

BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR  
MULTNOMAH COUNTY, OREGON

Ordinance No. 145

An ordinance establishing a new Multnomah County Health Care Commission, and providing for related matters.

Multnomah County Ordains as follows:

Section 1. Purpose.

To comply with requirements of the Public Health Service Act and the regulations thereunder, and to further public participation in Multnomah County's Project Health program, the Board of County Commissioners finds it to be in the interest of the people of Multnomah County that a new Multnomah County Health Care Commission be established in accordance with the provisions of this ordinance.

Section 2. Establishment of Commission and Acceptance of Commission Bylaws.

There is hereby established a Multnomah County Health Care Commission (hereinafter "the Commission"), which shall be constituted in accordance with and comply with the requirements of the proposed bylaws of the Commission, which are attached to this ordinance and by this reference incorporated herein. Subject to their adoption by the Commission, said bylaws are accepted by Multnomah County.

Section 3. Transition.

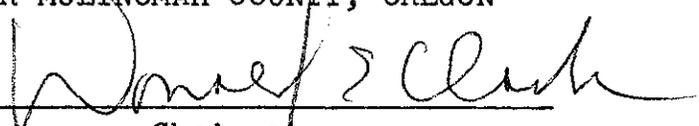
Upon the effective date of this ordinance, or at such later time as the Commission established hereby has adopted its bylaws and commenced operations, said Commission shall assume the functions of and replace the Health Care Commission of Multnomah County existing on the date this ordinance is adopted, and shall replace the consumer board known as the "Partnership Council" and assume the

functions of said Council with respect to the Neighborhood Health Center Project of Project Health. Thereafter, the Health Care Commission of Multnomah County existing on the date this ordinance is adopted and the Partnership Council shall have no further relationship with Multnomah County or the operations of Project Health.

ADOPTED this 21st day of April, 1977, being the date of its second reading before the Board of County Commissioners of Multnomah County, Oregon.

BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON

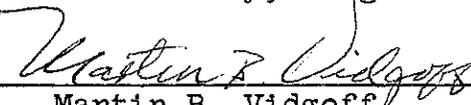
By

  
Chairman

APPROVED AS TO FORM:

GEORGE M. JOSEPH  
County Counsel for  
Multnomah County, Oregon

By

  
Martin B. Vidgoff  
Deputy County Counsel

B Y - L A W S  
OF THE  
MULTNOMAH COUNTY HEALTH CARE COMMISSION

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ARTICLE I

NAME

The name of this board shall be the Multnomah County Health Care Commission.

ARTICLE II

PURPOSE

The purpose of the Health Care Commission shall be to develop policy and generally to govern the operations of Project Health, subject to the overall policies of Multnomah County and the directives of the Board of County Commissioners, with initial emphasis on the medically indigent and with special attention to:

- A. Development of a general health care policy for Multnomah County in conjunction with providers, consumers and appropriate public and governmental agencies.
- B. Definition of the nature and value of providing comprehensive health care choices for the economically disadvantaged citizens of Multnomah County.
- C. Exploration of various methods of delivering high quality, cost-effective health care services for economically disadvantaged citizens of Multnomah County where comprehensive services are not appropriate.
- D. Generation and pooling of resources to finance a broad spectrum of health care benefits.
- E. Reduction of non-financial barriers to the securing of appropriate health care.

In addition, the Health Care Commission may provide advice to the Board of County Commissioners, as specified in Article VII of these By-Laws.

## ARTICLE III

### OFFICES

The principal office of the Health Care Commission shall be the eighth (8th) floor of the J. K. Gill Building, 426 S.W. Stark, Portland, Oregon 97204.

## ARTICLE IV

### MEMBERS

#### Section 1 Size

The Health Care Commission shall have twenty-one (21) members.

