

SEVENTIETH DAY

St. Paul, Minnesota, Wednesday, March 4, 2020

The Senate met at 12:00 noon and was called to order by the President.

CALL OF THE SENATE

Senator Gazelka imposed a call of the Senate. The Sergeant at Arms was instructed to bring in the absent members.

Prayer was offered by Senator Andrew Mathews.

The members of the Senate gave the pledge of allegiance to the flag of the United States of America.

The roll was called, and the following Senators answered to their names:

Abeler	Dziedzic	Ingebrigtsen	Little	Ruud
Anderson, B.	Eaton	Isaacson	Marty	Senjem
Anderson, P.	Eichorn	Jasinski	Mathews	Sparks
Benson	Eken	Jensen	Miller	Torres Ray
Bigham	Franzen	Johnson	Nelson	Utke
Carlson	Frentz	Kent	Newman	Weber
Chamberlain	Gazelka	Kiffmeyer	Newton	Westrom
Champion	Goggin	Klein	Osmek	Wiger
Clausen	Hall	Koran	Pratt	Wiklund
Cwodzinski	Hawj	Laine	Rarick	
Dahms	Hayden	Lang	Relph	
Dibble	Housley	Latz	Rest	
Draheim	Howe	Limmer	Rosen	

The President declared a quorum present.

The reading of the Journal was dispensed with and the Journal, as printed and corrected, was approved.

REPORTS OF COMMITTEES

Senator Gazelka moved that the Committee Reports at the Desk be now adopted. The motion prevailed.

Senator Ruud from the Committee on Environment and Natural Resources Policy and Legacy Finance, to which was referred

S.F. No. 3444: A bill for an act relating to environment; modifying fees for dry cleaners; modifying a report to the legislature; amending Minnesota Statutes 2018, section 115B.49, by adding a subdivision; Laws 2019, First Special Session chapter 4, article 1, section 2, subdivision 10; repealing Minnesota Statutes 2018, section 115B.49, subdivisions 4, 4b.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Environment and Natural Resource Finance. Report adopted.

Senator Ruud from the Committee on Environment and Natural Resources Policy and Legacy Finance, to which was referred

S.F. No. 3297: A bill for an act relating to game and fish; ensuring that all persons with permanent physical disabilities are eligible to obtain an angling license without a fee; amending Minnesota Statutes 2018, section 97A.441, subdivision 1.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Environment and Natural Resources Finance. Report adopted.

Senator Ruud from the Committee on Environment and Natural Resources Policy and Legacy Finance, to which was referred

S.F. No. 3311: A bill for an act relating to environment; clarifying that agency interpretive statements may not be treated as if they are properly adopted rules; clarifying that certain fee increases require legislative approval; modifying effluent limitation requirements; placing restrictions on using trichloroethylene; modifying definition of pipeline for certain purposes; modifying requirements for Pollution Control Agency permitting efficiency reports; requiring analysis of Wisconsin's Green Tier Program; requiring Pollution Control Agency to seek approval of certain modifications to state implementation plan; amending Minnesota Statutes 2018, sections 14.05, by adding a subdivision; 115.03, subdivision 1; 115.455; 115.77, subdivision 1; 115.84, subdivisions 2, 3; 116.03, subdivision 2b; 116.07, subdivision 4d; 216G.01, subdivision 3; proposing coding for new law in Minnesota Statutes, chapter 116.

Reports the same back with the recommendation that the bill be amended as follows:

Page 12, delete section 9

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 4, delete "placing"

Page 1, line 5, delete "restrictions on using trichloroethylene;"

Amend the title numbers accordingly

And when so amended the bill do pass and be re-referred to the Committee on Environment and Natural Resources Finance. Amendments adopted. Report adopted.

Senator Limmer from the Committee on Judiciary and Public Safety Finance and Policy, to which was referred

S.F. No. 3348: A bill for an act relating to real property; amending the Minnesota Common Interest Ownership Act; creating a court approval process for proposed amendments to governing documents of a common interest community; amending Minnesota Statutes 2018, sections 515B.1-102; 515B.2-118.

Reports the same back with the recommendation that the bill be amended as follows:

Page 8, delete lines 25 and 26 and insert:

"(6) Notwithstanding subsections (d)(1) to (5), the court shall not approve any amendment that:"

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Limmer from the Committee on Judiciary and Public Safety Finance and Policy, to which was referred

H.F. No. 745: A bill for an act relating to marriage; eliminating provisions allowing marriages by minors; requiring proof of age; amending Minnesota Statutes 2018, sections 517.02; 517.03, subdivision 1; 517.08, subdivisions 1a, 1b, by adding a subdivision.

Reports the same back with the recommendation that the bill be amended as follows:

Page 2, line 21, delete "2019" and insert "2020"

Page 3, line 10, delete "2019" and insert "2020"

Page 4, line 8, delete "2019" and insert "2020"

Page 5, line 32, delete "2019" and insert "2020"

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Pratt from the Committee on Jobs and Economic Growth Finance and Policy, to which was referred

S.F. No. 3358: A bill for an act relating to employment; providing for the minimum age for safe amusement ride operation; amending Minnesota Statutes 2018, sections 181A.04, subdivision 5; 184B.021.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, line 16, delete "an" and insert "a fixed site"

Page 2, delete section 2 and insert:

"Sec. 2. Minnesota Statutes 2018, section 184B.021, is amended to read:

184B.021 RIDE OPERATOR REQUIREMENTS; TRAINING.

Subdivision 1. Minimum age of ride operators. Ride operators must be at least 16 years of age.

Subd. 2. Training of ride operators. (a) The owner of an amusement ride must have a documented training policy for the operation of an amusement ride. Training shall at a minimum include, as applicable:

- (1) instruction on ride operating procedures;
- (2) instruction on general safety and emergency procedures;
- (3) demonstration of the physical ride operation; and
- (4) other instruction deemed necessary by the owner.

(b) The ride owner must maintain a written certification for each person controlling the physical operation of an amusement ride that the person has received the training for the ride that is required by the documented training policy.

Sec. 3. EFFECTIVE DATE.

Sections 1 and 2 are effective the day following final enactment."

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Pratt from the Committee on Jobs and Economic Growth Finance and Policy, to which was referred

S.F. No. 1805: A bill for an act relating to youth employment; clarifying categorization of lawn mower operation.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. **[181A.116] OPERATION OF LAWN CARE EQUIPMENT.**

(a) Notwithstanding section 181A.04, subdivision 5, minors of at least 16 years of age may be employed to operate lawn care equipment. For the purposes of this section, "lawn care equipment" means lawn trimmers, weed cutters, and machines designed to cut grass and weeds that meet safety specifications of the American National Standards Institute/Outdoor Power Equipment Institute's (ANSI/OPEI) B71.1 2017 definition of pedestrian-controlled mowers and ride-on mowers.

(b) A 16 or 17 year old employed under this section must:

(1) prior to operating lawn care equipment, be trained in the safe operation of each type of lawn care equipment listed in paragraph (a) to be operated by the 16 or 17 year old; and

(2) wear personal protective equipment, including, but not limited to, safety glasses, hearing protection, gloves, safety vest, and work boots, as necessary, at all times when operating the lawn care equipment listed in paragraph (a).

EFFECTIVE DATE. This section is effective the day following final enactment."

Amend the title as follows:

Page 1, line 2, delete "clarifying categorization of lawn mower operation" and insert "allowing 16 and 17 year olds to be employed to operate certain lawn care equipment"

Amend the title numbers accordingly

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Nelson from the Committee on E-12 Finance and Policy, to which was referred

S.F. No. 2259: A bill for an act relating to education finance; extending the maximum number of e-learning days; amending Minnesota Statutes 2018, sections 120A.41; 120A.414, subdivision 1.

Reports the same back with the recommendation that the bill be amended as follows:

Page 2, line 5, after the period, insert "Up to ten additional e-learning days may be used in the event of a public health emergency that causes the governor to authorize the commissioner of education to alter school schedules, curtail school schedules, or order schools closed under section 12.21."

Page 2, delete section 3

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Nelson from the Committee on E-12 Finance and Policy, to which was referred

S.F. No. 3351: A bill for an act relating to education; modifying school health services to allow for the use of a private nurse; amending Minnesota Statutes 2018, section 121A.21.

Reports the same back with the recommendation that the bill be amended as follows:

Page 2, line 2, delete "and"

Page 2, after line 2, insert:

"(3) the nurse has a license issued by the Board of Nursing and has complied with school district policies relating to adult visitors or volunteers, including a policy requiring a background check. If the district requires a background check, the student's parent must provide the results of a background check conducted within the previous three years or provide the district with payment for the cost of a background check under section 123B.03; and"

Page 2, line 3, delete "(3)" and insert "(4)"

Page 2, after line 4, insert:

"Sec. 2. Minnesota Statutes 2018, section 125A.08, is amended to read:

125A.08 INDIVIDUALIZED EDUCATION PROGRAMS.

(a) At the beginning of each school year, each school district shall have in effect, for each child with a disability, an individualized education program.

(b) As defined in this section, every district must ensure the following:

(1) all students with disabilities are provided the special instruction and services which are appropriate to their needs. Where the individualized education program team has determined appropriate goals and objectives based on the student's needs, including the extent to which the student can be included in the least restrictive environment, and where there are essentially equivalent and effective instruction, related services, or assistive technology devices available to meet the student's needs, cost to the district may be among the factors considered by the team in choosing how to provide the appropriate services, instruction, or devices that are to be made part of the student's individualized education program. The individualized education program team shall consider and may authorize services covered by medical assistance according to section 256B.0625, subdivision 26. Before a school district evaluation team makes a determination of other health disability under Minnesota Rules, part 3525.1335, subparts 1 and 2, item A, subitem (1), the evaluation team must seek written documentation of the student's medically diagnosed chronic or acute health condition signed by a licensed physician or a licensed health care provider acting within the scope of the provider's practice. The student's needs and the special education instruction and services to be provided must be agreed upon through the development of an individualized education program. The program must address the student's need to develop skills to live and work as independently as possible within the community. The individualized education program team must consider positive behavioral interventions, strategies, and supports that address behavior needs for children. During grade 9, the program must address the student's needs for transition from secondary services to postsecondary education and training, employment, community participation, recreation, and leisure and home living. In developing the program, districts must inform parents of the full range of transitional goals and related services that should be considered. The program must include a statement of the needed transition services, including a statement of the interagency responsibilities or linkages or both before secondary services are concluded. If the individualized education program meets the plan components in section 120B.125, the individualized education program satisfies the requirement and no additional transition plan is needed;

(2) children with a disability under age five and their families are provided special instruction and services appropriate to the child's level of functioning and needs;

(3) children with a disability and their parents or guardians are guaranteed procedural safeguards and the right to participate in decisions involving identification, assessment including assistive technology assessment, and educational placement of children with a disability;

(4) eligibility and needs of children with a disability are determined by an initial evaluation or reevaluation, which may be completed using existing data under United States Code, title 20, section 33, et seq.;

(5) to the maximum extent appropriate, children with a disability, including those in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with a disability from the regular educational environment occurs only when and to the extent that the nature or severity of the disability is such that education in regular classes with the use of supplementary services cannot be achieved satisfactorily;

(6) in accordance with recognized professional standards, testing and evaluation materials, and procedures used for the purposes of classification and placement of children with a disability are selected and administered so as not to be racially or culturally discriminatory; and

(7) the rights of the child are protected when the parents or guardians are not known or not available, or the child is a ward of the state.

(c) For all paraprofessionals employed to work in programs whose role in part is to provide direct support to students with disabilities, the school board in each district shall ensure that:

(1) before or beginning at the time of employment, each paraprofessional must develop sufficient knowledge and skills in emergency procedures, building orientation, roles and responsibilities, confidentiality, vulnerability, and reportability, among other things, to begin meeting the needs, especially disability-specific and behavioral needs, of the students with whom the paraprofessional works;

(2) annual training opportunities are required to enable the paraprofessional to continue to further develop the knowledge and skills that are specific to the students with whom the paraprofessional works, including understanding disabilities, the unique and individual needs of each student according to the student's disability and how the disability affects the student's education and behavior, following lesson plans, and implementing follow-up instructional procedures and activities; and

(3) a districtwide process obligates each paraprofessional to work under the ongoing direction of a licensed teacher and, where appropriate and possible, the supervision of a school nurse.

