

must review the accessibility of the telephone system to communication-impaired persons, review the ability of non-communication-impaired persons to communicate with communication-impaired persons via the telephone system, describe services provided, account for money received and disbursed annually for each aspect of the program to date, and include predicted future operation until the final report.

The final report must, in detail, describe program operation and make recommendations for the funding and service level for necessary ongoing services. The commission may recommend changes in the program to the legislature throughout its operation and shall make a recommendation to the legislature by February 1, 1993, for the future provision and maintenance of the services.

Sec. 7. [237.56] ADEQUATE SERVICE.

The services required to be provided under sections 1 to 6 may be enforced under section 237.081 upon a complaint of at least two communication-impaired persons within the service area of any one telephone company, provided that if only one person within the service area of a company is receiving service under sections 1 to 6, the commission may proceed upon a complaint from that person.

Sec. 8. EFFECTIVE DATE.

Sections 1 to 7 are effective July 1, 1987, and are repealed effective June 30, 1993.

Approved May 28, 1987

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CHAPTER 309—S.F.No. 1041

*An act relating to health; providing for a local public health act; defining the powers and duties of boards of health; providing discretionary county ordnancing power; authorizing the community health service subsidy; authorizing grants; providing penalties; amending Minnesota Statutes 1986, sections 35.67; 35.68; 144.36; 144.37; 145.075; and 145.923; and Laws 1969, chapter 235, section 3, subdivisions 2 and 4; proposing coding for new law as Minnesota Statutes, chapter 145A; repealing Minnesota Statutes 1986, sections 145.01 to 145.07; 145.08 to 145.125; 145.17 to 145.23; 145.24, subdivisions 1 and 2; 145.47 to 145.55; 145.911; 145.912, subdivisions 1 to 8, 10 to 15, 19, and 20; 145.913 to 145.92; and 145.922.*

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

Section 1. [145A.01] CITATION.

Chapter 145A may be cited as the "local public health act."

Sec. 2. [145A.02] DEFINITIONS.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Subdivision 1. APPLICABILITY. Definitions in this section apply to chapter 145A.

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

Subd. 3. CITY. "City" means a statutory city or home rule charter city as defined in section 410.015.

Subd. 4. COMMISSIONER. "Commissioner" means the Minnesota commissioner of health.

Subd. 5. COMMUNITY HEALTH BOARD. "Community health board" means a board of health established, operating, and eligible for a subsidy under sections 145A.09 to 145A.13.

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. Program categories of community health services include disease prevention and control, emergency medical care, environmental health, family health, health promotion, and home health care.

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 subsidy is received under sections 145A.09 to 145A.13.

Subd. 8. COUNTY BOARD. "County board" or "county" means a county board of commissioners as defined in chapter 375.

Subd. 9. DISEASE PREVENTION AND CONTROL. "Disease prevention and control" means activities intended to prevent or control communicable diseases. These activities include the coordination or provision of disease surveillance, investigation, reporting, and related counseling, education, screening, immunization, case management and clinical services.

Subd. 10. EMERGENCY MEDICAL CARE. "Emergency medical care" means activities intended to protect the health of persons suffering a medical emergency and to ensure rapid and effective emergency medical treatment. These activities include the coordination or provision of training, cooperation with public safety agencies, communications, life-support transportation as defined under section 144.804, public information and involvement, and system management.

Subd. 11. ENVIRONMENTAL HEALTH. "Environmental health" means activities intended to achieve an environment conducive to human health, comfort, safety, and well-being. These activities include the coordination or provi-

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sion of education, regulation, and consultation related to food protection, hazardous substances and product safety, water supply sanitation, waste disposal, environmental pollution control, occupational health and safety, public health nuisance control, institutional sanitation, recreational sanitation including swimming pool sanitation and safety, and housing code enforcement for health and safety purposes.

Subd. 12. FAMILY HEALTH. "Family health" means activities intended to promote optimum health outcomes as related to human reproduction and child growth and development. These activities include the coordination or provision of education, counseling, screening, clinical services, school health services, nutrition services, family planning services as defined in section 145.925, and other interventions directed at improving family health. Family health services must not include arrangements, referrals, or counseling for, or provision of, voluntary termination of pregnancy.

Subd. 13. HEALTH PROMOTION. "Health promotion" means activities intended to reduce the prevalence of risk conditions or behaviors of individuals or communities for the purpose of preventing chronic disease and effecting other definable advances in health status. These activities include the coordination or provision of community organization, regulation, targeted screening and education, as well as informational and other scientifically supported interventions to foster health by affecting related conditions and behaviors.