#### Section 2 Composition

- A. Consumer Members shall constitute a total of eleven (11) members.
1. A Consumer Member is an individual ninety percent (90%) of whose income and/or support is not derived from the health care industry and who is either an actual or potential Project Health client:
    - a. An actual Project Health client is an individual who is enrolled in the Project at the time he/she is named to the Commission.
    - b. A potential Project Health client is an individual who either meets the current Project income guidelines, but is not enrolled, or is currently a member of a non-low income group which the Project intends to involve as a client group in subsequent years.
  2. At least eight (8) members of the Commission shall be actual consumers, two (2) from each of the four (4) County Human Services quadrants; the other three (3) consumer members may be either actual or potential consumers, chosen at large.
- B. Provider Members shall constitute a total of five (5) individuals.
1. A provider is an individual at least ten percent (10%) of whose income and/or support is derived from the health care industry.
  2. One (1) Provider Member shall be a practicing physician who spends at least fifty percent (50%) of his professional time in treating patients.

Section 2  
Composition  
(Continued)

3. One (1) Provider Member shall be an administrator of an open-staff hospital.
  4. One (1) Provider Member shall be an administrator of a health insuring organization.
  5. One (1) Provider Member shall be an administrator of a prepaid health maintenance type organization.
  6. One (1) Provider Member shall be a representative of the University of Oregon Health Sciences Center (UOHS).
- C. Community Members shall constitute a total of five (5) individuals.
1. A Community Member is an individual who is neither an actual or potential consumer, nor a provider; who is representative of community concern for health care, is willing to assist in developing community support for the Project and is selected for his/her expertise in community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, or social services agencies within the community.
  2. One (1) Community Member shall be a representative of the local Health Systems Agency (HSA).
  3. One (1) Community Member shall be a representative of local social service agencies.
  4. Three (3) Community Members shall be representatives from local civic groups and community organizations.

ARTICLE V

NOMINATIONS

Section 1  
Actual Consumers

Project Health shall mail all current clients at the time of nomination, a notification that they may submit their names for nomination to the Commission. The Nominating Committee shall review the names and rank them in order of preference, making certain that there is proper distribution of nominees among quadrants, at-large representation, providers and funding sources. A final listing of Nominating Committee recommendations, to include at least two (2) nominees for each vacant position, shall be forwarded to the Board of County Commissioners for final appointment.

Section 2  
Potential Consumers

Project Health shall contact organizations that serve low-income populations for nominees. Project Health may contact potential client group organizations for nominees. The Nominating Committee shall also consider, in the manner provided by these By-Laws, nominations recommended to it by any persons or groups.

Section 3  
Provider Members

- A. Practicing Physician - The County Medical Society shall be asked for three (3) nominees.
- B. Hospital Administrator - The local hospital association shall be asked for three (3) nominees.
- C. Health Insuring Organization Member - The local health insuring organizations shall be asked for three (3) nominees.
- D. Prepaid Health Maintenance Organization Member - The local prepaid HMO-type organizations shall be asked for three (3) nominees.
- E. UOHSC Member - UOHSC shall be asked for three (3) nominees.
- F. The Nominating Committee shall also consider, in the manner provided by these By-Laws, nominations recommended to it by any persons or groups.

Section 4  
Community Members

- A. HSA Member - The local HSA shall be asked for three (3) nominees.
- B. Social Service Agency Member - The Tri-County Community Council shall be asked for three (3) nominees.
- C. Civic Group Representative - Local civic, religious and governmental bodies shall be asked for nominees.
- D. Nominating Procedure - The Nominating Committee shall identify relevant organizations, send them forms for nominating representatives, review nominees, rank them and forward the list to the Board of County Commissioners for appointment.
- E. The Nominating Committee shall also consider, in the manner provided by these By-Laws, nominations recommended to it by any persons or groups.

Section 5  
Nominating Committee

- A. An initial Nominating Committee shall be composed of five (5) individuals, two (2) from the present Health Care Commission,

Section 5  
Nominating Committee  
(Continued)

two (2) from the present Neighborhood Health Center Partnership Council and one (1) from Multnomah County, designated by the Chairman of the Board of County Commissioners. The Chairman shall approve the names of the Health Care Commission and Partnership Council Nominating Committee members. Thereafter, the Nominating Committee shall consist of three (3) Consumer Members, at least one (1) of whom shall be an actual consumer, a Provider Member and a Community Member. No member of the Health Care Commission shall serve on the Nominating Committee when such member's position on the Commission is among the positions for which the Committee is considering nominations.

