1	CORRECTED							
2	STATE OF OKLAHOMA							
3	2nd Session of the 57th Legislature (2020)							
4	SENATE BILL 1768 By: Kidd							
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7	AS INTRODUCED							
8	An Act relating to county boards of health; amending 63 O.S. 2011, Section 1-202, which relates to powers							
9	and duties; modifying allowable agreements; amending 63 O.S. 2011, Section 1-205, which relates to							
10	contracts for public health services; allowing certain agreement between counties; amending 63 O.S.							
11	2011, Section 1-208, which relates to funds for operation; allowing certain combination of resources;							
12 13	and providing an effective date.							
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	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:							
16	SECTION 1. AMENDATORY 63 O.S. 2011, Section 1-202, is							
17	amended to read as follows:							
18	Section 1-202. The county board of health shall have the							
19	following powers and duties:							
20	1. Organize by electing a chair and other necessary officers							
21	annually and meet at such times, in such manner and upon such notice							
22	as the board shall prescribe. Provided, that the board shall meet							
23	at least two times each year;							
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1 2. Establish and maintain a county department of health, if the 2 same, in the opinion of the board, will be to the best interest of 3 the county;

3. Enter into agreements with county boards of health of other
counties, and with the governing boards or boards of health of
cities, towns and school districts lying wholly or partly in the
county, for the establishment and operation of district or
cooperative departments of health;

9 4. Prepare and submit to the county excise board, annually, an 10 estimate of its needs, and needs for the operation of the county 11 department of health, if any, or for its proportionate part of the 12 costs of operation of a district or cooperative department of 13 health, if it has entered into an agreement therefor;

14 5. Advise with the State Commissioner of Health on matters 15 pertaining to public health in the county, and as to the appointment 16 of the county superintendent of health or the medical director of 17 the county, district or cooperative department of health; and

Adopt regulations, which shall be subject to the approval of
the State Commissioner of Health and shall not be more stringent
than state law and rules and regulations of the State Board of
Health, to protect the public health in the county in emergencies.
SECTION 2. AMENDATORY 63 O.S. 2011, Section 1-205, is
amended to read as follows:

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1 Section 1-205. (a) A. The county board of health may, with 2 the approval of the State Commissioner of Health, establish and 3 maintain a county department of health, the maintenance and 4 operation of which is hereby declared to be a function of county 5 government for which appropriations may be made from the general 6 fund of the county and the proceeds of a levy made in accordance 7 with Section 9a, Article X, of Article X of the Oklahoma 8 Constitution.

9 (b) B. The county boards of health of two or more counties may, 10 with the approval of the Commissioner, form a health district 11 composed of such counties for public health purposes. The health 12 district shall may have a district department of health which shall 13 be operated, in such counties, in the same manner as county 14 departments of health. A health district may also be comprised of 15 multiple county health departments operating under agreement to 16 share resources for purposes of enhancing health outcomes for the 17 member counties, provided costs are allocated in proportion to 18 resources utilized by each county.

19 (c) C. Cooperative departments of health may be formed by 20 agreement between the county board of health of any county 21 maintaining a county department of health, or the county boards of 22 health of counties in a health district, and the governing boards of 23 cities, towns, and school districts lying wholly or partly in such 24 county or health district. Any such agreement shall stipulate what

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health services will be provided to the cities, towns and school districts, which may be all or any of the services that may be provided by a county department of health, and shall also fix the amounts of funds to be paid by the cities, towns, and school districts for the services. All agreements made under the provisions of this section shall be subject to the approval of the State Commissioner of Health.

8 (d) D. A county department of health, a district department of 9 health and a cooperative department of health shall be under the 10 direction of a medical director, who shall perform his or her duties 11 under the supervision of the Commissioner, and who shall, in 12 addition to his other duties, perform the same powers, duties and 13 functions in the county, in the health district, or in the 14 cooperative department, as is provided by law for county 15 superintendents of health. The Commissioner shall appoint and fix 16 the duties and compensation of the medical director, who shall be a 17 physician licensed under the laws of this state, and shall employ 18 and fix the duties and compensation of such other personnel as he 19 the Commissioner deems necessary for the operation of the county 20 department of health, the district department of health, or the 21 cooperative department of health, all such personnel to be employed 22 under provisions of the Oklahoma Personnel Act and paid by state 23 warrant. Reimbursements to the State Department of Health shall be 24 paid by the county from the Section 9a of Article X of the Oklahoma _ _

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1 Constitution, mill levy revenues, payable for the benefit of such 2 county health department, district department of health, or the 3 cooperative department of health and payable within thirty (30) days 4 of receipt of an invoice therefor. Provided that, in any such local 5 health department operating under the direction of a medical 6 director who serves less than full time, the Commissioner may 7 delegate nonmedical administrative duties to another employee of the 8 county, district, or cooperative health department.

9 (c) E. The board of health or board of county commissioners of 10 any county may contract with the department board of health or board 11 of county commissioners of any neighboring county or the State 12 Department of Health to provide the county any or all public health 13 services. The county receiving the services shall pay for the 14 department rendering the of services according to a schedule of fees 15 and payments mutually agreed upon by the State Board of Health and 16 the county or counties affected. Such schedule of fees and payments 17 shall be equal to the cost of the services provided.

18 SECTION 3. AMENDATORY 63 O.S. 2011, Section 1-208, is 19 amended to read as follows:

Section 1-208. (a) <u>A.</u> It shall be the duty of the county
excise board of each county if funds are available to make necessary
appropriations to provide sufficient funds to pay the amounts due
under any agreement entered into by the county board of health, or
by any city, town, or school district of the county, for or in

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¹ connection with a district department of health or a cooperative ² department of health; and such funds shall be accounted for, ³ obligated, expended and disbursed as directed by the State ⁴ Commissioner of Health, who may require any or all such funds to be ⁵ combined with others to be used for similar or related purposes.

6 The Commissioner may enter into agreements with county (b) B. 7 boards of health, and with city-county boards of health, whereby 8 state funds will be used in conjunction with county funds for the 9 operation of county, district, cooperative and city-county 10 departments of health. The Commissioner may pay such funds on a 11 reimbursement or percentage of budgetary expenditures basis, or 12 other basis; and if directed to do so by the Commissioner, the 13 county clerk shall add the amount of any such funds to specified 14 items of appropriation, and no further action or appropriation by 15 the county excise board shall be required to make such funds 16 available for expenditure.

C. Counties may, for the purposes of enhancing access to health initiatives and maximizing operational impact, agree to combine resources including county millage in a manner designating one county as the operational hub. In doing so, the millage provided by each county within the consortium shall be expended or reserved for the county of origin, ensuring each county's millage investment is expended for the benefit of the county residents.

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