Subd. 14. HOME HEALTH CARE. "Home health care" means activities intended to reduce the ill effects and complications of existing disease and to provide suitable alternatives to inpatient care in a health facility. These activities include the coordination or provision of health assessment, nursing care, education, counseling, nutrition services, delegated medical and ancillary services, case management, referral and follow-up.

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

Subd. 16. POPULATION. "Population" means the total number of residents of the state or any city or county as established by the last federal census, by a special census taken by the United States Bureau of the Census, by the state demographer under section 116K.04, subdivision 4, or by an estimate of city population prepared by the metropolitan council, whichever is the most recent as to the stated date of count or estimate.

Subd. 17. PUBLIC HEALTH NUISANCE. "Public health nuisance" means any activity or failure to act that adversely affects the public health.

Subd. 18. PUBLIC HEALTH NURSE. "Public health nurse" means a

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person who is licensed by the Minnesota board of nursing under section 148.171 and who meets the voluntary certification standards established by the commissioner in relation to section 145A.06, subdivision 3.

## BOARD OF HEALTH

### Sec. 3. [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.13 is preempted from forming a board of health except as specified in section 145A.10, subdivision 2.

Subd. 2. JOINT POWERS BOARD OF HEALTH. Except as preempted under section 145A.10, subdivision 2, a county may establish a joint board of health by agreement with one or more contiguous counties, or a city may establish a joint board of health with one or more contiguous cities in the same county, or a city may establish a joint board of health with the county or counties within which it is located. The agreements must be established according to section 471.59.

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. 4. MEMBERSHIP; DUTIES OF CHAIR. A board of health must have at least five members, one of whom must be elected by the members as chair and one as vice chair. The chair, or in the chair's absence, the vice chair, must preside at meetings of the board of health and sign or authorize an agent to sign contracts and other documents requiring signature on behalf of the board of health.

Subd. 5. MEETINGS. A board of health must hold meetings at least twice a year and as determined by its rules of procedure. The board must adopt written procedures for transacting business and must keep a public record of its transactions, findings, and determinations. Members may receive a per diem plus travel and other eligible expenses while engaged in official duties.

### Sec. 4. [145A.04] POWERS AND DUTIES OF BOARD OF HEALTH.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Subdivision 1. JURISDICTION; ENFORCEMENT. A county or multicounty board of health has the powers and duties of a board of health for all territory within its jurisdiction not under the jurisdiction of a city board of health. Under the general supervision of the commissioner, the board shall enforce laws, regulations, and ordinances pertaining to the powers and duties of a board of health within its jurisdictional area.

Subd. 2. APPOINTMENT OF AGENT. A board of health must appoint, employ, or contract with a person or persons to act on its behalf. The board shall notify the commissioner of the agent's name, address, and phone number where the agent may be reached between board meetings and submit a copy of the resolution authorizing the agent to act on the board's behalf.

Subd. 3. EMPLOYMENT; MEDICAL CONSULTANT. (a) A board of health may establish a health department or other administrative agency and may employ persons as necessary to carry out its duties.

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

(c) Employees of the board of health are subject to any personnel administration rules adopted by a city council or county board forming the board of health unless the employees of the board are within the scope of a statewide personnel administration system.

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

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.13. 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.

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

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**Subd. 6. INVESTIGATION; REPORTING AND CONTROL OF COMMUNICABLE DISEASES.** A board of health shall make investigations and reports and obey instructions on the control of communicable diseases as the commissioner may direct under section 144.12, 145A.06, subdivision 2, or 145A.07. Boards of health must cooperate so far as practicable to act together to prevent and control epidemic diseases.

**Subd. 7. ENTRY FOR INSPECTION.** To enforce public health laws, ordinances or rules, a member or agent of a board of health may enter a building, conveyance, or place where contagion, infection, filth, or other source or cause of preventable disease exists or is reasonably suspected.

**Subd. 8. REMOVAL AND ABATEMENT OF PUBLIC HEALTH NUISANCES.** (a) If a threat to the public health such as a public health nuisance, source of filth, or cause of sickness is found on any property, the board of health or its agent shall order the owner or occupant of the property to remove or abate the threat within a time specified in the notice but not longer than ten days. Action to recover costs of enforcement under this subdivision must be taken as prescribed in section 145A.08.

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

(1) by registered or certified mail;

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

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

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

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

**Subd. 9. INJUNCTIVE RELIEF.** In addition to any other remedy provided by law, the board of health may bring an action in the court of appropriate jurisdiction to enjoin a violation of statute, rule, or ordinance that the board has power to enforce, or to enjoin as a public health nuisance any activity or failure to act that adversely affects the public health.

