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**CHAPTER 9—H.F.No.645****[Coded]**

*An act relating to health; authorizing a state subsidy to local units of government for providing community health services; prescribing the powers of the state board of health; appropriating money.*

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

**Section 1. [145.911] COMMUNITY HEALTH SERVICES ACT.** Subdivision 1. **PURPOSE.** The purpose of this act is to develop and maintain an integrated system of community health services under local administration with a system of state guidelines and standards.

Subd. 2. **CITATION.** Sections 1 to 13 of this act may be cited as the "community health services act".

**Sec. 2. [145.912] DEFINITIONS.** Subdivision 1. For the purposes of this act, the following terms shall have the meanings here given them.

Subd. 2. "Human services" means correctional, educational, employment, health, mental health, and social services.

Subd. 3. "Health services" means those personal health services provided to individuals by licensed health professionals engaged in private practice, institutional health services and community health services.

Subd. 4. "Institutional health services" means the services provided in hospitals, nursing homes and other licensed health facilities.

Subd. 5. "Community health services" means those services designed to protect and improve the people's health within a geographically defined community by emphasizing services to prevent illness, disease, and disability, by promoting effective coordination and use of community resources, and by extending health services into the community. These services include community nursing services, home health services, disease prevention and control services, family planning services, nutritional services, dental public health services, emergency medical services, health education, and environmental health services.

Subd. 6. "Community nursing services" means public health nursing services that emphasize prevention by providing family centered nursing, including prenatal, well child, crippled child, school health, family planning, and nutritional services as well as individual and family health appraisal, screening, follow up, and referral for personal

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health services.

Subd. 7. "Home health services" means home nursing, physical therapy, nutrition, occupational therapy, homemakers, and home health aide services, which are provided under medical supervision.

Subd. 8. "Disease prevention and control services" means epidemiology, immunization, case finding and follow up, continuing surveillance, detection, and prevention of communicable diseases and chronic diseases including referrals for personal health services.

Subd. 9. "Family planning services" means counseling by trained personnel regarding family planning; distribution of information relating to family planning, referral to licensed physicians or local health agencies for consultation, examination, medical treatment, genetic counseling, and prescriptions for the purpose of family planning; and the distribution of family planning products, such as charts, thermometers, drugs, medical preparations, and contraceptive devices. For purposes of this act, family planning shall mean voluntary action by individuals to prevent or aid conception but shall not include the performance, or make referrals for encouragement of voluntary termination of pregnancy.

Subd. 10. "Nutritional services" means those activities designed to provide information about food substances which will alleviate dietary deficiencies and resulting health complications.

Subd. 11. "Dental public health services" means those organized community activities that are intended to prevent dental disease and promote dental health, including information, education and demonstration of actions that individuals and families can take to prevent dental disease and maintain dental health.

Subd. 12. "Emergency medical services" means those services which provide rapid and effective medical treatment to persons beset by a life threatening situation, at the scene of the emergency, enroute to a treatment center, and in the emergency department of that treatment center.

Subd. 13. "Health education" means those activities which develop each individual's awareness and sense of responsibility for his own health, the health of the family, and the health of the community, including basic information concerning the availability of health services in the community.

Subd. 14. "Environmental health services" means those services designed to achieve an environment conducive to man's health, comfort, safety, and well being. These services include food protection, hazardous substances and product safety, water supply sanitation, septic tank and soil absorption type sewage disposal, water pollution control, occupational health and safety, radiation control, air pollution

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control, noise pollution control, vector control, institutional sanitation, recreational sanitation including swimming pool sanitation and safety, housing code enforcement for health and safety purposes unless the enforcement is performed by another city or county agency designated by the county board or city council, and general nuisance control.

Subd. 15. "Population" means the total resident population as enumerated during the most recent federal census or, the annual population estimate prepared by the state planning agency in cooperation with the bureau of the census shall be used in order to have the most current data available.

Subd. 16. "Taxable value" means the adjusted assessed valuation of a county which shall be certified annually to the state board of health by the equalized assessment review committee.

Subd. 17. "Local expenditure" means the total annual expenditures financed from all sources by counties and other local units of government within a county for community health services. The county auditor shall annually certify to the state board of health the total amount of such community health services expenditures on forms and in such detail as may be prescribed by the state board of health.

