member for the position is unavailable to participate.

- ii. When appropriate, non-members of the Board may serve on committees, but shall not serve as a committee chair.
- iii. Committee membership should reflect the diversity of the Southern Nevada Health District community.

### 3. Roles, Responsibilities and Expectations of Board Committees

A. Committees will be used sparingly and ordinarily in an ad hoc capacity. When used, committees will ensure that the health district's needs and interests are asserted over personal and/or business relationships. The Board will approve the committee's objectives, determine a timeline and allocate an appropriate budget (if needed). Voting rights of non-member committee members will be determined by majority vote of the Board.

#### i. Board Committees:

- a. Support the Board in doing its jobs, not to help or advise the staff. Committees ordinarily will assist the Board by preparing policy alternatives and implications for Board deliberation. In keeping with the Board's broader focus, Board committees will normally not have direct involvement with current staff operations.
- b. Cannot exercise authority over staff. Because the Chief Health Officer works for the full Board, he/she will not be required to obtain approval of a Board committee before taking executive action.
- c. Will ensure all meetings comply with Nevada's Open Meeting Law and generally follow parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Bylaws or applicable law.

#### ii. Committee Members:

- a. May not speak or act for the Board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the Chief Health Officer. Decisions made by a committee do not carry the authority of the full Board unless it is a Board committee of the whole.
- b. Will avoid over-identification with organizational parts rather than the whole. Therefore, a Board committee that has helped the Board create policy on some topic will not be used to monitor organizational performance on that same subject.

#### iii. Committee Meetings, Report and Recommendations:

- a. Reports and recommendations should be based upon objective criteria in furtherance of the Health District's current and future needs.
- b. Meetings will be presided over by the committee chair.

- c. The committee chair will coordinate with the Executive Secretary and assigned staff to determine meeting schedules, approve agenda items, facilitate the meeting, direct discussion, delegate assignments, assign a facilitator in the absence of the chair, work with the Board Chair to keep the full Board informed to the committee's progress, and assume the commonly accepted responsibility of the position.
- d. The Executive Secretary will provide a mechanism for official committee communications.
- e. Committees may establish a schedule of meetings as necessary and practical to carry out their assigned charge, review and discuss information and formulate recommendations for presentation to the full Board.
- f. Unless specifically approved by the Board, committee members should not speak to issues that have not been officially decided by the Board.
- g. Reports from Board committees shall be agendized as part of the regular meeting of the full Board when necessary or as requested by the Board Chair. Reports shall include any supporting documentation that may be necessary and available.
- h. The Board may choose to accept or reject committee recommendations, and/or provide additional direction to the committee in carrying out their charge and continuing their deliberations.

#### 4. Review and Evaluation of Board Committees

- A. Board committees shall be reviewed annually by the full Board at its August meeting including confirmation of the necessity for the committee, its stated purpose or charge, and current membership.
- B. Appointment and/or re-appointment of committee members shall take place at the August Board meeting.