

State of Minnesota

HOUSE OF REPRESENTATIVES

EIGHTY-EIGHTH SESSION

H. F. No. 2523

02/27/2014 Authored by Ward, J.A., and Abeler
The bill was read for the first time and referred to the Committee on Health and Human Services Policy
03/10/2014 Adoption of Report: Re-referred to the Committee on Government Operations
03/26/2014 Adoption of Report: Re-referred to the Committee on Civil Law
03/31/2014 Adoption of Report: Placed on the General Register
Read Second Time

1.1 A bill for an act
1.2 relating to health; making changes to the local public health system; amending
1.3 Minnesota Statutes 2012, sections 145A.02, subdivisions 5, 15, by adding
1.4 subdivisions; 145A.03, subdivisions 1, 2, 4, 5, by adding a subdivision; 145A.04,
1.5 as amended; 145A.05, subdivision 2; 145A.06, subdivisions 2, 5, 6, by adding
1.6 subdivisions; 145A.07, subdivisions 1, 2; 145A.08; 145A.11, subdivision 2;
1.7 145A.131; Minnesota Statutes 2013 Supplement, section 145A.06, subdivision
1.8 7; repealing Minnesota Statutes 2012, sections 145A.02, subdivision 2; 145A.03,
1.9 subdivisions 3, 6; 145A.09, subdivisions 1, 2, 3, 4, 5, 7; 145A.10, subdivisions 1,
1.10 2, 3, 4, 5a, 7, 9, 10; 145A.12, subdivisions 1, 2, 7.

1.11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.12 Section 1. Minnesota Statutes 2012, section 145A.02, is amended by adding a
1.13 subdivision to read:

1.14 Subd. 1a. Areas of public health responsibility. "Areas of public health
1.15 responsibility" means:

- 1.16 (1) assuring an adequate local public health infrastructure;
1.17 (2) promoting healthy communities and healthy behaviors;
1.18 (3) preventing the spread of communicable disease;
1.19 (4) protecting against environmental health hazards;
1.20 (5) preparing for and responding to emergencies; and
1.21 (6) assuring health services.

1.22 Sec. 2. Minnesota Statutes 2012, section 145A.02, subdivision 5, is amended to read:

1.23 Subd. 5. Community health board. "Community health board" means a board of
1.24 health established, operating, and eligible for a the governing body for local public health
1.25 grant under sections 145A.09 to 145A.131. in Minnesota. The community health board
1.26 may be comprised of a single county, multiple contiguous counties, or in a limited number

2.1 of cases, a single city as specified in section 145A.03, subdivision 1. CHBs have the
 2.2 responsibilities and authority under this chapter.

2.3 Sec. 3. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
 2.4 to read:

2.5 Subd. 6a. **Community health services administrator.** "Community health services
 2.6 administrator" means a person who meets personnel standards for the position established
 2.7 under section 145A.06, subdivision 3b, and is working under a written agreement with,
 2.8 employed by, or under contract with a community health board to provide public health
 2.9 leadership and to discharge the administrative and program responsibilities on behalf of
 2.10 the board.

2.11 Sec. 4. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
 2.12 to read:

2.13 Subd. 8a. **Local health department.** "Local health department" means an
 2.14 operational entity that is responsible for the administration and implementation of
 2.15 programs and services to address the areas of public health responsibility. It is governed
 2.16 by a community health board.

2.17 Sec. 5. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
 2.18 to read:

2.19 Subd. 8b. **Essential public health services.** "Essential public health services"
 2.20 means the public health activities that all communities should undertake. These services
 2.21 serve as the framework for the National Public Health Performance Standards. In
 2.22 Minnesota they refer to activities that are conducted to accomplish the areas of public
 2.23 health responsibility. The ten essential public health services are to:

2.24 (1) monitor health status to identify and solve community health problems;

2.25 (2) diagnose and investigate health problems and health hazards in the community;

2.26 (3) inform, educate, and empower people about health issues;

2.27 (4) mobilize community partnerships and action to identify and solve health
 2.28 problems;

2.29 (5) develop policies and plans that support individual and community health efforts;

2.30 (6) enforce laws and regulations that protect health and ensure safety;

2.31 (7) link people to needed personal health services and assure the provision of health
 2.32 care when otherwise unavailable;

2.33 (8) maintain a competent public health workforce;

3.1 (9) evaluate the effectiveness, accessibility, and quality of personal and
 3.2 population-based health services; and

3.3 (10) contribute to research seeking new insights and innovative solutions to health
 3.4 problems.

3.5 Sec. 6. Minnesota Statutes 2012, section 145A.02, subdivision 15, is amended to read:

3.6 Subd. 15. **Medical consultant.** "Medical consultant" means a physician licensed
 3.7 to practice medicine in Minnesota who is working under a written agreement with,
 3.8 employed by, or on contract with a community health board of health to provide advice
 3.9 and information, to authorize medical procedures through standing orders protocols, and
 3.10 to assist a community health board of health and its staff in coordinating their activities
 3.11 with local medical practitioners and health care institutions.

3.12 Sec. 7. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
 3.13 to read:

3.14 Subd. 15a. Performance management. "Performance management" means the
 3.15 systematic process of using data for decision making by identifying outcomes and
 3.16 standards; measuring, monitoring, and communicating progress; and engaging in quality
 3.17 improvement activities in order to achieve desired outcomes.

3.18 Sec. 8. Minnesota Statutes 2012, section 145A.02, is amended by adding a subdivision
 3.19 to read:

3.20 Subd. 15b. Performance measures. "Performance measures" means quantitative
 3.21 ways to define and measure performance.

3.22 Sec. 9. Minnesota Statutes 2012, section 145A.03, subdivision 1, is amended to read:

3.23 Subdivision 1. **Establishment; assignment of responsibilities.** (a) The governing
 3.24 body of a ~~city or county~~ must undertake the responsibilities of a community health board
 3.25 ~~of health or establish a board of health~~ by establishing or joining a community health
 3.26 board according to paragraphs (b) to (f) and assign assigning to it the powers and duties of
 3.27 ~~a board of health~~ specified under section 145A.04.

3.28 (b) ~~A city council may ask a county or joint powers board of health to undertake~~
 3.29 ~~the responsibilities of a board of health for the city's jurisdiction.~~ A community health
 3.30 board must include within its jurisdiction a population of 30,000 or more persons or be
 3.31 composed of three or more contiguous counties.

4.1 (c) A county board or city council within the jurisdiction of a community health
 4.2 board operating under sections 145A.09 to 145A.131 is preempted from forming a ~~board of~~
 4.3 community health board except as specified in section ~~145A.10, subdivision 2~~ 145A.131.

4.4 (d) A county board or a joint powers board that establishes a community health
 4.5 board and has or establishes an operational human services board under chapter 402 may
 4.6 assign the powers and duties of a community health board to a human services board.
 4.7 Eligibility for funding from the commissioner will be maintained if all requirements of
 4.8 sections 145A.03 and 145A.04 are met.

4.9 (e) Community health boards established prior to January 1, 2014, including city
 4.10 community health boards, are eligible to maintain their status as community health boards
 4.11 as outlined in this subdivision.

4.12 (f) A community health board may authorize, by resolution, the community
 4.13 health service administrator or other designated agent or agents to act on behalf of the
 4.14 community health board.

