

**ADVISORY COUNCIL ON THE STATE PROGRAM
FOR WELLNESS AND THE PREVENTION OF CHRONIC DISEASE
BYLAWS**

Revised 04/2016

ARTICLE 1: NAME

- 1.1 The name of this group shall be the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease, hereinafter referred to as the Council.

ARTICLE 2: AUTHORITY

- 2.1 The Council is authorized under NRS 439.514 – NRS 439.525.
- 2.2 The Council is considered advisory in nature and makes recommendations to the Nevada Division of Public and Behavioral Health and the Nevada Department of Education.
- 2.3 The Council may appoint committees or subcommittees to study issues relating to wellness and the prevention of chronic disease (NRS 439.518, 439.519).

ARTICLE 3: PURPOSE AND FUNCTION

- 3.1 The purpose and duties of the Council are set forth in NRS 439.521, and include advising on and providing recommendations to the Division regarding:
- 3.1.1. Burden reports concerning health problems and diseases, including, without limitation, a lack of physical fitness, poor nutrition, tobacco use and exposure to tobacco smoke, obesity, chronic diseases, and other diseases, as determined by the Division, using the most recent information obtained through surveillance, epidemiology and research. As used in this subsection, “burden report” means a calculation of the impact of a particular health problem or chronic disease on this State, as measured by financial cost, mortality, morbidity or other indicators specified by the Division.
- 3.1.2. Identification, review and encouragement, in coordination with the Department of Education, the Nevada System of Higher Education and other appropriate state agencies, of existing evidence-based programs related to nutrition, physical fitness and tobacco prevention and cessation, including, without limitation, programs of state and local governments, educational institutions, businesses and the general public.

- 3.1.3 Development, promotion and coordination of recommendations for model and evidence-based programs that contribute to reductions in the incidence of chronic disease in this State. The programs should encourage:
- (a) Proper nutrition, physical fitness and health among the residents of this State, including, without limitation, parents and children, senior citizens, high-risk populations and persons with special needs; and
 - (b) Work-site wellness policies that include, without limitation, tobacco-free and breast feeding-friendly environments, healthy food and beverage choices and physical activity opportunities in schools, businesses and public buildings.
- 3.1.4. Projects within this State as requested by, and in coordination with, the President's Council on Fitness, Sports and Nutrition.
- 3.1.5. Identification and review methods for reducing health care costs associated with tobacco use and exposure to tobacco smoke, obesity, chronic diseases and other diseases, as determined by the Division.
- 3.1.6. Maintaining a website to provide information and resources on nutrition, physical fitness, health, wellness and the prevention of obesity and chronic diseases.
- 3.1.7. Solicitation of information from and, to the extent feasible, coordinate its efforts with:
- (a) Other governmental agencies;
 - (b) National health organizations and their local and state chapters;
 - (c) Community and business leaders;
 - (d) Community organizations;
 - (e) Providers of health care;
 - (f) Private schools; and
 - (g) Other persons who provide services relating to tobacco use and exposure, physical fitness and wellness and the prevention of obesity, chronic diseases and other diseases.
- 3.1.8. Establishing, maintaining and enhancing statewide chronic disease surveillance systems.
- 3.1.9. Translation of surveillance, evaluation and research information into press releases, briefs, community education and advocacy materials and other publications that highlight chronic diseases and the key risk factors of those diseases.
- 3.1.10. Identification, assistance and encouragement of the growth of, through funding, training, resources and other support, the community's capacity to assist persons who have a chronic disease.
- 3.1.11. Encouragement of relevant community organizations to effectively recruit key population groups to receive clinical preventative services, including, without limitation:

- (a) Screening and early detection of breast, cervical and colorectal cancer, diabetes, high blood pressure and obesity;
 - (b) Oral screenings; and
 - (c) Tobacco cessation counseling
- 3.1.12. Promotion of positive policy, system and environmental changes within communities and the health care system based on, without limitation, the Chronic Care Model developed by the MacColl Center for Health Care Innovation and the Patient-Centered Medical Home Recognition Program of the National Committee for Quality Assurance.
- 3.1.13. Review and revise the program as needed.

ARTICLE 4: MEMBERSHIP

- 4.1 Membership is set forth in statute at NRS 439.518.
- 4.2 The term of office of each member of the Council is two years. A member may be reappointed to serve not more than two additional, consecutive terms by the Division Administrator. [It is noted that the term of appointment for the initial members of the Council shall be for 4 years]
- 4.3 A majority of the voting members constitutes quorum, pursuant to NRS 429.519(5). A majority of the voting members may (a) appoint committees or subcommittees to study issues relating to wellness and the prevention of chronic disease, (b) remove a non-legislative member for failing to carry out the business of, or serve the best interests of, the Council, and (c) appoint nonvoting members to the Advisory Council.
- 4.4 Upon the occurrence of any vacancy, the Advisory Committee shall make recommendations to the Administrator to appoint a new member. When a member is appointed to fill an unfinished term, that member shall complete the unfinished term and will be eligible to be appointed for additional terms.
- 4.5 Pursuant to NRS 439.518, the Chief Medical Officer and the Superintendent of Public Instruction may each appoint a designee to serve on the Council on their behalf. If the Chief Medical Officer or the Superintendent of Public Instruction intend to appoint a designee, they must provide written notice of the designee's appointment to the Division staff supporting the Council. A designee shall have the same voting power as the Chief Medical Officer or the Superintendent of Public Instruction and shall serve as the designee until the Chief Medical Officer and the Superintendent of Public Instruction withdraws the appointment.