Subd. 18. "Per capita income" means the average income of the residents of a particular jurisdiction as calculated by the most recent federal census.

Subd. 19. "County board" means a county board of commissioners.

Subd. 20. "Board of health" means a local board of health organized under the provisions of section 3.

**Sec. 3. [145.913] LOCAL BOARD OF HEALTH; ORGANIZATION.** Subdivision 1. **COUNTIES.** A county may by resolution organize a board of health under the provisions of this section exercising one of the following options, and assign the responsibilities of this act accordingly:

(a) The county board of a county that has or hereafter establishes an operational human services board pursuant to Minnesota Statutes, Chapter 402, or Laws 1974, Chapter 293, shall assign the responsibilities of this act to the human services board.

(b) The county board may assume the responsibilities of the board of health pursuant to this act.

(c) The county board may assign the responsibilities of a board of health under this act to the board of health of said county organized under Minnesota Statutes, Sections 145.47 to 145.55, or Laws 1969, Chapter 235.

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(d) The county board may organize a board of health and assign the responsibilities of this act to such board of health. The board of health for a single county shall consist of five members appointed by the county board. When two or more counties combine to form a board of health, each county board shall appoint two members to the board of health, except that the county board having the largest population shall appoint three such members. At least two members of the board of health shall be providers of health services. The remaining members shall be laymen representative of the people in the community and shall include at least one person who is not a member of the county board. Continuity of membership shall be assured by having approximately one-third of the members terms expire each year. First appointments may be for less than three years, thereafter all terms shall be three years. No member shall serve more than three consecutive terms. The board shall elect a chairman and vice chairman with terms of one year.

**Subd. 2. CITIES.** A city, located in a county with a population of 300,000 or more persons, or any city which is located in three counties, may by resolution organize a board of health under the provisions of this section exercising one of the following options, and assign the responsibilities of this act accordingly;

(a) The city council may assume the responsibilities of the board of health pursuant to this act.

(b) The city council may assign the responsibilities of the board of health to the board of health of said city organized under Minnesota Statutes, Section 145.01.

(c) The city council may organize a board of health and assign the responsibilities of this act to such board of health. The board of health for a single city shall consist of five members appointed by the city council. When two or more cities combine to form a board of health, each city council shall appoint two members to the board of health, except that the city council of the city having the largest population shall appoint three such members. At least two members of the board of health shall be providers of health services. The remaining members shall be laymen representative of the people in the community and shall include at least one person who is not a member of the city council. Continuity of membership shall be assured by having approximately one-third of the members' terms expire each year. First appointments may be for less than three years, thereafter all terms shall be three years. No member shall serve more than three consecutive terms. The board shall elect a chairman and a vice chairman with terms of one year.

**Subd. 3. ADVISORY COMMITTEE.** In each case where a board of health has been assigned the responsibilities of this act a single local community health services advisory committee shall be established by the participating county boards or city councils to advise, consult with,

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or make recommendations to the board of health on matters relating to the development, maintenance, funding, and evaluation of community health services. The committee shall consist of not less than nine members and no more than 21 members. The membership of the advisory committee shall be as follows: at least one-third providers of health services, including at least three licensed health professionals; and at least one-third consumers selected to represent consumers organizations or constituencies within the community, provided, however, that the advisory committee to a county board of health for a county with 300,000 or more persons shall be as follows: at least 51 percent local government officials and the remainder divided equally between providers of health services and consumers. Continuity of membership of each advisory committee shall be assured by having an approximately equal number of terms expire each year. First appointments may be for less than two years, thereafter all terms shall be two years and no member shall serve more than three consecutive terms. Notwithstanding any law to the contrary, members may receive a per diem and be reimbursed for travel and other necessary expenses while engaged in their official duties, as determined by the appointing authority. The committee shall elect officers including a chairman and vice chairman with terms of one year. The committee shall meet at least six times a year and at the call of the chairman or a majority of the members.

**Sec. 4. [145.914] LOCAL BOARD OF HEALTH; AUTHORITY.**

Subdivision 1. **GENERAL DUTIES.** The board of health shall have general authority and responsibility for the development and maintenance of an integrated system of community health services.