4.15 Sec. 10. Minnesota Statutes 2012, section 145A.03, subdivision 2, is amended to read:

4.16 Subd. 2. **Joint powers community health board of health.** ~~Except as preempted~~
 4.17 ~~under section 145A.10, subdivision 2,~~ A county may establish a joint community health
 4.18 ~~board of health~~ by agreement with one or more contiguous counties, or a an existing city
 4.19 community health board may establish a joint community health board ~~of health~~ with one
 4.20 or more contiguous ~~cities in the same county,~~ or a city may establish a joint board of health
 4.21 ~~with the~~ existing city community health boards in the same county ~~or counties within in~~
 4.22 which it is located. The agreements must be established according to section 471.59.

4.23 Sec. 11. Minnesota Statutes 2012, section 145A.03, subdivision 4, is amended to read:

4.24 Subd. 4. **Membership; duties of chair.** A community health board ~~of health~~ must
 4.25 have at least five members, one of whom must be elected by the members as chair and one
 4.26 as vice-chair. The chair, or in the chair's absence, the vice-chair, must preside at meetings
 4.27 of the community health board ~~of health~~ and sign or authorize an agent to sign contracts and
 4.28 other documents requiring signature on behalf of the community health board ~~of health~~.

4.29 Sec. 12. Minnesota Statutes 2012, section 145A.03, subdivision 5, is amended to read:

4.30 Subd. 5. **Meetings.** A community health board ~~of health~~ must hold meetings at least
 4.31 twice a year and as determined by its rules of procedure. The board must adopt written
 4.32 procedures for transacting business and must keep a public record of its transactions,

5.1 findings, and determinations. Members may receive a per diem plus travel and other
5.2 eligible expenses while engaged in official duties.

5.3 Sec. 13. Minnesota Statutes 2012, section 145A.03, is amended by adding a
5.4 subdivision to read:

5.5 Subd. 7. **Community health board; eligibility for funding.** A community health
5.6 board that meets the requirements of this section is eligible to receive the local public
5.7 health grant under section 145A.131 and for other funds that the commissioner grants to
5.8 community health boards to carry out public health activities.

5.9 Sec. 14. Minnesota Statutes 2012, section 145A.04, as amended by Laws 2013, chapter
5.10 43, section 21, is amended to read:

5.11 **145A.04 POWERS AND DUTIES OF COMMUNITY HEALTH BOARD OF**
5.12 **HEALTH.**

5.13 Subdivision 1. **Jurisdiction; enforcement.** (a) A county or multicounty community
5.14 health board of health has the powers and duties of a board of health for all territory within
5.15 its jurisdiction not under the jurisdiction of a city board of health. Under the general
5.16 supervision of the commissioner, the board shall enforce laws, regulations, and ordinances
5.17 pertaining to the powers and duties of a board of health within its jurisdictional area
5.18 general responsibility for development and maintenance of a system of community health
5.19 services under local administration and within a system of state guidelines and standards.

5.20 (b) Under the general supervision of the commissioner, the community health board
5.21 shall recommend the enforcement of laws, regulations, and ordinances pertaining to the
5.22 powers and duties within its jurisdictional area. In the case of a multicounty or city
5.23 community health board, the joint powers agreement under section 145A.03, subdivision
5.24 2, or delegation agreement under section 145A.07 shall clearly specify enforcement
5.25 authorities.

5.26 (c) A member of a community health board may not withdraw from a joint powers
5.27 community health board during the first two calendar years following the effective
5.28 date of the initial joint powers agreement. The withdrawing member must notify the
5.29 commissioner and the other parties to the agreement at least one year before the beginning
5.30 of the calendar year in which withdrawal takes effect.

5.31 (d) The withdrawal of a county or city from a community health board does not
5.32 effect the eligibility for the local public health grant of any remaining county or city for
5.33 one calendar year following the effective date of withdrawal.

6.1 (e) The local public health grant for a county or city that chooses to withdraw from
6.2 a multicounty community health board shall be reduced by the amount of the local
6.3 partnership incentive.

6.4 Subd. 1a. **Duties.** Consistent with the guidelines and standards established under
6.5 section 145A.06, the community health board shall:

6.6 (1) identify local public health priorities and implement activities to address the
6.7 priorities and the areas of public health responsibility, which include:

6.8 (i) assuring an adequate local public health infrastructure by maintaining the basic
6.9 foundational capacities to a well-functioning public health system that includes data
6.10 analysis and utilization; health planning; partnership development and community
6.11 mobilization; policy development, analysis, and decision support; communication; and
6.12 public health research, evaluation, and quality improvement;

6.13 (ii) promoting healthy communities and healthy behavior through activities
6.14 that improve health in a population, such as investing in healthy families; engaging
6.15 communities to change policies, systems, or environments to promote positive health or
6.16 prevent adverse health; providing information and education about healthy communities
6.17 or population health status; and addressing issues of health equity, health disparities, and
6.18 the social determinants to health;

6.19 (iii) preventing the spread of communicable disease by preventing diseases that are
6.20 caused by infectious agents through detecting acute infectious diseases, ensuring the
6.21 reporting of infectious diseases, preventing the transmission of infectious diseases, and
6.22 implementing control measures during infectious disease outbreaks;

6.23 (iv) protecting against environmental health hazards by addressing aspects of the
6.24 environment that pose risks to human health, such as monitoring air and water quality;
6.25 developing policies and programs to reduce exposure to environmental health risks and
6.26 promote healthy environments; and identifying and mitigating environmental risks such as
6.27 food and waterborne diseases, radiation, occupational health hazards, and public health
6.28 nuisances;

6.29 (v) preparing and responding to emergencies by engaging in activities that prepare
6.30 public health departments to respond to events and incidents and assist communities in
6.31 recovery, such as providing leadership for public health preparedness activities with
6.32 a community; developing, exercising, and periodically reviewing response plans for
6.33 public health threats; and developing and maintaining a system of public health workforce
6.34 readiness, deployment, and response; and

6.35 (vi) assuring health services by engaging in activities such as assessing the
6.36 availability of health-related services and health care providers in local communities,

7.1 identifying gaps and barriers in services; convening community partners to improve
 7.2 community health systems; and providing services identified as priorities by the local
 7.3 assessment and planning process; and

7.4 (2) submit to the commissioner of health, at least every five years, a community
 7.5 health assessment and community health improvement plan, which shall be developed
 7.6 with input from the community and take into consideration the statewide outcomes, the
 7.7 areas of responsibility, and essential public health services;

7.8 (3) implement a performance management process in order to achieve desired
 7.9 outcomes; and

7.10 (4) annually report to the commissioner on a set of performance measures and be
 7.11 prepared to provide documentation of ability to meet the performance measures.

7.12 **Subd. 2. Appointment of agent community health service (CHS) administrator.**

7.13 A community health board of health must appoint, employ, or contract with a person or
 7.14 persons CHS administrator to act on its behalf. The board shall notify the commissioner
 7.15 of the agent's name, address, and phone number where the agent may be reached between
 7.16 board meetings CHS administrator's contact information and submit a copy of the
 7.17 resolution authorizing the agent CHS administrator to act as an agent on the board's behalf.
 7.18 The resolution must specify the types of action or actions that the CHS administrator is
 7.19 authorized to take on behalf of the board.

7.20 **Subd. 2a. Appointment of medical consultant.** The community health board shall
 7.21 appoint, employ, or contract with a medical consultant to ensure appropriate medical
 7.22 advice and direction for the community health board and assist the board and its staff in
 7.23 the coordination of community health services with local medical care and other health
 7.24 services.

