

# 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 complete statute language can be found 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 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.

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- **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.

### **145A.61 Criminal Background Studies**

This section outlines the commissioner of health's authority to conduct criminal background studies on MRC volunteers.

### **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**

- Funding formula based on level of funding from 2003.
- Funding for foundational public health responsibilities **must** be distributed through a formula determined by the commissioner in consultation with SCHSAC.
- **Must** provide at least a 75 percent match for the state funds received through the local public health act grant and the foundational public health responsibilities funds. 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 145A.03 and 145A.04
- **Must** comply with accountability requirements outlined each year.
- If CHB does not accept LPH grant, the commissioner may retain the funds.
- **May** use their base of 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.
- **Must** use funding for foundational public health responsibilities to fulfill foundational public health responsibilities. If a community health board can demonstrate foundational public health responsibilities are fulfilled, they **may** use funds for local priorities.

### **145A.135 Local and Tribal Public Health Emergency Preparedness and Response Grant Program**

This section establishes a local and Tribal public health emergency preparedness and response grant program.

- Funds **must** be distributed to CHBs and Tribal public health departments.
- Grant activities **must** align with CDC Public Health Emergency Preparedness and Response Capabilities.
- Grantees **must** report to MDH on how the funds were spent.
- MDH **must** submit a report to the legislature on how the funds were spent.

### **145A.14 Special Grants**

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

### **145a.145 Nurse-Family Partnership Programs**

This section establishes expansion grants to community health boards and tribal nations to expand existing nurse-family partnership programs.

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

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

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