Subd. 2. **POWERS.** In addition to any other powers assigned to a board of health by sections 1 to 11, the board of health for a county shall possess all the powers and duties now assigned by law to local boards of health pursuant to Minnesota Statutes, Section 145.01, and to public health nursing and home health services agencies pursuant to Minnesota Statutes, Sections 145.08 to 145.125, provided however that this subdivision shall not supersede or otherwise change the powers and duties of any city or township eligible for the subsidy under the provisions of section 7 of this act, or of any city of the first or second class with an existing program of community health services located within a county with a population of 300,000 or more persons until the city council of said city shall take action to allow the county to preempt the powers and duties of said city. Not later than 365 days after the approval of the community health services plan by the state board of health, any county or city board, committee or commission having authorities or duties in any area designated in sections 1 to 11 other than the board of health designated and acting pursuant to sections 1 to 11, shall cease its operation and no per diem or reimbursement of expenses shall be paid to any member of the board, committee, or commission.

Subd. 3. **EMPLOYEES.** The board of health may employ administrators, officers, employees, and agents as necessary to carry out the

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provisions of this act. Employees of the board of health shall be subject to any personnel administration rules adopted by the county board or boards or the city council or councils unless by law the employees or a class of employees shall be within the scope of a state wide personnel administration system. All persons employed by a county, city or the state, whose functions and duties are assumed by the board of health shall become employees of the board of health without loss in benefits, salaries or rights.

**Subd. 4. ACQUISITION OF PROPERTY; ACCEPTANCE OF FUNDS; COLLECTION OF FEES.** The board of health by any lawful means, including gifts, purchase, lease, or transfer of custodial control, may acquire and hold in the name of the county or city the lands, buildings, and equipment necessary and incident to the accomplishment of the purposes of this act and accept gifts, grants, and subsidies from any lawful source, apply for and accept state and federal funds, request and accept local tax funds, establish and collect reasonable fees for community health services provided.

**Subd. 5. CONTRACTS FOR SERVICES.** The board of health may contract for services from private firms, nonprofit corporations, primary and secondary schools, state and local governmental agencies, or other community agencies to avoid unnecessary duplication of services and realize cost advantages. The board of health may offer to contract to provide public health nursing and other school health services to the schools within its jurisdiction. The contracts shall be employed to improve efficiency and the quality and effectiveness of services and shall give preferential consideration to existing municipal programs. Contracts shall be awarded on the basis of cost benefit comparisons and considerations.

**Subd. 6. COORDINATION OF SERVICES.** The board of health shall coordinate community health services with the delivery of personal health services, institutional health services, and related human services in the community; ensure responsible medical consultation and direction by employing or contracting with a practicing licensed physician; and coordinate community health services with health related environmental control services in the community. The board of health shall coordinate local, state, and federal services and funding for community health services.

**Subd. 7. EVALUATION OF HEALTH SERVICES.** The board of health shall evaluate the effectiveness and efficiency of community health services systems and programs and as a condition of qualifying for the community health services subsidy, prepare the annual community health services plan and budget, as provided in section 10.

**Subd. 8. IDENTIFICATION OF NEEDS; PRIORITIES.** The board of health shall identify community health needs and set priorities among the needs for the broad range of community health services including the health needs of minorities and nonresidents, including tour-

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ists and migrants, and ensure that services are accessible to all persons on the basis of need and that no one is denied services because of race, color, sex, age, language, religion, nationality, economic status, political persuasion or place of residence.

Subd. 9. **RECOMMENDED LOCAL LEGISLATION.** The board of health shall recommend appropriate local legislation pertaining to community health services to the county board or city council and shall advise the state board of health on matters relating to public health that require assistance from the state, or that may be of more than local interest.

Subd. 10. **ANNUAL REPORT.** The board of health shall publish for distribution an annual report of the activities of the board of health.

Subd. 11. **MANPOWER SHORTAGES AND OTHER HEALTH CARE PROBLEMS.** When the board of health determines that there is an acute shortage of medical or other health manpower, or that there is a significant problem in providing access to health care in the area, the board of health shall address itself to the resolution of those problems. The solution may involve providing assistance to recruit medical or other health personnel to the area, or the development of suitable linkages between area medical and allied health personnel that will make more effective use of existing private, nonprofit and community resources and extend health care into the community.

