

**Rural Health Coordinating Council**

**BYLAWS**

**Article I - Name**

**Section 1:**

As required in ORS 442.490, this organization shall be known as the Rural Health Coordinating Council. Principal offices will be located within the Oregon Health Sciences University, Office of Rural Health - L593, 3181 SW Sam Jackson Park Road, Portland, Oregon 97239-3011.

**Article II - Purpose and Responsibilities**

**Section 1:**

The purpose of this organization shall be as specified in ORS 442.495. The organization shall function in the following areas, among others:

- A. Advise the Office of Rural Health on matters related to the health care services and needs of rural communities:
- B. Develop general recommendations to meet the identified needs of rural communities; and
- C. To view applications and recommend to the Office of Rural Health which communities should receive assistance, how much money should be granted or loaned and the ability of the community to repay a loan.

**Article III - Council Membership**

**Section 1: Composition**

The Council shall consist of 18 voting members. All members shall have knowledge, interest, expertise or experience in rural areas and health care delivery. The members shall represent and be appointed by the following:

- A. One primary care physician appointed by the Oregon Medical Association and one primary care physician appointed by the Oregon Osteopathic Association;
- B. One nurse practitioner appointed by the Oregon Nurses Association;
- C. One pharmacist appointed by the State Board of Pharmacy;
- D. Five consumers appointed by the Governor;
  - a. One consumer representative from each of the three health service areas;
  - b. Two consumer representatives "at large" from communities of less than 3,500 people;
- E. One volunteer emergency medical technician from a community of less than 3,000 people, appointed by the Oregon State EMT Association;
- F. One representative appointed by the Conference of Local Health Officials;

- G. One representative appointed by the Oregon Association for Home Care;
- H. One representative from the Oregon Health Sciences University, appointed by the President of the Oregon Health Sciences University;
- I. One representative appointed by the Oregon Association of Hospitals;
- J. One dentist appointed by the Oregon Dental Association;
- K. One optometrist appointed by the Oregon Association of Optometry;
- L. One physician assistant appointed by the Oregon Society of Physician Assistants; and
- M. One naturopathic physician appointed by the Oregon Association of Naturopathic Physicians.

Section 2: Compensation

Voting members of the Council are entitled to compensation and expenses as provided in ORS 292.495.

Section 3: Non-Voting Members

The chairperson may appoint non-voting, advisory members of the Rural Health Coordinating Council. However, advisory members without voting rights are not entitled to compensation or reimbursement as provided in ORS 292.495 and may not hold office or serve as chairperson of a standing committee of the Council.

Section 4: Length of Term

Members shall serve two-year terms and may be replaced at the discretion of their sponsoring organization.

Section 5: Membership Replacement

In the event of early termination of a Council member, the replacement shall serve the unexpired portion of the terminated member's term and the remainder of that term shall constitute a full term.

Section 6: Termination of Council Members

- A. Membership on the Council is automatically terminated by any of the following:
  - 1. Consumers appointed whose status change to that of a provider.
  - 2. Consumers who change their residence to a place outside the health service area from which he or she was appointed.
- B. The Council may request a representative agency or association to replace a current member for failure to attend meetings of the Council if such representative has been absent for two consecutive meetings of the Council. Such request will require a majority vote of the full Council.

## **Article IV - Meetings**

### Section 1: Regular and Special Meetings

- A. Regular full Council meetings shall be held at the call of the Chairperson at least quarterly or by petition of any five voting members of the Council.
- B. The annual meeting of the Council shall be held in the fall of each year.
- C. A meeting of the Executive Committee shall not be considered as one of the quarterly meetings.

### Section 2: Notice and Public Participation

- A. Notice of meetings shall be given 14 days prior to the date of the meeting and shall be in written form delivered by first class mail, except as noted in Article VI.1.C.
- B. The Council shall set aside a specific time on its agenda for input from interested persons.

### Section 3: Quorum

A majority of the voting members of the Council shall constitute a quorum for the purposes of conducting the regular business meetings of the Council.

### Section 4: Meeting Conduct

- A. Robert's Rules of Order, most recent edition, shall be followed in conducting Council and committee meetings.
- B. Meetings of the Council shall be presided over by the Chairperson of the Council, or in the Chair's absence, by the Vice Chairperson, or in the ViceChair's absence, by a member chosen by a majority of the Council members present.
- C. Participation in the conduct of business of the Council shall be limited to Council members, appointed advisory members, invited guests, and Office of Rural Health staff.