(d) A school district may conduct a functional behavioral assessment as defined in Minnesota Rules, part 3525.0210, subpart 22, as a stand-alone evaluation without conducting a comprehensive evaluation of the student. A parent may request a school district to conduct a comprehensive evaluation.

Sec. 3. Minnesota Statutes 2018, section 125A.50, subdivision 1, is amended to read:

Subdivision 1. **Commissioner approval.** The commissioner may approve applications from districts initiating or significantly changing a program to provide prevention services as an alternative to special education and other compensatory programs. A district with an approved program may provide instruction and services in a regular education classroom, or an area learning center, to eligible pupils. Pupils eligible to participate in the program are pupils who need additional academic or behavioral support to succeed in the general education environment and who may eventually qualify for special education instruction or related services under sections 125A.03 to 125A.24 and 125A.65 if the intervention services authorized by this section were unavailable. A pupil with disabilities, as defined under sections 125A.03 to 125A.24 and 125A.65, whose individualized education program (IEP) team has determined that they do not require special education services

in the area of the district's approved program, may participate in the approved program so long as they do not cause an increase in costs for the program or displace a student who does not currently have a disability. Pupils may be provided services during extended school days and throughout the entire year and through the assurance of mastery program under sections 125A.03 to 125A.24 and 125A.65."

Amend the title as follows:

Page 1, line 3, after "nurse" insert "; modifying the use of a functional behavioral assessment; allowing certain students to participate in alternative delivery of specialized instructional services program"

Amend the title numbers accordingly

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Rosen from the Committee on Finance, to which was re-referred

S.F. No. 3564: A bill for an act relating to public safety; transferring money to the disaster contingency account.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, line 7, after the period, insert "This is a onetime transfer."

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Hall from the Committee on Local Government, to which was referred

S.F. No. 1552: A bill for an act relating to local government; providing for payment of city charter commission expenses; amending Minnesota Statutes 2018, section 410.06.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, line 14, strike "so" and delete ".0007" and insert ".07 percent"

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Hall from the Committee on Local Government, to which was referred

S.F. No. 3745: A bill for an act relating to local government; permitting addition of unorganized territory in Itasca County to Harris Township, notwithstanding the petition requirement.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Environment and Natural Resources Policy and Legacy Finance. Report adopted.

Senator Abeler from the Committee on Human Services Reform Finance and Policy, to which was referred

S.F. No. 3457: A bill for an act relating to human services; establishing enrollment requirements for personal care assistance agencies; establishing additional duties for personal care assistants and qualified professionals; establishing a payment rate methodology for personal care assistance services; requiring commissioner of human services to study methodology; requiring providers to submit workforce data; requiring reports; amending Minnesota Statutes 2018, sections 256B.0625, by adding a subdivision; 256B.0659, subdivision 14, by adding a subdivision; 256B.69, subdivision 5a; Minnesota Statutes 2019 Supplement, sections 256B.0659, subdivisions 21, 24; 256B.85, subdivision 2; 256S.18, subdivision 7; proposing coding for new law in Minnesota Statutes, chapter 256B.

Reports the same back with the recommendation that the bill be amended as follows:

Page 10, line 30, delete "in which" and insert "that follows" and delete "occurs"

Page 20, line 16, delete "....." and insert "0.00"

Page 21, line 6, delete "..." and insert "2.47"

Page 21, line 7, delete "..." and insert "11.56"

Page 21, line 8, delete "..." and insert "4.56"

Page 21, line 9, delete "..." and insert "1.4"

Page 21, line 10, delete "..." and insert "4.29"

Page 21, line 11, delete "..." and insert "13.5"

Page 21, line 12, delete "..." and insert "0"

Page 21, line 13, delete "..." and insert "0"

And when so amended the bill do pass and be re-referred to the Committee on Health and Human Services Finance and Policy. Amendments adopted. Report adopted.

Senator Abeler from the Committee on Human Services Reform Finance and Policy, to which was referred

S.F. No. 3362: A bill for an act relating to human services; codifying existing session law governing consumer-directed community supports; amending Minnesota Statutes 2018, section 256B.49, subdivision 16; Minnesota Statutes 2019 Supplement, sections 256B.0711, subdivision 1; 256S.01, subdivision 6; 256S.19, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 256B; repealing Laws 2005, First Special Session chapter 4, article 7, sections 50; 51; Laws 2012, chapter 247, article 4, section 47, as amended; Laws 2015, chapter 71, article 7, section 54, as amended; Laws 2017, First Special Session chapter 6, article 1, sections 44, as amended; 45, as amended.

Reports the same back with the recommendation that the bill do pass. Report adopted.

Senator Abeler from the Committee on Human Services Reform Finance and Policy, to which was referred

S.F. No. 3079: A bill for an act relating to human services; prohibiting the commissioner of human services from imposing new or additional reporting requirements on community-based mental health service providers unless the commissioner first increases reimbursement rates; amending Minnesota Statutes 2018, section 245.4682, subdivision 2.

Reports the same back with the recommendation that the bill be amended as follows:

Page 2, delete lines 20 to 22 and insert:

"(d) Beginning July 1, 2020, the commissioner of human services shall not impose new or additional state reporting requirements to those existing in law as of July 1, 2020, for community-based mental health service providers as a condition for reimbursement for mental health services provided through medical assistance or MinnesotaCare, unless the corresponding service reimbursement rates are first increased. This provision does not apply to any new services offered by community-based mental health service providers after July 1, 2020."

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Abeler from the Committee on Human Services Reform Finance and Policy, to which was referred

S.F. No. 2948: A bill for an act relating to human services; modifying Council on Disability duties and powers; appropriating money; amending Minnesota Statutes 2018, section 256.482, subdivision 5.

Reports the same back with the recommendation that the bill be amended as follows:

Page 2, line 17, delete the first comma and insert "and" and delete ", and disburse"

Page 2, delete section 2 and insert:

"Sec. 2. APPROPRIATION; CITIES AND COUNTIES.

\$1,000,000 in fiscal year 2021 is appropriated from the general fund to the commissioner of administration for grants to cities and counties to improve website accessibility. Grant projects that will develop tools and training for the benefit of multiple cities and counties must be given priority. The commissioner of administration must consult with the Council on Disability when awarding the grants. Up to ten percent of this appropriation may be used for administrative purposes. The appropriation is available until spent."

And when so amended the bill do pass and be re-referred to the Committee on State Government Finance and Policy and Elections. Amendments adopted. Report adopted.

Senator Newman from the Committee on Transportation Finance and Policy, to which was referred

S.F. No. 3497: A bill for an act relating to transportation; amending determination of the motor vehicle registration tax; amending Minnesota Statutes 2019 Supplement, section 168.013, subdivision 1a.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2019 Supplement, section 168.013, subdivision 1a, is amended to read:

Subd. 1a. **Passenger automobile; hearse.** (a) On passenger automobiles as defined in section 168.002, subdivision 24, and hearses, except as otherwise provided, the registration tax is calculated as:

(1) \$10; plus an additional tax equal to

(2) 1.25 percent of the base value manufacturer's suggested retail price of the vehicle, subject to the adjustments in paragraphs (f) and (g).

(b) Subject to the classification provisions herein, "Base value" means the manufacturer's suggested retail price of the vehicle including destination charge using list price information published by the manufacturer or determined by the registrar if no suggested retail price exists, and shall The registration tax calculation must not include the cost of each accessory or item of optional equipment separately added to the vehicle and the manufacturer's suggested retail price. The registration tax calculation must not include a destination charge, except for a vehicle registered in Minnesota prior to January 1, 2020.

(c) In the case of the first registration of a new vehicle sold or leased by a licensed dealer, the dealer may elect to individually determine the base value of registration tax on the vehicle using manufacturer's suggested retail price information provided by the manufacturer. The registrar must use the base value determined by the dealer to properly classify the vehicle. The registrar must use the manufactured suggested retail price determined by the dealer as provided in paragraph (d). A dealer that elects to make the determination must retain a copy of the manufacturer's suggested retail price label or other supporting documentation with the vehicle transaction records maintained under Minnesota Rules, part 7400.5200.

(e) If the manufacturer's list price information contains a single vehicle identification number followed by various descriptions and suggested retail prices, the registrar shall select from those listings only the lowest price for determining base value.

(d) If unable to determine the base value because the vehicle is specially constructed, or for any other reason, the registrar may establish such value upon the cost price to the purchaser or owner as evidenced by a certificate of cost but not including Minnesota sales or use tax or any local sales or other local tax.

(e) ~~The registrar shall classify every vehicle in its proper base value class as follows:~~

FROM	TO
\$ 0	\$ 199.99
\$ 200	\$ 399.99

~~and thereafter a series of classes successively set in brackets having a spread of \$200 consisting of such number of classes as will permit classification of all vehicles.~~

~~(f) The base value for purposes of this section shall be the middle point between the extremes of its class.~~

~~(g) (d) The registrar shall establish~~ must determine the base value, when new, of every passenger automobile and hears registered prior to the effective date of Extra Session Laws 1971, chapter 31, using manufacturer's suggested retail price:

(1) using list price information published by the manufacturer or any nationally recognized firm or association compiling such data for the automotive industry;

(2) if the list price information is unavailable, then using the amount determined by a licensed dealer under paragraph (c);

(3) if a dealer does not determine the amount, then using the retail price label as provided by the manufacturer under United States Code, title 15, section 1232; or

(4) if the retail price label is not available, then using the actual sales price of the vehicle. If the registrar is unable to ascertain the base value manufacturer's suggested retail price of any registered vehicle in the foregoing manner, the registrar may use any other available source or method.

~~(e) The registrar shall~~ must calculate the registration tax using base value information available to dealers and deputy registrars at the time the initial application for registration is submitted. The tax on all previously registered vehicles shall be computed upon the base value thus determined taking into account the depreciation provisions of paragraph (h).

~~(h) (f) The annual additional tax amount under paragraph (a), clause (2), must be computed upon~~ calculated based on a percentage of the base value manufacturer's suggested retail price, as follows: during the first year of vehicle life, upon 100 percent of the base value price; for the second year, 90 percent of such value the price; for the third year, 80 percent of such value the price; for the fourth year, 70 percent of such value the price; for the fifth year, 60 percent of such value the price; for the sixth year, 50 percent of such value the price; for the seventh year, 40 percent of such value the price; for the eighth year, 30 percent of such value the price; for the ninth year, 20 percent of such value the price; for the tenth year, ten percent of such value; the price; and for the 11th and each succeeding year, the sum of \$25.

~~(i) (g) In no event shall the annual additional tax amount in paragraph (a), clause (2), be less than \$25.~~

(h) Except as provided in paragraph (i), for any vehicle previously registered in Minnesota and regardless of prior ownership, the total amount due under this subdivision and subdivision 1m must not exceed the smallest total amount previously paid or due on the vehicle.

(i) For a vehicle with a registration tax determined based on the actual sales price, the commissioner must adjust the registration tax within two years of the initial registration using one of the methods described in paragraph (d), clauses (1) to (3). The commissioner must adjust the registration tax amount of any vehicle to correct an error or omission that was made in determining or entering the registration tax amount or the destination charge amount. The adjusted registration tax amount is effective starting with the vehicle's next registration period. The commissioner must not collect any amount that would have been paid but for the error or omission. When the commissioner makes an adjustment to the registration tax amount pursuant to this paragraph, the commissioner must mail written notice to the owner of the vehicle stating that an adjustment was made to the registration tax amount, the reason for the adjustment, and contact information that the owner may call to ask questions.

EFFECTIVE DATE. Paragraphs (a) to (g) are effective January 1, 2021, and apply to taxes payable for a registration period starting on or after that date. Paragraphs (h) and (i) are effective July 1, 2020."

And when so amended the bill do pass and be re-referred to the Committee on Taxes. Amendments adopted. Report adopted.

Senator Newman from the Committee on Transportation Finance and Policy, to which was re-referred

S.F. No. 3496: A bill for an act relating to environment; repealing certain authority of the Pollution Control Agency related to automobile emissions; requiring a study; appropriating money; amending Minnesota Statutes 2018, section 116.07, subdivision 2.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on State Government Finance and Policy and Elections. Report adopted.

REPORT OF VOTE IN COMMITTEE

Pursuant to Rule 12.10, upon the request of three members, a roll call was taken on the motion that S.F. No. 3496, be recommended to pass and be re-referred.

There were yeas 9 and nays 7, as follows:

Those who voted in the affirmative were:

Senators Anderson, B.; Hall; Howe; Jasinski; Lang; Newman; Osmek; Rarick; and Senjem.

