WEST VIRGINIA SECRETARY OF STATE
KRIS WARNER
ADMINISTRATIVE LAW DIVISION

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Office of West Virginia
Secretary Of State

NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE

AGENCY: Health TITLE-SERIES: 64-73

RULE TYPE: Legislative Amendment to Existing Rule: Yes Repeal of existing rule: No

RULE NAME: BASIC PUBLIC HEALTH SERVICE STANDARDS FOR LOCAL BOARDS OF HEALTH AND DISTRIBUTION OF STATE FUNDS FOR SUPPORT OF LOCAL BOARDS OF HEALTH

CITE STATUTORY AUTHORITY: W. Va. Code §16-1-6(b)(9)

The above rule has been authorized by the West Virginia Legislature.

Authorization is cited in (house or senate bill number) HB4215

Section §64-5-1 Passed On 2/27/2026 12:00:00 AM

This rule is filed with the Secretary of State. This rule becomes effective on the following date:

July 10, 2026

This rule shall terminate and have no further force or effect from the following date:

August 01, 2031

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENT IS TRUE AND CORRECT.

Yes

Virginia M Payne -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.

TITLE 64
LEGISLATIVE RULE

DEPARTMENT OF HEALTH
BUREAU FOR PUBLIC HEALTH

SERIES 73
BASIC PUBLIC HEALTH SERVICE STANDARDS FOR LOCAL BOARDS OF HEALTH AND DISTRIBUTION OF STATE FUNDS FOR SUPPORT OF LOCAL BOARDS OF HEALTH

§64-73-1. General.

1.1 Scope. -- This legislative rule establishes standards for the provision of basic public health services by local boards of health. This legislative rule also establishes a formula for use in distributing State funds to support local boards of health.

1.2 Authority. -- W. Va. Code §16-1-6(b)(9).

1.3. Filing Date. -- April 13, 2026.

1.4. Effective Date. -- July 10, 2026.

1.5. Sunset Provision. -- This rule shall terminate and have no further force or effect on August 1, 2031.

§64-73-2. Application and Enforcement.

2.1. Application -- This rule applies to local boards of health.

2.2. Enforcement -- This rule is enforced by the State Health Officer and the Center for Local Public Health housed within the Bureau for Public Health as set forth in W. Va. Code §16-1-6 (b).

§64-73-3. Definitions.

3.1. Base amount -- The amount of floor funding provided to each county up to the amount required to pay the costs of four full time staff persons, including a nurse, a sanitarian, an administrator and a clerical worker using statewide average salaries for each position plus 30 percent for benefits and 20 percent for overhead.

3.2. Bureau -- Bureau for Public Health in the Department of Health.

3.3. Commissioner -- The Commissioner of the Bureau or his or her designee.

3.4. Consolidation -- A formal combining of two or more local health departments and the combining of their boards of health.

3.5. Department -- The state department of health.

3.6. Fiscal Year -- The 12-month period beginning the first day of July and ending the 30th day of the following June.

3.7. Immediate Jeopardy -- A situation in which entity noncompliance has placed the health and safety of those in its care at risk for serious injury, serious harm, serious impairment, or death.

3.8. Interventions -- The number of interventions per thousand in the county exceeding the average number of total interventions in the state, which may include, but shall not be limited to, total patient encounters, environmental inspections, permits issued and other appropriate quantifiable public health services performed by local health departments.

3.9. Local Board of Health or Board -- A board of health serving one or more counties, one or more municipalities, or a combination thereof.

3.10. Local Health Department -- The staff of the local board of health.

3.11. Local Health Officer -- A physician with a current license to practice medicine in West Virginia or a licensed advanced practice registered nurse who has the ability to independently practice who shall supervise and direct the activities of the local health department services, employees, and facilities who is appointed by the local board of health.

3.12. Need factor -- The relative importance expressed as a mathematical value for each of five health measurement factors described in subsection 8.3. of this rule used to allocate state funds in a fair and equitable manner among local health departments.

3.13. Plan of Correction -- A written description of the actions the local board of health intends to take to correct and prevent the reoccurrence of violations of a rule or policy identified by the Center for Local Public Health during a performance review.

3.14. Population -- The population of a county as determined by the Population Estimates Program of the United States Census Bureau data (www.census.gov).

3.15. Population density -- A calculation derived from the population data and the land area retrieved from the United States Census Bureau.

3.16. Poverty level -- The last full year of data per county as reported in the Small Area Income and Poverty Estimates for West Virginia counties.

