

Local Public Health Authorities and Mandates

This document summarizes selected state and federal statutes and rules that pertain to community health boards with regard to public health in Minnesota. It is organized according to the six areas of public health responsibility.

Please note: this document is not intended to be a comprehensive summary of all public health mandates and authorities and it does not include mandates or authorities pertaining to human services. The most up-to-date statute language can be found on the Web site of the Minnesota Office of the Revisor of Statutes: <https://www.revisor.leg.state.mn.us/index.php>. This document is not a substitute for the advice of your jurisdiction’s legal counsel.

Mandate/Authority	“CHBs Must/Shall”	“CHBs May”	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
Preemption	A community health board (CHB) has all of the powers and duties of a board of health and in addition must do all of the things listed below.			MN Stat. 145A.03 – 145A.10	Infrastructure
Board structure	Have at least 5 members and must elect a chair and vice-chair and must hold at least 2 meetings per year.			MN Stat. 145A.03, Subd. 4 & Subd. 5	Infrastructure
Staffing	Meet personnel requirements established for CHS Administrator.			MN Rules 4736.0110	Infrastructure
Appointing, employing or contracting with a medical consultant	Obtain medical consultation for the purposes of providing advice and direction to the community health board staff.			MN Stat. 145A.04, Subd. 3	Infrastructure
Assessment and planning	Complete an assessment of community health needs; seek community input on health issues and priorities; establish priorities based on community needs.			MN Stat. 145A.10, Subd. 5a	Infrastructure

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.

Local Public Health Authorities and Mandates

Mandate/Authority	"CHBs Must/Shall"	"CHBs May"	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
Setting priorities	Notify the Commissioner of Health in writing every five years of the statewide outcomes and local priorities they will address determine the mechanisms by which the CHB will address the local public health priorities and statewide outcomes within the limits of available funding.			MN Stat. 145A.04, Subd. 3	Infrastructure
Reporting and accountability	Provide the Commissioner of Health with annual information necessary to document/evaluate progress toward selected statewide outcomes and to meet federal requirements.			MN Stat. 145A.10, Subd. 5a	Infrastructure
Local financing	Consider the income and expenditures required to meet local public health priorities and statewide outcomes in levying taxes.			MN Stat. 145A.11, Subd. 2	Infrastructure
Match	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.			MN Stat 145A.131, Subd. 2	Infrastructure
LPH Act Grant		Use their local public health grant to address local public health priorities identified under section 145A.10 Subd. 5a.		MN Stat 145A.131, Subd 5a	Infrastructure

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.

Local Public Health Authorities and Mandates

Mandate/Authority	“CHBs Must/Shall”	“CHBs May”	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
Enforce laws	Enforce laws, regulations and ordinances pertaining to its powers and duties within the jurisdiction.			MN Stat. 145A.04, Subds. 1 & 7	Infrastructure
SCHSAC		A CHB may appoint one member to the State Community Health Services Advisory Committee (SCHSAC).			Infrastructure
Local ordinances		Recommend local ordinances to a city council.		MN State. 145A.05, & 145A.11, Subd.4	Infrastructure
Joint powers		Form a Board of Health through joint powers agreements and withdraw from the agreement with proper notice.		MN Stat. 145A.03, Subd. 2	Infrastructure
Collection of revenue		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.		MN Stat. 145A.04, Subd. 4	Infrastructure
Contracting		Contract to provide, receive or ensure provision of services.		MN Stat. 145A.04, Subd. 5	Infrastructure
Delegation agreements		Enter into delegation agreements with the commissioner of health to perform certain licensing, inspection, reporting and enforcement duties.		MN Stat. 145A.07, Subds.1 &7	Infrastructure

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.