**Subd. 10. HINDRANCE OF ENFORCEMENT PROHIBITED; PENALTY.** It is a misdemeanor deliberately to hinder a member of a board of health or

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its agent from entering a building, conveyance, or place where contagion, infection, filth, or other source or cause of preventable disease exists or is reasonably suspected, or otherwise to interfere with the performance of the duties of the board of health.

**Subd. 11. NEGLIGENCE OF ENFORCEMENT PROHIBITED; PENALTY.** It is a misdemeanor for a member or agent of a board of health to refuse or neglect to perform a duty imposed on a board of health by statute or ordinance.

**Subd. 12. OTHER POWERS AND DUTIES ESTABLISHED BY LAW.** This section does not limit powers and duties of a board of health prescribed in other sections.

**Sec. 5. [145A.05] LOCAL ORDINANCES.**

**Subdivision 1. GENERALLY.** A county board may adopt ordinances for all or a part of its jurisdiction to regulate actual or potential threats to the public health under this section and section 375.51, unless the ordinances are preempted by, in conflict with, or less restrictive than standards in state law or rule.

**Subd. 2. ANIMAL CONTROL.** In addition to powers under sections 35.67 to 35.69, a county board may adopt ordinances to issue licenses or otherwise regulate the keeping of animals, to restrain animals from running at large, to authorize the impounding and sale or summary destruction of animals, and to establish pounds.

**Subd. 3. CONTROL OF UNWHOLESOME SUBSTANCES.** Unless preempted by or in conflict with sections 394.21 to 394.37, a county board may adopt ordinances to prevent bringing, depositing, or leaving within the county any unwholesome substance and to require the owners or occupants of lands to remove unwholesome substances or to provide for removal at the expense of the owner or occupant.

**Subd. 4. REGULATION OF WASTE.** A county board may adopt ordinances to provide for or regulate the disposal of sewage, garbage, and other refuse.

**Subd. 5. REGULATION OF WATER.** A county board may adopt ordinances to provide for cleaning and removal of obstructions from waters in the county and to prevent their obstruction or pollution.

**Subd. 6. REGULATION OF OFFENSIVE TRADES.** A county board may adopt ordinances to regulate offensive trades, unless the ordinances are preempted by, in conflict with, or less restrictive than standards under sections 394.21 to 394.37. In this subdivision, "offensive trade" means a trade or employment that is hurtful to inhabitants within any county, city, or town, dangerous to the public health, injurious to neighboring property, or from which offensive odors arise.

**Subd. 7. CONTROL OF PUBLIC HEALTH NUISANCES.** A county

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board may adopt ordinances to define public health nuisances and to provide for their prevention or abatement.

**Subd. 8. ENFORCEMENT OF DELEGATED POWERS.** A county board may adopt ordinances consistent with this section to administer and enforce the powers and duties delegated by agreement with the commissioner under section 145A.07.

**Subd. 9. RELATION TO CITIES AND TOWNS.** The governing body of a city or town may adopt ordinances relating to the public health authorized by law or agreement with the commissioner under section 145A.07. The ordinances must not conflict with or be less restrictive than ordinances adopted by the county board within whose jurisdiction the city or town is located.

**Sec. 6. [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 4.

**Subd. 2. SUPERVISION OF LOCAL ENFORCEMENT.** (a) In the absence of provision for a board of health, the commissioner may appoint three or more persons to act as a board until one is established. The commissioner may fix their compensation, which the county or city must pay.

(b) The commissioner by written order may require any two or more boards of health to act together to prevent or control epidemic diseases.

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

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

**Subd. 3. CERTIFICATES FOR PUBLIC HEALTH NURSES.** The commissioner shall keep a list of nurses certified for public health duties and make this list available to boards of health.

**Subd. 4. ASSISTANCE TO BOARDS OF HEALTH.** The commissioner shall help and advise boards of health that ask for help in developing, administering, and carrying out public health services and programs.

**Sec. 7. [145A.07] DELEGATION OF POWERS AND DUTIES.**

**Subdivision 1. AGREEMENTS TO PERFORM DUTIES OF COMMISSIONER.** (a) The commissioner of health may enter into an agreement with any

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board of health to delegate all or part of the licensing, inspection, reporting, and enforcement duties authorized under sections 144.12; 144.381 to 144.388; 144.411 to 144.417; 144.71 to 144.76; 145A.04, subdivision 6; provisions of chapter 156A pertaining to construction, repair, and abandonment of water wells; chapter 157; and sections 327.14 to 327.28.