3.17. State Aid Funds -- Funds appropriated annually by the legislature to provide financial aid to local boards of health.

§64-73-4. Operation.

4.1 The Bureau shall distribute and monitor state aid funds to the Local Boards of Health in accordance with W. Va. Code §16-1-4, W. Va. Code §16-1-6(b), and this rule.

4.2. Contracts, memoranda, or other forms of agreement between a board and other parties to support the provision of basic public health services shall be in writing unless resources need to be deployed to respond to an imminent and urgent public health threat, and in that case, within 45 days.

4.3. The board shall ensure that any additional non-basic public health services, including primary care and other health services, that are initiated or implemented are well coordinated with basic public health services and are supported by plans that include sources of funding other than state aid.

4.4. The board shall ensure adequate staff to carry out basic public health services and appoint a local health officer and administrator to oversee and maintain continuity of staff to support the provision of basic public health services and daily operations.

4.5. The board shall have liability insurance at least equivalent to that available to local boards through the Board of Risk and Insurance Management, which includes all staff, board members, and contracted services.

4.6. Patient or client care protocols, including standing orders and medical directives, shall be approved annually by the local health officer and available within the local health department.

4.7 The board shall maintain records of necessary licensure, certifications, and/or registration for personnel.

§64-73-5. Basic public health services standards.

5.1. The board shall provide the following basic public health services:

5.1.1. Community health promotion services standards.

5.1.1.a. The board shall target outreach to create and maintain relationships with diverse partners, which may include but is not limited to, health-related and community-based organizations, community groups representing populations experiencing health inequity, private businesses, health care organizations, and government leaders;

5.1.1.b. At least every five years, the board shall conduct or participate in an evaluation of the health needs of the community it serves using generally accepted needs assessment techniques and publicly report the results;

5.1.1.c. Every five years, in collaboration with community partners identified in paragraph 5.1.1.a., the board shall initiate or participate in the mobilization of the community to identify and report publicly the health priorities arising from the health assessment, including the analysis of health disparities and social determinants of health; and

5.1.1.d. The board shall establish an annual plan to address the priority health needs that define a role for the local health department in the programmatic or policy activities.

5.1.2. Communicable and reportable disease services standards.

5.1.2.a. The board shall report, investigate, and control certain diseases and conditions, unusual health events, and clusters or outbreaks of disease through compliance with the requirements of 64CSR7, Reportable Diseases, Events and Conditions and shall provide the following additional services:

5.1.2. a.1. Identify and maintain a current directory of local jurisdiction reporting sources;

5.1.2.a.2. Ensure reporting sources are provided with a 24-hour emergency contact number for reporting disease conditions, unusual health events, and outbreaks of disease;

5.1.2.a.3. Report and investigate within the timeframes for each respective condition in accordance with 64CSR7 and submit for review infectious disease case reports within one month of notification to the Bureau;

5.1.2.a.4. Complete and submit all required outbreak reports to the Bureau within three months of the outbreak closing;

5.1.2.a.5. Ensure appropriate staff maintain entry and access to training resources for the statewide disease surveillance system for investigation of reportable diseases and conditions, as well as ensure staff who leave the local health department are deprovisioned;

5.1.2.a.6. Maintain unexpired laboratory specimen collection supplies to meet routine surveillance and outbreak needs of clinical and environmental specimens for reportable conditions;

5.1.2.a.7. Develop and maintain means to communicate health advisories sent by the Bureau among public health partners in local jurisdictions;

5.1.2.a.8. Assist in the recruitment of an influenza sentinel provider;

5.1.2.a.9. Assure HIV education, counseling, and testing, including anonymous testing, is available for at-risk county residents;

5.1.2.a.10. Provide HIV risk assessment and counseling for clinic populations (e.g.~~,~~ family planning, tuberculosis, sexually transmitted disease);

5.1.2.a.11. Assure that clinical sexually transmitted infections and tuberculosis services such as screening, diagnosis, and treatment, are readily available to all county residents; and

5.1.2.a.12. Implement a mechanism to educate private health care providers on reporting and management of sexually transmitted infections.