Sec. 5. **[145.915] DUTIES OF COUNTY BOARD.** Subdivision 1. A county board of any county having a board of health organized under this act shall review and approve the community health services plan prior to the submission of the plan to the state board of health. The plan submitted by the county board shall incorporate the plans developed by any city organized under the provisions of section 3 that has established eligibility under the provisions of section 7. Upon receipt of the community health services plan, or any proposed revision, from a city, the county board shall review and act on the plan or the proposed revision within 30 days. The county board may approve the plan as written or refer the plan back to the city with comments and instructions for further consideration. The city or the county may appeal to the state board of health for resolution of differences regarding the community health services plan. A failure to act within the specified time shall constitute approval of the plan.

Subd. 2. A county board of any county having a board of health organized under this act may by ordinance adopt and enforce minimum standards and regulations for the services comprehended under this act; provided, however, that no county regulations shall conflict with state legislation or with higher standards established either by regulation of an agency of state government or by the provisions of the charter or ordinances of any city organized under the provisions of this act.

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**Sec. 6. [145.916] BUDGET; FUNDS.** Subdivision 1. On or before July 1 of each year the board of health, if other than the county board, or the joint board of two or more county boards, or the city council or councils, shall submit to the county board or boards or the city council or councils an estimate of the amount needed by the board of health to perform its duties including costs of administration for the ensuing year. The proposed plan and budget shall set forth the expected source and amounts of funds which are expected to be available to the board of health and its proposed plan of expenditures to perform its duties and responsibilities. The county board or boards or the city council or councils shall consider the estimates of income and the plan for expenditures and as the estimates and plan are approved or approved as modified, shall levy a tax within the levy limits provided by law.

If two or more counties or cities have agreed as provided in Minnesota Statutes, Section 471.59, to a joint or multi-county or multi-city or multi-city-county activity, the county boards or city councils party to the agreement shall determine the proportional financial responsibility of each county or city to support the programs and services of the board of health if the agreement had not provided for the division of costs or other arrangements pursuant to the agreement.

**Sec. 7. [145.917] ELIGIBILITY; WITHDRAWAL.** Subdivision 1. **ELIGIBILITY OF COUNTIES.** A county or two or more contiguous counties combined under the provisions of Minnesota Statutes, Section 471.59, shall be eligible for the community health services subsidy provided in section 11 under the following conditions:

(a) There shall be an aggregate population of 30,000 or more persons in the county or multi-county area located within a region designated pursuant to Minnesota Statutes, Sections 462.381 to 462.396, or Chapter 473B. However, when three or more counties combine for the purposes of this act, the 30,000 minimum population shall not be required. When two or more counties combine for the purposes of this act, the state board of health with the approval of the regional development commissions directly involved, may waive the requirements that all counties be within a single development region; provided however, that if a single county has received an exemption for formation of a human services board pursuant to Minnesota Statutes, Section 402.01, the population base of 30,000 is waived and such county shall be eligible for participation in this act;

(b) There shall be a board of health organized under the provisions of section 3;

(c) There shall be substantial compliance with the requirements of the state board of health established under the provisions of section 8;

(d) There shall be local matching funds provided to support the community health services as provided in section 11;

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(e) The plan developed under the provisions of section 10 shall be approved by both the county board and the state board of health.

Failure of a county or group of counties to elect to come within the provisions of sections 1 to 11 shall not affect their eligibility for any other state subsidy.

Subd. 2. **ELIGIBILITY OF CITIES.** A city having a city health department organized under the provisions of chapter 145 and located in a county having a population of 300,000 or more persons, or two or more contiguous cities combined under the provisions of section 471.59, having an aggregate population of 65,000 or more persons and located in a county having a population of 300,000 or more persons, shall be eligible for the community health services subsidy under the provisions of this act if:

(a) There is a board of health organized under the provisions of section 3, subdivision 2;

(b) There is substantial compliance with the requirements established by the state board of health under the provisions of section 8;

(c) There are local matching funds provided to support the community health services as provided in section 11;

(d) The plan developed under the provisions of section 10 shall be consistent with the plan developed by the county and shall be approved by both the city council and the county board.