(b) Agreements are subject to subdivision 3.

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

Subd. 2. AGREEMENTS TO PERFORM DUTIES OF THE BOARD OF HEALTH. A board of health may authorize a township board, city council, or county board within its jurisdiction to establish a board of health under section 145A.03 and delegate to the board of health by agreement any powers or duties under sections 145A.04, 145A.07, subdivision 2, and 145A.08. An agreement to delegate powers and duties of a board of health must be approved by the commissioner and is subject to subdivision 3.

Subd. 3. TERMS OF AGREEMENTS. (a) Agreements authorized under this section must be in writing and signed by the delegating authority and the designated agent.

(b) The agreement must list criteria the delegating authority will use to determine if the designated agent's performance meets appropriate standards and is sufficient to replace performance by the delegating authority.

(c) The agreement may specify minimum staff requirements and qualifications, set procedures for the assessment of costs, and provide for termination procedures if the delegating authority finds that the designated agent fails to comply with the agreement.

(d) A designated agent must not perform licensing, inspection, or enforcement duties under the agreement in territory outside its jurisdiction unless approved by the governing body for that territory through a separate agreement.

(e) The scope of agreements established under this section is limited to duties and responsibilities agreed upon by the parties. The agreement may provide for automatic renewal and for notice of intent to terminate by either party.

(f) During the life of the agreement, the delegating authority shall not perform duties that the designated agent is required to perform under the agreement, except inspections necessary to determine compliance with the agreement and this section or as agreed to by the parties.

(g) The delegating authority shall consult with, advise, and assist a designated agent in the performance of its duties under the agreement.

(h) This section does not alter the responsibility of the delegating authority for the performance of duties specified in law.

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**Sec. 8. [145A.08] ASSESSMENT OF COSTS; TAX LEVY AUTHORIZED.**

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

Subd. 2. ASSESSMENT OF COSTS OF ENFORCEMENT. (a) If costs are assessed for enforcement of section 145A.04, subdivision 8, and no procedure for the assessment of costs has been specified in an agreement established under section 145A.07, the enforcement costs must be assessed as prescribed in this subdivision.

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

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

(d) The cost of an enforcement action taken by a town or city board of health under section 145A.04, subdivision 8, may be recovered from the county in which the town or city is located if the city clerk or other officer certifies the costs of the enforcement action to the county auditor as prescribed in this section. Taxes equal to the full amount of the enforcement action but not exceeding the limit in paragraph (b) must be collected by the county treasurer and paid to the city or town as other taxes are collected and paid.

Subd. 3. TAX LEVY AUTHORIZED. A city council or county board that has formed or is a member of a board of health may levy taxes under sections 275.50 to 275.56 on all taxable property in its jurisdiction to pay the cost of performing its duties under chapter 145A.

**COMMUNITY HEALTH BOARDS**

**Sec. 9. [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.

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**Subd. 2. COMMUNITY HEALTH BOARD; ELIGIBILITY.** A board of health that meets the requirements of sections 145A.09 to 145A.13 is a community health board and is eligible for a community health subsidy under section 145A.13.

**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 received a subsidy under section 145.921 and that meets the requirements of sections 145A.09 to 145A.13 is eligible for a community health subsidy under section 145A.13.

**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. 6. BOUNDARIES OF COMMUNITY HEALTH SERVICE AREAS.** The community health service area of a multicounty or multicity community health board must be within a region designated under sections 462.381 to 462.398, unless this condition is waived by the commissioner with the approval of the regional development commission directly involved or the metropolitan council, if appropriate. In a region without a regional development commission, the director of the state planning agency shall act in place of the regional development commission.

**Subd. 7. WITHDRAWAL.** (a) A county or city that has established or joined a community health board may withdraw from the subsidy program authorized by sections 145A.09 to 145A.13 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 community health subsidy of any remaining county or city for one calendar year following the effective date of withdrawal.

(d) The amount of additional annual payment for calendar year 1985 made pursuant to Minnesota Statutes 1984, section 145.921, subdivision 4, must be subtracted from the subsidy for a county that, due to withdrawal from a community health board, ceases to meet the terms and conditions under which that additional annual payment was made.

**Sec. 10. [145A.10] POWERS AND DUTIES OF COMMUNITY HEALTH BOARDS.**

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

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.13.

Subd. 2. PREEMPTION. (a) Not later than 365 days after the approval of a community health plan by the commissioner, 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 subsidy 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.