5.1.2.b. The board shall investigate and control tuberculosis through compliance with the requirements of 64CSR76, Tuberculosis Testing, Control, Treatment and Commitment, and ensure following additional services:

5.1.2.b.1. Designate a nurse to manage all tuberculosis cases;

5.1.2.b.2. Initiate an epidemiological investigation within three days of notification of active disease or notification that any child has a positive tuberculin skin test reaction, regardless of whether active disease is present;

5.1.2.b.3. Offer screening and necessary follow-up examination to all close contacts of infectious tuberculosis cases;

5.1.2.b.4. Collect appropriate specimens for submission to the Office of Laboratory Services on the initial isolate from all the tuberculosis cases reported in the county, including those diagnosed by private providers;

5.1.2.b.5. Offer recommended tuberculosis preventative therapy to all infected contacts as indicated;

5.1.2.b.6. Assure that healthcare professionals seeing tuberculosis patients have current treatment guidelines and set up coordination between the private provider and the state tuberculosis control program for all active tuberculosis cases.

5.1.2.b.7. Provide directly observed therapy (DOT) for all active tuberculosis cases and

provide DOT for latent tuberculosis cases as directed by the state tuberculosis control program; and

5.1.2.b.8. Offer screening services for tuberculosis infections to residents who fall into high-risk groups. Institutions are responsible for their own screening programs.

5.1.3. Environmental health protection standards.

5.1.3.a. The local board shall promote a safe and healthy environment, and maintenance of clean and safe air, water, food, and facilities through a program of routine public health environmental education and control;

5.1.3.b. The board shall administer public health sanitation rules as specified by the State Health Officer with regard to:

5.1.3.b.1. Public drinking water sanitation, W. Va. Code §16-2-11(a)(1)(B);

5.1.3.b.2. Sewer Systems, Sewage Treatment Systems, and Sewage Tank Cleaners, 64CSR9 and Sewage Treatment and Collection System Design Standards, 64CSR47;

5.1.3.b.3. Food Establishments, 64CSR17;

5.1.3.b.4. Child Care Centers, 64CSR21;

5.1.3.b.5. Recreational Water Facilities, 64CSR16;

5.1.3.b.6. General Sanitation, 64CSR18;

5.1.3.b.7. Water Well Regulations, 64CSR19, and Water Well Design Standards, 64CSR46;

5.1.3.b.8. Manufactured Home Communities, 64CSR40;

5.1.3.b.9. Body Piercing Studio Business, 64CSR80;

5.1.3.b.10. Tattoo studio business sanitation, W. Va. Code §16-38-2;

5.1.3.b.11. Nuisances affecting public health, W. Va. Code §16-3-6;

5.1.3.b.12. Local disaster sanitation; and

5.1.3.b.13 Environmental health investigation related to disease control.

5.1.3.c. The board shall report environmental health data electronically in a format or system specified by the Bureau available at https://oehs.wvdhhr.org/phs/public-health-sanitation/.

5.1.4. Immunization services standards.

5.1.4.a. The board of health shall implement a program of immunizations according to the Standards for Pediatric Immunization Practices, as published by the U. S. Centers for Disease Control and Prevention (CDC) found at https://www.cdc.gov/mmwr/pdf/rr/rr4205.pdf and in accordance with the West Virginia Vaccines for Children Program guidelines found at

https://oeps.wv.gov/immunizations/Pages/vfc_manual.aspx.

5.1.4.b. The board shall ensure all federally funded or federally supplied vaccines, adult or pediatric, are administered in accordance with guidelines established by the Department of Health Division of Immunization Services Program Guidelines (*See* https://oeps.wv.gov/immunizations/Pages/default.aspx#provider).

5.1.4.c. All vaccine adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) and the West Virginia Poison Control Center.

5.1.5. Threat preparedness standards.

5.1.5.a. The board of health shall implement and maintain a threat preparedness program that ensures the delivery of core public health activities during local or statewide public health emergency response events, or both, and includes the following:

5.1.5.a.1. Maintain a public health all-hazards emergency operations plan that is updated and renewed annually;

5.1.5.a.2. Ensure a continuity of operations plan is in place and can be implemented, including a plan of succession, that is reviewed and updated annually;

5.1.5.a.3. Maintain and implement a process for urgent 24-hour communications with response partners; and

5.1.5.a.4. Conduct operations in accordance with applicable federal incident command principles (*See* https://training.fema.gov/emiweb/is/icsresource/assets/ics%20review%20document.pdf), including conducting and participating in exercises and the use of "after action reports" (*See* https://www.fema.gov/sites/default/files/2020-04/Homeland-Security-Exercise-and-Evaluation-Program-Doctrine-2020-Revision-2-2-25.pdf).

§64-73-6. Reports and Records.

6.1. The board shall, in a timely manner, submit written reports and records in compliance with applicable state and federal rules and regulations.