7.25 **Subd. 3. Employment; medical consultant employees.** (a) A community health
 7.26 board of health may establish a health department or other administrative agency and may
 7.27 employ persons as necessary to carry out its duties.

7.28 (b) Except where prohibited by law, employees of the community health board
 7.29 of health may act as its agents.

7.30 (c) Employees of the board of health are subject to any personnel administration
 7.31 rules adopted by a city council or county board forming the board of health unless the
 7.32 employees of the board are within the scope of a statewide personnel administration
 7.33 system. Persons employed by a county, city, or the state whose functions and duties are
 7.34 assumed by a community health board shall become employees of the board without
 7.35 loss in benefits, salaries, or rights.

8.1 ~~(d) The board of health may appoint, employ, or contract with a medical consultant~~
 8.2 ~~to receive appropriate medical advice and direction.~~

8.3 Subd. 4. **Acquisition of property; request for and acceptance of funds;**
 8.4 **collection of fees.** (a) A community health board of health may acquire and hold in the
 8.5 name of the county or city the lands, buildings, and equipment necessary for the purposes
 8.6 of sections 145A.03 to 145A.131. It may do so by any lawful means, including gifts,
 8.7 purchase, lease, or transfer of custodial control.

8.8 (b) A community health board of health may accept gifts, grants, and subsidies from
 8.9 any lawful source, apply for and accept state and federal funds, and request and accept
 8.10 local tax funds.

8.11 (c) A community health board of health may establish and collect reasonable fees
 8.12 for performing its duties and providing community health services.

8.13 (d) With the exception of licensing and inspection activities, access to community
 8.14 health services provided by or on contract with the community health board of health must
 8.15 not be denied to an individual or family because of inability to pay.

8.16 Subd. 5. **Contracts.** To improve efficiency, quality, and effectiveness, avoid
 8.17 unnecessary duplication, and gain cost advantages, a community health board of health
 8.18 may contract to provide, receive, or ensure provision of services.

8.19 Subd. 6. **Investigation; reporting and control of communicable diseases.** A
 8.20 community health board of health shall make investigations, or coordinate with any county
 8.21 board or city council within its jurisdiction to make investigations and reports and obey
 8.22 instructions on the control of communicable diseases as the commissioner may direct under
 8.23 section 144.12, 145A.06, subdivision 2, or 145A.07. Community health boards of health
 8.24 must cooperate so far as practicable to act together to prevent and control epidemic
 diseases.

8.25 Subd. 6a. **Minnesota Responds Medical Reserve Corps; planning.** A community
 8.26 health board of health receiving funding for emergency preparedness or pandemic
 8.27 influenza planning from the state or from the United States Department of Health and
 8.28 Human Services shall participate in planning for emergency use of volunteer health
 8.29 professionals through the Minnesota Responds Medical Reserve Corps program of the
 8.30 Department of Health. A community health board of health shall collaborate on volunteer
 8.31 planning with other public and private partners, including but not limited to local or
 8.32 regional health care providers, emergency medical services, hospitals, tribal governments,
 8.33 state and local emergency management, and local disaster relief organizations.

8.34 Subd. 6b. **Minnesota Responds Medical Reserve Corps; agreements.** A
 8.35 community health board of health, county, or city participating in the Minnesota Responds

8.36 Medical Reserve Corps program may enter into written mutual aid agreements for
 9.1 deployment of its paid employees and its Minnesota Responds Medical Reserve Corps
 9.2 volunteers with other community health boards ~~of health~~, other political subdivisions
 9.3 within the state, or with tribal governments within the state. A community health board
 9.4 ~~of health~~ may also enter into agreements with the Indian Health Services of the United
 9.5 States Department of Health and Human Services, and with boards of health, political
 9.6 subdivisions, and tribal governments in bordering states and Canadian provinces.

9.7 Subd. 6c. **Minnesota Responds Medical Reserve Corps; when mobilized.** When
 9.8 a community health board ~~of health~~, county, or city finds that the prevention, mitigation,
 9.9 response to, or recovery from an actual or threatened public health event or emergency
 9.10 exceeds its local capacity, it shall use available mutual aid agreements. If the event or
 9.11 emergency exceeds mutual aid capacities, a community health board ~~of health~~, county, or
 9.12 city may request the commissioner of health to mobilize Minnesota Responds Medical
 9.13 Reserve Corps volunteers from outside the jurisdiction of the community health board
 9.14 ~~of health~~, county, or city.

9.15 Subd. 6d. **Minnesota Responds Medical Reserve Corps; liability coverage.**
 9.16 A Minnesota Responds Medical Reserve Corps volunteer responding to a request for
 9.17 training or assistance at the call of a community health board ~~of health~~, county, or city
 9.18 must be deemed an employee of the jurisdiction for purposes of workers' compensation,
 9.19 tort claim defense, and indemnification.

9.20 Subd. 7. **Entry for inspection.** To enforce public health laws, ordinances or rules, a
 9.21 member or agent of a community health board ~~of health~~, county, or city may enter a
 9.22 building, conveyance, or place where contagion, infection, filth, or other source or cause
 9.23 of preventable disease exists or is reasonably suspected.

9.24 Subd. 8. **Removal and abatement of public health nuisances.** (a) If a threat to the
 9.25 public health such as a public health nuisance, source of filth, or cause of sickness is found
 9.26 on any property, the community health board ~~of health~~, county, city, or its agent shall order
 9.27 the owner or occupant of the property to remove or abate the threat within a time specified
 9.28 in the notice but not longer than ten days. Action to recover costs of enforcement under
 9.29 this subdivision must be taken as prescribed in section 145A.08.

9.30 (b) Notice for abatement or removal must be served on the owner, occupant, or agent
 9.31 of the property in one of the following ways:

9.32 (1) by registered or certified mail;

9.33 (2) by an officer authorized to serve a warrant; or

9.34 (3) by a person aged 18 years or older who is not reasonably believed to be a party to
 9.35 any action arising from the notice.

10.1 (c) If the owner of the property is unknown or absent and has no known representative
 10.2 upon whom notice can be served, the community health board of health, county, or city,
 10.3 or its agent, shall post a written or printed notice on the property stating that, unless the
 10.4 threat to the public health is abated or removed within a period not longer than ten days,
 10.5 the community health board, county, or city will have the threat abated or removed at the
 10.6 expense of the owner under section 145A.08 or other applicable state or local law.

10.7 (d) If the owner, occupant, or agent fails or neglects to comply with the requirement
 10.8 of the notice provided under paragraphs (b) and (c), then the community health board of
 10.9 health, county, city, or its a designated agent of the board, county, or city shall remove or
 10.10 abate the nuisance, source of filth, or cause of sickness described in the notice from the
 10.11 property.

10.12 Subd. 9. **Injunctive relief.** In addition to any other remedy provided by law, the
 10.13 community health board of health, county, or city may bring an action in the court of
 10.14 appropriate jurisdiction to enjoin a violation of statute, rule, or ordinance that the board
 10.15 has power to enforce, or to enjoin as a public health nuisance any activity or failure to
 10.16 act that adversely affects the public health.

10.17 Subd. 10. **Hindrance of enforcement prohibited; penalty.** It is a misdemeanor
 10.18 ~~deliberately~~ to deliberately hinder a member of a community health board of health,
 10.19 county or city, or its agent from entering a building, conveyance, or place where contagion,
 10.20 infection, filth, or other source or cause of preventable disease exists or is reasonably
 10.21 suspected, or otherwise to interfere with the performance of the duties of the ~~board of~~
 10.22 health responsible jurisdiction.