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. 5. COMMUNITY HEALTH PLAN. The community health board must prepare and submit to the commissioner a written plan at times prescribed by the commissioner under section 145A.12, subdivision 3, but no more often than every two years. The community health plan must provide for the assessment of community health status and the integration, development, and provision of community health services that meet the priority needs of the community health service area. The plan must be consistent with the standards and procedures established under section 145A.12, subdivision 3, and must at least include documentation of the following:

(1) a review and assessment of the implementation of the preceding community health plan;

(2) the process used to assess community health status and encourage full community participation in the development of the proposed community health plan;

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(3) an identification of personal health services, institutional health services, health-related environmental programs and services, and related human services in the community;

(4) an assessment of community health status, a statement of goals and objectives according to priority, and the reasons for the priority order;

(5) a description of and rationale for the method the community health board plans to use to address each identified community health goal and objective and how each program category defined in section 145A.02 and any agreements entered into under section 145A.07 will be implemented to achieve these goals and objectives;

(6) a description of the ways in which planned community health services defined in section 145A.02 will be coordinated with services and resources identified in clause (2);

(7) the projected annual budgets for expenditure of the subsidy and local match provided for in section 145A.13 and for other sources of funding for the program categories defined in section 145A.02 including a description of the ways this funding is coordinated with funding from other local, state, and federal sources; and

(8) assurances that community health services will comply with applicable state and federal laws.

**Subd. 6. BUDGET; PLAN REVISION.** The community health board must prepare and submit to the commissioner an annual budget for the expenditure of local match and subsidy funds under section 145A.13 and for other sources of funding for community health services. Revisions to the community health plan or annual budgets must be submitted to the commissioner in the same manner as prescribed in section 145A.12, subdivisions 3 and 4.

**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. 8. REPORTS.** The community health board must compile and submit reports to the commissioner on its expenditures and activities as required under section 145A.12, subdivision 5.

**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

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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. Section 15.059, subdivision 5, applies to this committee. 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 receive a per diem and must be reimbursed for travel and other necessary expenses while engaged in their official duties.

(b) The city councils or county boards that have established or are members of a community health board must appoint a community health advisory committee to advise, consult with, and make recommendations to the community health board on matters relating to the development, maintenance, funding, and evaluation of community health services. The committee must consist of at least five members and must be generally representative of the population and health care providers of the community health service area. The committee must meet at least three times a year and at the call of the chair or a majority of the members. Members may receive a per diem and reimbursement for travel and other necessary expenses while engaged in their official duties.

(c) State and local advisory committees must adopt bylaws or operating procedures that specify the length of terms of membership, procedures for assuring that no more than half of these terms expire during the same year, and other matters relating to the conduct of committee business. Bylaws or operating procedures may allow one alternate to be appointed for each member of a state or local advisory committee. Alternates may be given full or partial powers and duties of members.

#### **Sec. 11. [145A.11] POWERS AND DUTIES OF CITY AND COUNTY RELATIVE TO SUBSIDY.**

Subdivision 1. GENERALLY. In addition to the powers and duties prescribed elsewhere in law and in section 145A.05, a city council or county board that has formed or is a member of a community health board has the powers and duties prescribed in this section.

Subd. 2. CONSIDERATION OF COMMUNITY HEALTH PLAN 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 the objectives of the community health plan for its area.

Subd. 3. APPROVAL OF PLAN AND BUDGET. (a) The county board must review and approve the community health plan and budget or any revision prepared according to section 145A.10, subdivision 6, within 30 days of its receipt and before the submission of the plan, budget, or revision to the commissioner.

Changes or additions are indicated by underline, deletions by strikeout.

(b) The community health plan, budget, or revision submitted to the county board must incorporate the community health plan, budget, or revision developed by any city within its community health service area that has a community health board.

(c) The county board may approve the community health plan, budget, or revision as written or refer it back to the community health board with comments and instructions for further consideration.

(d) A city council or county board that is a member of a community health board may appeal to the commissioner for resolution of differences regarding the community health plan, budget, or revision.

(e) Failure to act within the specified time constitutes approval.

**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 section 145A.02 and 145A.10, subdivision 5. 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.

**Sec. 12. [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, developed with the advice of the state community health advisory committee. Adoption of these guidelines by a community health board is not a prerequisite for plan approval as prescribed in subdivision 4.