Those who voted in the negative were:

Senators Carlson, Dibble, Franzen, Frentz, Kent, Klein, and Little.

The motion prevailed.

Senator Dahms from the Committee on Commerce and Consumer Protection Finance and Policy, to which was referred

S.F. No. 365: A bill for an act relating to health care; prohibiting health plan companies from removing coverage of a particular brand of insulin or equipment and supplies during an enrollee's contract year; amending Minnesota Statutes 2018, section 62A.3093, by adding a subdivision.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, after line 17, insert:

"(d) This subdivision does not apply to managed care plans or county-based purchasing plans participating in a public health care program under chapter 256B or 256L, or an integrated health partnership under section 256B.0755, or to the state employee group insurance program provided under sections 43A.22 to 43A.30."

And when so amended the bill do pass and be re-referred to the Committee on Health and Human Services Finance and Policy. Amendments adopted. Report adopted.

Senator Ingebrigtsen from the Committee on Environment and Natural Resources Finance, to which was referred

S.F. No. 2815: A bill for an act relating to environment; appropriating money for wastewater infrastructure in Rosemount.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, line 6, delete "\$600,000" and insert "\$800,000" and delete "environmental" and insert "....."

And when so amended the bill do pass and be re-referred to the Committee on Jobs and Economic Growth Finance and Policy. Amendments adopted. Report adopted.

Senator Kiffmeyer from the Committee on State Government Finance and Policy and Elections, to which was referred

S.F. No. 3482: A bill for an act relating to data practices; modifying treatment of presidential primary voter data; amending Minnesota Statutes 2019 Supplement, section 201.091, subdivision 4a.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Judiciary and Public Safety Finance and Policy. Report adopted.

Senator Anderson, P. from the Committee on Higher Education Finance and Policy, to which was referred

S.F. No. 3665: A bill for an act relating to capital investment; authorizing the use of general fund appropriations that pay debt service on University of Minnesota debt for the biomedical research facilities to also be used to pay for debt service on bonds issued for the clinical research facility;

appropriating money; amending Minnesota Statutes 2018, sections 137.61; 137.62, subdivision 2, by adding a subdivision; 137.63; 137.64.

Reports the same back with the recommendation that the bill be amended as follows:

Page 3, line 19, strike "and"

Page 3, line 20, reinstate the stricken language and delete the new language

Page 3, line 21, strike everything after "thereafter" and insert "through fiscal year 2020; and"

Page 3, after line 21, insert:

"(7) up to \$13,930,000 is appropriated in fiscal year 2021 and each year thereafter through fiscal year 2039."

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

Senator Limmer from the Committee on Judiciary and Public Safety Finance and Policy, to which was referred

S.F. No. 3616: A bill for an act relating to public safety; giving a coroner or medical examiner access to the criminal justice data communications network for purposes of identifying unknown deceased persons; amending Minnesota Statutes 2018, section 299C.46, subdivision 3.

Reports the same back with the recommendation that the bill do pass. Report adopted.

Senator Limmer from the Committee on Judiciary and Public Safety Finance and Policy, to which was re-referred

S.F. No. 1517: A bill for an act relating to veterinary medicine; providing immunity for animal cruelty reporting; proposing coding for new law in Minnesota Statutes, chapter 343.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, line 7, delete the colon

Page 1, line 8, delete "(1)" and delete "; or" and insert a period

Page 1, delete line 9

Page 1, line 10, delete "2019" and insert "2020"

And when so amended the bill do pass. Amendments adopted. Report adopted.

**Senator Limmer from the Committee on Judiciary and Public Safety Finance and Policy,
to which was referred**

S.F. No. 2902: A bill for an act relating to civil commitment; modifying provisions governing civil commitment; establishing engagement services pilot project; appropriating money; amending Minnesota Statutes 2018, sections 253B.02, subdivisions 4b, 7, 8, 9, 10, 12a, 13, 16, 17, 18, 19, 21, 22, 23, by adding subdivisions; 253B.03, subdivisions 1, 2, 3, 4a, 5, 6, 6b, 6d, 7, 10; 253B.04, subdivisions 1, 1a, 2; 253B.045, subdivisions 2, 3, 5, 6; 253B.06, subdivisions 1, 2, 3; 253B.07, subdivisions 1, 2, 2b, 2d, 3, 4, 5, 7; 253B.08, subdivisions 1, 2a, 5, 5a; 253B.09, subdivisions 1, 2, 3a, 5; 253B.092; 253B.0921; 253B.095, subdivision 3; 253B.097, subdivisions 1, 2, 3, 6; 253B.10; 253B.12, subdivisions 1, 2, 3, 4, 7; 253B.13, subdivision 1; 253B.14; 253B.141; 253B.15, subdivisions 1, 1a, 2, 3, 3a, 3b, 3c, 5, 7, 9, 10, by adding a subdivision; 253B.16; 253B.17; 253B.18, subdivisions 1, 2, 3, 4a, 4b, 4c, 5, 5a, 6, 7, 8, 10, 11, 12, 14, 15; 253B.19, subdivision 2; 253B.20, subdivisions 1, 2, 3, 4, 6; 253B.21, subdivisions 1, 2, 3; 253B.212, subdivisions 1, 1a, 1b, 2; 253B.22, subdivisions 1, 2, 3, 4; 253B.23, subdivisions 1, 1b, 2; 253B.24; 253D.02, subdivision 6; 253D.07, subdivision 2; 253D.10, subdivision 2; 253D.21; 253D.28, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 253B; repealing Minnesota Statutes 2018, sections 253B.02, subdivision 6; 253B.05, subdivisions 1, 2, 2b, 3, 4; 253B.064; 253B.065; 253B.066; 253B.09, subdivision 3; 253B.15, subdivision 11; 253B.20, subdivision 7.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2018, section 253B.02, subdivision 4b, is amended to read:

Subd. 4b. **Community-based treatment program.** "Community-based treatment program" means treatment and services provided at the community level, including but not limited to community support services programs defined in section 245.462, subdivision 6; day treatment services defined in section 245.462, subdivision 8; outpatient services defined in section 245.462, subdivision 21; mental health crisis services under section 245.462, subdivision 14c; outpatient services defined in section 245.462, subdivision 21; assertive community treatment services under section 256B.0622; adult rehabilitation mental health services under section 256B.0623; home and community-based waivers, supportive housing, and residential treatment services as defined in section 245.462, subdivision 23. Community-based treatment program excludes services provided by a state-operated treatment program.

Sec. 2. Minnesota Statutes 2018, section 253B.02, subdivision 7, is amended to read:

Subd. 7. **Examiner.** "Examiner" means a person who is knowledgeable, trained, and practicing in the diagnosis and assessment or in the treatment of the alleged impairment, and who is a licensed physician, a mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6), or a licensed physician assistant.

~~(1) a licensed physician;~~

~~(2) a licensed psychologist who has a doctoral degree in psychology or who became a licensed consulting psychologist before July 2, 1975; or~~

~~(3) an advanced practice registered nurse certified in mental health or a licensed physician assistant, except that only a physician or psychologist meeting these requirements may be appointed by the court as described by sections 253B.07, subdivision 3; 253B.092, subdivision 8, paragraph (b); 253B.17, subdivision 3; 253B.18, subdivision 2; and 253B.19, subdivisions 1 and 2, and only a physician or psychologist may conduct an assessment as described by Minnesota Rules of Criminal Procedure, rule 20.~~

Sec. 3. Minnesota Statutes 2018, section 253B.02, is amended by adding a subdivision to read:

Subd. 7a. **Court examiner.** "Court examiner" means a person appointed to serve the court, and who is a physician or licensed psychologist who has a doctoral degree in psychology.

Sec. 4. Minnesota Statutes 2018, section 253B.02, subdivision 8, is amended to read:

Subd. 8. **Head of the treatment facility or program.** "Head of the treatment facility or program" means the person who is charged with overall responsibility for the professional program of care and treatment of the facility or the person's designee treatment facility, state-operated treatment program, or community-based treatment program.

Sec. 5. Minnesota Statutes 2018, section 253B.02, subdivision 9, is amended to read:

Subd. 9. **Health officer.** "Health officer" means:

(1) a licensed physician;

~~(2) a licensed psychologist~~ a mental health professional as defined in section 245.462, subdivision 18, clauses (1) to (6);

(3) a licensed social worker;

(4) a registered nurse working in an emergency room of a hospital;

~~(5) a psychiatric or public health nurse as defined in section 145A.02, subdivision 18;~~

~~(6)~~ (5) an advanced practice registered nurse (APRN) as defined in section 148.171, subdivision 3; or

(7) (6) a mental health professional practitioner as defined in section 245.462, subdivision 17, providing mental health mobile crisis intervention services as described under section 256B.0624 with the consultation and approval by a mental health professional; or

~~(8)~~ (7) a formally designated member of a prepetition screening unit established by section 253B.07.

Sec. 6. Minnesota Statutes 2018, section 253B.02, subdivision 10, is amended to read:

Subd. 10. **Interested person.** "Interested person" means:

(1) an adult who has a specific interest in the patient or proposed patient, including but not limited to; a public official, including a local welfare agency acting under section 626.5561, and; a

health care or mental health provider or the provider's employee or agent; the legal guardian, spouse, parent, legal counsel, adult child, or next of kin; or other person designated by a patient or proposed patient; or

(2) a health plan company that is providing coverage for a proposed patient.

Sec. 7. Minnesota Statutes 2018, section 253B.02, subdivision 13, is amended to read:

Subd. 13. **Person who is mentally ill poses a risk of harm due to a mental illness.** (a) A "person who ~~is mentally ill~~ poses a risk of harm due to a mental illness" means any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory ~~which that~~ grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which that is manifested by instances of grossly disturbed behavior or faulty perceptions and who, due to this impairment, poses a substantial likelihood of physical harm to self or others as demonstrated by:

(1) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment;

(2) an inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care as a result of the impairment and it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided;

(3) a recent attempt or threat to physically harm self or others; or

(4) recent and volitional conduct involving significant damage to substantial property.

(b) A person ~~is not mentally ill~~ does not pose a risk of harm due to mental illness under this section if the person's impairment is solely due to:

(1) epilepsy;

(2) developmental disability;

(3) brief periods of intoxication caused by alcohol, drugs, or other mind-altering substances; or

(4) dependence upon or addiction to any alcohol, drugs, or other mind-altering substances.

Sec. 8. Minnesota Statutes 2018, section 253B.02, subdivision 16, is amended to read:

Subd. 16. **Peace officer.** "Peace officer" means a sheriff or deputy sheriff, or municipal or other local police officer, or a State Patrol officer when engaged in the authorized duties of office.

Sec. 9. Minnesota Statutes 2018, section 253B.02, subdivision 17, is amended to read:

Subd. 17. **Person who is mentally ill has a mental illness and is dangerous to the public.** (a) A "person who ~~is mentally ill~~ has a mental illness and is dangerous to the public" is a person:

(1) who ~~is mentally ill~~ has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, and is manifested by instances of grossly disturbed behavior or faulty perceptions; and

(2) who as a result of that ~~mental illness~~ impairment presents a clear danger to the safety of others as demonstrated by the facts that (i) the person has engaged in an overt act causing or attempting to cause serious physical harm to another and (ii) there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another.

~~(b) A person committed as a sexual psychopathic personality or sexually dangerous person as defined in subdivisions 18a and 18b is subject to the provisions of this chapter that apply to persons who are mentally ill and dangerous to the public.~~

Sec. 10. Minnesota Statutes 2018, section 253B.02, subdivision 18, is amended to read:

Subd. 18. **Regional State-operated treatment center program.** "Regional State-operated treatment center program" means any state-operated facility for persons who are mentally ill, developmentally disabled, or chemically dependent under the direct administrative authority of the commissioner means any state-operated program including community behavioral health hospitals, crisis centers, residential facilities, outpatient services, and other community-based services developed and operated by the state and under the commissioner's control for a person who has a mental illness, developmental disability, or chemical dependency.

Sec. 11. Minnesota Statutes 2018, section 253B.02, subdivision 19, is amended to read:

Subd. 19. **Treatment facility.** "Treatment facility" means a non-state-operated hospital, community mental health center, or other treatment provider residential treatment provider, crisis residential withdrawal management center, or corporate foster care home qualified to provide care and treatment for persons who are mentally ill, developmentally disabled, or chemically dependent who have a mental illness, developmental disability, or chemical dependency.

