

CHAPTER 145A

LOCAL PUBLIC HEALTH BOARDS

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145A.02 DEFINITIONS.

[For text of subds 1 to 4, see M.S.2002]

Subd. 5. **Community health board.** "Community health board" means a board of health established, operating, and eligible for a local public health grant under sections 145A.09 to 145A.131.

Subd. 6. **Community health services.** "Community health services" means activities designed to protect and promote the health of the general population within a community health service area by emphasizing the prevention of disease, injury, disability, and preventable death through the promotion of effective coordination and use of community resources, and by extending health services into the community.

Subd. 7. **Community health service area.** "Community health service area" means a city, county, or multicounty area that is organized as a community health board under section 145A.09 and for which a local public health grant is received under sections 145A.09 to 145A.131.

[For text of subd 8, see M.S.2002]

Subd. 9. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 10. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 11. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 12. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 13. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 14. [Repealed, 1Sp2003 c 14 art 8 s 32]

[For text of subds 15 to 18, see M.S.2002]

History: 1Sp2003 c 14 art 8 s 12-14

145A.03 ESTABLISHMENT AND ORGANIZATION.

Subdivision 1. **Establishment; assignment of responsibilities.** (a) The governing body of a city or county must undertake the responsibilities of a board of health or establish a board of health and assign to it the powers and duties of a board of health.

(b) A city council may ask a county or joint powers board of health to undertake the responsibilities of a board of health for the city's jurisdiction.

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

[For text of subds 2 to 6, see M.S.2002]

History: 1Sp2003 c 14 art 8 s 31

145A.04 POWERS AND DUTIES OF BOARD OF HEALTH.

[For text of subds 1 to 3, see M.S.2002]

Subd. 4. **Acquisition of property; request for and acceptance of funds; collection of fees.** (a) A board of health may acquire and hold in the name of the county or city the

lands, buildings, and equipment necessary for the purposes of sections 145A.03 to 145A.131. It may do so by any lawful means, including gifts, purchase, lease, or transfer of custodial control.

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

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

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

[For text of subds 5 to 12, see M.S.2002]

History: 1Sp2003 c 14 art 8 s 31

145A.06 COMMISSIONER; POWERS AND DUTIES RELATIVE TO BOARDS OF HEALTH.

Subdivision 1. **Generally.** In addition to other powers and duties provided by law, the commissioner has the powers listed in subdivisions 2 to 5.

[For text of subds 2 to 5, see M.S.2002]

History: 1Sp2003 c 14 art 8 s 15

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

[For text of subd 1, see M.S.2002]

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.

[For text of subd 3, see M.S.2002]

Subd. 4. **Cities.** A city that received a subsidy under section 145A.13 and that meets the requirements of sections 145A.09 to 145A.131 is eligible for a local public health grant under section 145A.131.

[For text of subd 5, see M.S.2002]

Subd. 6. [Repealed, 1Sp2003 c 14 art 8 s 32]

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).

History: 1Sp2003 c 14 art 8 s 16-18

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 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.

[For text of subds 3 and 4, see M.S.2002]

Subd. 5. [Repealed, 1Sp2003 c 14 art 8 s 32]

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. 6. [Repealed, 1Sp2003 c 14 art 8 s 32]

[For text of subd 7, see M.S.2002]

Subd. 8. [Repealed, 1Sp2003 c 14 art 8 s 32]

[For text of subd 9, see M.S.2002]

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.

(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.

History: 1Sp2003 c 14 art 7 s 46; art 8 s 19-21,31

145A.11 POWERS AND DUTIES OF CITY AND COUNTY RELATIVE TO SUBSIDY.

[For text of subd 1, see M.S.2002]

Subd. 2. **Consideration of local public health priorities and statewide outcomes in tax levy.** In levying taxes authorized under section 145A.08, subdivision 3, a city council or county board that has formed or is a member of a community health board must consider the income and expenditures required to meet local public health priorities established under section 145A.10, subdivision 5a, and statewide outcomes established under section 145A.12, subdivision 7.