**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 and in each program area defined in section 145A.02.

**Subd. 3. PLANNING STANDARDS; BUDGETS; REVISIONS.** The commissioner may, in accordance with chapter 14 and in consultation with the state community health advisory committee, adopt rules to set submission dates, procedures, and standards for community health plans, budgets, and revisions prepared according to section 145A.10, subdivisions 5 and 6.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

**Subd. 4. REVIEW AND APPROVAL OF PLAN, BUDGET OR REVISION.** The commissioner must review and act on the community health plan, budget, or any proposed revision within 60 days after receiving the plan, budget, or revision. The commissioner may approve the plan, budget, or revision as written or refer it back to the community health board with comments and instructions for further consideration. Failure to act within the specified time constitutes approval.

**Subd. 5. REPORTING STANDARDS.** The commissioner may, in accordance with chapter 14 and in consultation with the state community health advisory committee, adopt rules establishing standards and procedures for a uniform reporting system that will permit the evaluation of the efficiency and effectiveness of community health services.

**Subd. 6. REPORT TO LEGISLATURE.** The commissioner must report biennially to the legislature on the status of community health services funded under section 145A.13.

### Sec. 13. [145A.14] SPECIAL GRANTS.

**Subdivision 1. MIGRANT HEALTH GRANTS.** (a) The commissioner 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 where significant numbers of migrant workers are located. "Migrant agricultural worker" means any individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the past 24 months, and who has established a temporary residence for the purpose of such employment.

(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. 2. INDIAN HEALTH GRANTS.** (a) The commissioner may make special grants to community health boards to establish, operate, or subsidize clinic facilities and services to furnish health services for American Indians who reside off reservations.

(b) To qualify for a grant under this subdivision the community health plan submitted by the community health board must contain a proposal for the delivery of the services and documentation that representatives of the Indian community affected by the plan were involved in its development.

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

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

Changes or additions are indicated by underline, deletions by ~~strikeout~~.



Sec. 14. Minnesota Statutes 1986, section 35.67, is amended to read:

**35.67 RABIES INVESTIGATION.**

If the executive secretary of the board; ~~the chief health officer of a city, the executive officer of a town board of animal health, or the a board of health of a statutory city as defined in section 145A.02, subdivision 2,~~ receives a written complaint that rabies exists in a town or city in the ~~officer's or board's~~ jurisdiction, the ~~officer or board of health~~ shall investigate, either personally or through subordinate officers, the truth of the complaint. ~~An officer~~ A board of health may also make an investigation and determination independently, without having received a complaint. The fact that ~~an executive officer of a town or city a board of health~~ has investigated and determined that rabies does not exist in a jurisdiction does not deprive the executive secretary of the board of animal health of jurisdiction or authority to make an investigation and determination with reference to the territory. For the purposes of sections 35.67 to 35.69, the jurisdiction of the executive secretary of the board of animal health is the entire state.

Sec. 15. Minnesota Statutes 1986, section 35.68, is amended to read:

**35.68 RABIES PROCLAMATION.**

~~An officer who~~ If a board of health as defined in section 145A.02, subdivision 2, investigates and finds that rabies does exist in a town or city the board of health shall make and file a proclamation of the investigation and determination which prohibits the owner or custodian of any dog from allowing the dog to be at large within the town or city unless the dog is effectively muzzled so that it cannot bite any other animal or person.

If the executive secretary of the board of animal health, after investigation, has determined that rabies exists in any territory in the state, similar proclamations must be issued in all towns and cities within the territory or area in which it is necessary to control the outbreak and prevent the spread of the disease. The proclamation must prohibit the owner or custodian of any dog within the designated territory from permitting or allowing the dog to be at large within the territory unless the dog is effectively muzzled so that it cannot bite any other animal or person.

All local peace officers and ~~health officers~~ boards of health shall enforce sections 35.67 to 35.69. A violation of sections 35.67 to 35.69 is a misdemeanor.

A proclamation issued by the ~~executive officer of a town board of health~~ must be filed with the town clerk; ~~One issued by the chief health officer of a city must be filed with the city clerk~~ of the political subdivision responsible for the board of health. One issued by the executive secretary of the board of animal health must be filed with the clerk of each town and city within the territory it covers.

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Each officer with whom the proclamation is filed shall publish a copy of it in one issue of a legal newspaper published in the clerk's town or city if one is published there. If no newspaper is published there, the clerk must post a copy of the proclamation in three public places. Publication is at the expense of the municipality.

Proof of publication must be by affidavit of the publisher and proof of posting must be by the person doing the posting. The affidavit must be filed with the proclamation. The proclamation is effective five days after the publication or posting and remains effective for the period of time not exceeding six months specified in it by the officer board of health making the proclamation.

