



LOCAL BOARDS OF HEALTH MANUAL

September 2024

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The Indiana Department of Health, as well as several Indiana local health department staff and local board of health members contributed to the contents of this manual, and IPHA is appreciative of their involvement and dedication to the health of our Hoosier communities.

Key Contacts & Resources

Key Contacts

Indiana Public Health Association, info@inpha.org

Local Health Department Outreach Division, Indiana Department of Health,
LHDinfo@health.in.gov

[IDOH Leadership and Contact Information](#)

Resources

[Accelerating Indiana Municipalities \(AIM\)](#)

[American Public Health Association \(APHA\)](#)

[What is Public Health? Episode 1](#)

[What is Health Equity? Episode 2](#)

[Association of Indiana Counties \(AIC\)](#)

[Centers for Disease Control and Prevention \(CDC\)](#)

[Healthy People 2030](#)

[History of Public Health in Indiana](#)

[Indiana Association of Local Boards of Health](#)

[Indiana Code](#)

[Indiana Department of Health](#)

[Indiana General Assembly](#)

[Indiana Public Health Association \(IPHA\)](#)

[National Association of Counties \(NACo\)](#)

[National Association of County and City Health Officials \(NACCHO\)](#)

[National Association of Local Boards of Health \(NALBOH\)](#)

[Public Health Accreditation Board \(PHAB\)](#)

[Public Health Code of Ethics](#)

Introduction

Welcome! As a member of your local board of health, you have a unique and important opportunity to positively impact the public health and well-being of your local community, county, and the state of Indiana. This manual was created to introduce you to public health and the various duties and responsibilities that accompany your role as a local board of health member.

We hope this manual will guide you through your onboarding as a new member of your local board of health and serve as a resource for you throughout your term(s) of service.

If you have any questions, please contact our team directly at info@inpha.org.

Please note that this manual does not constitute legal advice. This manual will directly reference, present, and organize the Indiana Code for your use, but it is recommended that you review the Indiana Code directly and consult with your local attorney if you have questions or concerns.

If you are searching for a specific topic within this manual, we recommend using the **Ctrl+F** function on your keyboard.

Public Health

What is Public Health?

According to the [CDC Foundation](#), **public health is the science of protecting and improving the health of people and their communities**. As stated by the [American Public Health Association](#), public health “strives to give everyone a safe place to live, learn, work, and play”. It is important to note that “**health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity**” (World Health Organization).

While often behind the scenes, the field of public health is constantly working to prevent illness and to create community conditions in which people can thrive. For example, public health:

- Investigates and tracks disease outbreaks
- Provides vaccinations to prevent disease spread
- Enforces food safety and water quality standards
- Promotes healthy eating and physical activity
- Implements harm reduction programs to prevent injury and death
- Advocates for policies that create better environments in which people can be healthy (e.g., [smoke-free indoor air](#), [Complete Streets](#)).

From 1900 to 1999, public health was responsible for these [ten great achievements](#):

1. Vaccination
2. Motor-vehicle safety
3. Safer workplaces
4. Control of infectious diseases
5. Decline in deaths from coronary heart disease and stroke
6. Safe and healthier foods
7. Healthier mothers and babies
8. Family planning
9. Fluoridation of drinking water
10. Recognition of tobacco use as a health hazard

What's the difference between public health and health care?

According to the [American Public Health Association](#), “The health care industry treats people who are sick, while public health aims to prevent people from getting sick or injured in the first place. Public health also focuses on entire populations, while health care focuses on individual patients.”

Who are public health professionals?

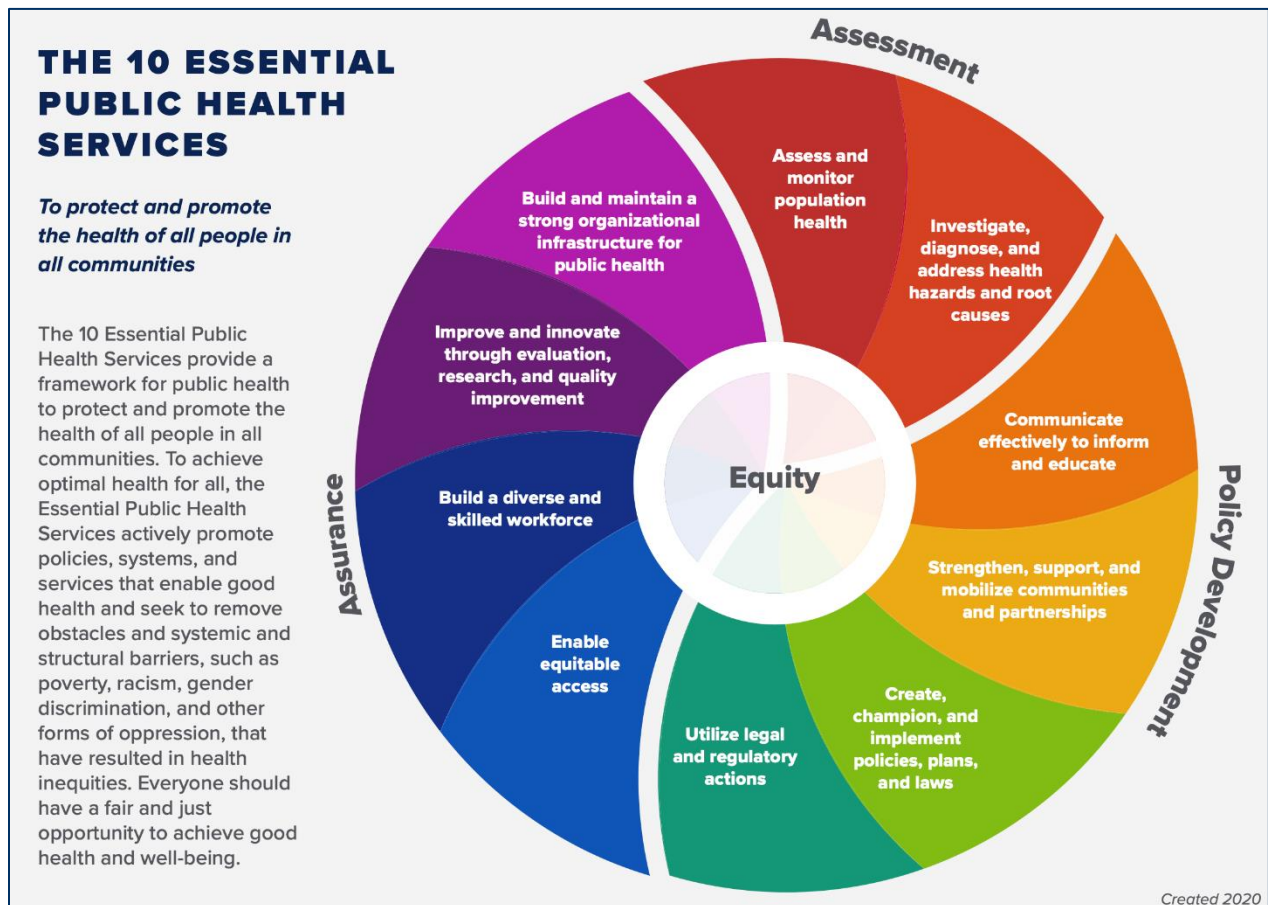
Public health efforts span many sectors, including government, business, and nonprofit. While it's nearly impossible to list all types of public health professionals, [here are a few examples](#):

- Biostatisticians
- Community health workers
- Community planners
- Environmental health specialists
- Epidemiologists
- Health educators
- Nurses
- Nutritionists
- Policymakers

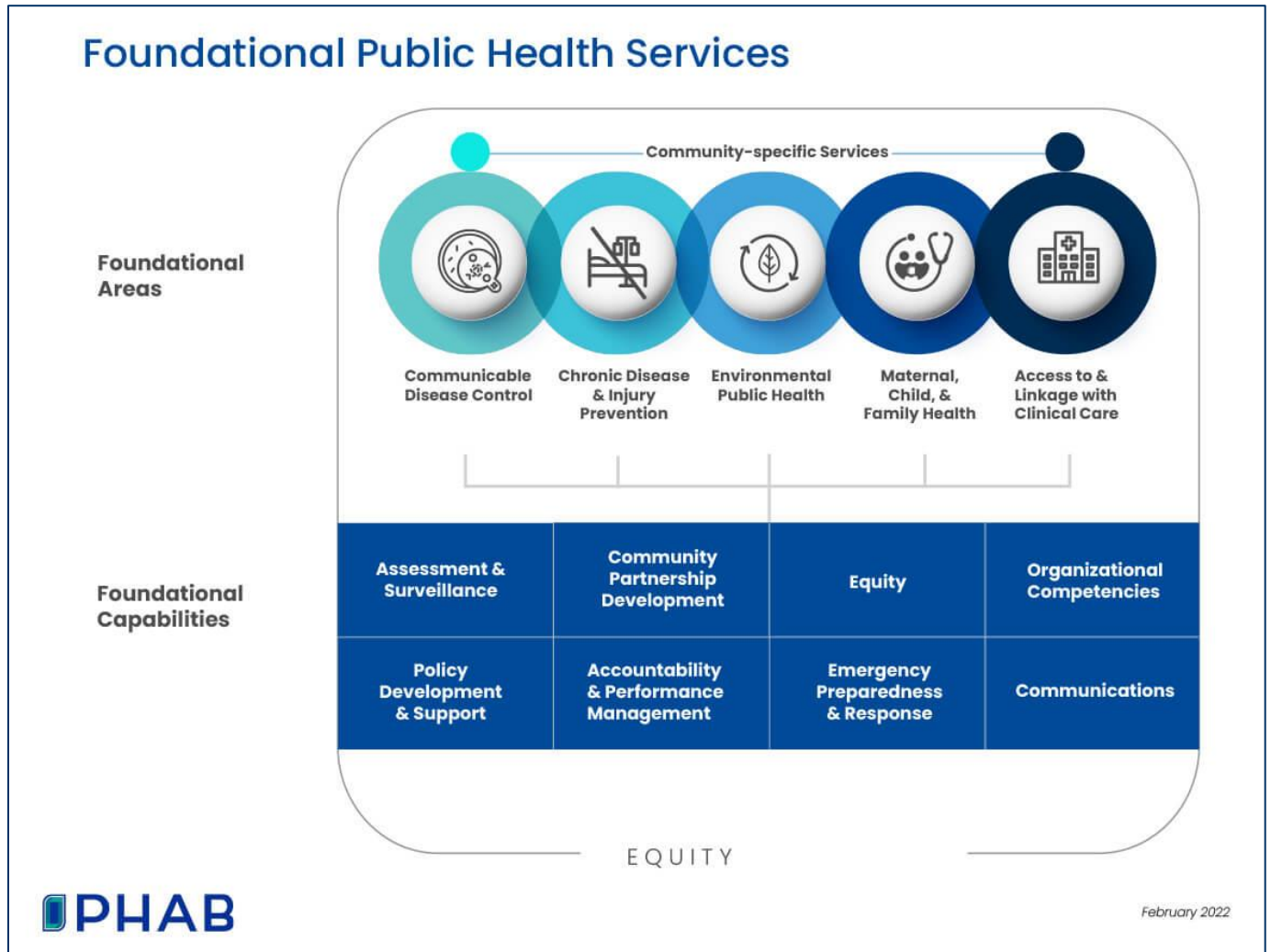
Public Health Frameworks

Various public health frameworks are used to guide the efforts of the public health system and professionals.