Local Public Health Authorities and Mandates

Mandate/Authority	“CHBs Must/Shall”	“CHBs May”	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
Enforcement authority		Enter a building, conveyance or place where a cause of a preventable disease is reasonably expected to exist in order to enforce public health laws, ordinances or rules. Seek an injunction to enjoin the violation of statute, rule or ordinance.		MN Stat. 145A.04, Subd.7	Infrastructure
Minimum standards		Adopt/enforce minimum standards for categories of service defined in statute and for services prescribed in the local health department priorities.		MN Stat. 145A.05, Subd.1, & 145A.11, Subd.4	Infrastructure
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	*CHBs receiving federal WIC funds must meet WIC program requirements			Federal law: Child Nutrition Act of 1966 as amended; Federal rule: 7 CFR 246; MN Rule: 4617	Healthy Communities
Family Home Visiting (FHV)	*CHB receiving funding under this statute must meet the FHV program requirements.			MN Stat. 145A.17	Healthy Communities
Child and Teen Check-ups		Local health departments may contract for EPSDT (C&TC) services including outreach.		MN Rule 9505.1748	Healthy Communities

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.

Local Public Health Authorities and Mandates

Mandate/Authority	“CHBs Must/Shall”	“CHBs May”	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
Family Services and Community-based Collaboratives	Requires participation of at least one school district, one county, one public health entity and one community action agency to provide coordinated family services and commit resources to an integrated fund.			MN Stat. 124D.23	Healthy Communities
Federal Synar Amendment			All states are required to have laws prohibiting the sale/distribution of tobacco products to persons under 18 and to enforce those laws. In MN this is done in cooperation with local health departments.	Section 1926 of Public Health Services Act – 1993 42 U.S.C. 300x-26 45 C.F.R. 96.130(e)	Healthy Communities
Freedom to Breathe (MN Clean Indoor Air Act)		MDH may delegate compliance activities to local units of government. Local governments may adopt and enforce more stringent measures to protect individuals from secondhand smoke.	Local law enforcement has the authority to issue petty misdemeanor citations to proprietors or individuals who knowingly fail to comply with the MCIAA.	MN Stat. 144.411-417	Healthy Communities
Maternal and Child Health Block Grant	*Grant funds must be used for qualified programs to serve high risk, low income populations.			MN Stat. 145.88 MN Stat. 145.882 MN Stat. 145.883	Healthy Communities
Investigating disease control situations and enforcing laws	Make investigations and reports and obey instructions of the Commissioner of Health to control communicable diseases.			MN Stat. 145A.04, Subd. 6	Infectious Disease

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.

Local Public Health Authorities and Mandates

Mandate/Authority	“CHBs Must/Shall”	“CHBs May”	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
School immunizations	Each school or child care facility shall maintain on file immunization records for all persons in attendance. MDH and the board of health (as defined in section 145A.02, subdivision 2), in whose jurisdiction the school or child care facility is located, shall have access to the files maintained pursuant to this subdivision.			MN Stat. 121A.15, Subd.7	Infectious Disease
Immunization data sharing		Medical providers, schools, public health entities, group purchasers (as defined in MN Stat 62J.03 Subd. 6), child care facilities, and community action agencies are permitted to share Immunization data with each other on behalf of the patient.		MN Stat. 144.3351	Infectious Disease
Reportable diseases	Identified diseases must be reported to the health department; (If authorized by the State) the CHB must make investigations and report on the control of communicable diseases;	The State is authorized to enter into written agreement with the CHB to act as the designated agent in collecting and analyzing surveillance data in conducting investigations and in controlling diseases.		MN Stat. 144.05, 144.065, 144.0742, 144.12 & 145A.07, Subd. 1 and MN Rules 4735.0110, Subd 2 & Rules 4605.7000 – 7800	Infectious Disease

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.