Sec. 16. Minnesota Statutes 1986, section 144.36, is amended to read:

**144.36 APPEAL TO DISTRICT COURT.**

Within five days after service of the order, any person aggrieved thereby may appeal to the district court of the county in which such polluted source of water supply is situated; ~~and such appeal shall be taken, prosecuted, and determined in the same manner as provided in section 145.19.~~ During the pendency of the appeal the pollution against which the order has been issued shall not be continued and, upon violation of such order, the appeal shall forthwith be dismissed.

Sec. 17. Minnesota Statutes 1986, section 144.37, is amended to read:

**144.37 OTHER REMEDIES PRESERVED.**

Nothing in ~~sections~~ section 144.36 ~~and 145.17~~ shall curtail the power of the courts to administer the usual legal and equitable remedies in cases of nuisances or of improper interference with private rights.

Sec. 18. Minnesota Statutes 1986, section 145.075, is amended to read:

**145.075 INJUNCTIVE RELIEF BROUGHT BY COMMISSIONER ~~OR LOCAL BOARD.~~**

In addition to any other remedy provided by law, the commissioner ~~of health or local board of health~~ may in its ~~the~~ commissioner's own name bring an action in the district court in the county in which the activity or practice sought to be enjoined ~~occurs,~~ of appropriate jurisdiction to enjoin any violation of a statute or rule which the commissioner of health ~~or local board of health~~ is empowered to enforce or ~~promulgate~~ adopt, or to enjoin as a public health nuisance any activity or failure to act that adversely affects the public health. ~~Any such activity or practice may be enjoined as a public nuisance.~~

Sec. 19. Minnesota Statutes 1986, section 145.923, is amended to read:

**145.923 ~~NONSMOKING AND HEALTH GRANTS TO PREVENT TOBACCO~~ USE.**

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

The commissioner of health may award special grants to ~~local~~ community boards of health to conduct communitywide ~~pilot~~ programs for the ~~promotion of nonsmoking~~ or to ~~local boards of community health boards~~ or nonprofit corporations to conduct statewide programs for the ~~promotion of nonsmoking~~ to prevent tobacco use.

Sec. 20. EFFECT ON OTHER LAW.

Nothing contained in this act shall be construed to repeal or invalidate Laws 1969, chapter 235.

Sec. 21. Laws 1969, chapter 235, section 3, subdivision 2, is amended to read:

Subd. 2. All powers and duties now or hereafter vested in or imposed upon the ~~local health boards of health~~ defined in Minnesota Statutes, Section ~~145.01~~ 145A.02, subdivision 2, shall, in all areas be transferred to, vested in and imposed upon the county department from the date as may be determined by such health department, except that the jurisdiction of local boards of health shall continue in any municipality or township within the county if the governing body thereof indicates within 30 days after notice of assignment of this responsibility to the county health department its intent to continue its local board of health. In such municipality, the county board of health shall not have local board of health jurisdiction and it shall not assume such jurisdiction until such time as an agreement to such transfer of jurisdiction is made between the county board of commissioners and the governing body of the municipality or township.

Sec. 22. Laws 1969, chapter 235, section 3, subdivision 4, is amended to read:

Subd. 4. The department and the health board may be authorized to employ and direct public health nurses and to provide public health nursing and other nursing and home health services under the authority of Minnesota Statutes, Sections ~~145.08 to 145.125~~ chapter 145A. ~~The health board shall suffice to function in lieu of the public health nursing committee provided for in Minnesota Statutes, Section 145.12.~~

Sec. 23. RULES TO RETAIN EFFECT.

Rules adopted under Minnesota Statutes, section 145.918 remain in effect until rules are adopted under section 145A.12 or until otherwise repealed according to chapter 14.

Sec. 24. INSTRUCTIONS TO REVISOR; WORD CHANGES.

The revisor of statutes shall change references to "health officer," "health officer of a city board of health," "city health officer," "county health officer," "township health officer," "health officer of any town board of health," "health officer of a city," "health officer of a county," "chief health officer," "district health officer," or "county and local health officer" wherever they occur in

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Minnesota Statutes, except chapter 253B, to refer to "agent of a board of health as authorized under section 145A.04" in the first instance in each section where they occur and to "authorized agent" in later references within that section.

In chapter 13, the revisor shall change references to "health officer as defined in section 145.01" to "agent of a board of health as authorized under section 145A.04, subdivision 6."

The revisor of statutes shall change references to "local board of health," "township board of health," "town board of health," "city board of health," "county board of health," "local and county board of health," "county and local board of health," or "local health board" wherever they occur in Minnesota Statutes, except sections 145.882 to 145.89 and chapter 145A, to refer to "board of health as defined in section 145A.02, subdivision 2," in the first instance in each section where they occur and to "board of health" in later instances in that section.