- B. The Nominating Committee shall submit a list of nominees for each vacant position on the Health Care Commission, in the order of the Committee's preference.

Section 6  
Additional Nominations

In making appointments to the Health Care Commission, the Board of County Commissioners shall not be limited to the persons appearing on the Nominating Committee's lists, but may consider for appointment any person who submitted his/her name or whose name was submitted to the Nominating Committee; provided, however, that the composition of the membership appointed by the Board of Commissioners shall comply with the requirements of Article IV, Section 2.

ARTICLE VI

TERMS OF OFFICE

Initial members shall be appointed to staggered terms of office arranged so that one-third (1/3) of the members' terms are open for reappointment each year. The initial body shall have all members appointed to a two (2) year term. At the beginning of the second year, lots shall be cast to determine which members' terms will be open for an additional one (1) year term, which members will serve an additional two (2) year term and which members will serve an additional three (3) year term. Thereafter, all terms shall be three (3) year terms.

ARTICLE VII

AREAS OF RESPONSIBILITY

Section 1

The Health Care Commission shall have the responsibility for developing policy for Project Health, including:

Section 1  
(Continued)

- A. Approval for the selection and dismissal of the Director of Project Health. The current Director is hereby approved. Should a vacancy occur, this authority will be exercised by review and priority recommendation of applicants meeting the County's requirements for the position. By accepting these By-Laws, the County accepts this participation.
- B. Establishing personnel policies and procedures, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures and equal opportunity practices. For the purposes of exercising this authority, the Commission hereby accepts and approves the County personnel policies and procedures.
- C. Adopting policy for financial management practices, including a system to assure accountability for Project Health's resources, approval of the annual Project budget for submission to the Board of County Commissioners, eligibility for services, including criteria for partial payment schedules and long-range financial planning. For the purposes of exercising this authority, the Commission hereby accepts the County's fiscal and budgetary system; approval of the annual budget will be submitted to the Board of County Commissioners through the County Health Officer; and the other listed authorities will be exercised in a timely manner and as necessary and appropriate.
- D. Evaluating Project Health's activities, including service utilization patterns, productivity of the Project, patient satisfaction, achievement of Project objectives and development of a process for hearing and resolving patient grievances; except that the Commission hereby agrees to the patient grievance procedures negotiated in the County's provider contracts.
- E. Assuring that Project Health is operated in compliance with applicable Federal, State and Local laws and regulations.
- F. Adopting health care policies, including scope and availability of services, location and hours of services, and quality-of-care audit procedures. These policies and procedures will be adopted as part of the negotiation of provider agreements.

Section 2

The Health Care Commission may also serve in an advisory capacity to the County Health Officer, the Director of the Department of Human Services and the Board of County Commissioners, regarding the County's role in addressing the health care needs of County residents, improved service delivery mechanisms and other matters pertaining to the field of health care, should such advice be officially requested.

ARTICLE VIII  
CONFLICT OF INTEREST

Section 1

No member of the Health Care Commission shall be an employee of the Project Health Division, or spouse or child, parent, brother or sister by blood or marriage of such an employee. The Director of Project Health may be a non-voting, ex-officio member of the Commission.

Section 2

No member of the Commission shall vote in a situation where a personal conflict of interest exists for that member. Any member may challenge any other member(s) as having a conflict of interest. By roll call vote, properly recorded, the status of the challenged member(s) shall be determined prior to further consideration of the proposed project or issue. Prior to debate on any proposed project or issue at committee or Commission level, it shall be the responsibility of the Chairperson to identify any conflict of interest, either by declaration or challenge. The challenge may be individual or applied to a group.

ARTICLE IX

MEETINGS

Section 1

The Health Care Commission shall hold regularly scheduled meetings, at least once each month, for which minutes shall be kept.

Section 2

Special meetings may be called at any time by the Chairperson of the Health Care Commission, a majority of the members, or in response to a request of the County. Minutes of these meetings shall be kept. These meetings shall be open to the public at the discretion of the Commission and in accordance with State law.