Sec. 12. Minnesota Statutes 2018, section 253B.02, subdivision 21, is amended to read:

Subd. 21. **Pass.** "Pass" means any authorized temporary, unsupervised absence from a state-operated treatment facility program.

Sec. 13. Minnesota Statutes 2018, section 253B.02, subdivision 22, is amended to read:

Subd. 22. **Pass plan.** "Pass plan" means the part of a treatment plan for a person patient who has been committed as ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public that specifies the terms and conditions under which the patient may be released on a pass.

Sec. 14. Minnesota Statutes 2018, section 253B.02, subdivision 23, is amended to read:

Subd. 23. **Pass-eligible status.** "Pass-eligible status" means the status under which a person patient committed as ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public may be released on passes after approval of a pass plan by the head of a state-operated treatment facility program.

Sec. 15. Minnesota Statutes 2018, section 253B.03, subdivision 1, is amended to read:

Subdivision 1. **Restraints.** (a) A patient has the right to be free from restraints. Restraints shall not be applied to a patient in a treatment facility or state-operated treatment program unless the head of the treatment facility, head of the state-operated treatment program, a member of the medical staff, or a licensed peace officer who has custody of the patient determines that ~~they~~ restraints are necessary for the safety of the patient or others.

(b) Restraints shall not be applied to patients with developmental disabilities except as permitted under section 245.825 and rules of the commissioner of human services. Consent must be obtained from the ~~person~~ patient or ~~person's~~ patient's guardian except for emergency procedures as permitted under rules of the commissioner adopted under section 245.825.

(c) Each use of a restraint and reason for it shall be made part of the clinical record of the patient under the signature of the head of the treatment facility.

Sec. 16. Minnesota Statutes 2018, section 253B.03, subdivision 2, is amended to read:

Subd. 2. **Correspondence.** A patient has the right to correspond freely without censorship. The head of the treatment facility or head of the state-operated treatment program may restrict correspondence if the patient's medical welfare requires this restriction. For ~~patients~~ a patient in regional a state-operated treatment centers program, that determination may be reviewed by the commissioner. Any limitation imposed on the exercise of a patient's correspondence rights and the reason for it shall be made a part of the clinical record of the patient. Any communication which is not delivered to a patient shall be immediately returned to the sender.

Sec. 17. Minnesota Statutes 2018, section 253B.03, subdivision 3, is amended to read:

Subd. 3. **Visitors and phone calls.** Subject to the general rules of the treatment facility or state-operated treatment program, a patient has the right to receive visitors and make phone calls. The head of the treatment facility or head of the state-operated treatment program may restrict visits and phone calls on determining that the medical welfare of the patient requires it. Any limitation imposed on the exercise of the patient's visitation and phone call rights and the reason for it shall be made a part of the clinical record of the patient.

Sec. 18. Minnesota Statutes 2018, section 253B.03, subdivision 4a, is amended to read:

Subd. 4a. **Disclosure of patient's admission.** Upon admission to a treatment facility or state-operated treatment program where federal law prohibits unauthorized disclosure of patient or resident identifying information to callers and visitors, the patient or resident, or the legal guardian of the patient or resident, shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility to callers and visitors who may seek to communicate with the patient or resident. To the extent possible, the legal guardian of a patient or resident shall consider the opinions of the patient or resident regarding the disclosure of the patient's or resident's presence in the facility.

Sec. 19. Minnesota Statutes 2018, section 253B.03, subdivision 5, is amended to read:

Subd. 5. **Periodic assessment.** A patient has the right to periodic medical assessment, including assessment of the medical necessity of continuing care and, if the treatment facility, state-operated treatment program, or community-based treatment program declines to provide continuing care, the right to receive specific written reasons why continuing care is declined at the time of the assessment. The treatment facility, state-operated treatment program, or community-based treatment program shall assess the physical and mental condition of every patient as frequently as necessary, but not less often than annually. If the patient refuses to be examined, the treatment facility, state-operated treatment program, or community-based treatment program shall document in the patient's chart its attempts to examine the patient. If a ~~person~~ patient is committed as developmentally disabled for an indeterminate period of time, the three-year judicial review must include the annual reviews for each year ~~as outlined in Minnesota Rules, part 9525.0075, subpart 6~~ regarding the patient's need for continued commitment.

Sec. 20. Minnesota Statutes 2018, section 253B.03, subdivision 6, is amended to read:

Subd. 6. **Consent for medical procedure.** (a) A patient has the right to give prior consent to any medical or surgical treatment, other than treatment for chemical dependency or noninvasive treatment for mental illness.

(b) The following procedures shall be used to obtain consent for any treatment necessary to preserve the life or health of any committed patient:

~~(a)~~ (1) the written, informed consent of a competent adult patient for the treatment is sufficient;

~~(b)~~ (2) if the patient is subject to guardianship which includes the provision of medical care, the written, informed consent of the guardian for the treatment is sufficient;

~~(c)~~ (3) if the head of the treatment facility or state-operated treatment program determines that the patient is not competent to consent to the treatment and the patient has not been adjudicated incompetent, written, informed consent for the surgery or medical treatment shall be obtained from the person appointed the power of attorney, the patient's agent under the health care directive, or the nearest proper relative. For this purpose, the following persons are proper relatives, in the order listed: the patient's spouse, parent, adult child, or adult sibling. If the nearest proper relatives cannot be located, refuse to consent to the procedure, or are unable to consent, the head of the treatment facility or state-operated treatment program or an interested person may petition the committing court for approval for the treatment or may petition a court of competent jurisdiction for the appointment of a guardian. The determination that the patient is not competent, and the reasons for the determination, shall be documented in the patient's clinical record;

~~(d)~~ (4) consent to treatment of any minor patient shall be secured in accordance with sections 144.341 to 144.346. A minor 16 years of age or older may consent to hospitalization, routine diagnostic evaluation, and emergency or short-term acute care; and

~~(e)~~ (5) in the case of an emergency when the persons ordinarily qualified to give consent cannot be located in sufficient time to address the emergency need, the head of the treatment facility or state-operated treatment program may give consent.

(c) No person who consents to treatment pursuant to the provisions of this subdivision shall be civilly or criminally liable for the performance or the manner of performing the treatment. No person

shall be liable for performing treatment without consent if written, informed consent was given pursuant to this subdivision. This provision shall not affect any other liability which may result from the manner in which the treatment is performed.

Sec. 21. Minnesota Statutes 2018, section 253B.03, subdivision 6b, is amended to read:

Subd. 6b. **Consent for mental health treatment.** A competent ~~person~~ patient admitted voluntarily to a treatment facility or state-operated treatment program may be subjected to intrusive mental health treatment only with the ~~person's~~ patient's written informed consent. For purposes of this section, "intrusive mental health treatment" means ~~electroshock~~ electroconvulsive therapy and neuroleptic medication and does not include treatment for a developmental disability. An incompetent ~~person~~ patient who has prepared a directive under subdivision 6d regarding intrusive mental health treatment ~~with intrusive therapies~~ must be treated in accordance with this section, except in cases of emergencies.

Sec. 22. Minnesota Statutes 2018, section 253B.03, subdivision 6d, is amended to read:

Subd. 6d. **Adult mental health treatment.** (a) A competent adult patient may make a declaration of preferences or instructions regarding intrusive mental health treatment. These preferences or instructions may include, but are not limited to, consent to or refusal of these treatments. A declaration of preferences or instructions may include a health care directive under chapter 145C or a psychiatric directive.

(b) A declaration may designate a proxy to make decisions about intrusive mental health treatment. A proxy designated to make decisions about intrusive mental health treatments and who agrees to serve as proxy may make decisions on behalf of a declarant consistent with any desires the declarant expresses in the declaration.

(c) A declaration is effective only if it is signed by the declarant and two witnesses. The witnesses must include a statement that they believe the declarant understands the nature and significance of the declaration. A declaration becomes operative when it is delivered to the declarant's physician or other mental health treatment provider. The physician or provider must comply with ~~the~~ the declaration to the fullest extent possible, consistent with reasonable medical practice, the availability of treatments requested, and applicable law. The physician or provider shall continue to obtain the declarant's informed consent to all intrusive mental health treatment decisions if the declarant is capable of informed consent. A treatment provider ~~may~~ must not require a ~~person~~ patient to make a declaration under this subdivision as a condition of receiving services.

(d) The physician or other provider shall make the declaration a part of the declarant's medical record. If the physician or other provider is unwilling at any time to comply with the declaration, the physician or provider must promptly notify the declarant and document the notification in the declarant's medical record. ~~If the declarant has been committed as a patient under this chapter, the physician or provider may subject a declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only upon order of the committing court. If the declarant is not a committed patient under this chapter, The physician or provider may subject the declarant to intrusive treatment in a manner contrary to the declarant's expressed wishes, only if the declarant is committed as mentally ill~~ a person who poses a risk of harm due to mental illness or mentally ill as a person

who has a mental illness and is dangerous to the public and a court order authorizing the treatment has been issued or an emergency has been declared under section 253B.092, subdivision 3.

(e) A declaration under this subdivision may be revoked in whole or in part at any time and in any manner by the declarant if the declarant is competent at the time of revocation. A revocation is effective when a competent declarant communicates the revocation to the attending physician or other provider. The attending physician or other provider shall note the revocation as part of the declarant's medical record.

(f) A provider who administers intrusive mental health treatment according to and in good faith reliance upon the validity of a declaration under this subdivision is held harmless from any liability resulting from a subsequent finding of invalidity.

(g) In addition to making a declaration under this subdivision, a competent adult may delegate parental powers under section 524.5-211 or may nominate a guardian under sections 524.5-101 to 524.5-502.

Sec. 23. Minnesota Statutes 2018, section 253B.03, subdivision 7, is amended to read:

Subd. 7. **Program Treatment plan.** A ~~person~~ patient receiving services under this chapter has the right to receive proper care and treatment, best adapted, according to contemporary professional standards, to rendering further supervision unnecessary. The treatment facility, state-operated treatment program, or community-based treatment program shall devise a written program treatment plan for each person patient which describes in behavioral terms the case problems, the precise goals, including the expected period of time for treatment, and the specific measures to be employed. Each plan shall be reviewed at least quarterly to determine progress toward the goals, and to modify the program plan as necessary. The development and review of treatment plans must be conducted as required under the license or certification of the treatment facility, state-operated treatment program, or community-based treatment program. If there are no review requirements under the license or certification, the treatment plan must be reviewed quarterly. The program treatment plan shall be devised and reviewed with the designated agency and with the patient. The clinical record shall reflect the program treatment plan review. If the designated agency or the patient does not participate in the planning and review, the clinical record shall include reasons for nonparticipation and the plans for future involvement. The commissioner shall monitor the program treatment plan and review process for regional centers state-operated treatment programs to insure ensure compliance with the provisions of this subdivision.

Sec. 24. Minnesota Statutes 2018, section 253B.03, subdivision 10, is amended to read:

Subd. 10. **Notification.** (a) All persons patients admitted or committed to a treatment facility or state-operated treatment program, or temporarily confined under section 253B.045, shall be notified in writing of their rights regarding hospitalization and other treatment at the time of admission.

(b) This notification must include:

(1) patient rights specified in this section and section 144.651, including nursing home discharge rights;

- (2) the right to obtain treatment and services voluntarily under this chapter;
- (3) the right to voluntary admission and release under section 253B.04;
- (4) rights in case of an emergency admission under section ~~253B.05~~ 253B.051, including the right to documentation in support of an emergency hold and the right to a summary hearing before a judge if the patient believes an emergency hold is improper;
- (5) the right to request expedited review under section 62M.05 if additional days of inpatient stay are denied;
- (6) the right to continuing benefits pending appeal and to an expedited administrative hearing under section 256.045 if the patient is a recipient of medical assistance or MinnesotaCare; and
- (7) the right to an external appeal process under section 62Q.73, including the right to a second opinion.