The city's proportionate share of the community health services subsidy shall be determined by calculating the proportion of local expenditures for community health services within the county that were expended by the city. In a county which has, or hereafter establishes, an operational human services board pursuant to section 3, subdivision 1, the subsidy payment shall be made to the human services board pursuant to Minnesota Statutes, Section 402.02, Subdivision 4. The human services board shall assure that those cities which establish eligibility under this subdivision receive their proportional share of the subsidy by entering into a contract with the city under which the city shall provide community health services in return for their share of the subsidy.

Subd. 3. **ELIGIBILITY OF CITIES.** A city located within three or more counties and any contiguous political subdivision or subdivisions shall have the authority to combine, for the purposes of this act, under the provisions of Minnesota Statutes, Section 471.59, and shall be eligible for a proportional share of the subsidy provided in section 11 for the counties under the following conditions:

(a) There shall be an aggregate population of 40,000 or more persons;

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(b) There is a board of health organized under the provisions of section 3;

(c) There is substantial compliance with the requirements established by the state board of health under the provisions of section 8;

(d) There are local matching funds provided to support the community health services as provided in section 11;

(e) The plan developed under the provisions of section 10 shall be approved by the city council and the governing bodies of each of the political subdivisions and by the state board of health.

The proportionate share of the subsidy for the city and any contiguous political subdivision combined with such city shall be determined by calculating the proportion of total county population that live in the city and the contiguous political subdivisions. When all three counties within which the city is located have combined under the provisions of this act, the subsidy payment shall be made to the multi-county board of health. The multi-county board of health shall enter into a purchase of service contract to provide a proportional share of the subsidy to the city and any contiguous political subdivisions that establish eligibility under the provisions of this subdivision.

**Subd. 4. WITHDRAWAL.** Any participating county or city, may by resolution of its governing body, indicate its intention to withdraw from the subsidy program established by this act. Notification shall be given to the state board of health and to each county or city in any multi-county or multi-city combination, at least one year before the beginning of the fiscal year in which it takes effect. When two or more counties or cities have combined for the purposes of sections 1 to 11, the withdrawal provision shall not be applicable during the first two years following the adoption of the initial agreement to combine. The withdrawal of a county or city from a group of two or more counties or cities combined for the purposes of sections 1 to 11 shall not affect the eligibility for the community health services subsidy of the remaining counties or cities for at least one year following the withdrawal.

**Sec. 8. [145.918] DUTIES OF THE STATE BOARD OF HEALTH.**  
Subdivision 1. The state board of health shall:

(a) Provide consultation and technical training to communities to assist them in the development and provision of services, encouraging multi-county configurations to ensure that a county will not be isolated geographically and thereby ineligible for the subsidy.

(b) Develop guidelines and recommended administrative procedures through a planning process with representation from local health boards. Adoption of these guidelines and administrative procedures by the board of health shall not be a prerequisite for plan approval.

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(c) Promulgate regulations in accordance with Minnesota Statutes, Chapter 15, for the purposes of establishing standards for:

(1) Training, credentialing, and experience requirements for key administrative personnel to ensure expertise in administration, planning, and in each services program included in the community health services plan;

(2) A uniform reporting system that will permit an assessment of the efficiency and effectiveness of service delivery programs; and

(3) A planning process that will encourage full community participation in the development of the community health services plan.

(d) Review and act on the community health services plan and any proposed revision within 60 days after receiving the plan or revision. The state board of health may approve the plan as written or refer the plan back to the applicant with comments and instructions for further consideration. A failure to act within the specified time shall constitute approval of the plan.

(e) Provide application forms and instructions for preparation and submission of applications for the community health services subsidy, in accordance with the provisions of section 10.

Subd. 2. The state board of health may enter into an agreement as prescribed in Minnesota Statutes, Section 145.55, with any county or city or group of counties or cities organized under the provisions of section 3 to perform all or part of the licensing, inspection, and enforcement duties authorized under the provisions of Minnesota Statutes, Sections 144.075 and 144.12 and Chapter 157.