10.23 Subd. 11. **Neglect of enforcement prohibited; penalty.** It is a misdemeanor for
 10.24 a member or agent of a community health board of health, county, or city to refuse or
 10.25 neglect to perform a duty imposed on a ~~board of health~~ an applicable jurisdiction by
 10.26 statute or ordinance.

10.27 Subd. 12. **Other powers and duties established by law.** This section does not limit
 10.28 powers and duties of a community health board of health, county, or city prescribed in
 10.29 other sections.

10.30 Subd. 13. **Recommended legislation.** The community health board may recommend
 10.31 local ordinances pertaining to community health services to any county board or city
 10.32 council within its jurisdiction and advise the commissioner on matters relating to public
 10.33 health that require assistance from the state, or that may be of more than local interest.

10.34 Subd. 14. **Equal access to services.** The community health board must ensure that
 10.35 community health services are accessible to all persons on the basis of need. No one shall

11.1 be denied services because of race, color, sex, age, language, religion, nationality, inability
 11.2 to pay, political persuasion, or place of residence.

11.3 Subd. 15. **State and local advisory committees.** (a) A state community
 11.4 health services advisory committee is established to advise, consult with, and make
 11.5 recommendations to the commissioner on the development, maintenance, funding, and
 11.6 evaluation of local public health services. Each community health board may appoint a
 11.7 member to serve on the committee. The committee must meet at least quarterly, and
 11.8 special meetings may be called by the committee chair or a majority of the members.
 11.9 Members or their alternates may be reimbursed for travel and other necessary expenses
 11.10 while engaged in their official duties.

11.11 (b) Notwithstanding section 15.059, the State Community Health Services Advisory
 11.12 Committee does not expire.

11.13 (c) The city boards or county boards that have established or are members of a
 11.14 community health board may appoint a community health advisory to advise, consult
 11.15 with, and make recommendations to the community health board on the duties under
 11.16 subdivision 1a.

11.17 Sec. 15. Minnesota Statutes 2012, section 145A.05, subdivision 2, is amended to read:

11.18 Subd. 2. **Animal control.** In addition to powers under sections 35.67 to 35.69, a
 11.19 county board, city council, or municipality may adopt ordinances to issue licenses or
 11.20 otherwise regulate the keeping of animals, to restrain animals from running at large, to
 11.21 authorize the impounding and sale or summary destruction of animals, and to establish
 11.22 pounds.

11.23 Sec. 16. Minnesota Statutes 2012, section 145A.06, subdivision 2, is amended to read:

11.24 Subd. 2. **Supervision of local enforcement.** (a) In the absence of provision for a
 11.25 community health board of health, the commissioner may appoint three or more persons
 11.26 to act as a board until one is established. The commissioner may fix their compensation,
 11.27 which the county or city must pay.

11.28 (b) The commissioner by written order may require any two or more community
 11.29 health boards of health, counties, or cities to act together to prevent or control epidemic
 11.30 diseases.

11.31 (c) If a community health board, county, or city fails to comply with section 145A.04,
 11.32 subdivision 6, the commissioner may employ medical and other help necessary to control
 11.33 communicable disease at the expense of the board of health jurisdiction involved.

12.1 (d) If the commissioner has reason to believe that the provisions of this chapter have
 12.2 been violated, the commissioner shall inform the attorney general and submit information
 12.3 to support the belief. The attorney general shall institute proceedings to enforce the
 12.4 provisions of this chapter or shall direct the county attorney to institute proceedings.

12.5 Sec. 17. Minnesota Statutes 2012, section 145A.06, is amended by adding a
 12.6 subdivision to read:

12.7 Subd. 3a. **Assistance to community health boards.** The commissioner shall help
 12.8 and advise community health boards that ask for assistance in developing, administering,
 12.9 and carrying out public health services and programs. This assistance may consist of,
 12.10 but is not limited to:

12.11 (1) informational resources, consultation, and training to assist community health
 12.12 boards plan, develop, integrate, provide, and evaluate community health services; and

12.13 (2) administrative and program guidelines and standards developed with the advice
 12.14 of the State Community Health Services Advisory Committee.

12.15 Sec. 18. Minnesota Statutes 2012, section 145A.06, is amended by adding a
 12.16 subdivision to read:

12.17 Subd. 3b. **Personnel standards.** In accordance with chapter 14, and in consultation
 12.18 with the State Community Health Services Advisory Committee, the commissioner
 12.19 may adopt rules to set standards for administrative and program personnel to ensure
 12.20 competence in administration and planning.

12.21 Sec. 19. Minnesota Statutes 2012, section 145A.06, subdivision 5, is amended to read:

12.22 Subd. 5. **Deadly infectious diseases.** The commissioner shall promote measures
 12.23 aimed at preventing businesses from facilitating sexual practices that transmit deadly
 12.24 infectious diseases by providing technical advice to community health boards ~~of health~~
 12.25 to assist them in regulating these practices or closing establishments that constitute
 12.26 a public health nuisance.

12.27 Sec. 20. Minnesota Statutes 2012, section 145A.06, is amended by adding a
 12.28 subdivision to read:

12.29 Subd. 5a. **System-level performance management.** To improve public health
 12.30 and ensure the integrity and accountability of the statewide local public health system,
 12.31 the commissioner, in consultation with the State Community Health Services Advisory

13.1 Committee, shall develop performance measures and implement a process to monitor
 13.2 statewide outcomes and performance improvement.

13.3 Sec. 21. Minnesota Statutes 2012, section 145A.06, subdivision 6, is amended to read:

13.4 Subd. 6. **Health volunteer program.** (a) The commissioner may accept grants from
 13.5 the United States Department of Health and Human Services for the emergency system
 13.6 for the advanced registration of volunteer health professionals (ESAR-VHP) established
 13.7 under United States Code, title 42, section 247d-7b. The ESAR-VHP program as
 13.8 implemented in Minnesota is known as the Minnesota Responds Medical Reserve Corps.

13.9 (b) The commissioner may maintain a registry of volunteers for the Minnesota
 13.10 Responds Medical Reserve Corps and obtain data on volunteers relevant to possible
 13.11 deployments within and outside the state. All state licensing and certifying boards
 13.12 shall cooperate with the Minnesota Responds Medical Reserve Corps and shall verify
 13.13 volunteers' information. The commissioner may also obtain information from other states
 13.14 and national licensing or certifying boards for health practitioners.

13.15 (c) The commissioner may share volunteers' data, including any data classified
 13.16 as private data, from the Minnesota Responds Medical Reserve Corps registry with
 13.17 community health boards of health, cities or counties, the University of Minnesota's
 13.18 Academic Health Center or other public or private emergency preparedness partners, or
 13.19 tribal governments operating Minnesota Responds Medical Reserve Corps units as needed
 13.20 for credentialing, organizing, training, and deploying volunteers. Upon request of another
 13.21 state participating in the ESAR-VHP or of a Canadian government administering a similar
 13.22 health volunteer program, the commissioner may also share the volunteers' data as needed
 13.23 for emergency preparedness and response.