### Section 5: Voting

Voting shall be as follows:

- A. Each Council member shall have one vote.
- B. Voting by proxy shall not be allowed.
- C. Routine business, such as approval of past minutes and presented agendas, may be approved by voice vote. All other business may require a roll call vote or written signed ballot if requested by a member, with each member's vote being entered in the minutes.

## **Article V - Officers**

### Section 1: Council Officers

The Officers of the Council shall function in the following manner:



- A. The officers of the Rural Health Coordinating Council shall be a chairperson and a vice chairperson.
- B. The term of the officers shall be for two years and shall expire following the annual meeting.
- C. No person shall serve more than two consecutive terms as a chairperson or vice chairperson.
- D. Officers may be removed by a two-thirds vote of the full Council membership.

Section 2: Duties of Council Chairperson

It shall be the duty of the Chairperson to:

- A. Preside at meetings of the Council.
- B. Prepare and disseminate an agenda for each Council meeting.
- C. Assure that all meetings of the Council are open and public as required by state and federal law.
- D. With the assistance of the Office of Rural Health, process all correspondence.
- E. Perform all duties necessary and incidental to the office and as required by state law.
- F. Appoint all committees and committee chairpersons subject to the approval of the entire Council.

Section 3: Duties of the Council Vice Chairperson

- A. In the chairpersons's absence, exercise all powers and perform all duties of the chairperson.
- B. Perform such functions as assigned by the chairperson.

**Article VI - Committees**

Section 1: Standing Committees

The standing committees of the Council and their functions are as follows:

- A. Community and Council Development. The Community and Council Development Committee shall have at least seven voting members. The primary responsibilities of the committee will be coordination with sponsoring organizations and other interested parties, Council education and organization, foundation involvement, rules writing for grant awards and grants, and rural health clinic oversight, and any other tasks assigned by the Council Chairperson.
- B. Legislative and Planning Committee. The Legislative and Planning Committee shall have at least seven voting members. The primary responsibilities of the committee will be to review existing and proposed state and federal health related issues or legislation, bylaw review and goal setting, and any other task assigned by the Council Chairperson.
- C. Executive Committee. The Executive Committee shall consist of the Chairperson, Vice Chairperson, the two standing committee chairs, and one member at-large. This committee

shall be authorized to act on behalf of the full Council when it is impractical, due only to time constraints, to refer matters to the full Council for action. All Executive Committee meetings shall be announced to the entire Council at least 72 hours in advance of a meeting, either by mail or telephone. All actions of the Executive Committee must be reported to the entire Council at its next meeting. The agenda of the meeting shall be disclosed.

- D. EMS Grant Review Committee.

#### Section 2: Committee Membership

Council members shall serve on standing committees for one year. At the annual meeting, the chairperson shall assign members to standing committees.

#### Section 3: Ex-officio Committee Members

The Chairperson, except in the case of the Executive Committee, shall be an ex-officio member, without the right to vote, of all committees established. Non-voting advisory members of the Council shall participate in committee meetings as assigned by the Chairperson.

#### Section 4: Committee Powers

No committee, except the Executive Committee as outlined in Article VI, Section 1.C., shall have power to make decisions on behalf of the full Council.

#### Section 5: Quorum

A majority of the voting members of the committee shall constitute a quorum.

### **Article VII - Conflicts of Interest**

#### Section 1:

- A. Council members who recognize a potential conflict of interest involving any issue before the Council shall so notify the Council chairperson prior to taking any official action thereon.

No Council member may vote on approval of funding of projects before the Rural Health Coordinating Council (RHCC) which involve an individual or entity with which such member has (or, within the past 12 months, had) any substantial ownership, employment, medical staff, fiduciary, contractual, creditor, consultative or membership relationship.

- B. Any Council member who has reason to believe another member has a possible conflict of interest on any issue before the Council shall so notify the Council chairperson.

### **Article VIII - Responsibilities of the Office of Rural Health**

#### Section 1:

The Office of Rural Health shall:

- A. Assist the chairperson in processing the Council's correspondence.
- B. Assist the chairperson in developing and disseminating agendas for Council meetings.
- C. Maintain the records of the Council's activities.

- D. Receive from the Council and Council members, forms for reimbursement of expenses, and approve them for payment in compliance with state limitations and procedures.
- E. Provide support for standing committees.

### **Article IX - Amendment to Bylaws**

#### Section 1:

These bylaws may be amended in any regular meeting by simple majority vote of the Council, provided that such notification of amendment shall have been delivered with a copy of the amendment in the notice of the meeting and shall not contradict law or statute.