Subd. 3. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 4. **Ordinances relating to community health services.** A city council or county board that has established or is a member of a community health board may by ordinance adopt and enforce minimum standards for services provided according to sections 145A.02 and 145A.10. An ordinance must not conflict with state law or with more stringent standards established either by rule of an agency of state government or by the provisions of the charter or ordinances of any city organized under section 145A.09, subdivision 4.

History: 1Sp2003 c 14 art 8 s 22,23

145A.12 POWERS AND DUTIES OF COMMISSIONER RELATIVE TO SUBSIDY.

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. 3. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 4. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 5. [Repealed, 1Sp2003 c 14 art 8 s 32]

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), and the Maternal and Child Health Advisory Task Force established under section 145.881, 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.

History: 1Sp2003 c 14 art 8 s 24-26

145A.13 COMMUNITY HEALTH SERVICES SUBSIDY.

[For text of subds 1 to 3, see M.S.2002]

Subd. 4. **Expiration.** This section expires January 1, 2004.

History: 1Sp2003 c 14 art 8 s 27

145A.131 LOCAL PUBLIC HEALTH GRANT.

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

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

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

(d) The State Community Health Advisory Committee may recommend a formula to the commissioner to use in distributing state and federal funds to community health boards organized and operating under sections 145A.09 to 145A.131 to achieve locally identified priorities under section 145A.12, subdivision 7, by July 1, 2004, for use in distributing funds to community health boards beginning January 1, 2006, and thereafter.

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

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

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

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

Subd. 3. **Accountability.** (a) Community health boards accepting local public health grants must document progress toward the statewide outcomes established in section 145A.12, subdivision 7, to maintain eligibility to receive the local public health grant.

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

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

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

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

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

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

(c) If the commissioner determines that a community health board has not by the applicable deadline documented progress toward the selected statewide outcomes established under section 145.8821 or 145A.12, subdivision 7, the commissioner shall notify the community health board in writing and recommend specific actions that the community health board should take over the following 12 months to maintain eligibility for the local public health grant.

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

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

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

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

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

(i) The commissioner shall establish a reporting system by which community health boards will document their progress toward statewide outcomes. This system will be developed in consultation with the State Community Health Services Advisory Committee established in section 145A.10, subdivision 10, paragraph (a), and the Maternal and Child Health Advisory Committee established in section 145.881.

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

Subd. 5. Local public health priorities. Community health boards may use their local public health grant to address local public health priorities identified under section 145A.10, subdivision 5a.

History: 1Sp2003 c 14 art 8 s 28

145A.14 SPECIAL GRANTS.

[For text of subd 1, see M.S.2002]

Subd. 2. Indian health grants. (a) The commissioner may make special grants to establish, operate, or subsidize clinic facilities and services to furnish health services for American Indians who reside off reservations.

(b) Applicants must submit for approval a plan and budget for the use of the funds in the form and detail specified by the commissioner.

(c) Applicants must keep records, including records of expenditures to be audited, as the commissioner specifies.

Subd. 2a. Tribal governments. (a) Of the funding available for local public health grants, \$1,500,000 per year is available to tribal governments for:

- (1) maternal and child health activities under section 145.882, subdivision 7;
- (2) activities to reduce health disparities under section 145.928, subdivision 10; and
- (3) emergency preparedness.

(b) The commissioner, in consultation with tribal governments, shall establish a formula for distributing the funds and developing the outcomes to be measured.

Subd. 3. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 4. [Repealed, 1Sp2003 c 14 art 8 s 32]

History: *1Sp2003 c 14 art 8 s 29,30*

145A.17 FAMILY HOME VISITING PROGRAMS.

[For text of subd 1, see M.S.2002]

Subd. 2. [Repealed, 1Sp2003 c 14 art 8 s 32]

[For text of subds 3 to 9, see M.S.2002]