Section 3

A quorum for the transaction of business shall consist of a simple majority of the members then serving.

Section 4

The act of a majority of the members present at a meeting at which a quorum is present shall be the act of the Health Care Commission, unless the act of a greater number is required by statute or by these By-Laws. No proxy votes shall be accepted.

## ARTICLE X

### VACANCIES

The vacancies in Health Care Commission positions are to be filled by appointees selected from the same membership category from which the vacating member was selected and by the remaining members of the Commission from that same category. Such appointees shall serve as members of the Commission until the end of the terms of the outgoing members. Appointments to fill vacancies shall take place within two (2) months of the occurrence of such vacancies.

## ARTICLE XI

### COMPENSATION

No salary shall be paid a member for his/her services as a member of the Health Care Commission. However, direct expenses incurred by Consumer Members attending Commission meetings are reimbursable.

## ARTICLE XII

### REMOVAL

Any member may be removed for cause by the Health Care Commission, whenever it shall be believed that the best interests of Project Health will be served thereby. The member shall be given prior notice of his/her proposed removal and a reasonable opportunity to appear and be heard on his/her behalf at a meeting of the Commission. Notwithstanding other provisions of these By-Laws, a member may be removed only by the vote of at least two-thirds (2/3) of the total number of members then serving on the Commission. Continuous or frequent absences from Commission meetings, without acceptable excuse, shall be among the causes for removal. In the event any member is absent without acceptable excuse from three (3) consecutive Commission meetings or from four (4) meetings within a period of six (6) months, the Commission shall automatically give consideration to the removal of such person from the Commission in accordance with the procedures set forth in this Article.

## ARTICLE XIII

### OFFICERS

#### Section 1

The officers of the Health Care Commission shall be a Chairperson, Vice Chairperson and a Secretary; at least one (1) of the officers shall be a Consumer Member.

## Section 2

The officers of the Health Care Commission shall be elected for a term of one (1) year and shall be eligible for re-election for an additional year. No officer may serve for more than two (2) consecutive terms of office in one office.

## Section 3

The officers shall have such powers and shall perform such duties as from time to time shall be specified in resolutions or other directives of the Health Care Commission. The Chairperson shall preside over meetings of the Commission, and shall perform the other specific duties prescribed by these By-Laws and such other duties as may from time to time be prescribed by the Commission. The Vice Chairperson shall perform the duties of the Chairperson in the latter's absence, and shall perform such additional duties as may from time to time be prescribed by the Commission. The secretary shall keep all minutes of the meetings and proceedings of the Commission, as required by these By-Laws, and shall perform such other duties as may from time to time be prescribed by the Commission.

## ARTICLE XIV

### COMMITTEES

The Health Care Commission, by resolution adopted by a majority of its members, may designate one or more committees, each of which shall consist of two or more Health Care Commission members and may also consist of additional individuals chosen for their knowledge and concern about a specific issue or field of endeavor. The designation of such committees and the delegation thereto of authority shall not operate to relieve the Commission, or any individual member, of any individual responsibility exercised by any member on the Commission.

## ARTICLE XV

### PARLIAMENTARY AUTHORITY

The rules contained in Roberts Rules of Order, Revised, shall be the parliamentary authority for the conduct of meetings whenever it is not in conflict with the By-Laws and by applicable laws and regulations of the United States and the State of Oregon.

ARTICLE XVI  
AMENDMENTS

The By-Laws may be repealed or amended, or new By-Laws may be adopted at any meeting of the Health Care Commission at which a quorum is present, by two-thirds (2/3) of those present and voting, provided however, that at least fourteen (14) days' written notice is given each member of the intention so to alter, amend, repeal, or to adopt new By-Laws at such meetings, as well as the written alteration, amendment or substitution proposed.

A D O P T E D:

\_\_\_\_\_  
Chairperson,  
Multnomah County Health Care Commission

Date: \_\_\_\_\_

A C C E P T E D:

\_\_\_\_\_  
Chairman,  
Board of County Commissioners

Date: \_\_\_\_\_