Sec. 25. Minnesota Statutes 2018, section 253B.04, subdivision 1, is amended to read:

Subdivision 1. **Voluntary admission and treatment.** (a) Voluntary admission is preferred over involuntary commitment and treatment. Any person 16 years of age or older may request to be admitted to a treatment facility or state-operated treatment program as a voluntary patient for observation, evaluation, diagnosis, care and treatment without making formal written application. Any person under the age of 16 years may be admitted as a patient with the consent of a parent or legal guardian if it is determined by independent examination that there is reasonable evidence that (1) the proposed patient has a mental illness, ~~or is developmentally disabled~~ developmental disability, or chemically dependent chemical dependency; and (2) the proposed patient is suitable for treatment. The head of the treatment facility or head of the state-operated treatment program shall not arbitrarily refuse any person seeking admission as a voluntary patient. In making decisions regarding admissions, the treatment facility or state-operated treatment program shall use clinical admission criteria consistent with the current applicable inpatient admission standards established by professional organizations including the American Psychiatric Association or, the American Academy of Child and Adolescent Psychiatry, the Joint Commission, and the American Society of Addiction Medicine. These criteria must be no more restrictive than, and must be consistent with, the requirements of section 62Q.53. The treatment facility or head of the state-operated treatment program may not refuse to admit a person voluntarily solely because the person does not meet the criteria for involuntary holds under section ~~253B.05~~ 253B.051 or the definition of a person who poses a risk of harm due to mental illness under section 253B.02, subdivision 13.

(b) In addition to the consent provisions of paragraph (a), a person who is 16 or 17 years of age who refuses to consent personally to admission may be admitted as a patient for mental illness or chemical dependency treatment with the consent of a parent or legal guardian if it is determined by an independent examination that there is reasonable evidence that the proposed patient is chemically dependent or has a mental illness and is suitable for treatment. The person conducting the examination shall notify the proposed patient and the parent or legal guardian of this determination.

(c) A person who is voluntarily participating in treatment for a mental illness is not subject to civil commitment under this chapter if the person:

(1) has given informed consent or, if lacking capacity, is a person for whom legally valid substitute consent has been given; and

(2) is participating in a medically appropriate course of treatment, including clinically appropriate and lawful use of neuroleptic medication and electroconvulsive therapy. The limitation on commitment in this paragraph does not apply if, based on clinical assessment, the court finds that it is unlikely that the ~~person~~ patient will remain in and cooperate with a medically appropriate course of treatment absent commitment and the standards for commitment are otherwise met. This paragraph does not apply to a person for whom commitment proceedings are initiated pursuant to rule 20.01 or 20.02 of the Rules of Criminal Procedure, or a person found by the court to meet the requirements under section 253B.02, subdivision 17.

(d) Legally valid substitute consent may be provided by a proxy under a health care directive, a guardian or conservator with authority to consent to mental health treatment, or consent to admission under subdivision 1a or 1b.

Sec. 26. Minnesota Statutes 2018, section 253B.04, subdivision 1a, is amended to read:

Subd. 1a. **Voluntary treatment or admission for persons with a mental illness.** (a) A person with a mental illness may seek or voluntarily agree to accept treatment or admission to a state-operated treatment program or treatment facility. If the mental health provider determines that the person lacks the capacity to give informed consent for the treatment or admission, and in the absence of a health care ~~power of attorney~~ directive or power of attorney that authorizes consent, the designated agency or its designee may give informed consent for mental health treatment or admission to a treatment facility or state-operated treatment program on behalf of the person.

(b) The designated agency shall apply the following criteria in determining the person's ability to give informed consent:

(1) whether the person demonstrates an awareness of the person's illness, and the reasons for treatment, its risks, benefits and alternatives, and the possible consequences of refusing treatment; and

(2) whether the person communicates verbally or nonverbally a clear choice concerning treatment that is a reasoned one, not based on delusion, even though it may not be in the person's best interests.

(c) The basis for the designated agency's decision that the person lacks the capacity to give informed consent for treatment or admission, and that the patient has voluntarily accepted treatment or admission, must be documented in writing.

(d) A ~~mental health provider~~ treatment facility or state-operated treatment program that provides treatment in reliance on the written consent given by the designated agency under this subdivision or by a substitute decision maker appointed by the court is not civilly or criminally liable for performing treatment without consent. This paragraph does not affect any other liability that may result from the manner in which the treatment is performed.

(e) A ~~person~~ patient who receives treatment or is admitted to a treatment facility or state-operated treatment program under this subdivision or subdivision 1b has the right to refuse treatment at any time or to be released from a treatment facility or state-operated treatment program as provided

under subdivision 2. The person patient or any interested person acting on the person's patient's behalf may seek court review within five days for a determination of whether the person's patient's agreement to accept treatment or admission is voluntary. At the time a person patient agrees to treatment or admission to a treatment facility or state-operated treatment program under this subdivision, the designated agency or its designee shall inform the person patient in writing of the person's patient's rights under this paragraph.

~~(f) This subdivision does not authorize the administration of neuroleptic medications. Neuroleptic medications may be administered only as provided in section 253B.092.~~

Sec. 27. Minnesota Statutes 2018, section 253B.04, subdivision 2, is amended to read:

Subd. 2. **Release.** Every patient admitted for mental illness or developmental disability under this section shall be informed in writing at the time of admission that the patient has a right to leave the treatment facility or state-operated treatment program within 12 hours of making a request, unless held under another provision of this chapter. Every patient admitted for chemical dependency under this section shall be informed in writing at the time of admission that the patient has a right to leave the treatment facility or state-operated treatment program within 72 hours, exclusive of Saturdays, Sundays, and legal holidays, of making a request, unless held under another provision of this chapter. The request shall be submitted in writing to the head of the treatment facility or state-operated treatment program or the person's designee.

Sec. 28. **[253B.041] SERVICES FOR ENGAGEMENT IN TREATMENT.**

Subdivision 1. Eligibility. (a) The purpose of engagement services is to avoid the need for commitment and to enable the proposed patient to voluntarily engage in needed treatment. An interested person may apply to the county where a proposed patient resides to request engagement services.

(b) To be eligible for engagement services, the proposed patient must be at least 18 years of age, have a mental illness, and either:

(1) be exhibiting symptoms of serious mental illness including hallucinations, mania, delusional thoughts, or be unable to obtain necessary food, clothing, shelter, medical care, or provide necessary hygiene due to the patient's mental illness; or

(2) have a history of failing to adhere to treatment for mental illness, in that:

(i) the proposed patient's mental illness has been a substantial factor in necessitating hospitalization, or incarceration in a state or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding filing the application for engagement; or

(ii) the proposed patient is exhibiting symptoms or behavior that may lead to hospitalization, incarceration, or court-ordered treatment.

Subd. 2. **Administration.** (a) Upon receipt of a request for engagement services, the county's prepetition screening team shall conduct an investigation to determine whether the proposed patient

is eligible. In making this determination, the screening team shall seek any relevant information from an interested person.

(b) If the screening team determines that the proposed patient is eligible, engagement services must begin and include, but are not limited to:

(1) assertive attempts to engage the patient in voluntary treatment for mental illness for at least 90 days. Engagement services must be person-centered and continue even if the patient is an inmate in a non-state-operated correctional facility;

(2) efforts to engage the patient's existing systems of support, including interested persons, unless the engagement provider determines that involvement is not helpful to the patient. This includes education on restricting means of harm, suicide prevention, and engagement; and

(3) collaboration with the patient to meet immediate needs including access to housing, food, income, disability verification, medications, and treatment for medical conditions.

(c) Engagement services regarding potential treatment options must take into account the patient's preferences for services and supports. The county may offer engagement services through the designated agency or another agency under contract. Engagement services staff must have training in person-centered care. Engagement services staff may include but are not limited to mobile crisis teams under section 245.462, certified peer specialists under section 256B.0615, community-based treatment programs, and homeless outreach workers.

(d) If the patient voluntarily consents to receive mental health treatment, the engagement services staff must facilitate the referral to an appropriate mental health treatment provider including support obtaining health insurance if the proposed patient is currently or may become uninsured. If the proposed patient initially consents to treatment, but fails to initiate or continue treatment, the engagement services team must continue outreach efforts to the patient.

Subd. 3. **Commitment.** Engagement services for a patient to seek treatment may be stopped if the proposed patient is in need of commitment and satisfies the commitment criteria under section 253B.09, subdivision 1. In such a case, the engagement services team must immediately notify the designated agency, initiate the prepetition screening process under section 253B.07, or seek an emergency hold if necessary to ensure the safety of the patient or others.

Subd. 4. **Evaluation.** Counties may, but are not required to, provide engagement services. The commissioner may conduct a pilot project evaluating the impact of engagement services in decreasing commitments, increasing engagement in treatment, and other measures.

Sec. 29. Minnesota Statutes 2018, section 253B.045, subdivision 2, is amended to read:

Subd. 2. **Facilities.** (a) Each county or a group of counties shall maintain or provide by contract a facility for confinement of persons held temporarily for observation, evaluation, diagnosis, treatment, and care. When the temporary confinement is provided at a ~~regional~~ state-operated treatment center program, the commissioner shall charge the county of financial responsibility for the costs of confinement of ~~persons~~ patients hospitalized under section 253B.05, subdivisions 1 and 2, sections 253B.051 and section 253B.07, subdivision 2b, except that the commissioner shall bill the responsible health plan first. Any charges not covered, including co-pays and deductibles shall be the

responsibility of the county. If the ~~person~~ patient has health plan coverage, but the hospitalization does not meet the criteria in subdivision 6 or section 62M.07, 62Q.53, or 62Q.535, the county is responsible. ~~When a person is temporarily confined in a Department of Corrections facility solely under subdivision 1a, and not based on any separate correctional authority:~~

~~(1) the commissioner of corrections may charge the county of financial responsibility for the costs of confinement; and~~

~~(2) the Department of Human Services shall use existing appropriations to fund all remaining nonconfinement costs. The funds received by the commissioner for the confinement and nonconfinement costs are appropriated to the department for these purposes.~~

(b) For the purposes of this subdivision, "county of financial responsibility" has the meaning specified in section 253B.02, subdivision 4c, or, if the ~~person~~ patient has no residence in this state, the county which initiated the confinement. The charge for confinement in a facility operated by the commissioner ~~of human services~~ shall be based on the commissioner's determination of the cost of care pursuant to section 246.50, subdivision 5. When there is a dispute as to which county is the county of financial responsibility, the county charged for the costs of confinement shall pay for them pending final determination of the dispute over financial responsibility.

Sec. 30. Minnesota Statutes 2018, section 253B.045, subdivision 3, is amended to read:

Subd. 3. **Cost of care.** Notwithstanding subdivision 2, a county shall be responsible for the cost of care as specified under section 246.54 for ~~persons~~ a patient hospitalized at a ~~regional~~ state-operated treatment center program in accordance with section 253B.09 and the ~~person's~~ patient's legal status has been changed to a court hold under section 253B.07, subdivision 2b, pending a judicial determination regarding continued commitment pursuant to sections 253B.12 and 253B.13.

Sec. 31. Minnesota Statutes 2018, section 253B.045, subdivision 5, is amended to read:

Subd. 5. **Health plan company; definition.** For purposes of this section, "health plan company" has the meaning given it in section 62Q.01, subdivision 4, and also includes a demonstration provider as defined in section 256B.69, subdivision 2, paragraph (b); ~~and a county or group of counties participating in county-based purchasing according to section 256B.692; and a children's mental health collaborative under contract to provide medical assistance for individuals enrolled in the prepaid medical assistance and MinnesotaCare programs according to sections 245.493 to 245.495.~~

Sec. 32. Minnesota Statutes 2018, section 253B.045, subdivision 6, is amended to read:

Subd. 6. **Coverage.** (a) For purposes of this section, "mental health services" means all covered services that are intended to treat or ameliorate an emotional, behavioral, or psychiatric condition and that are covered by the policy, contract, or certificate of coverage of the enrollee's health plan company or by law.

(b) All health plan companies that provide coverage for mental health services must cover or provide mental health services ordered by a court of competent jurisdiction ~~under a court order that is issued on the basis of a behavioral care evaluation performed by a licensed psychiatrist or a doctoral level licensed psychologist, which includes a diagnosis and an individual treatment plan for care in the most appropriate, least restrictive environment. The health plan company must be~~

~~given a copy of the court order and the behavioral care evaluation. The health plan company shall be financially liable for the evaluation if performed by a participating provider of the health plan company and shall be financially liable for the care included in the court-ordered individual treatment plan if the care is covered by the health plan company and ordered to be provided by a participating provider or another provider as required by rule or law. This court-ordered coverage must not be subject to a separate medical necessity determination by a health plan company under its utilization procedures.~~

Sec. 33. [253B.051] EMERGENCY ADMISSION.