Local Public Health Authorities and Mandates

Mandate/Authority	“CHBs Must/Shall”	“CHBs May”	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
Tuberculosis screening of inmates			All persons detained or confined for 14 consecutive days or more in facilities operated, licensed or inspected by the Department of Corrections shall be screened for TB. A blanket waiver to juvenile facilities has been in effect since May, 1997. Juvenile facilities are not required to screen employees or residents.	MN Stat. 144.445, Subd. 1	Infectious Disease
Isolation and Quarantine of Persons	If the Commissioner requires the CHB to isolate or quarantine (I/Q) someone they must : <ul style="list-style-type: none"> ▪ Use the least restrictive means to prevent the spread of disease; ▪ Confine isolated individuals separately from quarantined individuals; ▪ Regularly monitor the health status of I/Q individuals; ▪ Isolate quarantined individual if individual becomes infectious ▪ Release individuals as soon as they are known to pose no risk; ▪ Address the needs of I/Q individuals systematically and competently (including providing food, shelter, clothing, opportunity to communicate and medical assistance); and ▪ Maintain the safety and hygiene of I/Q premises competently. 			MN Stat. Chapter 144.419	Infectious Disease

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.

Local Public Health Authorities and Mandates

Mandate/Authority	“CHBs Must/Shall”	“CHBs May”	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
Bloodborne pathogens	(If the employee of a CHB has potential for occupational exposure to bloodborne pathogens) employers are required to develop an infection control plan.			OSHA 29 CFR 1910.1030	Infectious Disease
Regulating and enforcing health and sanitation laws	Take action to abate public health nuisances and other threats to public health.	Adopt local ordinances related to nuisances and other public health sanitation issues.		MN Stat. 145A.04, Subds.1, 7-10	Environmental Health
Minnesota Responds, Medical Reserve Corps (MRC)	<p>*Participate in planning for emergency use of volunteer health professionals through the Medical Reserve Corps (MRC).</p> <p>*Collaborate on volunteer planning with other public and private partners.</p> <p>*Use available mutual aid requirements when prevention, mitigation, response to and recovery from a public health event exceeds local capacity.</p>	<p>Enter into written mutual aid agreements.</p> <p>Ask the Commissioner of Health to mobilize MRC volunteers from outside the jurisdiction if event exceeds mutual aid capacities.</p>		MN Stat. 145A.04, Subds. 6a, 6b, 6c	Emergency Preparedness
Assistance between Political Subdivisions			The Governor may authorize and direct resources from one political subdivision (e.g., county) to assist another political subdivision during a disaster. These resources may include health and the use of personnel, equipment, and supplies.	MN Stat. Chapter 12.33	Emergency Preparedness

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.

Local Public Health Authorities and Mandates

Mandate/Authority	"CHBs Must/Shall"	"CHBs May"	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
<p>Emergency Vaccination Administration</p>			<p>During a declared emergency, the Commissioner of Health may designate any person licensed or otherwise credentialed to assist with administration of vaccines and/or distribution of medications.</p> <p>When the Commissioner determines that a public health event requires urgent treatment or prophylactic measures, he/she may designate persons and entities to expedite distribution of medications by means of methods described in 144.4198 Subd2, paragraphs b-d, or by any method the Commissioner deems warranted.</p>	<p>MN Stat. 144.4197, 144.4198</p>	<p>Emergency Preparedness</p>

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.

Local Public Health Authorities and Mandates

Mandate/Authority	“CHBs Must/Shall”	“CHBs May”	Indirectly applies to CHB	Statute, Rule, Ordinance	Area of Public Health Responsibility
Liability of Temporary Medical Care Facilities			<p>If the need for emergency care exceeds the capacity of local healthcare resources during a declared emergency, the governor may order that care be given in a temporary care facility.</p> <p>Any responder who acts consistent with emergency plans for the region is not liable for any civil damages or administrative sanctions.</p>	MN Stat. Chapter 12.61	Emergency Preparedness
Equal access to service	Ensure that community health services are accessible to all persons on the basis of need.			MN Stat. 145A.10, Subd. 7	Health Services
Provision of service	Must not deny services because of inability to pay.			MN Stat. 145A.04, Subd. 3d	Health Services



Minnesota Department of Health
Office of Performance Improvement
 625 Robert Street N
 Saint Paul, MN 55164-0975
www.health.state.mn.us

Updated: September 12, 2011

* = Required if the CHB or public health department accepts funding for this program or activity.