Minnesota Local Public Health Act

SUMMARY OF MINN. STAT. § 145A

This document summarizes the Minnesota Local Public Health Act (Minn. Stat. § 145A). This document is not a comprehensive summary of all public health mandates or authorities. The statute language can be found on the online: Minnesota Statutes: Chapter 145A, Community Health Boards. This document is not a substitute for the advice of your jurisdiction’s legal counsel.

145A.01 Citation
May be cited as the “Local Public Health Act”

145A.02 Definitions
This section provides necessary definitions for terms included in this statute.

145A.03 Establishment and Organization
- County **must** take on the responsibility of a community health board (CHB) or join a CHB.
- **Must** include 30,000+ within its jurisdiction or be composed of three or more counties.
- CHB or 402 board **may** assign the powers and duties to a human services board. Eligibility for funding will be maintained if all requirements of a CHB are met.
- A county **may** establish a joint CHB by agreement with one or more contiguous counties, or an existing city CHB may establish a joint CHB with one or more contiguous existing city CHBs in the same county in which it is located.
- The CHB **must** have at least five members and **must** elect a chair and vice-chair and **must** hold at least two meetings per year.
- CHBs meeting these requirements are eligible for the Local Public Health Grant.

145A.04 Powers and Duties of CHB
- Develop and maintain a system of community health services.
- Enforce laws, regulations, and ordinances pertaining to its powers and duties within the jurisdiction.
- **Must** identify local public health priorities and implement activities to address the priorities and the areas of public health responsibility, which include:
  - assuring an adequate local public health infrastructure
  - promoting healthy communities and healthy behavior
  - preventing the spread of communicable disease
  - protecting against environmental health hazards
  - preparing and responding to emergencies
  - assuring health services
- **Must** complete an assessment of community health needs and develop a community health improvement plan, seek community input on health issues and priorities, establish priorities based on community needs.
- **Must** implement a performance management process in order to achieve desired outcomes.
- **Must** annually report to the commissioner on a set of performance measures and be prepared to provide documentation of ability to meet the performance measures.
- **Must** appoint, employ, or contract with a community health services (CHS) administrator to act on its behalf. CHS administrator must meet personnel requirements outlined in rule.
- **Must** appoint, employ, or contract with a medical consultant.
- **May** employ personnel.
- **May** acquire property, accept gifts and grants or subsidies, and establish and collect reasonable
fees. Access to services must not be denied due to inability to pay.

- May contract to provide, receive, or ensure provision of services.
- Must make investigations and reports and obey instructions of the Commissioner of Health to control communicable diseases.
- Must participate in planning for emergency use of volunteer health professionals through the Medical Reserve Corps (MRC).
- May enter a building for inspection.
- Must remove or abate public health nuisances.
- May seek an injunction to enjoin the violation of statute, rule or ordinance.
- It is a misdemeanor to hinder CHB, county, or city from entering building where enforcement is necessary.
- Cannot neglect to enforce.
- Does not limit powers outlined in other laws.
- May recommend legislation.
- Must ensure equal access to services.
- Must not deny services because of inability to pay.
- MDH must establish State Community Health Services Advisory Committee (SCHSAC).
  - SCHSAC must meet quarterly
  - CHB may appoint a member to SCHSAC.

**145A.05 Local Ordinances**

- A county board may adopt various ordinances public health.
- Cities and towns may adopt ordinances relating to public health, but they must not conflict with or be less restrictive than those adopted by the county board.

**145A.06 Commissioner; Powers and Duties**

This section outlines the powers and duties of the commissioner of health. This is in addition to the duties outlined in other laws.

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**145A.07 Delegation of Powers and Duties**

- The commissioner of health may enter into delegation agreements with the CHB to perform certain licensing, inspection, reporting, and enforcement duties.
- A CHB may authorize a city or county within in jurisdiction to carry out the activities of a CHB.

**145A.08 Assessment of Costs; Tax Levy Authorized**

- May assess and recover costs for care to control disease or enforcement actions.
- A city council or county board that has formed or is a member of a CHB may levy taxes to pay the cost of performing its duties.

**145A.11 Powers and Duties of City and County**

A city council or county board that has formed or is a member of a CHB has the following duties:

- Must consider the income and expenditures required to meet local public health priorities and statewide outcomes in levying taxes.
- May by ordinance adopt and enforce minimum standards for services provided.

**145A.131 Local Public Health Grant**

- Formula based on level of funding from 2003.
- Must provide at least a 75 percent match for the state funds received through the local public health act grant. Eligible match funds include local property taxes, third party reimbursements, fees, other local funds, donations, and non-federal grants.
- Must meet all the requirements and perform all the duties in subd. 3 and subd. 4.
- Must comply with accountability requirements outlined each year.
- If CHB does not accept LPH grant, the commissioner may retain the funds.
- May use their local public health grant funds to address the areas of public health responsibility and local priorities developed through the community health assessment and community health improvement planning process.

**145A.14 Special Grants**

This section addresses the requirements of migrant health grants, Indian health grants, and funding to tribal governments.

**145A.17 Family Home Visiting Programs**

This section establishes a program to fund family home visiting program.