6.2. The board shall develop a data retention policy for medical records, laboratory results, and case reports.

§64-73-7. Performance-based evaluation.

7.1. The Center for Local Public Health shall:

7.1.1. Develop and facilitate bi-directional relationships with local health departments. This bi directional relationship shall include the following objectives:

7.1.1.a. Establish, review, and revise the instrument used to evaluate the provision of basic public health services annually and in accordance with the provisions of this rule;

7.1.1.b. Develop, maintain, and update a tool for conducting an annual assessment and an annual inventory of local public health services.

7.1.1.b.1. The Center for Local Public Health shall perform an annual assessment and inventory of local public health services, or upon complaint or for good cause, of all local health department basic public health services programs and records for conformance with this rule.

7.1.1.b 2. The Center for Local Public Health shall provide a draft report of the findings to the State Health Officer and the local board of health within 15 business days of completion of the review.

7.1.1.b 3. Within 15 business days of receipt of the report, the local board of health shall submit a written plan of correction to the State Health Officer and the appointing authority for the local board of health addressing all deficiencies that are violations of this rule. The plan of correction shall specify:

7.1.1.b.3.A. Any action taken or procedures proposed to correct the deficiencies and prevent their recurrence;

7.1.1.b.3.B. The date of completion of each action taken or to be taken; and

7.1.1.b.3.C. The signature of the local health officer, or his or her designee, or other executive officer of the local board of health.

7.1.1.b.4. The local board of health shall immediately correct all violations that result in immediate jeopardy to the health or safety of any individual.

7.1.1.b.5. The proposed plan of correction shall be approved, modified, or rejected by the State Health Officer within 15 business days. The State Health Officer shall state the reason for modification or rejection of a proposed plan of correction.

7.1.1.b.6. The local board of health shall submit a revised plan of correction to the State Health Officer and the appointing authority for the local board of health within 15 business days of receipt of a rejection by the State Health Officer. The revised plan of correction shall be approved, modified, or rejected by the State Health Officer within 15 business days.

7.1.1.b.7. Informal Dispute Resolution.

7.1.1.b.7.A. Documentation for an informal dispute resolution shall be submitted with, but separate from, the plan of correction for existing deficiencies.

7.1.1.b.7.B. The request for an informal dispute resolution shall be submitted at the time the plan of correction is submitted for existing deficiencies.

7.1.1.b.7.C. The Commissioner shall write a policy and procedures addressing the manner in which an informal dispute resolution shall be conducted.

7.1.1.b.7.D. All written communications during an informal dispute resolution are, and shall remain, confidential.

7.1.1.c. Maintain at least quarterly training curriculum for local boards of health and local health department staff.

7.2. The board shall perform an annual self-assessment, in response to the annual assessment performed by the Center for Local Health, on a form or system provided by the State Health Officer, of all basic public health services to ensure compliance with applicable statutes and rules.

7.3. The board shall design and implement a plan to address areas where compliance with the standards outlined in this Rule are not met.

§64-73-8. Membership and duties of the West Virginia Public Health Advisory Committee.

8.1. The West Virginia Public Health Advisory Committee shall be comprised of the following nine members, appointed by the Commissioner as follows:

8.1.1. The West Virginia Association of Local Health Departments shall submit to the Commissioner a list of up to eight names, which are to include administrators and health officers, of which five in total shall be appointed.

8.1.2. The County Commissioner's Association of West Virginia and the West Virginia Association of Counties shall each submit to the Commissioner a list of five names\\, of which three in total will be selected.

8.1.3 The President of the WVALHD.

8.2. The members of the Committee shall vote on a Chairperson for the Advisory Committee who shall serve a two-year term and be responsible for submitting all meeting notes to the Bureau.

8.3. Committee members shall serve two-year terms, not to exceed four consecutive terms.

8.4. The Committee shall:

8.4.1. Act in an advisory capacity to the Commissioner.

8.4.2. Collaborate with the Bureau to design and develop tools for assessment of local health board performance.

8.4.3. Provide input on training for local health and state appointees as determined by the Commissioner.

8.4.4. Hold no less than six meetings per year.

§64-73-9. Formula; Allocation of Funds.

9.1. The Commissioner, in consultation with the State Health Officer, shall distribute State funds for basic public health services to local boards of health as directed by the State Legislature, this rule and State law.