Subdivision 1. Peace officer or health officer authority. (a) If a peace officer or health officer has reason to believe, either through direct observation of the person's behavior or upon reliable information of the person's recent behavior and, if available, knowledge or reliable information concerning the person's past behavior or treatment that the person:

(1) has a mental illness or developmental disability and is in danger of harming self or others if the officer does not immediately detain the patient, the peace officer or health officer may take the person into custody and transport the person to an examiner or a treatment facility, state-operated treatment program, or community-based treatment program;

(2) is chemically dependent or intoxicated in public and in danger of harming self or others if the officer does not immediately detain the patient, the peace officer or health officer may take the person into custody and transport the person to a treatment facility, state-operated treatment program, or community-based treatment program; or

(3) is chemically dependent or intoxicated in public and not in danger of harming self, others, or property, the peace officer or health officer may take the person into custody and transport the person to the person's home.

(b) An examiner's written statement or a health officer's written statement in compliance with the requirements of subdivision 2 is sufficient authority for a peace officer or health officer to take the person into custody and transport the person to a treatment facility, state-operated treatment program, or community-based treatment program.

(c) A peace officer or health officer who takes a person into custody and transports the person to a treatment facility, state-operated treatment program, or community-based treatment program under this subdivision shall make written application for admission of the person containing:

(1) the officer's statement specifying the reasons and circumstances under which the person was taken into custody;

(2) identifying information on specific individuals to the extent practicable, if danger to those individuals is a basis for the emergency hold; and

(3) the officer's name, the agency that employs the officer, and the telephone number or other contact information for purposes of receiving notice under subdivision 3.

(d) A copy of the examiner's written statement and officer's application shall be made available to the person taken into custody.

(e) The officer may provide the transportation personally or may arrange to have the person transported by a suitable medical or mental health transportation provider. As far as practicable, a peace officer who provides transportation for a person placed in a treatment facility, state-operated treatment program, or community-based treatment program under this subdivision must not be in uniform and must not use a vehicle visibly marked as a law enforcement vehicle.

Subd. 2. **Emergency hold.** (a) A treatment facility, state-operated treatment program, or community-based treatment program, other than a facility operated by the Minnesota sex offender program, may admit or hold a patient, including a patient transported under subdivision 1, for emergency care and treatment if the head of the facility or program consents to holding the patient and an examiner provides a written statement in support of holding the patient.

(b) The written statement must indicate that:

(1) the examiner examined the patient not more than 15 days prior to admission;

(2) the examiner interviewed the patient, or if not, the specific reasons why the examiner did not interview the patient;

(3) the examiner has the opinion that the patient has a mental illness or developmental disability, or is chemically dependent and is in danger of causing harm to self or others if a facility or program does not immediately detain the patient. The statement must include observations of the patient's behavior and avoid conclusory language. The statement must be specific enough to provide an adequate record for review. If danger to specific individuals is a basis for the emergency hold, the statement must identify those individuals to the extent practicable; and

(4) the facility or program cannot obtain a court order in time to prevent the anticipated injury.

(c) Prior to an examiner writing a statement, if another person brought the patient to the treatment facility, state-operated treatment program, or community-based treatment program, the examiner shall make a good-faith effort to obtain information from that person, which the examiner must consider in deciding whether to place the patient on an emergency hold. To the extent available, the statement must include direct observations of the patient's behaviors, reliable knowledge of the patient's recent and past behavior, and information regarding the patient's psychiatric history, past treatment, and current mental health providers. The examiner shall also inquire about health care directives under chapter 145C and advance psychiatric directives under section 253B.03, subdivision 6d.

(d) The facility or program must give a copy of the examiner's written statement to the patient immediately upon initiating the emergency hold. The treatment facility, state-operated treatment program, or community-based treatment program shall maintain a copy of the examiner's written statement. The program or facility must inform the patient in writing of the right to (1) leave after 72 hours, (2) have a medical examination within 48 hours, and (3) request a change to voluntary status. The facility or program shall assist the patient in exercising the rights granted in this subdivision.

(e) The facility or program must not allow the patient nor require the patient's consent to participate in a clinical drug trial during an emergency admission or hold under this subdivision. If a patient gives consent to participate in a drug trial during a period of an emergency admission or

hold, it is void and unenforceable. This paragraph does not prohibit a patient from continuing participation in a clinical drug trial if the patient was participating in the clinical drug trial at the time of the emergency admission or hold.

Subd. 3. **Duration of hold, release procedures, and change of status.** (a) If a peace officer or health officer transports a person to a treatment facility, state-operated treatment program, or community-based treatment program under subdivision 1, an examiner at the facility or program must examine the patient and make a determination about the need for an emergency hold as soon as possible and within 12 hours of the person's arrival. The peace officer or health officer hold ends upon whichever occurs first: (1) initiation of an emergency hold on the person under subdivision 2; (2) the person's voluntary admission; (3) the examiner's decision not to admit the person; or (4) 12 hours after the person's arrival.

(b) Under this section, the facility or program may hold a patient up to 72 hours, exclusive of Saturdays, Sundays, and legal holidays, after the examiner signs the written statement for an emergency hold of the patient. The facility or program must release a patient when the emergency hold expires unless the facility or program obtains a court order to hold the patient. The facility or program may not place the patient on a consecutive emergency hold under this section.

(c) If the interested person files a petition to civilly commit the patient, the court may issue a judicial hold order pursuant to section 253B.07, subdivision 2b.

(d) During the 72-hour hold, a court must not release a patient under this section unless the court received a written petition for the patient's release and the court has held a summary hearing regarding the patient's release.

(e) The written petition for the patient's release must include the patient's name, the basis for the hold, the location of the hold, and a statement explaining why the hold is improper. The petition must also include copies of any written documentation under subdivision 1 or 2 that support the hold, unless the facility or program holding the patient refuses to supply the documentation. Upon receipt of a petition, the court must comply with the following:

(1) the court must hold the hearing as soon as practicable and the court may conduct the hearing by telephone conference call, interactive video conference, or similar method by which the participants are able to simultaneously hear each other;

(2) before deciding to release the patient, the court shall make every reasonable effort to provide notice of the proposed release and reasonable opportunity to be heard to:

(i) any specific individuals identified in a statement under subdivision 1 or 2 or individuals identified in the record who might be endangered if the person is not held;

(ii) the examiner whose written statement was the basis for the hold under subdivision 2; and

(iii) the peace officer or health officer who applied for a hold under subdivision 1; and

(3) if the court decides to release the patient, the court shall direct the patient's release and shall issue written findings supporting the decision. The facility or program must not delay the patient's release pending the written order.

(f) Notwithstanding section 144.293, subdivisions 2 and 4, if a treatment facility, state-operated treatment program, or community-based treatment program releases or discharges a patient during the 72-hour hold; the examiner refuses to admit the patient; or the patient leaves without the consent of the treating health care provider, the head of the treatment facility, state-operated treatment program, or community-based treatment program shall immediately notify the agency that employs the peace officer or health officer who initiated the transport hold. This paragraph does not apply to the extent that the notice would violate federal law governing the confidentiality of alcohol and drug abuse patient records under Code of Federal Regulations, title 42, part 2.

(g) If a patient is intoxicated in public and a facility or program holds the patient under this section for detoxification, a treatment facility, state-operated treatment program, or community-based treatment program may release the patient without providing notice under paragraph (f) as soon as the treatment facility, state-operated treatment program, or community-based treatment program determines that the person is no longer in danger of causing harm to self or others. The facility or program must provide notice to the peace officer or health officer who transported the person, or to the appropriate law enforcement agency, if the officer or agency requests notification.

(h) A treatment facility or state-operated treatment program must change a patient's status to voluntary status as provided in section 253B.04 upon the patient's request in writing if the head of the facility or program consents to the change.

Sec. 34. Minnesota Statutes 2018, section 253B.06, subdivision 1, is amended to read:

Subdivision 1. **Persons who are mentally ill or developmentally disabled with mental illness or developmental disability.** A physician must examine every patient hospitalized as ~~mentally ill or developmentally disabled~~ due to mental illness or developmental disability pursuant to section 253B.04 or 253B.05 ~~must be examined by a physician~~ 253B.051 as soon as possible but no more than 48 hours following the patient's admission. The physician ~~shall~~ must be knowledgeable and trained in ~~the diagnosis of~~ diagnosing the ~~alleged disability related to the need for~~ patient's mental illness or developmental disability, forming the basis of the patient's admission ~~as a person who is mentally ill or developmentally disabled.~~

Sec. 35. Minnesota Statutes 2018, section 253B.06, subdivision 2, is amended to read:

Subd. 2. **Chemically dependent persons.** ~~Patients hospitalized~~ A treatment facility, state-operated treatment program, or community-based treatment program must examine a patient hospitalized as chemically dependent pursuant to section 253B.04 or 253B.05 ~~shall also be examined~~ 253B.051 within 48 hours of admission. At a minimum, ~~the examination shall consist of a physical evaluation by facility staff~~ the facility or program must physically examine the patient according to procedures established by a physician, ~~and an evaluation by staff~~ examining the patient must be knowledgeable and trained in the diagnosis of the alleged disability ~~related to the need for~~ forming the basis of the patient's admission as a chemically dependent person.

Sec. 36. Minnesota Statutes 2018, section 253B.06, subdivision 3, is amended to read:

Subd. 3. **Discharge.** At the end of a 48-hour period, ~~any~~ the facility or program shall discharge a patient admitted pursuant to section 253B.05 ~~shall be discharged~~ 253B.051 if an examination has not been held or if the examiner or evaluation staff person fails to notify the head of the ~~treatment facility or program~~ in writing that in the examiner's or staff person's opinion the patient is ~~apparently~~

in need of care, treatment, and evaluation as a ~~mentally ill, developmentally disabled, or chemically dependent~~ person who has a mental illness, developmental disability, or chemical dependency.

Sec. 37. Minnesota Statutes 2018, section 253B.07, subdivision 1, is amended to read:

Subdivision 1. **Prepetition screening.** (a) Prior to filing a petition for commitment of ~~or early intervention for~~ a proposed patient, an interested person shall apply to the designated agency in the county of financial responsibility or the county where the proposed patient is present for conduct of a preliminary investigation as provided in section 253B.23, subdivision 1b, except when the proposed patient has been acquitted of a crime under section 611.026 and the county attorney is required to file a petition for commitment. The designated agency shall appoint a screening team to conduct an investigation. The petitioner may not be a member of the screening team. The investigation must include:

(1) ~~a personal~~ an interview with the proposed patient and other individuals who appear to have knowledge of the condition of the proposed patient, if practicable. In-person interviews with the proposed patient are preferred. If the proposed patient is not interviewed, specific reasons must be documented;

(2) identification and investigation of specific alleged conduct which is the basis for application;

(3) identification, exploration, and listing of the specific reasons for rejecting or recommending alternatives to involuntary placement;

(4) in the case of a commitment based on mental illness, ~~the following information, if it is known or available,~~ that may be relevant to the administration of neuroleptic medications, including the existence of a declaration under section 253B.03, subdivision 6d, or a health care directive under chapter 145C or a guardian, conservator, proxy, or agent with authority to make health care decisions for the proposed patient; information regarding the capacity of the proposed patient to make decisions regarding administration of neuroleptic medication; and whether the proposed patient is likely to consent or refuse consent to administration of the medication;

(5) seeking input from the proposed patient's health plan company to provide the court with information about ~~services the enrollee needs and the least restrictive alternatives~~ the patient's relevant treatment history and current treatment providers; and

(6) in the case of a commitment based on mental illness, information listed in clause (4) for other purposes relevant to treatment.

(b) In conducting the investigation required by this subdivision, the screening team shall have access to all relevant medical records of proposed patients currently in treatment facilities, state-operated treatment programs, or community-based treatment programs. The interviewer shall inform the proposed patient that any information provided by the proposed patient may be included in the prepetition screening report and may be considered in the commitment proceedings. Data collected pursuant to this clause shall be considered private data on individuals. The prepetition screening report is not admissible as evidence except by agreement of counsel or as permitted by this chapter or the rules of court and is not admissible in any court proceedings unrelated to the commitment proceedings.

(c) The prepetition screening team shall provide a notice, written in easily understood language, to the proposed patient, the petitioner, persons named in a declaration under chapter 145C or section 253B.03, subdivision 6d, and, with the proposed patient's consent, other interested parties. The team shall ask the patient if the patient wants the notice read and shall read the notice to the patient upon request. The notice must contain information regarding the process, purpose, and legal effects of civil commitment ~~and early intervention~~. The notice must inform the proposed patient that:

(1) if a petition is filed, the patient has certain rights, including the right to a court-appointed attorney, the right to request a second court examiner, the right to attend hearings, and the right to oppose the proceeding and to present and contest evidence; and

(2) if the proposed patient is committed to a ~~state regional treatment center or group home~~ state-operated treatment program, the patient may be billed for the cost of care and the state has the right to make a claim against the patient's estate for this cost.