13.24 Sec. 22. Minnesota Statutes 2013 Supplement, section 145A.06, subdivision 7, is
 13.25 amended to read:

13.26 Subd. 7. **Commissioner requests for health volunteers.** (a) When the
 13.27 commissioner receives a request for health volunteers from:

13.28 (1) ~~a local board of health~~ community health board, county, or city according to
 13.29 section 145A.04, subdivision 6c;

13.30 (2) the University of Minnesota Academic Health Center;

13.31 (3) another state or a territory through the Interstate Emergency Management
 13.32 Assistance Compact authorized under section 192.89;

13.33 (4) the federal government through ESAR-VHP or another similar program; or

13.34 (5) a tribal or Canadian government;

14.1 the commissioner shall determine if deployment of Minnesota Responds Medical Reserve
14.2 Corps volunteers from outside the requesting jurisdiction is in the public interest. If so,
14.3 the commissioner may ask for Minnesota Responds Medical Reserve Corps volunteers to
14.4 respond to the request. The commissioner may also ask for Minnesota Responds Medical
14.5 Reserve Corps volunteers if the commissioner finds that the state needs health volunteers.

14.6 (b) The commissioner may request Minnesota Responds Medical Reserve Corps
14.7 volunteers to work on the Minnesota Mobile Medical Unit (MMU), or on other mobile
14.8 or temporary units providing emergency patient stabilization, medical transport, or
14.9 ambulatory care. The commissioner may utilize the volunteers for training, mobilization
14.10 or demobilization, inspection, maintenance, repair, or other support functions for the
14.11 MMU facility or for other emergency units, as well as for provision of health care services.

14.12 (c) A volunteer's rights and benefits under this chapter as a Minnesota Responds
14.13 Medical Reserve Corps volunteer is not affected by any vacation leave, pay, or other
14.14 compensation provided by the volunteer's employer during volunteer service requested by
14.15 the commissioner. An employer is not liable for actions of an employee while serving as a
14.16 Minnesota Responds Medical Reserve Corps volunteer.

14.17 (d) If the commissioner matches the request under paragraph (a) with Minnesota
14.18 Responds Medical Reserve Corps volunteers, the commissioner shall facilitate deployment
14.19 of the volunteers from the sending Minnesota Responds Medical Reserve Corps units to
14.20 the receiving jurisdiction. The commissioner shall track volunteer deployments and assist
14.21 sending and receiving jurisdictions in monitoring deployments, and shall coordinate
14.22 efforts with the division of homeland security and emergency management for out-of-state
14.23 deployments through the Interstate Emergency Management Assistance Compact or
14.24 other emergency management compacts.

14.25 (e) Where the commissioner has deployed Minnesota Responds Medical Reserve
14.26 Corps volunteers within or outside the state, the provisions of paragraphs (f) and (g) must
14.27 apply. Where Minnesota Responds Medical Reserve Corps volunteers were deployed
14.28 across jurisdictions by mutual aid or similar agreements prior to a commissioner's call,
14.29 the provisions of paragraphs (f) and (g) must apply retroactively to volunteers deployed
14.30 as of their initial deployment in response to the event or emergency that triggered a
14.31 subsequent commissioner's call.

14.32 (f)(1) A Minnesota Responds Medical Reserve Corps volunteer responding to a
14.33 request for training or assistance at the call of the commissioner must be deemed an
14.34 employee of the state for purposes of workers' compensation and tort claim defense and
14.35 indemnification under section 3.736, without regard to whether the volunteer's activity is
14.36 under the direction and control of the commissioner, the division of homeland security

15.1 and emergency management, the sending jurisdiction, the receiving jurisdiction, or of a
 15.2 hospital, alternate care site, or other health care provider treating patients from the public
 15.3 health event or emergency.

15.4 (2) For purposes of calculating workers' compensation benefits under chapter 176,
 15.5 the daily wage must be the usual wage paid at the time of injury or death for similar services
 15.6 performed by paid employees in the community where the volunteer regularly resides, or
 15.7 the wage paid to the volunteer in the volunteer's regular employment, whichever is greater.

15.8 (g) The Minnesota Responds Medical Reserve Corps volunteer must receive
 15.9 reimbursement for travel and subsistence expenses during a deployment approved by the
 15.10 commissioner under this subdivision according to reimbursement limits established for
 15.11 paid state employees. Deployment begins when the volunteer leaves on the deployment
 15.12 until the volunteer returns from the deployment, including all travel related to the
 15.13 deployment. The Department of Health shall initially review and pay those expenses to
 15.14 the volunteer. Except as otherwise provided by the Interstate Emergency Management
 15.15 Assistance Compact in section 192.89 or agreements made thereunder, the department
 15.16 shall bill the jurisdiction receiving assistance and that jurisdiction shall reimburse the
 15.17 department for expenses of the volunteers.

15.18 (h) In the event Minnesota Responds Medical Reserve Corps volunteers are
 15.19 deployed outside the state pursuant to the Interstate Emergency Management Assistance
 15.20 Compact, the provisions of the Interstate Emergency Management Assistance Compact
 15.21 must control over any inconsistent provisions in this section.

15.22 (i) When a Minnesota Responds Medical Reserve Corps volunteer makes a claim
 15.23 for workers' compensation arising out of a deployment under this section or out of a
 15.24 training exercise conducted by the commissioner, the volunteer's workers compensation
 15.25 benefits must be determined under section 176.011, subdivision 9, clause (25), even if the
 15.26 volunteer may also qualify under other clauses of section 176.011, subdivision 9.

15.27 Sec. 23. Minnesota Statutes 2012, section 145A.07, subdivision 1, is amended to read:

15.28 Subdivision 1. **Agreements to perform duties of commissioner.** (a) The
 15.29 commissioner of health may enter into an agreement with any community health board of
 15.30 health, county, or city to delegate all or part of the licensing, inspection, reporting, and
 15.31 enforcement duties authorized under sections 144.12; 144.381 to 144.387; 144.411 to
 15.32 144.417; 144.71 to 144.74; 145A.04, subdivision 6; provisions of chapter 103I pertaining
 15.33 to construction, repair, and abandonment of water wells; chapter 157; and sections 327.14
 15.34 to 327.28.

15.35 (b) Agreements are subject to subdivision 3.

16.1 (c) This subdivision does not affect agreements entered into under Minnesota
16.2 Statutes 1986, section 145.031, 145.55, or 145.918, subdivision 2.

16.3 Sec. 24. Minnesota Statutes 2012, section 145A.07, subdivision 2, is amended to read:

16.4 Subd. 2. **Agreements to perform duties of community health board of health.**

16.5 A community health board of health may authorize a ~~township board~~, city council, or
16.6 county board within its jurisdiction to establish a ~~board of health under section 145A.03~~
16.7 ~~and delegate to the board of health by agreement any powers or duties under sections~~
16.8 ~~145A.04, 145A.07, subdivision 2, and 145A.08~~ carry out activities to fulfill community
16.9 health board responsibilities. An agreement to delegate community health board powers
16.10 and duties of a board of health to a county or city must be approved by the commissioner
16.11 ~~and is subject to subdivision 3~~.

16.12 Sec. 25. Minnesota Statutes 2012, section 145A.08, is amended to read:

16.13 **145A.08 ASSESSMENT OF COSTS; TAX LEVY AUTHORIZED.**

16.14 Subdivision 1. **Cost of care.** A person who has or whose dependent or spouse has a
16.15 communicable disease that is subject to control by the community health board of health is
16.16 financially liable to the unit or agency of government that paid for the reasonable cost of
16.17 care provided to control the disease under section 145A.04, subdivision 6.

16.18 Subd. 2. **Assessment of costs of enforcement.** (a) If costs are assessed for
16.19 enforcement of section 145A.04, subdivision 8, and no procedure for the assessment
16.20 of costs has been specified in an agreement established under section 145A.07, the
16.21 enforcement costs must be assessed as prescribed in this subdivision.