ARTICLE 5: VOTING

- 5.1 A majority of the voting members of the Advisory Council, seven, constitutes a quorum to transact all business, and a majority of those voting members present, physically or via telecommunications, must concur in any decision.
- 5.2 Each appointed Council member shall have one vote.
- 5.3 A concurrence of at least a majority of the members of the Council shall be required on all questions.

ARTICLE 6: OFFICERS/NOMINATIONS/ELECTIONS

- 6.1 Council officers shall be elected and include a Chairman and a Vice-Chairman as defined by NRS 439.519.
 - 6.1.1 The Chairman and Vice-Chairman shall be elected at the first meeting of even-numbered State fiscal years by a majority vote of all Council members.
 - 6.1.2 The Council's Chairman shall open and close the floor for nominations.
 - 6.1.3 The Secretary shall call roll for the purposes of each member casting their vote and recording the votes.
 - 6.1.4 In accordance with the Nevada Open Meeting Law all nominations and votes shall be provided orally.
 - 6.1.5 Only members present during the meeting (includes teleconference attendance) may nominate and vote for officers.
- 6.2 Terms of office. The term of office of the Chairman and Vice-Chairman is two years.
 - 6.2.1 The Chairman and Vice-Chairman may serve consecutive terms, so long as the Chairman or Vice-Chairman has been appointment to the Council pursuant to NRS 439.418.
- 6.3 Vacancies. When a vacancy occurs in the office of Chairman or Vice-Chairman, either by reason of his/her having left the Council or office, a new Chairman or Vice-Chairman is elected to fill out the unexpired term.
 - 6.3.1 This shall not constitute a full term for the purposes of 6.2.

- 6.3.2 An acting Vice-Chairman may be appointed by the Chairman if the need arises.

6.4 Duties

- 6.4.1 The Chairman shall preside at all meetings of the Council.
- 6.4.2 The Vice-Chairman shall act for and in behalf of the Chairman in all cases of his/her absence.

ARTICLE 7: COMPENSATION (NRS 439.080)

- 7.1 While engaged in the business of the Council, each member is entitled to receive the per diem allowance and travel expenses provided for state officers or employees generally.

ARTICLE 8: STAFFING

- 8.1 The Division shall, within the limits of available money, provide the necessary professional staff and a secretary for the Council. The Division may, within the limits of available money, enter into contracts with, or award grants to, public or private entities they deem skilled in carrying out the provisions of the Council's work. Staff to the Council shall be utilized for purposes of secretarial, research, and other needs.

ARTICLE 9: MEETINGS

- 9.1 The Council shall, within the limits of available money, meet at the call of the Administrator, the Chairman or a majority of the voting members of the Council quarterly or as is necessary.
- 9.2 Agenda items may be submitted in writing no later than 15 working days before the meeting by Health Division employees and/or Council members.
- 9.3 Meetings will generally follow parliamentary procedure as contained in Robert's Rules of Order insofar as they do not conflict with the Nevada Revised Statute and these bylaws.
- 9.4 Meetings shall be conducted in accordance with NRS Chapter 241, known as Nevada's "Open Meeting Law."

ARTICLE 10: KIDNEY DISEASE ADVISORY COMMITTEE

- 10.1 The Division of Public and Behavioral Health is authorized to establish and consult with an advisory committee relating to kidney disease. The Division has authorized this Council to create the Kidney Disease Advisory Committee, as a subcommittee of the council (NRS 439.261).

- 10.2 The Kidney Disease Advisory Committee is created to advise on a sustainable plan to increase education concerning and awareness of kidney disease, and must be comprised of members of the Council and representatives of providers of health care and medical facilities who provide care for kidney disease, patients with kidney disease, organ procurement organizations, national kidney organizations and any other members that the Division deems appropriate.
- 10.3 Members of the Kidney Disease Advisory Committee will be appointed by vote of the Council. Where a vacancy occurs, the vacancy shall be filled in the same manner.
- 10.4 Quorum shall be a majority of the members appointed to the Kidney Disease Advisory Committee.
- 10.5 The Kidney Disease Advisory Committee will conform to the provisions of the Open Meeting Law and the provisions set forth in these bylaws.

ARTICLE 11: AMENDMENTS

- 11.1 The bylaws may be amended as approved by a majority vote of the Council.

Adopted: 4.19.06

Draft Changes related to SB 7: 7.22.09

Draft Changes related to 8.11. 2009 Meeting

Adopted: 10.7.09

Draft Changes: 4.16.15

Adopted: 4.16.15

Draft Changes: related to SB 6: 1.14.16

Adopted: 4.28.16