The [10 Essential Public Health Services](#) provide a framework for public health to promote and protect the health of all people in all communities. The 10 Essential Public Health Services are categorized into three core functions: assessment, policy development, and assurance. It is critical to note that equity is at the center of all public health efforts, meaning that everyone should have a fair and just opportunity to achieve good health and wellbeing.



The [Foundational Public Health Services \(FPHS\)](#) define a minimum package of public health capabilities and programs that no jurisdiction can be without. The FPHS framework outlines the unique responsibilities of governmental public health and can be used to explain the vital role of governmental public health in a thriving community. However, to best serve their communities, health departments will provide additional services and may require additional capacity in different areas.



Social Determinants of Health (SDOH)

According to [Healthy People 2030](#), “Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

The social determinants of health are grouped into 5 domains:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Social determinants of health greatly impact people’s health, wellbeing, and quality of life.

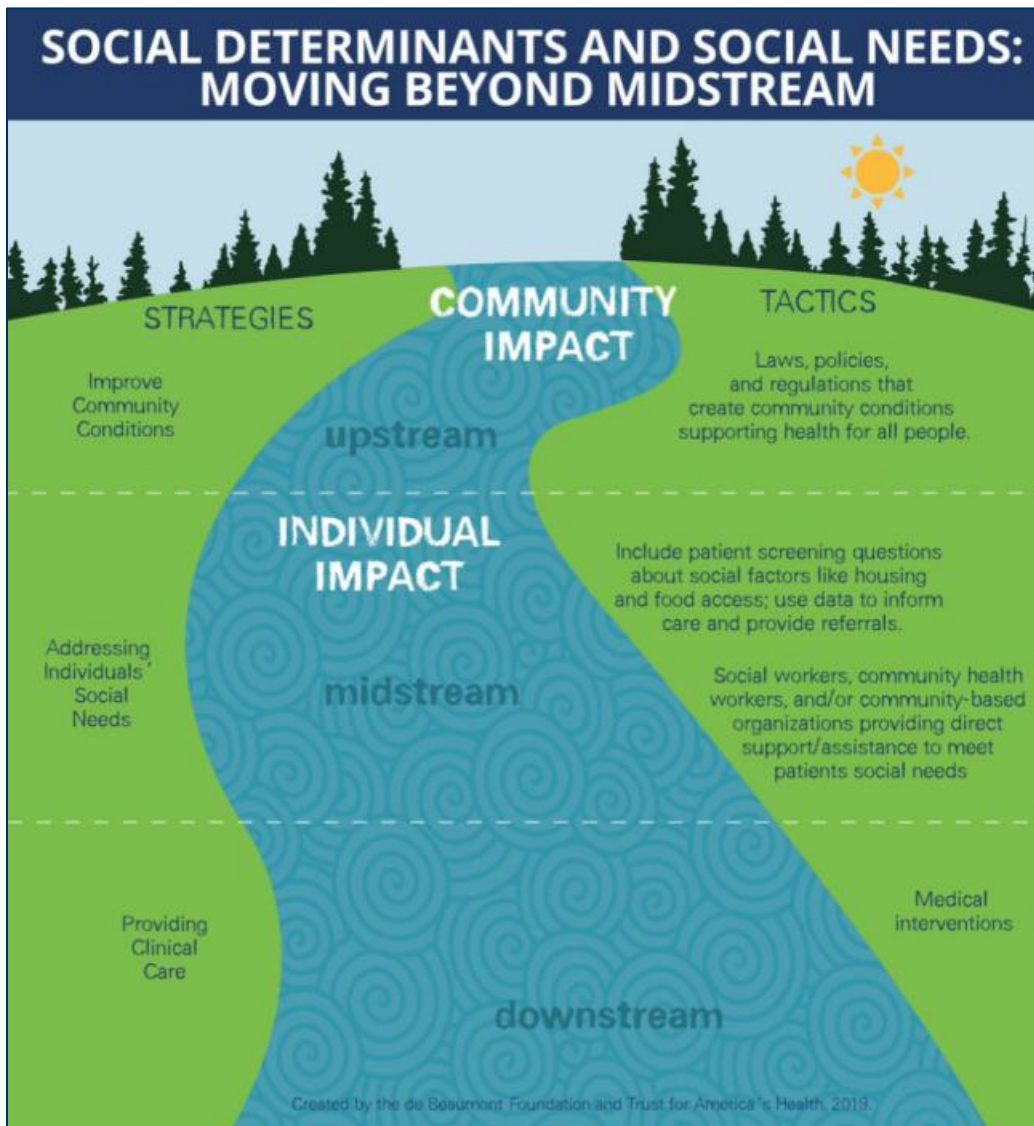
[Examples of SDOH include:](#)

- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Language and literacy skills
- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence

SDOH can contribute to health disparities and inequities. For example, someone may live in a neighborhood with no safe sidewalks or walking paths, making it difficult for them to be physically active. We know that a lack of physical activity can have many negative impacts on health, such as an increased risk for diabetes or heart disease. In this scenario, promoting physical activity is not sufficient to solve the environmental barriers that are preventing healthy choices for this individual. Instead, public health efforts must seek to address and improve these environmental conditions through better policies, systems, and infrastructure.

Upstream Public Health

In public health discussions, you may hear the term “upstream”, which describes the need to move beyond medical intervention or individual social needs and toward improved community conditions through laws, policies, and regulations. In other words, moving “upstream” allows us to focus on prevention in addition to treatment, as downstream efforts are important but not sufficient to create healthier outcomes and communities. The following image, created by the [de Beaumont Foundation](#) and [Trust for America’s Health](#), helps to illustrate this concept.



Another way to describe this concept is through the **Upstream Parable**, which you are encouraged to read below:

Imagine a beautiful late spring day. We're all together, sitting by an Indiana river, enjoying a picnic and a fun, relaxing time. The greenery is lush, and the water is rapid. Perhaps some of us will canoe or kayak later.

After a while, we see several people come rushing over the waterfall, moving fast through the water and clearly in distress. We hear some cries for help. Others are silent, focused literally on keeping their heads above water.

The quickest of us jump right into the cold river. We fight the current and force our way to some of the people. We grab them tightly and pull them ashore. Then we turn around and jump right back in to save others.

On the shore, some of you begin artificial resuscitation efforts. You're successful most of the time, but for each person you revive, one or two others are waiting.

We look upstream and see dozens, if not hundreds, of additional people floating toward us. It's utterly overwhelming.

We happen to have a handful of life jackets with us, so we give those out. A few of you are excellent swimmers, so you begin teaching the strongest of the floaters how to swim, in hopes that they can save themselves. A few of you run farther downstream, to set up additional catchment areas.

We notice that some of the people float better than others, so we decide to let them fend for themselves. Some just slip by all of us, drowning, despite our best efforts.

We're all exhausted and stressed and we don't have enough resources to save everyone.

Suddenly, a small group of you begins walking away, making your way up the rocks and the banks, seemingly heading the opposite direction.

"Where are you going?" the rest of us cry. "There are so many people that need help right here, and there's no sign it's easing up. There isn't time! We need you to stay."

"But we must go!" one of you says. "We're headed upstream to find out why so many people are ending up in the river."

“Oh, of course!” some of us respond; that makes sense. Others of us think it’s a big mistake. And even while waving them on, many of us decide to stay right here. There are so many people in need of immediate assistance, and we’ve already invested so much time and energy in this specific recovery effort.

Those of us who move upstream find a number of bridges and masses of people trying to cross from one side of the river to the other. Upon taking a closer look, we see they are in various states of repair. Some are strong and durable, made of sturdy components. Others are weak and debilitated, with missing boards and flimsy railings. Some of them appear to be no more than a tightrope.

A few of the bridges have well-hidden, yet sizable holes along them, and people are falling through before they even realize what is happening. In a few cases, people are actually pushing others into the river.

There’s also evidence of a former safety net right near the waterfall edge, but it has clearly been in need of repair for a long time and it isn’t doing its job.

It isn’t obvious who is responsible for each of the various bridges, but it’s clear that some have had more investment and upkeep than others.

The people on the strong bridges, who can’t really see the other bridges well, can’t understand why people keep ending up in the river. But from our vantage point, it’s not hard to see which conditions lead to which outcomes.

People are not falling in because of carelessness, individual weakness or intrinsic flaws. They’re not irresponsible, and ‘working harder’ or ‘pulling up their bootstraps’ won’t change the end result.