In chapter 368, the revisor shall change references to "board of health" to "board of health under section 145A.07, subdivision 2."

The revisor of statutes shall change references to "local board of health," or "local board" in sections 145.882 and 145.885 to "community health board as defined in section 145A.02, subdivision 5," in the first instance in each section where they occur and to "community health board" in later instances in that section.

The revisor of statutes shall change the words "public health nurse" in Minnesota Statutes to "public health nurse as defined in section 145A.02, subdivision 18," in the first instance in each section in which it occurs except in chapter 145A.

The revisor of statutes shall change references to:

(1) "local board of health under section 145.913" to "community health board under section 145A.09";

(2) "local board of health organized under sections 145.911 to 145.922" to "community health board organized under sections 145A.09 to 145A.13"; and

(3) "local health boards as defined in section 145.913" to "community health boards as defined in section 145A.02, subdivision 5."

#### **Sec. 25. INSTRUCTION TO REVISOR; RENUMBERING.**

In the next edition of Minnesota Statutes, the revisor of statutes shall renumber section 145.921 as section 145A.13; and section 145.912, subdivision 9, as section 145.925, subdivision 1a; and section 145.923 as section 145A.14, subdivision 3.

#### **Sec. 26. INSTRUCTION TO REVISOR; REFERENCE CHANGES.**

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

In each section of Minnesota Statutes referred to in column A, the revisor of statutes shall delete the reference in column B and insert the reference in column C.

<u>A</u>	<u>B</u>	<u>C</u>
<u>145.883, subdivision 9</u>	<u>145.913</u>	<u>145A.09</u>
<u>145.883, subdivision 9</u>	<u>145.911 to 145.922</u>	<u>145A.09 to 145A.13</u>
<u>256E.03, subdivision 2</u>	<u>145.911 to 145.922</u>	<u>145A.09 to 145A.13</u>
<u>256F.05, subdivision 2</u>	<u>145.911 to 145.922</u>	<u>145A.09 to 145A.13</u>
<u>383B.221, subdivision 2</u>	<u>145.911 to 145.922</u>	<u>145A.09 to 145A.13</u>
<u>402.02, subdivision 2</u>	<u>145.911 to 145.922</u>	<u>145A.09 to 145A.13</u>

**Sec. 27. REPEALER.**

Minnesota Statutes 1986, sections 145.01; 145.03; 145.031; 145.04; 145.05; 145.06; 145.07; 145.08; 145.085; 145.10; 145.11; 145.12; 145.123; 145.125; 145.17; 145.18; 145.19; 145.20; 145.21; 145.22; 145.23; 145.24, subdivisions 1 and 2; 145.47; 145.48; 145.49; 145.50; 145.51; 145.52; 145.53; 145.54; 145.55; 145.911; 145.912, subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 19, and 20; 145.913; 145.914; 145.915; 145.916; 145.917; 145.918; 145.919; 145.92; and 145.922, are repealed.

Approved May 28, 1987

**CHAPTER 310—S.F.No. 1152**

*An act relating to alcoholic beverages; limiting imports by individuals; permitting certain transactions between brewers and wholesalers; specifying limits on variable volume prices; providing for notice of credit-delinquent retailers; authorizing counties to issue seasonal on-sale licenses; specifying counties which may issue licenses in certain locations; permitting wine auctions; setting minimum age to sell or serve alcoholic beverages; specifying who may impose administrative penalties for certain violations by retailers; authorizing inspections of licensed premises by the commissioner of public safety; repealing affirmation law, wholesale price filing, and percentage requirements for malt barley in beer; amending Minnesota Statutes 1986, sections 297C.09; 340A.302, subdivision 1; 340A.308; 340A.312, subdivision 2; 340A.318, subdivisions 2, 3, and 4; 340A.404, by adding a subdivision; 340A.405, subdivision 2, and by adding a subdivision; 340A.412, subdivision 10; 340A.415; proposing coding for new law in Minnesota Statutes, chapter 340A; repealing Minnesota Statutes 1986, sections 34.119; 34.12; 34.13; 34.14; 340A.307, subdivision 3; and 340A.313.*

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

Section 1. Minnesota Statutes 1986, section 297C.09, is amended to read:

**297C.09 IMPORTATION BY INDIVIDUALS.**

A person, other than a person under the age of 19 21 years, entering

Changes or additions are indicated by underline, deletions by ~~strikeout~~.