16.22 (b) A debt or claim against an individual owner or single piece of real property
16.23 resulting from an enforcement action authorized by section 145A.04, subdivision 8, must
16.24 not exceed the cost of abatement or removal.

16.25 (c) The cost of an enforcement action under section 145A.04, subdivision 8, may be
16.26 assessed and charged against the real property on which the public health nuisance, source
16.27 of filth, or cause of sickness was located. The auditor of the county in which the action is
16.28 taken shall extend the cost so assessed and charged on the tax roll of the county against the
16.29 real property on which the enforcement action was taken.

16.30 (d) The cost of an enforcement action taken by a town or city ~~board of health~~ under
16.31 section 145A.04, subdivision 8, may be recovered from the county in which the town or
16.32 city is located if the city clerk or other officer certifies the costs of the enforcement action
16.33 to the county auditor as prescribed in this section. Taxes equal to the full amount of the

17.1 enforcement action but not exceeding the limit in paragraph (b) must be collected by the
 17.2 county treasurer and paid to the city or town as other taxes are collected and paid.

17.3 Subd. 3. **Tax levy authorized.** A city council or county board that has formed or is
 17.4 a member of a community health board ~~of health~~ may levy taxes on all taxable property in
 17.5 its jurisdiction to pay the cost of performing its duties under this chapter.

17.6 Sec. 26. Minnesota Statutes 2012, section 145A.11, subdivision 2, is amended to read:

17.7 Subd. 2. **Levying taxes.** In levying taxes authorized under section 145A.08,
 17.8 subdivision 3, a city council or county board that has formed or is a member of a
 17.9 community health board must consider the income and expenditures required to meet
 17.10 local public health priorities established under section ~~145A.10, subdivision 5a~~ 145A.04,
 17.11 subdivision 1a, clause (2), and statewide outcomes established under section ~~145A.12,~~
 17.12 ~~subdivision 7~~ 145A.04, subdivision 1a, clause (1).

17.13 Sec. 27. Minnesota Statutes 2012, section 145A.131, is amended to read:

17.14 **145A.131 LOCAL PUBLIC HEALTH GRANT.**

17.15 Subdivision 1. **Funding formula for community health boards.** (a) Base funding
 17.16 for each community health board eligible for a local public health grant under section
 17.17 ~~145A.09, subdivision 2~~ 145A.03, subdivision 7, shall be determined by each community
 17.18 health board's fiscal year 2003 allocations, prior to unallotment, for the following grant
 17.19 programs: community health services subsidy; state and federal maternal and child health
 17.20 special projects grants; family home visiting grants; TANF MN ENABL grants; TANF
 17.21 youth risk behavior grants; and available women, infants, and children grant funds in fiscal
 17.22 year 2003, prior to unallotment, distributed based on the proportion of WIC participants
 17.23 served in fiscal year 2003 within the CHS service area.

17.24 (b) Base funding for a community health board eligible for a local public health grant
 17.25 under section ~~145A.09, subdivision 2~~ 145A.03, subdivision 7, as determined in paragraph
 17.26 (a), shall be adjusted by the percentage difference between the base, as calculated in
 17.27 paragraph (a), and the funding available for the local public health grant.

17.28 (c) Multicounty or multicity community health boards shall receive a local
 17.29 partnership base of up to \$5,000 per year for each county or city in the case of a multicity
 17.30 community health board included in the community health board.

17.31 (d) The State Community Health Advisory Committee may recommend a formula to
 17.32 the commissioner to use in distributing state and federal funds to community health boards
 17.33 organized and operating under sections ~~145A.09~~ 145A.03 to 145A.131 to achieve locally
 17.34 identified priorities under section ~~145A.12, subdivision 7, by July 1, 2004~~ 145A.04,

18.1 subdivision 1a, for use in distributing funds to community health boards beginning
 18.2 January 1, 2006, and thereafter.

18.3 Subd. 2. **Local match.** (a) A community health board that receives a local public
 18.4 health grant shall provide at least a 75 percent match for the state funds received through
 18.5 the local public health grant described in subdivision 1 and subject to paragraphs (b) to (d).

18.6 (b) Eligible funds must be used to meet match requirements. Eligible funds include
 18.7 funds from local property taxes, reimbursements from third parties, fees, other local funds,
 18.8 and donations or nonfederal grants that are used for community health services described
 18.9 in section 145A.02, subdivision 6.

18.10 (c) When the amount of local matching funds for a community health board is less
 18.11 than the amount required under paragraph (a), the local public health grant provided for
 18.12 that community health board under this section shall be reduced proportionally.

18.13 (d) A city organized under the provision of sections ~~145A.09~~ 145A.03 to 145A.131
 18.14 that levies a tax for provision of community health services is exempt from any county
 18.15 levy for the same services to the extent of the levy imposed by the city.

18.16 Subd. 3. **Accountability.** (a) Community health boards accepting local public health
 18.17 grants must ~~document progress toward the statewide outcomes established in section~~
 18.18 ~~145A.12, subdivision 7, to maintain eligibility to receive the local public health grant.~~
 18.19 meet all of the requirements and perform all of the duties described in sections 145A.03
 18.20 and 145A.04, to maintain eligibility to receive the local public health grant.

18.21 (b) ~~In determining whether or not the community health board is documenting~~
 18.22 ~~progress toward statewide outcomes, the commissioner shall consider the following factors:~~

18.23 (1) ~~whether the community health board has documented progress to meeting~~
 18.24 ~~essential local activities related to the statewide outcomes, as specified in the grant~~
 18.25 ~~agreement;~~

18.26 (2) ~~the effort put forth by the community health board toward the selected statewide~~
 18.27 ~~outcomes;~~

18.28 (3) ~~whether the community health board has previously failed to document progress~~
 18.29 ~~toward selected statewide outcomes under this section;~~

18.30 (4) ~~the amount of funding received by the community health board to address the~~
 18.31 ~~statewide outcomes; and~~

18.32 (5) ~~other factors as the commissioner may require, if the commissioner specifically~~
 18.33 ~~identifies the additional factors in the commissioner's written notice of determination.~~

18.34 (c) ~~If the commissioner determines that a community health board has not by~~
 18.35 ~~the applicable deadline documented progress toward the selected statewide outcomes~~
 18.36 ~~established under section 145.8821 or 145A.12, subdivision 7, the commissioner shall~~

19.1 ~~notify the community health board in writing and recommend specific actions that the~~
19.2 ~~community health board should take over the following 12 months to maintain eligibility~~
19.3 ~~for the local public health grant.~~

19.4 ~~(d) During the 12 months following the written notification, the commissioner shall~~
19.5 ~~provide administrative and program support to assist the community health board in~~
19.6 ~~taking the actions recommended in the written notification.~~

19.7 ~~(e) If the community health board has not taken the specific actions recommended by~~
19.8 ~~the commissioner within 12 months following written notification, the commissioner may~~
19.9 ~~determine not to distribute funds to the community health board under section 145A.12,~~
19.10 ~~subdivision 2, for the next fiscal year.~~

19.11 ~~(f) If the commissioner determines not to distribute funds for the next fiscal year, the~~
19.12 ~~commissioner must give the community health board written notice of this determination~~
19.13 ~~and allow the community health board to appeal the determination in writing.~~