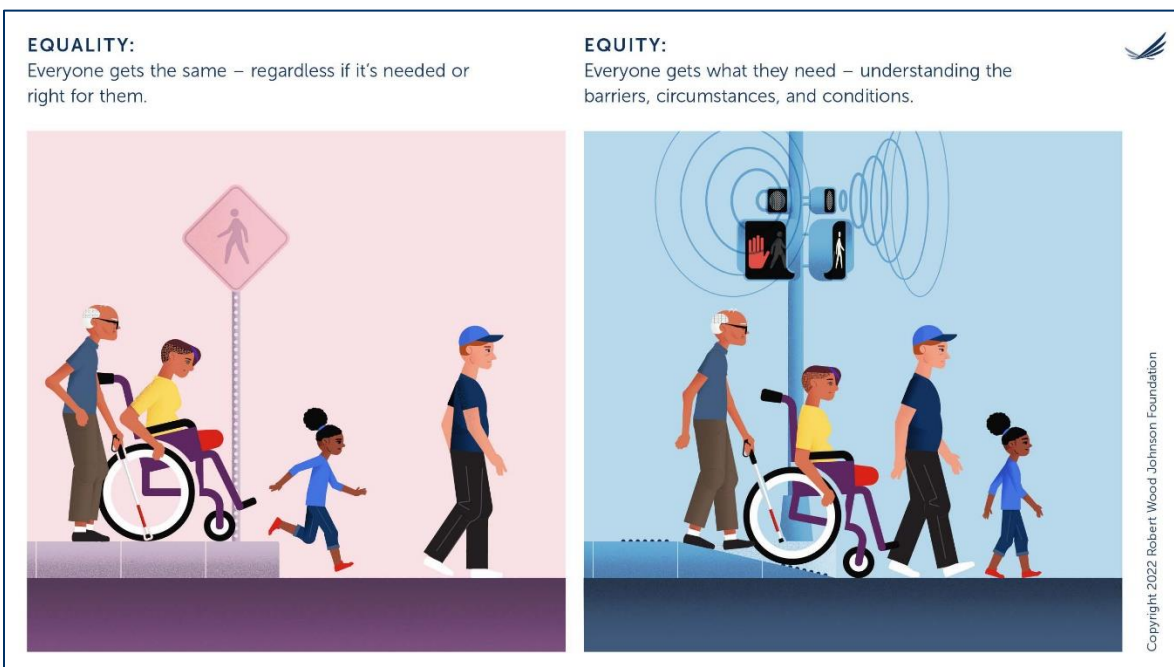
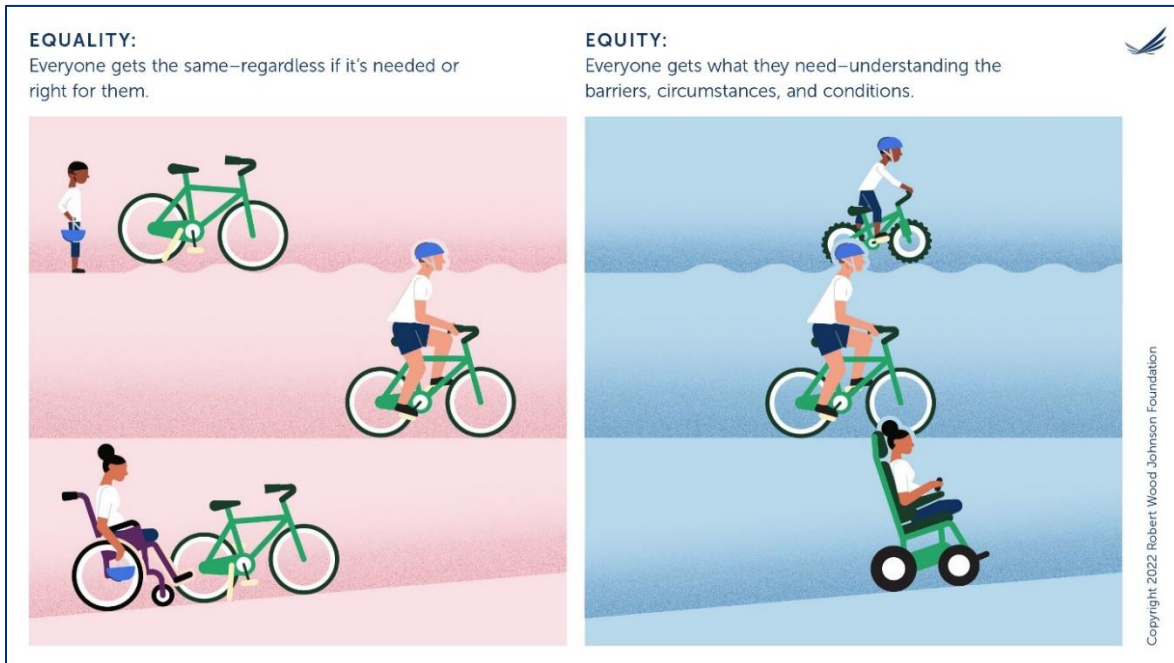
The difference is in the environment. The strength, quality and durability of the bridge a person ends up on - often through no choice of their own - directly impacts whether they move safely across the river or end up in it.

In order to prevent the down-river reality of inadequate rescuing, we must focus on the bridges: assessing them, determining what resources are needed, prioritizing their repair, working collectively on improvements, investing in their long-term maintenance, and requiring accountability for safe conditions. By addressing the bridges, we change outcomes and we change lives.

Health Equity

According to the [Centers for Disease Control and Prevention](#), “Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.” [This video series](#) helps to illustrate the concept of health equity.

The following graphics from the [Robert Wood Johnson Foundation](#) further demonstrate the differences between equality and equity.



Indiana Landscape

Public Health in Indiana

Public health in Indiana is decentralized, meaning that local government employees primarily lead local health units, and local governments retain authority over most key decisions. In this landscape, funding decisions for Indiana’s 92 county health departments are made by the county councils. For Indiana’s 3 municipal health departments, funding decisions are made by the city councils. Historically, Indiana’s local health departments have received most of their funding through local revenue, such as property taxes.

In August 2021, the Governor's Public Health Commission was established through executive order by Governor Eric J. Holcomb to examine the strengths and weaknesses of Indiana's public health system and make recommendations for improvements. The commission released its report in August 2022, with recommendations for six different areas of public health: governance, infrastructure and services, funding, workforce, data and information integration, emergency preparedness and childhood and adolescent health. [You can read the full Commission report here.](#)

One of the Commission’s key recommendations was to “increase public health funding to achieve consistent per capita spending at the 2019 national average of \$91 per person as compared to Indiana’s \$55 per person”. It was suggested that this be achieved through “an increase in annual appropriations for the 2024-25 biennium and future biennial budgets”. Thus, during the 2023 Indiana legislative session, [House Enrolled Act 1001](#) earmarked \$75 million in state fiscal year 2024, and \$150 million in state fiscal year 2025, for local public health. Also passed in the 2023 legislative session, [Senate Enrolled Act 4](#) outlines the core public health services to be delivered by local health departments with this funding. Additionally, SEA 4 requires that County Commissioners vote to opt-in to receive this additional funding, and the County Council approves the budget.

In 2024, 86 of Indiana’s 92 counties opted-in to receive funds, and in 2025, all 92 counties have chosen to participate. This initiative, now referred to as [Health First Indiana \(HFI\)](#), is transforming how local health departments provide services to their communities, with the goal of ensuring that every Hoosier has access to the core public health services that allow them to achieve their optimal health and well-being. HFI provides local health departments with flexibility in selecting core service programming that best meets the needs of their communities. [You can view your county’s HFI funding amount and budget here.](#)

The [Social Vulnerability Index \(SVI\)](#) is used to calculate county funding amounts through HFI. Learn more about SVI [via this webpage](#) and [this introductory video](#), and reference [SEA 4](#) for information regarding the use of SVI to calculate funding.

County Government in Indiana

The [National Association of Counties' \(NACo\) County Governance Project](#) provides information regarding county government structure, authority, services and finances across the U.S. [See Indiana's County Government Overview here.](#)

This resource highlights a few key items that will be helpful for local board of health members to understand:

- Indiana has 92 counties.
- Indiana is a “home rule” state, meaning that counties have authority to determine local affairs while ensuring alignment with state law.
- With the exception of a few counties (Marion, Lake, St. Joseph), the board of commissioners serves as the legislative decision-making body of a county.
- The board of commissioners serves as the executive body of a county.
- The county council has decision-making power regarding fiscal matters.
- The court system is funded by counties, organized by county lines, and overseen by the state.
- The main sources of county revenue are charges/fees, intergovernmental sources, property taxes, and utilities revenue.

Local Boards of Health

What is a Local Board of Health?

According to the [National Association of Local Boards of Health \(NALBOH\)](#), local boards of health may have different authorities to accomplish their responsibilities, depending on where they are located in the United States. Some boards may enact rules and regulations, while others may advise or make recommendations to the local governing body. Regardless of legal authority, though, all boards of health are obligated to serve the interest of the public's health.

Further, according to the [National Association of Counties \(NACo\)](#), local boards of health should do the following:

- Review and propose public health regulations
- Recommend public health policies and priorities
- Collaborate with LHDs on strategy and implementation
- Ensure accountability to state statutes and other standards
- Advocate for public health services based on community needs

The structure and role of local boards of health can vary from state to state. In Indiana, boards set policies, appoint and remove the health officer, submit annual reports, review operational data, and challenge any organizational activity when necessary. Boards also have financial oversight of the local health department.

The Role of a Local Board of Health Member

The [National Association of Local Boards of Health \(NALBOH\)](#) outlines the role of a local board of health member as follows:

A primary responsibility of a local board of health member is to study and to learn as much as possible about the obligations of the board, the local health department's (LHD) activities, the community's health problems, and the need for planning solutions that address these concerns.

Board members fulfill these expectations by:

- Being prepared for meetings by reading all pertinent material prior to the meeting, being informed about issues to discuss them responsibly, and researching additional information, as needed.

- Attending and actively participating in board of health meetings.
- Becoming familiar with and understanding the meeting process and following the rules of order.
- Ensuring that time at board of health meetings is set aside for updates on public health problems and what the LHD is doing, or needs to do, in response to existing challenges.
- Involving others in LHD functions, special events, and activities to promote and support programs and services.
- Advocating for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.
- Serving as a liaison between the community and the LHD, and between the health agency and the community.
- Working cooperatively with the health officer or health commissioner.
- Learning about every aspect of the LHD and the local public health system, including identifying possible partners.
- Being patient. Changing health status, enforcing procedures, and solving public health problems takes time.
- Identifying priorities to ensure that the appropriate resources are available to meet the LHD's long-term goals and objectives.
- Making decisions that must be made, even during adverse public reactions and/or opinions of the governmental body responsible for the appointment or election of board members.
- Knowing the difference between private problems and those that impact the public's health.
- Taking responsibility when asked and following through on commitments.
- Being visionary by planning where the board and the LHD should be in two to three years and actively participating in identifying and training new board members who support this vision.

While these functions are basic responsibilities of any board, members must be aware that their decisions, deliberations, and actions are part of the public record. As such, they or their actions may become highly visible in the community. Consequently, the board must ensure that it is operating within its legal duties and is operating under the principles of good faith.

It is important to remember that the board is responsible for the financial stability of the LHD. It is imperative that all board members understand the agency's financial statements and ask questions to ensure clear understanding of these matters.

As a member of a local board of health, you have accepted a significant responsibility to your fellow board members, your local health department, and your community. You are indeed a vital component of the grassroots of the nation’s public health system.

Legal Requirements and Duties of a Local Board of Health

This section outlines the legal requirements and duties of a local board of health per the Indiana Code. Please refer directly to the Indiana Code or consult with your local attorney if you have questions or concerns.

Composition and Selection Criteria

Board of health composition ([IC 16-20-2-4](#)) and membership selection criteria ([IC 16-20-2-5](#)) are dependent upon county population size. Please see the table below, which directly references the Indiana Code. Please note that Senate Enrolled Act 4 resulted in some changes to composition requirements which are reflected here.