**Sec. 9. [145.919] COMMUNITY HEALTH SERVICES ADVISORY COMMITTEE.** An advisory committee is established to advise, consult with, and make recommendations to the state board of health on matters relating to the development, maintenance, funding and evaluation of community health services. Each board of health meeting the eligibility requirements of section 7 of this act may appoint a member to serve on the committee. The terms shall be two years and no member shall serve more than three consecutive terms. Continuity of membership shall be assured by having an approximately equal number of terms expire each year. Members may receive a per diem and shall be reimbursed for travel and other necessary expenses while engaged in their official duties. The committee shall meet at least quarterly and special meetings may be called by the chairman or a majority of the members.

**Sec. 10. [145.92] COMMUNITY HEALTH SERVICES PLAN.**  
**Subdivision 1. PLAN CONTENT.** The community health services plan shall be a written plan for the development, implementation, coordination, and operation of community health services that meet the priority

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needs of the community. Financial constraints and differing priorities may result in variations in levels of effort for different services. The plan shall include the following:

(a) A description of the process used to encourage full community participation in the development of the plan;

(b) An explanation of the extent to which the planning and service delivery systems have been integrated with the delivery of personal health services, institutional health services, health related environmental programs and services, and with related human services in the community. The plan shall include a statement of the priority needs of the community and an inventory of existing health related services in the community;

(c) Descriptions of each service program including each of the following: Community nursing services, home health services, disease prevention and control services including immunization, emergency medical services, health education, and environmental health services;

(d) The projected amount and sources of funding for carrying out the plan;

(e) A report and evaluation of the two preceding years community health service programs.

**Subd. 2. PLAN SUBMISSION.** The application for a community health services subsidy and the plan and any proposed revision of the plan shall be submitted to the appropriate regional development commission or to the metropolitan council and to the state board of health. The regional development commission or the metropolitan council shall review the plan to determine conformance with regional plans developed by the health systems agency under the provisions of the National Health Planning and Resource Development Act of 1974, and submit their findings and other comments and recommendations to the state board of health within 40 days after receiving the plan.

**Sec. 11. [145.921] COMMUNITY HEALTH SERVICES SUBSIDY.** Subdivision 1. **PAYMENT.** When a city, county, or group of cities or counties meets the requirements prescribed in section 7, the state board of health shall pay the amount of subsidy to the city or county in accordance with applicable rules and regulations from the funds appropriated for the purpose. The state board of health may make an advancement of funds on a quarterly basis.

**Subd. 2. FORMULA.** To determine the amount to be paid participating cities and counties, the state board of health shall apply the following formula using the most current data available:

(a) All counties will be ranked in accordance with a formula involving three factors:

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(1) Per capita income;

(2) Per capita taxable value; and

(3) Per capita local expenditure per 1,000 population for community health services.

(b) Each county is then ranked as follows:

(1) On the basis of per capita income the ranking is from the lowest to the highest;

(2) Per capita taxable value is ranked from lowest to highest;

(3) Per capita expenditure is ranked from highest to lowest.

(c) The ranking given each county on each of the foregoing three factors is then totaled and the counties ranked in numerical order according to score.

(d) The total score for each county thus determined is then divided into a median total score. The quotient thus obtained is then multiplied by \$2.25 times the county population. The resulting product is the amount of subsidy to which the county is eligible under this formula, provided that no city or county shall receive less than \$1.75 or more than \$2.75 per capita, provided that such computation shall not include additional subsidies granted pursuant to subdivision 4 or subdivision 5 of this section.

**Subd. 3. LOCAL MATCH.** The amount of local matching funds required to receive the full subsidy shall be determined by multiplying the population by \$4.50 and subtracting the community health services subsidy allocated under the provisions of this section. The local matching funds may include local tax levies, gifts, fees for services and revenues from contracts. When the amount of local matching funds is less than the amount specified, the state formula subsidy shall be reduced proportionally. When a participating city or county fails to expend the full amount of the subsidy to which it would be entitled in any one year under the provisions of this act, the state board of health may, at its discretion, retain the surplus, subject to disbursement in the following year to the city or county if it can demonstrate a need for and ability to expend the surplus for the purposes provided in section 8. A city organized under the provisions of this act that levies a tax for provision of community health services shall be exempted from any county levy for the same services to the extent of the levy imposed by the city.

**Subd. 4. PAYMENT.** A city, county, or group of cities or counties with an aggregate population of 50,000 or more persons which meet the eligibility requirements of section 5 shall be entitled to an additional annual payment of \$.25 per capita.