9.2. The amount of State funds for basic public health services available for distribution to local boards of health by the formula established by subsection 9.3. of this rule is the amount of funds appropriated by the Legislature for this purpose: Provided, that prior to applying the formula, the Commissioner, in consultation with the State Health Officer, may withhold no more than two percent of the funds, as shown in the appropriate line item in the State budget, for use in emergencies according to the provisions of section 10 of this rule: and, provided, however, that prior to applying the formula, the Commissioner, in consultation with the State Health Officer, shall subtract no more than 4.7 percent of the total funds appropriated by the Legislature to be retained by the Bureau for state support of local boards of health and for the provision of basic public health services.

9.3. The Commissioner, in consultation with the State Health Officer, shall calculate the amount of State funds for basic public health services funds to be distributed to each local board of health according to the following formula:

9.3.1. Step 1: Base Amount: The determination of the base amount of funds per county shall be calculated as follows:

9.3.1.a. 22 percent of the amount of state funds for basic public health services available for distribution to local boards of health;

9.3.1.b. Divide the base amount calculation by 55 to determine the base amount for each county; and

9.3.1.c. The base amount shall not exceed the amount needed to pay for four full time staff; a nurse, a sanitarian, an administrator and a clerical worker, using statewide average salaries for each position, plus 30 percent for benefits and 20 percent for overhead.

9.3.2. Step 2 Poverty: The "need factor" is the percentage of individuals in the county living below the level of income established by the federal government as being in poverty. Poverty is assigned a weight of 40 percent.

9.3.2.a. Coefficients are the percentage of individuals living below the poverty line:

9.3.2.a.1. Less than 110 percent = 0.00;

9.3.2.a.2. 111 – 120 percent = 0.05;

9.3.2.a.3. 121 – 130 percent = 0.10;

9.3.2.a.4. Above 130 percent = 0.15.

9.3.3. Step 3 Health Status: The "need factor" is years of potential life lost in the county. Health status is assigned a weight of 20 percent.

9.3.3.a. Coefficients are the percentage years of potential life lost exceed the state average:

9.3.3.a.1. Less than 110 percent = 0.00;

9.3.3.a.2. 111-120 percent = 0.05;

9.3.3.a.3. 121- 130 percent = 0.10;

9.3.3.a.4. Above 130 percent = 0.15.

9.3.4. Step 4 Population Density: The "need factor" is density of individuals living in the county less than the state average. Population density is assigned a weight of 15 percent.

9.3.4.a. Coefficients are the population density percentage below the state average:

9.3.4.a.1. Less than 77.0 percent = 0.15;

9.3.4.a.2. 77.1 – 82.4 percent = 0.10;

9.3.4.a.3. 82.5 – 90.0 percent = 0.05;

9.3.4.a.4. Above 90.0 percent = 0.00.

9.3.5. Step 5 Interventions: The "need factor" is the number of interventions per thousand in the county exceeding the average number of total interventions in the state. Interventions are assigned a weight of 15 percent.

9.3.5.a. Coefficients are the percentage above the state average:

9.3.5.a.1. Less than 110 percent = 0.00;

9.3.5.a.2. 111- 120 percent = 0.05;

9.3.5.a.3. 121 – 130 percent = 0.10;

9.3.5.a.4. Above 130 percent = 0.15.

9.3.6. Step 6 Consolidation: While not a "need factor" this coefficient is included to encourage counties to merge in the provision of local public health services. The indicator is the number of counties served by the local board of health. Consolidation is assigned a weight of 10 percent;

9.3.6.a. Coefficient is the number of counties in the district served by the local board of health:

9.3.6.a.1. One County = 0.00;

9.3.6.a.2. Two to four counties = 0.15;

9.3.6.a.3. Five or more counties = 0.20.

9.3.7. Step 7: Weighted population calculation: The weighted population for each local board of health is determined by:

9.3.7.a. Multiplying each coefficient from steps 2 through 6 by the factor weight for that coefficient;

9.3.7.b. Adding the results for each calculation in paragraph 9.3.7.a. of this subdivision to the number one;

9.3.7.c. Multiply the number of people in the county by the result of paragraph 9.3.7.b. of this subdivision to obtain the weighted population of the county.

9.3.8. Step 8: Per Capita Distribution: Per capita distribution is determined by;

9.3.8.a. Subtracting the total base amount allocation from the funds available for distribution;

9.3.8.b. Then dividing the weighted population of each county into the amount remaining to determine the per capita distribution for each local board of health.

9.3.9. Step 9: Performance-based Standards Withholding: Withholding of funding for basic public health services shall be based upon noncompliance with performance-based standards.