County population LESS THAN 200,000	County population AT LEAST 200,000
Local board of health is composed of seven (7) members , not more than four (4) of whom may be from the same political party.	Local board of health is composed of nine (9) members , not more than five (5) of whom may be from the same political party.
<p>The members of a local board of health shall be chosen as follows:</p> <p>(1) Five (5) persons knowledgeable in clinical and public health, at least one (1) of whom is a physician and appointed by the county executive. The other appointees may be any of the following:</p> <p><i>(A) A physician licensed under IC 25-22.5.</i> <i>(B) A registered nurse licensed under IC 25-23.</i> <i>(C) A registered pharmacist licensed under IC 25-26.</i> <i>(D) A dentist licensed under IC 25-14.</i> <i>(E) A hospital administrator.</i> <i>(F) A social worker.</i> <i>(G) An attorney with expertise in health matters.</i></p>	<p>The members of a local board of health shall be chosen as follows:</p> <p>(1) Five (5) persons knowledgeable in clinical and public health, at least two (2) of whom are licensed physicians and appointed by the county executive. The other appointees may be any of the following:</p> <p><i>(A) A registered nurse licensed under IC 25-23.</i> <i>(B) A registered pharmacist licensed under IC 25-26.</i> <i>(C) A dentist licensed under IC 25-14.</i> <i>(D) A hospital administrator.</i> <i>(E) A social worker.</i> <i>(F) An attorney with expertise in health matters.</i></p>

<p><i>(H) A school superintendent.</i></p> <p><i>(I) A veterinarian licensed under IC 25-38.1.</i></p> <p><i>(J) A professional engineer registered under IC 25-31.</i></p> <p><i>(K) An environmental scientist.</i></p> <p><i>(L) A physician assistant licensed under IC 25-27.5.</i></p> <p><i>(M) A public health professional, including an epidemiologist.</i></p> <p>(2) One (1) person who either has public health knowledge or is a member of the general public, and is appointed by the county fiscal body.</p> <p>(3) One (1) person appointed by the county executive from a list of three (3) recommendations by the executive of the most populous municipality in the county of individuals described in subdivision (1)(C) through (1)(M).</p>	<p><i>(G) A school superintendent.</i></p> <p><i>(H) A veterinarian licensed under IC 25-38.1.</i></p> <p><i>(I) A professional engineer registered under IC 25-31.</i></p> <p><i>(J) An environmental scientist.</i></p> <p><i>(K) A physician assistant licensed under IC 25-27.5.</i></p> <p><i>(L) A public health professional, including an epidemiologist.</i></p> <p>(2) One (1) representative of the general public, appointed by the county executive.</p> <p>(3) One (1) individual appointed by the county fiscal body who either:</p> <p><i>(A) has public health knowledge; or</i></p> <p><i>(B) is a member of the general public.</i></p> <p>(4) Two (2) representatives appointed by the county executive, one (1) each from a list of three (3) recommendations from each executive of the county's two (2) most populous municipalities in the county of individuals described in subdivision (1)(B) through (1)(K).</p>
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Member Removal

According to [IC 16-20-2-8](#), a member of a local board of health may be removed by the appointing authority if the board member does any of the following:

- Is absent from three (3) consecutive regular board meetings.
- Is absent from four (4) regular board meetings during a calendar year.
- Fails to perform the statutory duties of the office.

Notification of Membership Changes

The Indiana Department of Health requests submission of the board of health roster and board of health appointment forms at the beginning of each calendar year or when a change occurs. Contact the Local Health Department Outreach Division (lhinfo@health.in.gov).

Member Compensation

Additionally, members of a local board of health may receive compensation for the performance of their duties as determined by the county fiscal body ([IC 16-20-2-9](#)).

Term of Office

All members of a local board of health shall be appointed for a term of four (4) years. Each member serves until a successor is appointed and qualified ([IC 16-20-2-10](#)). Unless otherwise required by law, after December 31, 1991, the board members serve staggered terms. The appointing authority shall appoint the members of a board in existence on December 31, 1991, and the initial members of a board established after December 31, 1991, as follows:

- One (1) member must be appointed for one (1) year.
- Two (2) members must be appointed for two (2) years.
- Two (2) members must be appointed for three (3) years.
- Two (2) members must be appointed for four (4) years.

Vacancies and Qualified Replacements

Members of a local board of health continue to serve until their successors are appointed. When a vacancy occurs, the original appointing authority shall appoint a qualified person to serve the remainder of the unexpired term. A local board of health shall provide to the appointing authority a list of five (5) individuals, at least three (3) of whom must have professional experience in one (1) of the following areas:

- Medicine.
- Nursing.
- Hospital administration.
- Pharmacology.

- Social work.
- Dentistry.
- Veterinary medicine.
- Engineering.
- Environmental science.
- Legal profession.
- School administration.

The list must include at least one (1) licensed physician. The appointing authority may select an individual from the list when filling a vacancy ([IC 16-20-2-11](#)).

Conditions of Membership

According to [IC 16-20-2-12](#), a member of a local board of health must meet the following conditions:

- Be a citizen of the United States.
- Reside in a county to which the local board of health provides health services.

Conflict of Interest

An individual who has a vested interest or stands to gain financially from any activity of the local health department or a policy decision of the board is ineligible to serve on a local health board ([IC 16-20-2-13](#)).

Election of Chairman

At the first meeting of a local board of health each year, the members shall elect a chairman ([IC 16-20-2-14](#)).

Meetings, Call, and Quorum

Meetings may be called by any of the following:

- The chairman.
- Four (4) members of the local board of health.
- The local health officer.

A majority of the members constitutes a quorum for the transaction of business ([IC 16-20-2-15](#)).

Health Officer Appointment

According to [IC 16-20-2-16](#), each local board of health shall appoint a health officer that meets the requirements of [IC 16-20-1-9.5](#) to serve for a term of four (4) years. The health officer serves until a successor is appointed and qualified.

The appointment of a local health officer is subject to the approval of the appropriate county legislative body. If the appropriate county legislative body fails to approve a nominated individual on two (2) separate occasions, the individual is barred from further consideration for the position.

The appointment shall be certified by the county executive and sent to the state department. The state department shall maintain a record of the certification.

The health officer is eligible for reappointment.

The health officer is the executive officer of the local health department and shall serve as secretary of the local board of health.

If a local board of health wants to employ a local health officer who is not a physician, but meets the requirements of [IC 16-20-1-9.5\(a\)\(2\)](#), the local board of health must do the following:

- Obtain the approval of the county executive.
- Upon obtaining the approval, submit a request to the executive board of the state department for approval to employ the individual. The request must detail how the county or jurisdiction plans to ensure the appropriate clinical oversight for any provided medical services.

The executive board of the state department shall determine whether to approve a request under subsection (f)(2) based on the needs of the requesting county or jurisdiction and the qualifications of the individual.

A local health officer may be appointed to serve simultaneously more than one (1) local board of health.

Notification of Health Officer Appointment

The Indiana Department of Health requests submission of the health officer appointment form when a change occurs. Contact the Local Health Department Outreach Division (lhinfo@health.in.gov).

City Health Departments

For information regarding City Health Departments, please reference [IC 16-20-4](#).

Working with the Local Health Department

The [National Association of County and City Health Officials](#) states it well: “Local health departments at the city and county level are on the front lines in ensuring the health of the public. The public may not always see the work they do, but communities are safer and healthier because of it.” This work includes emergency preparedness, immunization, tobacco prevention and control, maternal and child health, infectious disease, food safety, environmental health, chronic disease, and more.

It’s critical that local board of health members take the time to understand the work of their local health department and connect directly with the Health Officer, Administrator, and other staff, as appropriate, to cultivate a collaborative relationship.

The Indiana Code further defines an LHD’s roles, responsibilities, and relationship with the local board of health ([IC 16-20-1-1](#)). A few key items from the Indiana Code are noted here, but you should reference the Appendix or Indiana Code directly for additional information.

Operation as Local Government Agency

A local health department shall operate as an agency of local government administratively responsible to the appropriate county or city executive ([IC 16-20-1-2](#)).

Procedural Rules

The board of each local health department may adopt procedural rules for the board's guidance and to establish administrative and personnel policies of the local health department that are consistent with the administrative operating policy of the appointing authority ([IC 16-20-1-3](#)).

Funding to Provide Core Public Health Services

This section applies to a local health department in a county where the county executive has voted to receive additional funding to provide core public health services ([IC 16-20-1-12](#)).

Before July 1, 2023, the state department shall identify state level metrics for measuring the delivery of the core public health services and progress on preventing or reducing the prevalence of health issues impacting Indiana residents. Before December 31, 2024, the state department shall, in coordination with local health departments in a county described in subsection (a), identify the county level metrics for measuring the delivery of the core public health services.

The local board of health shall spend the additional funds for core public health services as follows:

- At least sixty percent (60%) on the following core public health services:
 - Communicable disease prevention and control.
 - Vital statistics.
 - Tobacco prevention and cessation.
 - Supporting student health as set forth in IC 16-18-2-79.5(14).
 - Child fatality review.
 - Suicide and overdose fatality review.
 - Maternal and child health.
 - Testing and counseling for HIV, hepatitis C, and other sexually transmitted infections, in accordance with IC 20-30-5-13.
 - Tuberculosis control and case management.
 - Emergency preparedness.
 - Referrals to clinical care as set forth in IC 16-18-2-79.5(22).
 - The prevention and reduction of chronic illnesses.
 - Screening and case management for childhood lead exposure and poisoning.
 - Health promotion and education for preventing trauma and injury.
 - Access to childhood and adult immunizations.
- Not more than forty percent (40%) on the following core public health services:
 - Food protection.
 - Pest and vector control and abatement.
 - Inspection and testing of public and semipublic pools.

- Residential onsite sewage system permitting and inspections.
- Orders for the decontamination of property used to illegally manufacture a controlled substance.
- Sanitary inspections and surveys of public buildings.
- Sanitary operation of tattoo parlors and body piercing facilities.
- Sanitary operations of facilities where eyelash extensions are applied.

A local health department may request a waiver from the percentage requirements if the following are met:

- The local health department files a written waiver request with the state department in a manner prescribed by the state department.
- The state department shall consider the waiver request submitted. If the state department approves the waiver request, the state department shall notify the budget committee of any waiver that the state department approves and include a review of the waiver.

Each local health department that provides core public health services shall report, using de-identified, aggregate data, the activities and metrics on the delivery of the core public health services to the state department semi-annually, in the form and manner determined by the state department.

A county that accepts additional funding to provide core public health services does not transfer any authority under statute in operating the local health department to the state department in return for the additional funding.

Before a local health department may hire or contract for the provision or administration of core public health services, the local health department shall post the position or contract to the public for at least thirty (30) days.

According to [IC 16-46-10-3](#), a county may not use more than ten percent (10%) of the funds received under [section 2.2](#) or [2.3](#) of this chapter during a fiscal year for capital expenditures, including:

- the purchase, construction, or renovation of buildings or other structures;
- land acquisition; and
- the purchase of vehicles and other transportation equipment.

Funds used for capital expenditures must be included on the annual financial report required under section 2.2(f) or 2.3(c) of this chapter and posted on the local health department's website.

Working with the Local Health Officer

The Indiana Code further defines a local health officer's roles, responsibilities, and relationship with the local board of health ([IC 16-20-1-1](#)). A few key items from the Indiana Code are noted here, but you should reference the Appendix or Indiana Code directly for additional information.

Local Health Officer Qualifications and Training

In order to serve as the local health officer, an individual must:

- be a physician licensed under IC 25-22.5; or
- have at least:
 - a master's degree in public health; and
 - five (5) years of experience in public health;

and be approved in accordance with [IC 16-20-2-16](#).