The ombudsman for mental health and developmental disabilities shall develop a form for the notice which includes the requirements of this paragraph.

(d) When the prepetition screening team recommends commitment, a written report shall be sent to the county attorney for the county in which the petition is to be filed. The statement of facts contained in the written report must meet the requirements of subdivision 2, paragraph (b).

(e) The prepetition screening team shall refuse to support a petition if the investigation does not disclose evidence sufficient to support commitment. Notice of the prepetition screening team's decision shall be provided to the prospective petitioner, any specific individuals identified in the examiner's statement, and to the proposed patient.

(f) If the interested person wishes to proceed with a petition contrary to the recommendation of the prepetition screening team, application may be made directly to the county attorney, who shall determine whether or not to proceed with the petition. Notice of the county attorney's determination shall be provided to the interested party.

(g) If the proposed patient has been acquitted of a crime under section 611.026, the county attorney shall apply to the designated county agency in the county in which the acquittal took place for a preliminary investigation unless substantially the same information relevant to the proposed patient's current mental condition, as could be obtained by a preliminary investigation, is part of the court record in the criminal proceeding or is contained in the report of a mental examination conducted in connection with the criminal proceeding. If a court petitions for commitment pursuant to the Rules of Criminal or Juvenile Procedure or a county attorney petitions pursuant to acquittal of a criminal charge under section 611.026, the prepetition investigation, if required by this section, shall be completed within seven days after the filing of the petition.

Sec. 38. Minnesota Statutes 2018, section 253B.07, subdivision 2, is amended to read:

Subd. 2. **The petition.** (a) Any interested person, except a member of the prepetition screening team, may file a petition for commitment in the district court of the county of financial responsibility or the county where the proposed patient is present. If the head of the treatment facility, state-operated treatment program, or community-based treatment program believes that commitment is required

and no petition has been filed, ~~the head of the treatment facility~~ that person shall petition for the commitment of the ~~person~~ proposed patient.

(b) The petition shall set forth the name and address of the proposed patient, the name and address of the patient's nearest relatives, and the reasons for the petition. The petition must contain factual descriptions of the proposed patient's recent behavior, including a description of the behavior, where it occurred, and the time period over which it occurred. Each factual allegation must be supported by observations of witnesses named in the petition. Petitions shall be stated in behavioral terms and shall not contain judgmental or conclusory statements.

(c) The petition shall be accompanied by a written statement by an examiner stating that the examiner has examined the proposed patient within the 15 days preceding the filing of the petition and is of the opinion that the proposed patient ~~is suffering~~ has a designated disability and should be committed to a treatment facility, ~~state-operated treatment program, or community-based treatment program~~. The statement shall include the reasons for the opinion. In the case of a commitment based on mental illness, the petition and the examiner's statement shall include, ~~to the extent this information is available~~, a statement and opinion regarding the proposed patient's need for treatment with neuroleptic medication and the patient's capacity to make decisions regarding the administration of neuroleptic medications, and the reasons for the opinion. If use of neuroleptic medications is recommended by the treating ~~physician~~ medical practitioner or other qualified medical provider, the petition for commitment must, if applicable, include or be accompanied by a request for proceedings under section 253B.092. Failure to include the required information regarding neuroleptic medications in the examiner's statement, or to include a request for an order regarding neuroleptic medications with the commitment petition, is not a basis for dismissing the commitment petition. If a petitioner has been unable to secure a statement from an examiner, the petition shall include documentation that a reasonable effort has been made to secure the supporting statement.

Sec. 39. Minnesota Statutes 2018, section 253B.07, subdivision 2a, is amended to read:

Subd. 2a. **Petition originating from criminal proceedings.** (a) If criminal charges are pending against a defendant, the court shall order simultaneous competency and civil commitment examinations in accordance with Minnesota Rules of Criminal Procedure, rule 20.04, when the following conditions are met:

(1) the prosecutor or defense counsel doubts the defendant's competency and a motion is made challenging competency, or the court on its initiative raises the issue under rule 20.01; and

(2) the prosecutor and defense counsel agree simultaneous examinations are appropriate.

No additional examination under subdivision 3 is required in a subsequent civil commitment proceeding unless a second examination is requested by defense counsel appointed following the filing of any petition for commitment.

(b) Only a court examiner may conduct an assessment as described in Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, and 20.02, subdivision 2.

(c) Where a county is ordered to consider civil commitment following a determination of incompetency under Minnesota Rules of Criminal Procedure, rule 20.01, the county in which the criminal matter is pending is responsible to conduct prepetition screening and, if statutory conditions

for commitment are satisfied, to file the commitment petition in that county. By agreement between county attorneys, prepetition screening and filing the petition may be handled in the county of financial responsibility or the county where the proposed patient is present.

(b) (d) Following an acquittal of a person of a criminal charge under section 611.026, the petition shall be filed by the county attorney of the county in which the acquittal took place and the petition shall be filed with the court in which the acquittal took place, and that court shall be the committing court for purposes of this chapter. When a petition is filed pursuant to subdivision 2 with the court in which acquittal of a criminal charge took place, the court shall assign the judge before whom the acquittal took place to hear the commitment proceedings unless that judge is unavailable.

Sec. 40. Minnesota Statutes 2018, section 253B.07, subdivision 2b, is amended to read:

Subd. 2b. **Apprehend and hold orders.** (a) The court may order the treatment facility or state-operated treatment program to hold the ~~person in a treatment facility~~ proposed patient or direct a health officer, peace officer, or other person to take the proposed patient into custody and transport the proposed patient to a treatment facility or state-operated treatment program for observation, evaluation, diagnosis, care, treatment, and, if necessary, confinement, when:

(1) there has been a particularized showing by the petitioner that serious physical harm to the proposed patient or others is likely unless the proposed patient is immediately apprehended;

(2) the proposed patient has not voluntarily appeared for the examination or the commitment hearing pursuant to the summons; or

(3) a person is held pursuant to section ~~253B.05~~ 253B.051 and a request for a petition for commitment has been filed.

(b) The order of the court may be executed on any day and at any time by the use of all necessary means including the imposition of necessary restraint upon the proposed patient. Where possible, a peace officer taking the proposed patient into custody pursuant to this subdivision shall not be in uniform and shall not use a ~~motor~~ vehicle visibly marked as a ~~police~~ law enforcement vehicle. Except as provided in section 253D.10, subdivision 2, in the case of an individual on a judicial hold due to a petition for civil commitment under chapter 253D, assignment of custody during the hold is to the commissioner of ~~human services~~. The commissioner is responsible for determining the appropriate placement within a secure treatment facility under the authority of the commissioner.

(c) A proposed patient must not be allowed or required to consent to nor participate in a clinical drug trial while an order is in effect under this subdivision. A consent given while an order is in effect is void and unenforceable. This paragraph does not prohibit a patient from continuing participation in a clinical drug trial if the patient was participating in the clinical drug trial at the time the order was issued under this subdivision.

Sec. 41. Minnesota Statutes 2018, section 253B.07, subdivision 2d, is amended to read:

Subd. 2d. **Change of venue.** Either party may move to have the venue of the petition changed to the district court of the Minnesota county where the person currently lives, whether independently or pursuant to a placement. The county attorney of the proposed county of venue must be notified of the motion and provided the opportunity to respond before the court rules on the motion. The

court shall grant the motion if it determines that the transfer is appropriate and is in the interests of justice. If the petition has been filed pursuant to the Rules of Criminal or Juvenile Procedure, venue may not be changed without the agreement of the county attorney of the proposed county of venue and the approval of the court in which the juvenile or criminal proceedings are pending.

Sec. 42. Minnesota Statutes 2018, section 253B.07, subdivision 3, is amended to read:

Subd. 3. **Court-appointed examiners.** After a petition has been filed, the court shall appoint ~~an~~ a court examiner. Prior to the hearing, the court shall inform the proposed patient of the right to an independent second examination. At the proposed patient's request, the court shall appoint a second court examiner of the patient's choosing to be paid for by the county at a rate of compensation fixed by the court.

Sec. 43. Minnesota Statutes 2018, section 253B.07, subdivision 5, is amended to read:

Subd. 5. **Prehearing examination; report.** The examination shall be held at a treatment facility or other suitable place the court determines is not likely to harm the health of the proposed patient. The county attorney and the patient's attorney may be present during the examination. Either party may waive this right. Unless otherwise agreed by the parties, a ~~court-appointed~~ court examiner shall file the report with the court not less than 48 hours prior to the commitment hearing. The court shall ensure that copies of the court examiner's report are provided to the county attorney, the proposed patient, and the patient's counsel.

Sec. 44. Minnesota Statutes 2018, section 253B.07, subdivision 7, is amended to read:

Subd. 7. **Preliminary hearing.** (a) No proposed patient may be held in a treatment facility or state-operated treatment program under a judicial hold pursuant to subdivision 2b longer than 72 hours, exclusive of Saturdays, Sundays, and legal holidays, unless the court holds a preliminary hearing and determines that the standard is met to hold the ~~person~~ proposed patient.

(b) The proposed patient, patient's counsel, the petitioner, the county attorney, and any other persons as the court directs shall be given at least 24 hours written notice of the preliminary hearing. The notice shall include the alleged grounds for confinement. The proposed patient shall be represented at the preliminary hearing by counsel. The court may admit reliable hearsay evidence, including written reports, for the purpose of the preliminary hearing.

(c) The court, on its motion or on the motion of any party, may exclude or excuse a proposed patient who is seriously disruptive or who is incapable of comprehending and participating in the proceedings. In such instances, the court shall, with specificity on the record, state the behavior of the proposed patient or other circumstances which justify proceeding in the absence of the proposed patient.

(d) The court may continue the judicial hold of the proposed patient if it finds, by a preponderance of the evidence, that serious physical harm to the proposed patient or others is likely if the proposed patient is not immediately confined. If a proposed patient was acquitted of a crime against the person under section 611.026 immediately preceding the filing of the petition, the court may presume that serious physical harm to the patient or others is likely if the proposed patient is not immediately confined.

(e) Upon a showing that a person proposed patient subject to a petition for commitment may need treatment with neuroleptic medications and that the person proposed patient may lack capacity to make decisions regarding that treatment, the court may appoint a substitute decision-maker as provided in section 253B.092, subdivision 6. The substitute decision-maker shall meet with the proposed patient and provider and make a report to the court at the hearing under section 253B.08 regarding whether the administration of neuroleptic medications is appropriate under the criteria of section 253B.092, subdivision 7. If the substitute decision-maker consents to treatment with neuroleptic medications and the proposed patient does not refuse the medication, neuroleptic medication may be administered to the proposed patient. If the substitute decision-maker does not consent or the proposed patient refuses, neuroleptic medication may not be administered without a court order, or in an emergency as set forth in section 253B.092, subdivision 3.

Sec. 45. Minnesota Statutes 2018, section 253B.08, subdivision 1, is amended to read:

Subdivision 1. **Time for commitment hearing.** (a) The hearing on the commitment petition shall be held within 14 days from the date of the filing of the petition, except that the hearing on a commitment petition pursuant to section 253D.07 shall be held within 90 days from the date of the filing of the petition. For good cause shown, the court may extend the time of hearing up to an additional 30 days. The proceeding shall be dismissed if the proposed patient has not had a hearing on a commitment petition within the allowed time.

(b) The proposed patient, or the head of the treatment facility or state-operated treatment program in which the person patient is held, may demand in writing at any time that the hearing be held immediately. Unless the hearing is held within five days of the date of the demand, exclusive of Saturdays, Sundays, and legal holidays, the petition shall be automatically dismissed if the patient is being held in a treatment facility or state-operated treatment program pursuant to court order. For good cause shown, the court may extend the time of hearing on the demand for an additional ten days. This paragraph does not apply to a commitment petition brought under section 253B.18 or chapter 253D.

Sec. 46. Minnesota Statutes 2018, section 253B.08, subdivision 2a, is amended to read:

Subd. 2a. **Place of hearing.** The hearing shall be conducted in a manner consistent with orderly procedure. The hearing shall be held at a courtroom meeting standards prescribed by local court rule which may be at a treatment facility or state-operated treatment program. The hearing may be conducted by interactive video conference under General Rules of Practice, rule 131, and Minnesota Rules of Civil Commitment, rule 14.