9.3.9.a. The Commissioner, in consultation with the State Health Officer, shall assign each local board of health a coefficient of 0-5 based upon an analysis of each local health department's annual assessment performed by the Center for Local Health.

9.3.9.a.1. Local boards of health whose annual assessment indicates that compliance with all five public health services standards has been met shall be assigned a coefficient of 5.

9.3.9.a.2. Local boards of health whose annual assessment indicates that compliance with four out of five public health services standards has been met shall be assigned a coefficient of 4.

9.3.9.a.3. Local boards of health whose annual assessment indicates that compliance with three out of five public health services standards has been met shall be assigned a coefficient of 3.

9.3.9.a.4. Local boards of health whose annual assessment indicates that compliance with two out of five public health services standards has been met shall be assigned a coefficient of 2.

9.3.9.a.5. Local boards of health whose annual assessment indicates that compliance with one out of five public health services standards has been met shall be assigned a coefficient of 1.

9.3.9.a.6. Local boards of health whose annual assessment indicates that compliance with none of the five public health services standards has been met shall be assigned a coefficient of 0.

9.3.9.a.7. Tier 1: Local boards of health with an assigned coefficient of 5 shall receive no withholding of funding; Tier 2: Local boards of health with an assigned coefficient of 3 or 4 shall have 10 percent of the total funds eligible for distribution to those local boards of health withheld; Tier 3: Local boards of health with an assigned coefficient of 0, 1, or 2 shall have 25 percent of the total funds eligible for distribution to those local boards of health withheld.

9.3.9.a.8. Local boards of health that have had a percentage of funding withheld based upon the results of their annual self-assessment shall be eligible for reevaluation no later than May 1 of the current fiscal year in accordance with an approved written plan of correction. Local boards of health that successfully correct all identified deficiencies shall be reassigned a coefficient of 5 and shall receive the remaining balance of eligible funding; local boards of health with an initial coefficient assignment of 0, 1, or 2 that, as a result of implementation of an approved written plan of correction, successfully comply with either three or four out of five public health services standards shall be reassigned a coefficient of either 3 or 4, respectively, and shall receive an additional 15 percent of the total funds eligible for distribution. Withheld funds that remain undistributed shall revert to the emergency fund established in subsection 8.2. of this rule.

9.4. In performing the calculations described in subsection 9.3. of this rule, the Commissioner, in consultation with the State Health Officer, shall use the most recent federal, state, and county population data available.

9.5. The Commissioner, in consultation with the State Health Officer, shall complete the calculations as soon as possible, but not more than two weeks after the budget has passed and the legislative budget instructions are approved.

9.6. After completing the calculations described in subsection 9.3. of this rule, the Commissioner and State Health Officer shall inform local boards of health in writing of their allocation as quickly as possible, but in any case not more than four weeks after the budget has passed and the legislative budget instructions are approved.

9.7. The Commissioner shall cause State funds for basic public health services to be distributed to eligible local boards of health according to standard State procedures beginning the first day of July of the fiscal year for which the funds have been appropriated or as soon as possible after the budget has passed and the legislative budget instructions are approved.

§64-73-10. Emergency Fund; Establishment; Administration.

10.1. The Commissioner, in consultation with the State Health Officer, shall use the emergency fund referenced in subsection 9.2. of this rule to assist local boards of health in need of funds to meet unanticipated financial emergencies. The Commissioner, in consultation with the State Health Officer, may develop an application form for one or more local boards of health to use to apply for emergency funds.

10.2. Funds not obligated for emergency use by the fifteenth day of May shall be distributed by the Commissioner to local boards of health according to the provisions of subsection 9.3. of this rule.

§64-73-11. Penalties.

11.1. In the event that the State Health Officer determines that a local board of health is not in compliance with this rule and upon written notice to the local board of health, the Commissioner, in consultation with the State Health Officer, may withhold state aid funds until such time as the board submits an acceptable plan to correct deficiencies that is approved by the State Health Officer, the board of health and the appointing authority. If such withholding of funds would impair the provision of public health service(s) for a county or service area, the State Health Officer shall arrange for those service(s) to be provided to the county or service area.

§64-73-12. Administrative Due Process.

12.1. Those local boards of health adversely affected by the enforcement of this rule who desire a contested case hearing to determine any rights, duties, interests, or privileges, shall do so in a manner prescribed in 64CSR1, Rules of Procedure for Contested Case Hearings and Declaratory Rulings.