Beginning July 1, 2023, any individual who is newly appointed to the position of a local health officer shall complete a public health foundation training course developed and approved by the state department ([IC 16-20-1-9.5](#)).

Records and Minutes

The local health officer shall keep full and permanent records of the public health work of the local health department and minutes of all meetings of the board of the local health department ([IC 16-20-1-10](#)).

Monthly Reports

The local health officer shall make a monthly report of the work done by the local health department to the board of the local health department. After the report is approved by the board, the local health officer shall make the report a permanent record ([IC 16-20-1-11](#)).

Consultative Meetings with State Department

The local health officer or a representative of all county or city boards of health shall attend meetings of the state department, when requested by the state department, for consultation concerning any matter concerning public health.

The expenses of the local health officer or representative must be paid out of the health fund of the county or the city where the board of health is established, in an amount determined by the local board of health ([IC 16-20-1-13](#)).

Personnel

According to [IC 16-20-1-14](#), local health officers may, subject to approval by the county executive, hire requisite staff to complete and discharge the duties of the local health department.

Except as provided in subsection (d), the employees of local health departments shall perform any of the duties of the health officer delegated by the health officer, with the approval of the local board of health, on the basis of an agent-principal relation.

The public health personnel of local health departments:

- must meet the minimum qualification requirements of the local board of health;
- by local ordinance, become part of the county classification system for the respective public health personnel positions; and
- shall perform additional duties prescribed by the rules of the state department and local board of health under the general supervision of the local health officer.

If an appointee or employee of a local health officer is not a licensed water well driller under IC 25-39-3, the appointee or employee may not inspect the drilling of a water well.

Vital Statistics (Records)

The local health officer shall collect, record, and report to the state department the vital statistics for the local health officer's area of jurisdiction.

The local health officer shall be the registrar of births and deaths. After making a birth or death record, the local health officer shall, by the fourth day of each month, forward the original record to the state department ([IC 16-20-1-17](#)).

Financial Assistance

A health officer may, on behalf of the local board of health, receive financial assistance from an individual, an organization, or the state or federal government. The financial assistance must be approved by the county executive or city fiscal body and the local board of health ([IC 16-20-1-18](#)).

Enforcement

Local health officers shall enforce the health laws, ordinances, orders, rules, and regulations of the officer's own and superior boards of health.

Any enforcement action taken in response to:

- a declared local public health emergency determined by a local health department or local health officer; or
- a disaster emergency declared by the governor under IC 10-14-3-12;

is appealable under IC 16-20-5.5 ([IC 16-20-1-19](#)).

Inspection of Private Property

Upon:

- showing official identification; and
- except as provided in subsection (b), receiving consent of the owner or occupant of the premises;

a local health officer or the officer's designee may enter any premises at any reasonable time and inspect, investigate, evaluate, conduct tests, or take specimens or samples for testing that may be reasonably necessary to determine compliance with public health laws and rules and for the prevention and suppression of disease.

A local health officer or the officer's designee shall obtain the consent of the owner or the occupant of the premises, except as provided in any of the following circumstances:

- The local health officer or the officer's designee obtains an order from a circuit or superior court in the jurisdiction where the premises is located to authorize the inspection, investigation, evaluation, testing, or taking of specimens or samples for testing.

- An emergency condition that poses an imminent and serious threat to the health of an individual or the public and the local health officer or the officer's designee believes that a delay could result in a greater health risk.
- Entry by a local health officer or the officer's designee to a public place or an area in plain and open view to determine compliance with public health laws and rules.
- Entry under the terms and conditions of a license issued by the local health department at any reasonable time if reasonably necessary to determine compliance with public health laws and rules and the terms and conditions of the license.

A court may issue an order to inspect, investigate, evaluate, conduct tests, or take specimens or samples for testing if the court finds that the local health officer or the officer's designee, by oath or affirmation, provided reliable information establishing the violation of a public health law or rule at the premises.

However, a local health officer, or the officer's designee, shall not inspect property in which the local health officer has any interest, whether real, equitable, or otherwise. Any such inspection or any attempt to make such inspection is grounds for removal as provided for in this article.

This section does not prevent inspection of premises in which a local health officer has an interest if the premises cannot otherwise be inspected. If the premises cannot otherwise be inspected, the county health officer shall inspect the premises personally ([IC 16-20-1-23](#)).

Epidemic Control and Powers

Local health officers may order schools closed and forbid public gatherings when considered necessary to prevent and stop epidemics.

A local health officer may order a religious organization closed only if the order complies with IC 10-14-3-12.5 through IC 10-14-3-12.7.

An individual who takes action under this section shall comply with state laws and rules ([IC 16-20-1-24](#)).

Removal of Local Health Officers

According to [IC 16-20-1-28](#), local health officer may be removed only for one (1) of the following reasons:

- A failure to perform the officer's statutory duties.
- A failure to enforce the rules of the state department.
- Other good cause.

Except as provided in IC 16-19-3-12, IC 16-19-3-13, and IC 16-19-3-15, a local health officer may be removed only by the board that appointed the health officer.

When removal of a local health officer is sought by the appointing authority, the local health officer is entitled to the following:

- At least five (5) days notice.
- An open hearing.
- Representation by counsel.

Glossary

Terms

Epidemic: An outbreak of a disease that occurs in a specific area or group of people over a period of time and has more cases than expected.

Epidemiology: The study of health-related events and their distribution in populations, as well as how to use that information to control health issues

Fee-for-service: A charge made for each unit of health service, usually set by the provider.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health.

Health Disparity: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Health Indicator: A measure that reflects, or indicates, the state of health in a defined population, such as the infant mortality rate.

Health Outcome: A metric that reflects a population's physical, mental, and social well-being.

Incidence: The number of new cases of a specific disease diagnosed or reported during a defined period.

Infectious Disease: A disease caused by organisms that cause infection in a human host and may be communicable (contagious) to other persons, animals or through other intermediaries.

Local Board of Health: Governing or advisory bodies appointed to protect and improve the health of the community.

Local Health Department: Local (county, city, combined city-county or multi-county) health agency who provides health services throughout the defined geographic area with oversight and direction from local boards of health.

Medicaid: A program authorized under Title XIX of the Social Security Act to provide medical services to clients who meet eligibility requirements.

Medicare: Federal insurance program covering delivery of medical services to people ages 65 or older.

Morbidity: Incidence of disease or the state of being diseased.

Mortality: Incidence of death or the state of being deceased.

Pandemic: A disease outbreak that spreads across several countries or continents, usually affecting a large number of people and involving person-to-person transmission.

Population Health: The health of a group of people, rather than an individual, at a specific time

Prevention: Any action taken to keep people healthy and well, and prevent or avoid risk of poor health, illness, injury and early death.

Public Health Intervention: An organized effort to promote those specific behaviors and habits that can improve physical, mental and emotional health

Public Health: The science of protecting and improving the health of people and their communities.

Social Determinants of Health: Non-medical factors that affect health outcomes, including the conditions in which people are born, grow, work, live, and age, as well as the broader forces and systems that shape everyday life conditions.

Surveillance: the ongoing, systematic collection, analysis, and interpretation of health data. This activity also involves timely dissemination of the data and use for public health programs

Outbreak: the occurrence of more cases of disease than would normally be expected in a specific place or group of people over a given period of time.

Acronyms

ADA	Americans with Disabilities Act
AOS	Auditor of State
APHA	American Public Health Association
ASTHO	Association of State and Territorial Health Officers
CDC	Centers for Disease Control and Prevention
CHIP	Child Health Insurance Program
DCS	Department of Child Services
DMHA	Division of Mental Health and Addiction
DNPA	Department of Nutrition and Physical Activity
DOE	Department of Education
EHS	Environmental health specialist
FDA	US Food and Drug Administration
FEMA	Federal Emergency Management Agency
FIMR	Fetal-infant mortality review
FSSA	Family and Social Services Administration
GPHC	Governor's Public Health Commission
HFI	Health First Indiana
HHS	US Department of Health and Human Services
HIP	Healthy Indiana Plan
HRSA	Health Resources and Services Administration
IDOA	Indiana Department of Administration
IDOH	Indiana Department of Health
IEHA	Indiana Environmental Health Association
IGC	Indiana Government Center
IOT	Indiana Office of Technology

IPHA	Indiana Public Health Association
IPQIC	Indiana Perinatal Quality Improvement Collaborative
IRHA	Indiana Rural Health Association
KPI	Key performance indicator
LBOH	Local boards of health
LHD	Local health department
LHDMA	Local Health Department Manager's Association
LHO	Local health officer
MCH	Maternal and child health
MCHB	Maternal and Child Health Bureau
MMRC	Maternal mortality review committee
MPH	Master of Public Health
OMB	Office of Management and Budget
OMH	Office of Minority Health
OMPP	Office of Medicaid Policy and Planning
OPA	Office of Public Affairs
PHAB	Public Health Accreditation Board
PHN	Public health nurse
RS	Registered sanitarian
RD	Registered Dietician
SAMHSA	Substance Abuse and Mental Health Services Administration
SBA	State Budget Agency
SOFR	Suicide and overdose fatality review
SPD	State Personnel Department
TPC	Tobacco Prevention and Cessation
VR	Vital Records

WIC Women, Infants, and Children
YRBS Youth Risk Behavior Surveillance System

Closing

Thank you for serving as a member of your local board of health. We hope this manual will serve as a resource for you throughout your term(s) of service as you seek to positively impact the public health and well-being of your local community, county, and the state of Indiana.

If you have any questions, please contact our team directly at info@inpha.org.

