Local Health Authority in Texas

Presented by:
Department of State Health Services
Public Health Improvement Program
What is a Local Health Authority?

- A health authority is a physician appointed under the provisions of Local Public Health Reorganization Act, Health and Safety Code, Chapter 121 to administer state and local laws relating to public health within the appointing body's jurisdiction.

- A “physician” means a person licensed to practice medicine by the Texas State Board of Medical Examiners.
Acronyms

LHA = Local Health Authority

LHD = Local Health Department

DSHS = Department of State Health Services
## Rules for Texas Counties without Local Health Departments

- A county without a local health department is **not** obligated to have a local health authority.
- A DSHS Regional Director shall perform the duties of a health authority in a county/jurisdiction where there is no local health authority. (A regional director is a physician who is employed by DSHS department and serves as the chief administrative officer of a region.)
- No monetary contribution is required by a county to sustain a local health authority.
DSHS Regions
What the requirements for a Local Health Authority?

- Be a competent physician with a reputable professional standing who is legally qualified to practice medicine in Texas
- Be a resident of Texas
- Take and subscribe to the official oath of office required by the Texas Constitution, Article 16, §1,
- File a copy of the oath and statement of appointed officer with the appropriate DSHS Regional Office within ten working days of the date of taking the oath.
How long is the term of office?

• 2-year term of office

• LHA may continue to serve additional terms if reappointed by governing body. (If reappointed, forms must be again completed and submitted.)
Why are the requirements important?

- A LHA is a state officer when performing duties prescribed by state law.
- If a health authority has not been legally appointed or taken the required oath of office, his or her actions as a health authority, including the imposition of control measure in an emergency, may be subject to challenge, and the immunities from lawsuit and liability available to a state officer may not apply.
Benefits of LHA

- Gives counties control over public health emergencies.
- Provides a rapid response to locally occurring conditions, crisis situations and disease outbreaks.
- A higher degree of legal protections for Commissioners and County Judge in areas relating to responsibilities of Public Health.
- Having a LHA could provide opportunities for public health grants and community assessments.
Required LHA Functions in Non-LHD Areas

- Support the responsible DSHS Regional Office to establish, maintain, and enforce control measures regarding communicable or infectious diseases.
- Ensure the reporting of the presence of contagious, infectious, and dangerous epidemic diseases to the responsible DSHS Regional Office.
Required LHA Functions in Non-LHD Areas

- Based on the scope of locally provided environmental health services, support the responsible DSHS Regional Office in enforcing state and local public health laws, rules, requirements, and ordinances regarding sanitation and control measures.
Required LHA Functions in Non-LHD Areas

- Ensure local adherence to state law regarding vital statistics collections including accuracy of birth and death records their jurisdiction.
- Arrange for or carry out local court ordered testing for STD/HIV of person accused of certain offenses.
Required LHA Functions in Non-LHD Areas

- Perform post-exposure evaluation for person exposed to blood-borne pathogens.
Optional LHA Duties in Non-LHD Areas

- Inform/educate the community including elected officials and the medical community about the importance of reporting contagious and infectious communicable diseases
- Engage in health planning and disaster planning for the community
- Inform the community about public health concerns/threats.
Optional LHA Duties in Non-LHD Areas

- Prepare/disseminate public health information regarding outbreaks and public health threats to the community.
- Respond to questions or concerns about public health issues/threats from local elected officials, community leaders or community groups/coalitions.
Optional LHA Duties in Non-LHD Areas

- Act as a liaison between local elected officials, local medical community, and DSHS during investigations of food-borne and disease outbreaks and responses to natural disasters.
- Educate providers in the community to promote public health activities such as disease surveillance.
Resources

Texas Local Health Authorities
http://www.tdh.state.tx.us/phpep/lha/

Texas Legislature Online
www.capitol.state.tx.us/statutes/statutes.html

Department of State Health Services
www.dshs.state.tx.us
LHA Forms

• Statement of Appointed Officer
  (To be completed and signed by newly appointed LHA and submitted to the Secretary of State’s Office before the Oath of Office and Certificate of Appointment forms can be completed.)

• Certificate of Appointment
  (To be completed by elected official within the jurisdiction and mailed to DSHS Regional Office with LHA Oath of Office form.)

• LHA Oath of Office
  (To be completed by LHA and seal of the person administering the oath should be visible. Form should be mailed to DSHS Regional Office with Certificate of Appointment.)
Certificate of Appointment
For a
Local Health Authority

I, ____________________________________________, acting in the capacity as a

(Check the appropriate designation below)
   _____Non-physician and the Local Health Department Director
   _____Mayor or Designee
   _____County Judge of Designee
   _____Chairperson of the Public Health District

do hereby certify the physician, ________________________________, who is licensed by the Texas Board of Medical Examiners, was
duly appointed as the Local Health Authority for ________________________________ ____________, Texas.

Date term of office begins ________________ , 20__
Date term of office ends ________________ , 20__, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)
   _____Director, ____________________________________________
   _____City Council for the City of ________________________________
   _____Commissioners Court for ________________ ____________ County
   _____Board of Health for the ________________________ Public Health District

I certify to the above information on this the ______ day of ________________, 20__.

__________________________________________
Signature of appointing official
THE STATE OF TEXAS

Statement of Elected/Appointed Officer
(Please type or print legibly)

I ____________________________ ___________________________ do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

________________________________________
Affianced Signature

________________________________________
Printed Name

________________________________________
Position to Which Elected/Appointed

________________________________________
City and/or County

SWORN TO and subscribed before me by affiant on this _____ day of ______________ 20__.

________________________________________
Signature of Person Authorized to Administer
Oaths/Affidavits

(Seal)

________________________________________
Printed Name

________________________________________
Title
OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, ________________________________, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

____________________________________
Affiant

____________________________________
Mailing Address       ZIP

____________________________________
(Area Code) Phone Number

SWORN TO and subscribed before me this ______ day of _________________, 20__.

____________________________________
Signature of Person Administering Oath

(Seal)

____________________________________
Printed Name

____________________________________
Title

(See reverse side for instructions)
Recap

- A Health Authority is a physician who administers state and local laws relating to public health within a local government’s jurisdiction.
- Appointed by city council or county commissioner’s court or health department/district director for 2 year term.
- Duties include aiding the state with quarantine, sanitation enforcement, public health law enforcement, reportable diseases, vital statistics collection.
- Mandatory only in jurisdictions that receive funding from DSHS for essential public health services.
For more information contact

Name: Devon Casey
Department of State Health Services, Region 1
Phone Number: (806) 783-6481
E-Mail: devon.casey@dshs.state.tx.us

Local Health Authority Website

http://www.dshs.state.tx.us/rls/lha/default.shtm