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Each county that combines with another county or counties for the purposes of sections 1 to 11 shall be entitled to an additional annual payment of \$5,000.

Subd. 5. **PLANNING GRANTS.** The state board of health may provide grants to any county or group of counties showing intent to come within the provisions of sections 1 to 11 for the purpose of planning for the development, implementation, and operation of community health services. No single county shall receive more than \$25,000 to conduct the planning. The state board of health shall specify the terms and conditions of grants.

Sec. 12. **[145.922] SPECIAL GRANTS.** Subdivision 1. The state board of health may make special grants to cities, counties, groups of cities or counties, or nonprofit corporations to establish, operate or subsidize clinic facilities and services, including mobile clinics, to furnish health services for migrant agricultural workers and their families in areas of the state in which significant numbers of migrant workers are located. Applicants shall submit for approval a plan and budget for the use of the funds in the form and detail specified by the state board of health. They shall maintain records, including records of expenditures to be audited, as the state board of health specifies.

Subd. 2. The state board of health may make special grants to local boards of health to establish, operate, or subsidize clinic facilities and services to furnish health services for native Americans who have no established county of residence. The community health services plan submitted by the local board of health must contain a proposal for the delivery of the services and documentation of input by affected segments of the community to the plan in order to qualify for a grant under this subdivision.

Sec. 13. **APPROPRIATION TRANSFER.** The commissioner of finance is authorized to transfer funds from any appropriation made to the state board of health to the appropriation provided in section 14 of this act. Such transfer shall occur after a request by the commissioner of health identifying the specific amounts from each appropriation, and the programs effected by the requested transfer. The commissioner of health shall furnish copies of each request to the committee on finance of the senate and the committee on appropriations of the house of representatives.

Sec. 14. **APPROPRIATION.** Subdivision 1. The sum of \$1,500,000 is appropriated from the general fund to the state board of health for the biennium ending June 30, 1977 for the purposes specified in section 11, subdivisions 1 to 4.

Subd. 2. The sum of \$400,000 is appropriated from the general fund to the state board of health for the biennium ending June 30, 1977 for the purposes specified in section 11, subdivision 5.

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Subd. 3. The sum of \$150,000 is appropriated from the general fund to the state board of health for the biennium ending June 30, 1977 for the purposes specified in section 12, subdivision 1.

Subd. 4. The sum of \$150,000 is appropriated from the general fund to the state board of health for the biennium ending June 30, 1977 for the purposes specified in section 12, subdivision 2.

Subd. 5. The sum of \$500,000 is appropriated to the general contingent fund for the purposes specified in section 11, subdivisions 1 through 4, to be expended in the manner prescribed in Minnesota Statutes 1974, Section 3.30.

Subd. 6. The sum of \$50,000 is appropriated from the general fund to the state board of health for the biennium ending June 30, 1977 for the purpose of administering section 8.

Sec. 14. **EFFECTIVE DATE.** The effective date of this act is July 1, 1975 except for section 11, subdivisions 1 to 4, which shall be effective July 1, 1976.

Approved February 11, 1976.

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## CHAPTER 10—S.F.No.234

[Coded]

*An act relating to eminent domain; providing for payments and benefits in negotiated acquisitions under no threat of eminent domain; waiver of benefits; amending Minnesota Statutes 1974, Chapter 117, by adding a section.*

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

Section 1. Minnesota Statutes 1974, Chapter 117, is amended by adding a section to read:

**[117.521] EMINENT DOMAIN; WAIVER OF RELOCATION BENEFITS.** Subdivision 1. Any owner-occupant of property who (a) prior to any action by the acquiring authority indicating an intent to acquire the property whether or not the owner-occupant is willing to sell, requests that the property be acquired through negotiation, or (b) has clearly shown an intent to sell the property on the public market prior to any inquiry or action by the acquiring authority, may voluntarily waive any relocation assistance, services, payments and benefits, for which he is eligible under chapter 117 by signing a waiver agreement specifically describing the type and amounts of relocation assistance, services, payments and benefits for which he is eligible, separately listing those being waived, and stating that the agreement is voluntary and not made under any threat of acquisition by eminent do-

Changes or additions indicated by underline deletions by ~~strikeout~~