Appendix

“May” Language in the Indiana Code

In the Indiana Code, language using “may” indicates a permissive provision. In other words, the relevant parties have a choice to act or not. The language is describing something they “can do”, rather than “must do”. The table below identifies key areas in [IC 16-20-1](#) and [IC 16-20-2](#) with “may” language pertaining to local boards of health, local health departments, and health officers. We recommend referencing the Indiana Code directly to review all language relevant to your role as a local board of health member. If you have questions or concerns, please reference the Indiana Code directly and/or consult with your local attorney.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-3: Procedural rules	The board of each local health department may adopt procedural rules for the board's guidance and to establish administrative and personnel policies of the local health department that are consistent with the administrative operating policy of the appointing authority.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-8: Health and planning services contracts	(a) The board of each local health department may enter into contract with the state department, other local boards of health, other units of government, a private individual, or a corporation for the provision of health services within the board's jurisdiction. (b) A local board of health, a county executive, or a city fiscal body may contract with or purchase from any individual, organization, limited liability

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		company, partnership, or corporation planning services considered essential to the development of an effective community health program.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-12: Applicability; identification of metrics; spending of funds; waiver; report; no transfer of authority; posting of positions to the public	(d) A local health department may request a waiver from the percentage requirements set forth in subsection (c) if the following are met: (1) The local health department files a written waiver request with the state department in a manner prescribed by the state department. (2) The state department shall consider the waiver request submitted under subdivision (1). If the state department approves the waiver request, the state department shall notify the budget committee of any waiver that the state department approves and include a review of the waiver.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-14: Personnel; delegation of duties on the basis of agent-principal relation; water well inspections	(a) Local health officers may , subject to approval by the county executive, hire requisite staff to complete and discharge the duties of the local health department. (d) If an appointee or employee of a local health officer is not a licensed water well driller under IC 25-39-3, the appointee or employee may not inspect the drilling of a water well.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-18: Financial assistance; approval	A health officer may , on behalf of the local board of health, receive financial assistance from an individual, an organization, or the state or federal government. The financial assistance must be approved by the county executive or city fiscal body and the local board of health.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-21: Communicable disease control; powers	<p>Each local health board has the responsibility and authority to take any action authorized by statute or rule of the state department to control communicable diseases. The board of each local health department or a designated representative may make sanitary and health inspections to carry out this chapter and IC 16-20-8.</p>
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-21.5: Local orders less stringent; approval of local order if more stringent or addressing declared emergency	<p>(e) If a local order addresses any aspect of a declared emergency addressed by an executive order, the local order may be less stringent than the executive order to the extent permitted by the executive order.</p> <p>(f) If a local order addresses any aspect of a declared emergency that is not addressed by an executive order or if a local order addresses an aspect of a declared emergency more stringently than an executive order, the local order may not take effect, or remain in effect, unless the local order is approved as follows:</p> <p>(1) If the local order is issued by the health department of a county, the local order must be approved by the county legislative body.</p> <p>(2) If the local health order is issued by a health department that serves multiple counties, the local order may take effect, or remain in effect, for a particular county served by the department if the legislative body of that county approves the local order.</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		<p>(3) If the local order is issued by the health department of a city, the local order must be approved by an ordinance adopted by the city legislative body that is:</p> <p>(A) approved by the mayor; or</p> <p>(B) passed over the mayor's veto by a two-thirds (2/3) vote.</p> <p>(g) A legislative body may approve a local order under subsection (f) at a meeting called to deal with an emergency as long as notice of the meeting is provided in accordance with IC 5-14-1.5-5(d).</p>
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-22: Sanitary inspections and surveys of public buildings and institutions	<p>Local health officers may make sanitary inspections and surveys of all public buildings and institutions.</p>
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-23: Inspection of private property by local health officer; consent by owner; exceptions; court order; property in which officer has interest	<p>(a) Upon:</p> <p>(1) showing official identification; and</p> <p>(2) except as provided in subsection (b), receiving consent of the owner or occupant of the premises;</p> <p>a local health officer or the officer's designee may enter any premises at any reasonable time and inspect, investigate, evaluate, conduct tests, or take specimens or samples for testing that may be reasonably necessary to</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		<p>determine compliance with public health laws and rules and for the prevention and suppression of disease.</p> <p>(c) A court described in subsection (b)(1) may issue an order to inspect, investigate, evaluate, conduct tests, or take specimens or samples for testing if the court finds that the local health officer or the officer's designee, by oath or affirmation, provided reliable information establishing the violation of a public health law or rule at the premises.</p>
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-24: Epidemic control; powers	<p>a) Local health officers may order schools closed and forbid public gatherings when considered necessary to prevent and stop epidemics.</p> <p>(b) A local health officer may order a religious organization closed only if the order complies with IC 10-14-3-12.5 through IC 10-14-3-12.7.</p>
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-25: Unlawful conditions; abatement order; enforcement	<p>(c) If a person refuses or neglects to obey an order issued under this section, the attorney representing the county of the health jurisdiction where the offense occurs shall, upon receiving the information from the health officer, institute proceedings in the courts for enforcement. An order may be enforced by injunction. If the action concerning public health is a criminal offense, a law enforcement authority with jurisdiction over the place where the offense occurred shall be notified.</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-26: Enforcement; approval of legislative body before filing certain actions; court action; recipient of enforcement action	<p>(a) Except as provided in subsection (b), a local board of health or local health officer may enforce the board's or officer's orders, citations, and administrative notices by an action in the circuit or superior court.</p> <p>(b) This subsection only applies to an enforcement action described in IC 16-20-5.5-2(a). A local board of health or local health officer may not file an action under subsection (a) to enforce an order, citation, or administrative notice unless the appropriate legislative body under IC 16-20-5.5-1 has authorized the local board of health or local health officer to file the action.</p> <p>(c) The court may take any appropriate action in a proceeding under this section, including any of the following:</p> <ol style="list-style-type: none"> (1) Issuing an injunction. (2) Entering a judgment. (3) Issuing an order and conditions under IC 16-41-9. (4) Ordering the suspension or revocation of a license. (5) Ordering an inspection. (6) Ordering that a property be vacated. (7) Ordering that a structure be demolished. (8) Imposing a penalty not to exceed an amount set forth in IC 36-1-3-8(a)(10). (9) Imposing court costs and fees under IC 33-37-4-2 and IC 33-37-5. (10) Ordering the respondent to take appropriate action in a specified time to comply with the order of the local board of health or local health officer.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		<p>(11) Ordering a local board of health or local health officer to take appropriate action to enforce an order within a specified time.</p> <p>(e) A recipient of any enforcement action described in section 19(b) of this chapter may:</p> <p>(1) appeal the enforcement action under IC 16-20-5.5; or</p> <p>(2) bring an action directly in the circuit or superior court.</p>
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-27: Service fees; disposition	<p>The board of each local health department may, with the approval of the county or city executive, establish and collect fees for specific services and records established by local ordinances and state law. However, fees may not exceed the cost of services provided. The fees shall be accounted for and transferred to the health fund of the taxing jurisdiction.</p>
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-28: Removal of local health officers; grounds; hearing rights	<p>(a) A local health officer may be removed only for one (1) of the following reasons:</p> <p>(1) A failure to perform the officer's statutory duties.</p> <p>(2) A failure to enforce the rules of the state department.</p> <p>(3) Other good cause.</p> <p>(b) Except as provided in IC 16-19-3-12, IC 16-19-3-13, and IC 16-19-3-15, a local health officer may be removed only by the board that appointed the health officer.</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
IC 16-20-2: Local Boards of Health	IC 16-20-2-2: Establishment and maintenance of local health department; adoption of health ordinances	<p>(b) The executive of a county having a population of more than one hundred eighty-five thousand (185,000) and less than two hundred thousand (200,000) may only establish and maintain one (1) local health department having countywide jurisdiction.</p> <p>(c) The county executive in a county having a population of more than one hundred eighty-five thousand (185,000) and less than two hundred thousand (200,000) may adopt health ordinances that apply to the entire county.</p>
IC 16-20-2: Local Boards of Health	IC 16-20-2-4: Composition of board based on county population	<p>(a) For a county with a population of less than two hundred thousand (200,000), a local board of health is composed of seven (7) members, not more than four (4) of whom may be from the same political party.</p> <p>(b) For a county with a population of at least two hundred thousand (200,000), a local board of health is composed of nine (9) members, not more than five (5) of whom may be from the same political party.</p>
IC 16-20-2: Local Boards of Health	IC 16-20-2-5: Membership selection criteria	<p>(a) For a county with a population of at least two hundred thousand (200,000), the members of a local board of health shall be chosen as follows:</p> <p>(1) Five (5) persons knowledgeable in clinical and public health, at least two (2) of whom are licensed physicians, and appointed by the county executive. The other appointees may be any of the following:</p> <p>(A) A registered nurse licensed under IC 25-23.</p> <p>(B) A registered pharmacist licensed under IC 25-26.</p> <p>(C) A dentist licensed under IC 25-14.</p> <p>(D) A hospital administrator.</p> <p>(E) A social worker.</p> <p>(F) An attorney with expertise in health matters.</p> <p>(G) A school superintendent.</p> <p>(H) A veterinarian licensed under IC 25-38.1.</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		<p>(I) A professional engineer registered under IC 25-31. (J) An environmental scientist. (K) A physician assistant licensed under IC 25-27.5. (L) A public health professional, including an epidemiologist.</p> <p>For a county with a population of less than two hundred thousand (200,000), the members of a local board of health shall be chosen as follows: (1) Five (5) persons knowledgeable in clinical and public health, at least one (1) of whom is a physician, and appointed by the county executive. The other appointees may be any of the following:</p> <p>(A) A physician licensed under IC 25-22.5. (B) A registered nurse licensed under IC 25-23. (C) A registered pharmacist licensed under IC 25-26. (D) A dentist licensed under IC 25-14. (E) A hospital administrator. (F) A social worker. (G) An attorney with expertise in health matters. (H) A school superintendent. (I) A veterinarian licensed under IC 25-38.1. (J) A professional engineer registered under IC 25-31. (K) An environmental scientist. (L) A physician assistant licensed under IC 25-27.5. (M) A public health professional, including an epidemiologist.</p>
IC 16-20-2: Local Boards of Health	IC 16-20-2-8: Removal of members	<p>A member of a local board of health may be removed by the appointing authority if the board member does any of the following:</p> <p>(1) Is absent from three (3) consecutive regular board meetings. (2) Is absent from four (4) regular board meetings during a calendar year. (3) Fails to perform the statutory duties of the office.</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
IC 16-20-2: Local Boards of Health	IC 16-20-2-9: Compensation of members	Members of a local board of health may receive compensation for the performance of their duties as determined by the county fiscal body.
IC 16-20-2: Local Boards of Health	IC 16-20-2-11: Vacancies; qualified replacements	(c) The list must include at least one (1) licensed physician. The appointing authority may select an individual from the list when filling a vacancy.
IC 16-20-2: Local Boards of Health	IC 16-20-2-15: Meetings; call; quorum	(a) Meetings may be called by any of the following: (1) The chairman. (2) Four (4) members of the local board of health. (3) The local health officer.
IC 16-20-2: Local Boards of Health	IC 16-20-2-16: Health officer; appointment; certification; reappointment; duties	(h) A local health officer may be appointed to serve simultaneously more than one (1) local board of health.
IC 16-20-2: Local Boards of Health	IC 16-20-2-17: Annual levy for maintenance of department; county health fund; appropriations; exception	(d) A tax levy provided for in this chapter may not be made upon property within the corporate limits of any city maintaining the city's own full-time health department.