19.14 ~~(g) If the commissioner determines not to distribute funds for the next fiscal year~~
19.15 ~~to a community health board that has not documented progress toward the statewide~~
19.16 ~~outcomes and not taken the actions recommended by the commissioner, the commissioner~~
19.17 ~~may retain local public health grant funds that the community health board would have~~
19.18 ~~otherwise received and directly carry out essential local activities to meet the statewide~~
19.19 ~~outcomes, or contract with other units of government or community-based organizations~~
19.20 ~~to carry out essential local activities related to the statewide outcomes.~~

19.21 ~~(h) If the community health board that does not document progress toward the~~
19.22 ~~statewide outcomes is a city, the commissioner shall distribute the local public health~~
19.23 ~~funds that would have been allocated to that city to the county in which the city is located,~~
19.24 ~~if that county is part of a community health board.~~

19.25 ~~(i) The commissioner shall establish a reporting system by which community health~~
19.26 ~~boards will document their progress toward statewide outcomes. This system will be~~
19.27 ~~developed in consultation with the State Community Health Services Advisory Committee~~
19.28 ~~established in section 145A.10, subdivision 10, paragraph (a).~~

19.29 (b) By January 1 of each year, the commissioner shall notify community health
19.30 boards of the performance-related accountability requirements of the local public health
19.31 grant for that calendar year. Performance-related accountability requirements will be
19.32 comprised of a subset of the annual performance measures and will be selected in
19.33 consultation with the State Community Health Services Advisory Committee.

19.34 (c) If the commissioner determines that a community health board has not met the
19.35 accountability requirements, the commissioner shall notify the community health board in

20.1 writing and recommend specific actions the community health board must take over the
 20.2 next six months in order to maintain eligibility for the Local Public Health Act grant.

20.3 (d) Following the written notification in paragraph (c), the commissioner shall
 20.4 provide administrative and program support to assist the community health board as
 20.5 required in section 145A.06, subdivision 3a.

20.6 (e) The commissioner shall provide the community health board two months
 20.7 following the written notification to appeal the determination in writing.

20.8 (f) If the community health board has not submitted an appeal within two months
 20.9 or has not taken the specific actions recommended by the commissioner within six
 20.10 months following written notification, the commissioner may elect to not reimburse
 20.11 invoices for funds submitted after the six-month compliance period and shall reduce by
 20.12 1/12 the community health board's annual award allocation for every successive month
 20.13 of noncompliance.

20.14 (g) The commissioner may retain the amount of funding that would have been
 20.15 allocated to the community health board and assume responsibility for public health
 20.16 activities in the geographic area served by the community health board.

20.17 **Subd. 4. Responsibility of commissioner to ensure a statewide public health**
 20.18 **system.** ~~If a county withdraws from a community health board and operates as a board of~~
 20.19 ~~health or~~ If a community health board elects not to accept the local public health grant,
 20.20 the commissioner may retain the amount of funding that would have been allocated to
 20.21 the community health board ~~using the formula described in subdivision 1~~ and assume
 20.22 responsibility for public health activities ~~to meet the statewide outcomes~~ in the geographic
 20.23 area served by the board of health or community health board. The commissioner may
 20.24 elect to directly provide public health activities ~~to meet the statewide outcomes~~ or contract
 20.25 with other units of government or with community-based organizations. If a city that is
 20.26 currently a community health board withdraws from a community health board or elects
 20.27 not to accept the local public health grant, the local public health grant funds that would
 20.28 have been allocated to that city shall be distributed to the county in which the city is
 20.29 located, ~~if the county is part of a community health board.~~

20.30 **Subd. 5. ~~Local public health priorities~~ Use of funds.** Community health boards
 20.31 may use their local public health grant ~~to address local public health priorities identified~~
 20.32 ~~under section 145A.10, subdivision 5a.~~ funds to address the areas of public health
 20.33 responsibility and local priorities developed through the community health assessment and
 20.34 community health improvement planning process.

20.35 **Sec. 28. REVISOR'S INSTRUCTION.**

21.1 (a) The revisor shall change the terms "board of health" or "local board of health" or
21.2 any derivative of those terms to "community health board" where it appears in Minnesota
21.3 Statutes, sections 13.3805, subdivision 1, paragraph (b); 13.46, subdivision 2, paragraph
21.4 (a), clause (24); 35.67; 35.68; 38.02, subdivision 1, paragraph (b), clause (1); 121A.15,
21.5 subdivisions 7 and 8; 144.055, subdivision 1; 144.065; 144.12, subdivision 1; 144.255,
21.6 subdivision 2a; 144.3351; 144.383; 144.417, subdivision 3; 144.4172, subdivision
21.7 6; 144.4173, subdivision 2; 144.4174; 144.49, subdivision 1; 144.6581; 144A.471,
21.8 subdivision 9, clause (19); 145.9255, subdivision 2; 175.35; 308A.201, subdivision 14;
21.9 375A.04, subdivision 1; and 412.221, subdivision 22, paragraph (c).

21.10 (b) The revisor shall change the cross-reference from "145A.02, subdivision 2"
21.11 to "145A.02, subdivision 5" where it appears in Minnesota Statutes, sections 13.3805,
21.12 subdivision 1, paragraph (b); 13.46, subdivision 2, paragraph (a), clause (24); 35.67; 35.68;
21.13 38.02, subdivision 1, paragraph (b), clause (1); 121A.15, subdivisions 7 and 8; 144.055,
21.14 subdivision 1; 144.065; 144.12, subdivision 1; 144.225, subdivision 2a; 144.3351;
21.15 144.383; 144.417, subdivision 3; 144.4172, subdivision 6; 144.4173, subdivision 2;
21.16 144.4174; 144.49, subdivision 1; 144A.471, subdivision 9, clause (19); 175.35; 308A.201,
21.17 subdivision 14; 375A.04, subdivision 1; and 412.221, subdivision 22, paragraph (c).

21.18 **Sec. 29. REPEALER.**

21.19 Minnesota Statutes 2012, sections 145A.02, subdivision 2; 145A.03, subdivisions
21.20 3 and 6; 145A.09, subdivisions 1, 2, 3, 4, 5, and 7; 145A.10, subdivisions 1, 2, 3, 4,
21.21 5a, 7, 9, and 10; and 145A.12, subdivisions 1, 2, and 7, are repealed. The revisor shall
21.22 remove cross-references to these repealed sections and make changes necessary to correct
21.23 punctuation, grammar, or structure of the remaining text.

145A.02 DEFINITIONS.

Subd. 2. **Board of health.** "Board of health" or "board" means an administrative authority established under section 145A.03 or 145A.07.

145A.03 ESTABLISHMENT AND ORGANIZATION.

Subd. 3. **Withdrawal from joint powers board of health.** A county or city may withdraw from a joint powers board of health by resolution of its governing body not less than one year after the effective date of the initial joint powers agreement. The withdrawing county or city must notify the commissioner and the other parties to the agreement at least one year before the beginning of the calendar year in which withdrawal takes effect.

Subd. 6. **Duplicate licensing.** A local board of health must work with the commissioner of agriculture to eliminate duplicate licensing and inspection of grocery and convenience stores by no later than March 1, 1992.

145A.09 PURPOSE; FORMATION; ELIGIBILITY; WITHDRAWAL.

Subdivision 1. **General purpose.** The purpose of sections 145A.09 to 145A.14 is to develop and maintain an integrated system of community health services under local administration and within a system of state guidelines and standards.

Subd. 2. **Community health board; eligibility.** A board of health that meets the requirements of sections 145A.09 to 145A.131 is a community health board and is eligible for a local public health grant under section 145A.131.