“Shall” Language in the Indiana Code

In the Indiana Code, language using “shall” indicates a mandatory provision. In other words, this language is describing something they “must do” and something that cannot be modified or waived. The table below identifies key areas in [IC 16-20-1](#) and [IC 16-20-2](#) with “shall” language pertaining to local boards of health, local health departments, and health officers. We recommend referencing the Indiana Code directly to review all language relevant to your role as a local board of health member. If you have questions or concerns, please reference the Indiana Code directly and/or consult with your local attorney.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-2: Operation as local government agency	A local health department shall operate as an agency of local government administratively responsible to the appropriate county or city executive.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-4: Board organization and officers	The board of each local health department shall , immediately after appointment, meet and organize. The board shall elect a chairman, vice chairman, and other officers the board considers necessary.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-5: Annual budget	The board of each local health department shall submit an annual budget to the county executive, county fiscal body, and city fiscal body concerned with approval of the budget at the regular time for consideration of annual budgets.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-6: Offices and equipment	The board of each local health department shall provide, equip, and maintain suitable offices, facilities, and appliances for the health department.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-7: Annual report	<p>(a) The board of each local health department shall submit to the state department an annual report for the previous year showing the following:</p> <ol style="list-style-type: none"> (1) The amount of money received from all sources. (2) The name of any donor. (3) How all money has been expended and for what purpose. (4) Other statistics and information concerning the work of the health department that the board considers to be of general interest. <p>(b) The state department shall make the annual reports described in subsection (a) available to the public.</p>
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-9: Duties of officers and employees	The board of each local health department shall prescribe the duties of all officers and employees.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-9.5: Local health officer qualifications; training	(b) Beginning July 1, 2023, any individual listed in subsection (a) who is newly appointed to the position of a local health officer shall complete a public health foundation training course developed and approved by the state department.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-10: Records; minutes	The local health officer shall keep full and permanent records of the public health work of the local health department and minutes of all meetings of the board of the local health department.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-11: Monthly reports; approval; permanent records	The local health officer shall make a monthly report of the work done by the local health department to the board of the local health department. After the report is approved by the board, the local health officer shall make the report a permanent record.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-12: Applicability; identification of metrics; spending of funds; waiver; report; no transfer of authority; posting of positions to the public	<p>IC 16-20-1-12: Applicability; identification of metrics; spending of funds; waiver; report; no transfer of authority; posting of positions to the public</p> <p>(b) Before July 1, 2023, the state department shall identify state level metrics for measuring the delivery of the core public health services and progress on preventing or reducing the prevalence of health issues impacting Indiana residents. Before December 31, 2024, the state department shall, in coordination with local health departments in a county described in subsection (a), identify the county level metrics for measuring the delivery of the core public health services.</p> <p>(c) Except as provided in subsection (d), the local board of health shall spend the additional funds for core public health services as follows:</p> <p>(1) At least sixty percent (60%) on the following core public health services:</p> <ul style="list-style-type: none"> (A) Communicable disease prevention and control. (B) Vital statistics. (C) Tobacco prevention and cessation. (D) Supporting student health as set forth in IC 16-18-2-79.5(14). (E) Child fatality review. (F) Suicide and overdose fatality review. (G) Maternal and child health.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		<p>(H) Testing and counseling for HIV, hepatitis C, and other sexually transmitted infections, in accordance with IC 20-30-5-13.</p> <p>(I) Tuberculosis control and case management.</p> <p>(J) Emergency preparedness.</p> <p>(K) Referrals to clinical care as set forth in IC 16-18-2-79.5(22).</p> <p>(L) The prevention and reduction of chronic illnesses.</p> <p>(M) Screening and case management for childhood lead exposure and poisoning.</p> <p>(N) Health promotion and education for preventing trauma and injury.</p> <p>(O) Access to childhood and adult immunizations.</p> <p>(2) Not more than forty percent (40%) on the following core public health services:</p> <p>(A) Food protection.</p> <p>(B) Pest and vector control and abatement.</p> <p>(C) Inspection and testing of public and semipublic pools.</p> <p>(D) Residential onsite sewage system permitting and inspections.</p> <p>(E) Orders for the decontamination of property used to illegally manufacture a controlled substance.</p> <p>(F) Sanitary inspections and surveys of public buildings.</p> <p>(G) Sanitary operation of tattoo parlors and body piercing facilities.</p> <p>(H) Sanitary operations of facilities where eyelash extensions are applied.</p> <p>(d) A local health department may request a waiver from the percentage requirements set forth in subsection (c) if the following are met:</p> <p>(1) The local health department files a written waiver request with the state department in a manner prescribed by the state department. (2) The</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		<p>state department shall consider the waiver request submitted under subdivision (1). If the state department approves the waiver request, the state department shall notify the budget committee of any waiver that the state department approves and include a review of the waiver.</p> <p>(e) Each local health department that provides core public health services shall report, using de-identified, aggregate data, the activities and metrics on the delivery of the core public health services to the state department semi-annually, in the form and manner determined by the state department.</p> <p>(f) The state department shall:</p> <p>(1) collect and analyze the information reported to the state department under subsection (e); and</p> <p>(2) before July 1, 2024, develop and publish on the Internet a web page that tracks the metrics identified in subsection (b) and indicates any progress made in these metrics.</p> <p>(g) The state department shall provide a report annually on the information collected in subsection (e) to the legislative council in an electronic format under IC 5-14-6.</p> <p>(h) The state department shall annually present the metrics determined under this section to the budget committee.</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		(j) Before a local health department may hire or contract for the provision or administration of core public health services, the local health department shall post the position or contract to the public for at least thirty (30) days.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-13: Local health officer or representative; consultative meetings with state department; expenses	(a) The local health officer or a representative of all county or city boards of health shall attend meetings of the state department, when requested by the state department, for consultation concerning any matter concerning public health.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-14: Personnel; delegation of duties on the basis of agent-principal relation; water well inspections	(b) Except as provided in subsection (d), the employees of local health departments shall perform any of the duties of the health officer delegated by the health officer, with the approval of the local board of health, on the basis of an agent-principal relation. (c) The public health personnel of local health departments: (3) shall perform additional duties prescribed by the rules of the state department and local board of health under the general supervision of the local health officer.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-15: Compensation	(a) The board of city health departments shall recommend and the city fiscal body shall fix the compensation of employees of the city health department.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		(b) The county fiscal body shall fix the compensation of the employees of county health departments, in the manner provided by IC 36-2-5 or IC 36-3-6, after consideration of the recommendations of the local board of health.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-16: Salaries and expenses; authorized payment	The board of each local health department shall authorize payment of salaries and all other department expenses from the proper fund.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-17: Vital statistics; birth and death records	(a) The local health officer shall collect, record, and report to the state department the vital statistics for the local health officer's area of jurisdiction. (b) The local health officer shall be the registrar of births and deaths. After making a birth or death record, the local health officer shall , by the fourth day of each month, forward the original record to the state department.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-19: Enforcement; appealable	(a) Local health officers shall enforce the health laws, ordinances, orders, rules, and regulations of the officer's own and superior boards of health.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-23: Inspection of private property by local health officer; consent by owner; exceptions; court order; property	(b) A local health officer or the officer's designee shall obtain the consent of the owner or the occupant of the premises under subsection (a), except as provided in any of the following circumstances: (1) Subject to subsection (c), the local health officer or the officer's designee obtains an order from a circuit or superior court in the

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
	<p>in which officer has interest</p>	<p>jurisdiction where the premises is located to authorize the inspection, investigation, evaluation, testing, or taking of specimens or samples for testing.</p> <p>(2) An emergency condition that poses an imminent and serious threat to the health of an individual or the public and the local health officer or the officer's designee believes that a delay could result in a greater health risk.</p> <p>(3) Entry by a local health officer or the officer's designee to a public place or an area in plain and open view to determine compliance with public health laws and rules.</p> <p>(4) Entry under the terms and conditions of a license issued by the local health department at any reasonable time if reasonably necessary to determine compliance with public health laws and rules and the terms and conditions of the license.</p> <p>(d) However, a local health officer, or the officer's designee, shall not inspect property in which the local health officer has any interest, whether real, equitable, or otherwise. Any such inspection or any attempt to make such inspection is grounds for removal as provided for in this article.</p> <p>(e) This section does not prevent inspection of premises in which a local health officer has an interest if the premises cannot otherwise be</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		inspected. If the premises cannot otherwise be inspected, the county health officer shall inspect the premises personally.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-24: Epidemic control; powers	(c) An individual who takes action under this section shall comply with state laws and rules.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-25: Unlawful conditions; abatement order; enforcement	<p>(a) A person shall not institute, permit, or maintain any conditions that may transmit, generate, or promote disease.</p> <p>(b) A health officer, upon receiving a complaint asserting the existence of unlawful conditions described in subsection (a) within the officer's jurisdiction, shall document the complaint as provided in subsection (d). Upon verifying the information contained in the complaint, the health officer shall order the abatement of those conditions. The order must:</p> <ol style="list-style-type: none"> (1) be in writing; (2) specify the conditions that may transmit disease; and (3) name the shortest reasonable time for abatement. <p>(c) If a person refuses or neglects to obey an order issued under this section, the attorney representing the county of the health jurisdiction where the offense occurs shall, upon receiving the information from the health officer, institute proceedings in the courts for enforcement. An order may be enforced by injunction. If the action concerning public health is a criminal offense, a law enforcement authority with jurisdiction over the place where the offense occurred shall be notified.</p>

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		(d) A complaint made under subsection (b) must include adequate details to allow the health officer to verify the existence of the unlawful conditions that are the subject of the complaint. A health officer shall provide a copy of a complaint upon request to the person who is the subject of the complaint.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-26: Enforcement; approval of legislative body before filing certain actions; court action; recipient of enforcement action	(d) The county attorney in which a local board of health or local health officer has jurisdiction shall represent the local health board and local health officer in the action unless the county executive, local board of health, or health and hospital corporation employs other legal counsel or the matter has been referred through law enforcement authorities to the prosecuting attorney.
IC 16-20-1: Powers and Duties of Local Health Departments	IC 16-20-1-27: Service fees; disposition	The board of each local health department may, with the approval of the county or city executive, establish and collect fees for specific services and records established by local ordinances and state law. However, fees may not exceed the cost of services provided. The fees shall be accounted for and transferred to the health fund of the taxing jurisdiction.
IC 16-20-2: Local Boards of Health	IC 16-20-2-2: Establishment and maintenance of local health department; adoption of health ordinances	(a) Except as provided in IC 16-20-3, the executive of each county shall by ordinance establish and maintain a local health department.
IC 16-20-2: Local Boards of Health	IC 16-20-2-3: Management of local health departments	A local board of health shall manage each local health department established under this chapter.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
IC 16-20-2: Local Boards of Health	IC 16-20-2-5: Membership selection criteria	<p>(a) For a county with a population of at least two hundred thousand (200,000), the members of a local board of health shall be chosen as follows:</p> <p>(1) Five (5) persons knowledgeable in clinical and public health, at least two (2) of whom are licensed physicians, and appointed by the county executive. The other appointees may be any of the following:</p> <p>(A) A registered nurse licensed under IC 25-23. (B) A registered pharmacist licensed under IC 25-26. (C) A dentist licensed under IC 25-14. (D) A hospital administrator. (E) A social worker. (F) An attorney with expertise in health matters. (G) A school superintendent. (H) A veterinarian licensed under IC 25-38.1. (I) A professional engineer registered under IC 25-31. (J) An environmental scientist. (K) A physician assistant licensed under IC 25-27.5. (L) A public health professional, including an epidemiologist.</p> <p>(b) For a county with a population of less than two hundred thousand (200,000), the members of a local board of health shall be chosen as follows:</p> <p>(1) Five (5) persons knowledgeable in clinical and public health, at least one (1) of whom is a physician, and appointed by the county executive. The other appointees may be any of the following:</p> <p>(A) A physician licensed under IC 25-22.5. (B) A registered nurse licensed under IC 25-23. (C) A registered pharmacist licensed under IC 25-26. (D) A dentist licensed under IC 25-14. (E) A hospital administrator.</p>