Subd. 3. **Population requirement.** A board of health must include within its jurisdiction a population of 30,000 or more persons or be composed of three or more contiguous counties to be eligible to form a community health board.

Subd. 4. **Cities.** A city that meets the requirements of sections 145A.09 to 145A.131 is eligible for a local public health grant under section 145A.131.

Subd. 5. **Human services board.** A county board or a joint powers board of health that establishes a community health board and has or establishes an operational human services board under chapter 402 must assign the powers and duties of a community health board to the human services board.

Subd. 7. **Withdrawal.** (a) A county or city that has established or joined a community health board may withdraw from the local public health grant program authorized by sections 145A.09 to 145A.131 by resolution of its governing body in accordance with section 145A.03, subdivision 3, and this subdivision.

(b) A county or city may not withdraw from a joint powers community health board during the first two calendar years following that county's or city's initial adoption of the joint powers agreement.

(c) The withdrawal of a county or city from a community health board does not affect the eligibility for the local public health grant of any remaining county or city for one calendar year following the effective date of withdrawal.

(d) The local public health grant for a county that chooses to withdraw from a multicounty community health board shall be reduced by the amount of the local partnership incentive under section 145A.131, subdivision 2, paragraph (c).

145A.10 POWERS AND DUTIES OF COMMUNITY HEALTH BOARDS.

Subdivision 1. **General.** A community health board has the powers and duties of a board of health prescribed in sections 145A.03, 145A.04, 145A.07, and 145A.08, as well as the general responsibility for development and maintenance of an integrated system of community health services as prescribed in sections 145A.09 to 145A.131.

Subd. 2. **Preemption.** (a) Not later than 365 days after the formation of a community health board, any other board of health within the community health service area for which the plan has been prepared must cease operation, except as authorized in a joint powers agreement under section 145A.03, subdivision 2, or delegation agreement under section 145A.07, subdivision 2, or as otherwise allowed by this subdivision.

(b) This subdivision does not preempt or otherwise change the powers and duties of any city or county eligible for a local public health grant under section 145A.09.

(c) This subdivision does not preempt the authority to operate a community health services program of any city of the first or second class operating an existing program of community

APPENDIX

Repealed Minnesota Statutes: 14-3553

health services located within a county with a population of 300,000 or more persons until the city council takes action to allow the county to preempt the city's powers and duties.

Subd. 3. **Medical consultant.** The community health board must appoint, employ, or contract with a medical consultant to ensure appropriate medical advice and direction for the board of health and assist the board and its staff in the coordination of community health services with local medical care and other health services.

Subd. 4. **Employees.** Persons employed by a county, city, or the state whose functions and duties are assumed by a community health board shall become employees of the board without loss in benefits, salaries, or rights. Failure to comply with this subdivision does not affect eligibility under section 145A.09.

Subd. 5a. **Duties.** (a) Consistent with the guidelines and standards established under section 145A.12, and with input from the community, the community health board shall:

(1) establish local public health priorities based on an assessment of community health needs and assets; and

(2) determine the mechanisms by which the community health board will address the local public health priorities established under clause (1) and achieve the statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, within the limits of available funding.

In determining the mechanisms to address local public health priorities and achieve statewide outcomes, the community health board shall seek public input or consider the recommendations of the community health advisory committee and the following essential public health services:

(i) monitor health status to identify community health problems;

(ii) diagnose and investigate problems and health hazards in the community;

(iii) inform, educate, and empower people about health issues;

(iv) mobilize community partnerships to identify and solve health problems;

(v) develop policies and plans that support individual and community health efforts;

(vi) enforce laws and regulations that protect health and ensure safety;

(vii) link people to needed personal health care services;

(viii) ensure a competent public health and personal health care workforce;

(ix) evaluate effectiveness, accessibility, and quality of personal and population-based health services; and

(x) research for new insights and innovative solutions to health problems.

(b) By February 1, 2005, and every five years thereafter, each community health board that receives a local public health grant under section 145A.131 shall notify the commissioner in writing of the statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, that the board will address and the local priorities established under paragraph (a) that the board will address.

(c) Each community health board receiving a local public health grant under section 145A.131 must submit an annual report to the commissioner documenting progress toward the achievement of statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, and the local public health priorities established under paragraph (a), using reporting standards and procedures established by the commissioner and in compliance with all applicable federal requirements. If a community health board has identified additional local priorities for use of the local public health grant since the last notification of outcomes and priorities under paragraph (b), the community health board shall notify the commissioner of the additional local public health priorities in the annual report.

Subd. 7. **Equal access to services.** The community health board must ensure that community health services are accessible to all persons on the basis of need. No one shall be denied services because of race, color, sex, age, language, religion, nationality, inability to pay, political persuasion, or place of residence.

Subd. 9. **Recommended legislation.** The community health board may recommend local ordinances pertaining to community health services to any county board or city council within its jurisdiction and advise the commissioner on matters relating to public health that require assistance from the state, or that may be of more than local interest.

Subd. 10. **State and local advisory committees.** (a) A State Community Health Advisory Committee is established to advise, consult with, and make recommendations to the commissioner on the development, maintenance, funding, and evaluation of community health services. Each community health board may appoint a member to serve on the committee. The committee must meet at least quarterly, and special meetings may be called by the committee chair or a majority of the members. Members or their alternates may be reimbursed for travel and other necessary expenses while engaged in their official duties. Notwithstanding section 15.059, the State Community Health Advisory Committee does not expire.

APPENDIX

Repealed Minnesota Statutes: 14-3553

(b) The city councils or county boards that have established or are members of a community health board may appoint a community health advisory committee to advise, consult with, and make recommendations to the community health board on the duties under subdivision 5a.

145A.12 POWERS AND DUTIES OF COMMISSIONER.

Subdivision 1. **Administrative and program support.** The commissioner must assist community health boards in the development, administration, and implementation of community health services. This assistance may consist of but is not limited to:

- (1) informational resources, consultation, and training to help community health boards plan, develop, integrate, provide and evaluate community health services; and
- (2) administrative and program guidelines and standards, developed with the advice of the State Community Health Advisory Committee.

Subd. 2. **Personnel standards.** In accordance with chapter 14, and in consultation with the State Community Health Advisory Committee, the commissioner may adopt rules to set standards for administrative and program personnel to ensure competence in administration and planning.

Subd. 7. **Statewide outcomes.** (a) The commissioner, in consultation with the State Community Health Advisory Committee established under section 145A.10, subdivision 10, paragraph (a), shall establish statewide outcomes for local public health grant funds allocated to community health boards between January 1, 2004, and December 31, 2005.

(b) At least one statewide outcome must be established in each of the following public health areas:

- (1) preventing diseases;
- (2) protecting against environmental hazards;
- (3) preventing injuries;
- (4) promoting healthy behavior;
- (5) responding to disasters; and
- (6) ensuring access to health services.

(c) The commissioner shall use Minnesota's public health goals established under section 62J.212 and the essential public health services under section 145A.10, subdivision 5a, as a basis for the development of statewide outcomes.

(d) The statewide maternal and child health outcomes established under section 145.8821 shall be included as statewide outcomes under this section.

(e) By December 31, 2004, and every five years thereafter, the commissioner, in consultation with the State Community Health Advisory Committee established under section 145A.10, subdivision 10, paragraph (a), shall develop statewide outcomes for the local public health grant established under section 145A.131, based on state and local assessment data regarding the health of Minnesota residents, the essential public health services under section 145A.10, and current Minnesota public health goals established under section 62J.212.