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		<p>(F) A social worker.</p> <p>(G) An attorney with expertise in health matters.</p> <p>(H) A school superintendent.</p> <p>(I) A veterinarian licensed under IC 25-38.1.</p> <p>(J) A professional engineer registered under IC 25-31.</p> <p>(K) An environmental scientist.</p> <p>(L) A physician assistant licensed under IC 25-27.5.</p> <p>(M) A public health professional, including an epidemiologist.</p>
<p>IC 16-20-2: Local Boards of Health</p>	<p>IC 16-20-2-10: Term of office; staggered terms</p>	<p>(a) All members of a local board of health shall be appointed for a term of four (4) years. Each member serves until a successor is appointed and qualified.</p> <p>(b) Unless otherwise required by law, after December 31, 1991, the board members serve staggered terms. The appointing authority shall appoint the members of a board in existence on December 31, 1991, and the initial members of a board established after December 31, 1991, as follows: (1) One (1) member must be appointed for one (1) year. (2) Two (2) members must be appointed for two (2) years. (3) Two (2) members must be appointed for three (3) years. (4) Two (2) members must be appointed for four (4) years.</p>
<p>IC 16-20-2: Local Boards of Health</p>	<p>IC 16-20-2-11: Vacancies; qualified replacements</p>	<p>(b) When a vacancy occurs, the original appointing authority shall appoint a qualified person to serve the remainder of the unexpired term. A local board of health shall provide to the appointing authority a list of five (5) individuals, at least three (3) of whom must have professional experience in one (1) of the following areas:</p> <ol style="list-style-type: none"> (1) Medicine. (2) Nursing. (3) Hospital administration. (4) Pharmacology. (5) Social work.

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		<p>(6) Dentistry. (7) Veterinary medicine. (8) Engineering. (9) Environmental science. (10) Legal profession. (11) School administration.</p>
IC 16-20-2: Local Boards of Health	IC 16-20-2-14: Election of chairman	<p>At the first meeting of a local board of health each year, the members shall elect a chairman.</p>
IC 16-20-2: Local Boards of Health	IC 16-20-2-16: Health officer; appointment; certification; reappointment; duties	<p>(a) Each local board of health shall appoint a health officer that meets the requirements of IC 16-20-1-9.5 to serve for a term of four (4) years. The health officer serves until a successor is appointed and qualified.</p> <p>(c) The appointment shall be certified by the county executive and sent to the state department. The state department shall maintain a record of the certification.</p> <p>(e) The health officer is the executive officer of the local health department and shall serve as secretary of the local board of health.</p> <p>(g) The executive board of the state department shall determine whether to approve a request under subsection (f)(2) based on the needs of the requesting county or jurisdiction and the qualifications of the individual.</p>
IC 16-20-2: Local Boards of Health	IC 16-20-2-17: Annual levy for maintenance of department; county health fund; appropriations; exception	<p>(a) The fiscal body of a county in which a local health department has been authorized shall assess a levy annually on the assessed valuation of taxable property for the maintenance of the county health department.</p> <p>(b) The taxes shall be paid into the county treasury and placed in a special fund to be known as the county health fund. The fund shall be used only for the purpose of this title and shall be drawn upon by the proper officers</p>

Indiana Code Chapter	Indiana Code Section	Indiana Code Language
		<p>of the county upon the properly authenticated vouchers of the local health department.</p> <p>(c) Each county fiscal body shall appropriate from the county health fund money necessary to maintain the local health department.</p>
IC 16-20-2: Local Boards of Health	IC 16-20-2-18: Transfer of revenue to community health clinic in certain counties	<p>(b) Each year the county fiscal officer shall transfer to the community health clinic located in the county an amount equal to the revenue raised from a property tax rate of one hundred sixty-seven thousandths of one cent (\$0.00167) for each one hundred dollars (\$100) of assessed valuation of the taxable property in the county.</p> <p>(c) The transfer shall be made in four (4) equal installments before the end of January, April, July, and October. The transfer shall be made without the necessity of an appropriation.</p>

Indiana Code

The [Indiana Code](#), referenced throughout this manual, defines the role of local health departments, health officers, and local boards of health. Relevant sections from the Indiana Code are linked below. Please consult with your local attorney for additional information or guidance.

[IC 16-20-1: Powers and Duties of Local Health Departments](#)

[IC 16-20-1-1: Application; limited area](#)

[IC 16-20-1-2: Operation as local government agency](#)

[IC 16-20-1-3: Procedural rules](#)

[IC 16-20-1-4: Board organization and officers](#)

[IC 16-20-1-5: Annual budget](#)

[IC 16-20-1-6: Offices and equipment](#)

[IC 16-20-1-7: Annual report](#)

[IC 16-20-1-8: Health and planning services contracts](#)

[IC 16-20-1-9: Duties of officers and employees](#)

[IC 16-20-1-9.5: Local health officer qualifications; training](#)

[IC 16-20-1-10: Records; minutes](#)

[IC 16-20-1-11: Monthly reports; approval; permanent records](#)

[IC 16-20-1-12: Applicability; identification of metrics; spending of funds; waiver; report; no transfer of authority; posting of positions to the public](#)

[IC 16-20-1-13: Local health officer or representative; consultative meetings with state department; expenses](#)

[IC 16-20-1-14: Personnel; delegation of duties on the basis of agent-principal relation; water well inspections](#)

[IC 16-20-1-15: Compensation](#)

[IC 16-20-1-16: Salaries and expenses; authorized payment](#)

[IC 16-20-1-17: Vital statistics; birth and death records](#)

[IC 16-20-1-18: Financial assistance; approval](#)

[IC 16-20-1-19: Enforcement; appealable](#)

[IC 16-20-1-20: Proposed rules and ordinances; fiscal impact statement](#)

[IC 16-20-1-21: Communicable disease control; powers](#)

[IC 16-20-1-21.3: Education provided before administering vaccine](#)

[IC 16-20-1-21.5: Local orders less stringent; approval of local order if more stringent or addressing declared emergency](#)

[IC 16-20-1-22: Sanitary inspections and surveys of public buildings and institutions](#)

[IC 16-20-1-23: Inspection of private property by local health officer; consent by owner; exceptions; court order; property in which officer has interest](#)

[IC 16-20-1-24: Epidemic control; powers](#)

[IC 16-20-1-25: Unlawful conditions; abatement order; enforcement](#)

[IC 16-20-1-26: Enforcement; approval of legislative body before filing certain actions; court action; recipient of enforcement action](#)

[IC 16-20-1-27: Service fees; disposition](#)

[IC 16-20-1-28: Removal of local health officers; grounds; hearing rights](#)

[IC 16-20-1-29: Rights of employees of local health department under prior law](#)

[IC 16-20-1-30: Rights of employees of city-county health departments in Allen County under prior law](#)

IC 16-20-2: Local Boards of Health

IC 16-20-2-1: Application of chapter

IC 16-20-2-2: Establishment and maintenance of local health department; adoption of health ordinances

IC 16-20-2-2.5: Legalization of certain health ordinances by Tippecanoe County adopted after December 31, 1993, and before March 11, 1994

IC 16-20-2-3: Management of local health departments

IC 16-20-2-4: Composition of board based on county population

IC 16-20-2-5: Membership selection criteria

IC 16-20-2-8: Removal of members

IC 16-20-2-9: Compensation of members

IC 16-20-2-10: Term of office; staggered terms

IC 16-20-2-11: Vacancies; qualified replacements

IC 16-20-2-12: Conditions of membership

IC 16-20-2-13: Conflict of interest

IC 16-20-2-14: Election of chairman

IC 16-20-2-15: Meetings; call; quorum

IC 16-20-2-16: Health officer; appointment; certification; reappointment; duties

IC 16-20-2-17: Annual levy for maintenance of department; county health fund; appropriations; exception

IC 16-20-2-18: Transfer of revenue to community health clinic in certain counties

IC 16-20-3: Multiple County Health Departments

IC 16-20-3-1: Establishment; conditions; notice

IC 16-20-3-1.5: Physical office requirement; consumer accessible services

IC 16-20-3-2: Board members; qualifications; appointment

IC 16-20-3-3: Removal of board member; grounds

IC 16-20-3-4: Compensation of board members

IC 16-20-3-5: Term of office; staggered terms

IC 16-20-3-6: Vacancies; qualified replacements

IC 16-20-3-7: Election of chairman

IC 16-20-3-8: Meetings; call; quorum

IC 16-20-3-9: Health officer; appointment; term; qualifications; certification; reappointment; duties

IC 16-20-3-10: Annual levy for maintenance of department; county health fund; appropriations

IC 16-20-4: City Health Departments in Second Class Cities

IC 16-20-4-1: Application of chapter

IC 16-20-4-2: City health department defined

IC 16-20-4-3: Prohibition on establishing a city health department; continuing operation of existing city health departments

IC 16-20-4-4: Jurisdiction in city with full-time health department

IC 16-20-4-4.5: Establishment of fund; purposes; use

IC 16-20-4-5.5: Legalization of certain health ordinances by Tippecanoe County adopted after December 31, 1993, and before March 11, 1994

IC 16-20-4-6: Health board membership; qualifications

IC 16-20-4-7: Terms of office; vacancies

IC 16-20-4-8: Vacancy; candidate list; qualifications

IC 16-20-4-9: Removal; grounds

IC 16-20-4-10: Conflicts of interest

IC 16-20-4-11: Organizational meeting; officers

IC 16-20-4-12: Election meeting; regular meetings; special meetings

IC 16-20-4-13: Powers and duties

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IC 16-20-4-16: Officers and employees; duties; compensation; approval

IC 16-20-4-17: Annual report; contents

IC 16-20-4-18: Communicable disease control; inspections

IC 16-20-4-19: Disease control powers and duties

IC 16-20-4-20: Health officers; qualifications; term of office

IC 16-20-4-21: Employment of personnel

IC 16-20-4-22: Department expenses and salaries; payment; authorization

IC 16-20-4-23: Professional employees; confirmation of appointment

IC 16-20-4-24: Annual budget; submission for approval

IC 16-20-4-25: Expenses appropriation; tax

IC 16-20-4-26: Emergency appropriations

IC 16-20-4-27: Transfer of revenue by cities in certain counties to county community health clinic