Sec. 47. Minnesota Statutes 2018, section 253B.08, subdivision 5, is amended to read:

Subd. 5. **Absence permitted.** (a) The court may permit the proposed patient to waive the right to attend the hearing if it determines that the waiver is freely given. At the time of the hearing, the proposed patient shall not be so under the influence of drugs, medication, or other treatment so as to be hampered in participating in the proceedings. When the ~~licensed physician or licensed psychologist attending the patient~~ professional responsible for the proposed patient's treatment is of the opinion that the discontinuance of ~~drugs, medication, or other treatment~~ is not in the best interest of the proposed patient, the court, at the time of the hearing, shall be presented a record of

all ~~drugs~~, medication or other treatment which the proposed patient has received during the 48 hours immediately prior to the hearing.

(b) The court, on its own motion or on the motion of any party, may exclude or excuse a proposed patient who is seriously disruptive or who is incapable of comprehending and participating in the proceedings. In such instances, the court shall, with specificity on the record, state the behavior of the proposed patient or other circumstances justifying proceeding in the absence of the proposed patient.

Sec. 48. Minnesota Statutes 2018, section 253B.08, subdivision 5a, is amended to read:

Subd. 5a. **Witnesses.** The proposed patient or the patient's counsel and the county attorney may present and cross-examine witnesses, including court examiners, at the hearing. The court may in its discretion receive the testimony of any other person. Opinions of ~~court-appointed~~ court examiners may not be admitted into evidence unless the court examiner is present to testify, except by agreement of the parties.

Sec. 49. Minnesota Statutes 2018, section 253B.09, subdivision 1, is amended to read:

Subdivision 1. **Standard of proof.** (a) If the court finds by clear and convincing evidence that the proposed patient is a person ~~who is mentally ill, developmentally disabled, or chemically dependent~~ who poses a risk of harm due to mental illness, or is a person who has a developmental disability or chemical dependency, and after careful consideration of reasonable alternative dispositions; including but not limited to; dismissal of petition; voluntary outpatient care; voluntary admission to a treatment facility, state-operated treatment program, or community-based treatment program; appointment of a guardian or conservator; or release before commitment as provided for in subdivision 4, it finds that there is no suitable alternative to judicial commitment, the court shall commit the patient to the least restrictive treatment program or alternative programs which can meet the patient's treatment needs consistent with section 253B.03, subdivision 7.

(b) In deciding on the least restrictive program, the court shall consider a range of treatment alternatives including; but not limited to; community-based nonresidential treatment, community residential treatment, partial hospitalization, acute care hospital, assertive community treatment teams, and regional state-operated treatment center services programs. The court shall also consider the proposed patient's treatment preferences and willingness to participate voluntarily in the treatment ordered. The court may not commit a patient to a facility or program that is not capable of meeting the patient's needs.

(c) If, after careful consideration of reasonable alternative dispositions, the court finds no suitable alternative to judicial commitment and the court finds that the least restrictive alternative as determined in paragraph (a) is a treatment facility or community-based treatment program that is less restrictive or more community based than a state-operated treatment program, and there is a treatment facility or a community-based treatment program willing to accept the civilly committed patient, the court may commit the patient to both the treatment facility or community-based treatment program and to the commissioner, in the event that treatment in a state-operated treatment program becomes the least restrictive alternative. If there is a change in the patient's level of care, then:

(1) if the patient needs a higher level of care requiring admission to a state-operated treatment program, custody of the patient and authority and responsibility for the commitment may be transferred to the commissioner for as long as the patient needs a higher level of care; and

(2) when the patient no longer needs treatment in a state-operated treatment program, the program may provisionally discharge the patient to an appropriate placement or release the patient to the treatment facility or community-based treatment program if the program continues to be willing and able to readmit the patient, in which case the commitment, its authority, and responsibilities revert to the non-state-operated treatment program. Both agencies accepting commitment shall coordinate admission and discharge planning to facilitate timely access to the other's services to meet the patient's needs and shall coordinate treatment planning consistent with section 253B.03, subdivision 7.

~~(e) (d) If the commitment as mentally ill, chemically dependent, or developmentally disabled is to a service facility provided by the commissioner of human services a person is committed to a state-operated treatment program as a person who poses a risk of harm due to mental illness or as a person who has a developmental disability or chemical dependency, the court shall order the commitment to the commissioner. The commissioner shall designate the placement of the person to the court.~~

~~(d) (e) If the court finds a proposed patient to be a person who is mentally ill poses a risk of harm due to mental illness under section 253B.02, subdivision 13, paragraph (a), clause (2) or (4), the court shall commit the patient to a treatment facility or community-based treatment program that meets the proposed patient's needs. For purposes of this paragraph, a community-based program may include inpatient mental health services at a community hospital.~~

Sec. 50. Minnesota Statutes 2018, section 253B.09, subdivision 2, is amended to read:

Subd. 2. **Findings.** (a) The court shall find the facts specifically, and separately state its conclusions of law. Where commitment is ordered, the findings of fact and conclusions of law shall specifically state the proposed patient's conduct which is a basis for determining that each of the requisites for commitment is met.

(b) If commitment is ordered, the findings shall also identify less restrictive alternatives considered and rejected by the court and the reasons for rejecting each alternative.

(c) If the proceedings are dismissed, the court may direct that the person be transported back to a suitable location including to the person's home.

Sec. 51. Minnesota Statutes 2018, section 253B.09, subdivision 3a, is amended to read:

Subd. 3a. **Reporting judicial commitments; private treatment program or facility.** Notwithstanding section 253B.23, subdivision 9, when a court commits a patient to a non-state-operated treatment facility or program or facility other than a state-operated program or facility, the court shall report the commitment to the commissioner through the supreme court information system for purposes of providing commitment information for firearm background checks under section 245.041. If the patient is committed to a state-operated treatment program, the court shall send a copy of the commitment order to the commissioner.

Sec. 52. Minnesota Statutes 2018, section 253B.09, subdivision 5, is amended to read:

Subd. 5. **Initial commitment period.** The initial commitment begins on the date that the court issues its order or warrant under section 253B.10, subdivision 1. For ~~persons~~ a person committed as ~~mentally ill, developmentally disabled,~~ a person who poses a risk of harm due to mental illness, a developmental disability, or chemically dependent chemical dependency, the initial commitment shall not exceed six months.

Sec. 53. Minnesota Statutes 2018, section 253B.092, is amended to read:

253B.092 ADMINISTRATION OF NEUROLEPTIC MEDICATION.

Subdivision 1. **General.** Neuroleptic medications may be administered, only as provided in this section, to patients subject to ~~early intervention or~~ civil commitment as ~~mentally ill, mentally ill and dangerous, a sexually dangerous person, or a person with a sexual psychopathic personality~~ under this chapter or chapter 253D. For purposes of this section, "patient" includes a proposed patient who is the subject of a petition for ~~early intervention or~~ commitment and a committed person as defined in section 253D.02, subdivision 4.

Subd. 2. **Administration without judicial review.** (a) Neuroleptic medications may be administered without judicial review in the following circumstances:

(1) the patient has the capacity to make an informed decision under subdivision 4;

(2) the patient does not have the present capacity to consent to the administration of neuroleptic medication, but prepared a power of attorney, a health care directive under chapter 145C₂, or a declaration under section 253B.03, subdivision 6d, requesting treatment or authorizing an agent or proxy to request treatment, and the agent or proxy has requested the treatment;

(3) the patient has been prescribed neuroleptic medication prior to admission to a treatment facility, but lacks the present capacity to consent to the administration of that neuroleptic medication; continued administration of the medication is in the patient's best interest; and the patient does not refuse administration of the medication. In this situation, the previously prescribed neuroleptic medication may be continued for up to 14 days while the treating ~~physician~~ medical practitioner:

(i) is obtaining a substitute decision-maker appointed by the court under subdivision 6; or

(ii) is requesting a court order authorizing administering neuroleptic medication or an amendment to a current court order authorizing administration of neuroleptic medication;

(4) a substitute decision-maker appointed by the court consents to the administration of the neuroleptic medication and the patient does not refuse administration of the medication; or

(5) the substitute decision-maker does not consent or the patient is refusing medication, and the patient is in an emergency situation.

(b) For the purposes of paragraph (a), clause (3), if a person requests a substitute decision-maker or requests a court order administering neuroleptic medication within 14 days, the treating medical practitioner may continue administering the medication to the patient through the hearing date or until the court otherwise issues an order.

Subd. 3. **Emergency administration.** A treating ~~physician~~ medical practitioner may administer neuroleptic medication to a patient who does not have capacity to make a decision regarding administration of the medication if the patient is in an emergency situation. Medication may be administered for so long as the emergency continues to exist, up to 14 days, if the treating ~~physician~~ medical practitioner determines that the medication is necessary to prevent serious, immediate physical harm to the patient or to others. If a request for authorization to administer medication is made to the court within the 14 days, the treating ~~physician~~ medical practitioner may continue the medication through the date of the first court hearing, if the emergency continues to exist. If the request for authorization to administer medication is made to the court in conjunction with a petition for commitment ~~or early intervention~~ and the court makes a determination at the preliminary hearing under section 253B.07, subdivision 7, that there is sufficient cause to continue the ~~physician's~~ medical practitioner's order until the hearing under section 253B.08, the treating ~~physician~~ medical practitioner may continue the medication until that hearing, if the emergency continues to exist. The treatment facility, state-operated treatment program, or community-based treatment program shall document the emergency in the patient's medical record in specific behavioral terms.

Subd. 4. **Patients with capacity to make informed decision.** A patient who has the capacity to make an informed decision regarding the administration of neuroleptic medication may consent or refuse consent to administration of the medication. The informed consent of a patient must be in writing.

Subd. 5. **Determination of capacity.** (a) There is a rebuttable presumption that a patient is presumed to have has the capacity to make decisions regarding administration of neuroleptic medication.

(b) ~~In determining A person's~~ patient has the capacity to make decisions regarding the administration of neuroleptic medication, ~~the court shall consider~~ if the patient:

(1) ~~whether the person demonstrates~~ has an awareness of the nature of the ~~person's~~ patient's situation, including the reasons for hospitalization, and the possible consequences of refusing treatment with neuroleptic medications;

(2) ~~whether the person demonstrates~~ has an understanding of treatment with neuroleptic medications and the risks, benefits, and alternatives; and

(3) ~~whether the person~~ communicates verbally or nonverbally a clear choice regarding treatment with neuroleptic medications that is a reasoned one not based on ~~delusion~~ a symptom of the patient's mental illness, even though it may not be in the ~~person's~~ patient's best interests.

(c) Disagreement with the ~~physician's~~ medical practitioner's recommendation alone is not evidence of an unreasonable decision.

Subd. 6. **Patients without capacity to make informed decision; substitute decision-maker.**

(a) Upon request of any person, and upon a showing that administration of neuroleptic medications may be recommended and that the ~~person~~ patient may lack capacity to make decisions regarding the administration of neuroleptic medication, the court shall appoint a substitute decision-maker with authority to consent to the administration of neuroleptic medication as provided in this section. A hearing is not required for an appointment under this paragraph. The substitute decision-maker must be an individual or a community or institutional multidisciplinary panel designated by the local

mental health authority. In appointing a substitute decision-maker, the court shall give preference to a guardian ~~or conservator~~, proxy, or health care agent with authority to make health care decisions for the patient. The court may provide for the payment of a reasonable fee to the substitute decision-maker for services under this section or may appoint a volunteer.

(b) If the ~~person's treating physician~~ patient's treating medical practitioner recommends treatment with neuroleptic medication, the substitute decision-maker may give or withhold consent to the administration of the medication, based on the standards under subdivision 7. If the substitute decision-maker gives informed consent to the treatment and the ~~person~~ patient does not refuse, the substitute decision-maker shall provide written consent to the ~~treating physician~~ medical practitioner and the medication may be administered. The substitute decision-maker shall also notify the court that consent has been given. If the substitute decision-maker refuses or withdraws consent or the ~~person~~ patient refuses the medication, neuroleptic medication ~~may~~ must not be administered to the ~~person without~~ patient except with a court order or in an emergency.

(c) A substitute decision-maker appointed under this section has access to the relevant sections of the patient's health records on the past or present administration of medication. The designated agency or a person involved in the patient's physical or mental health care may disclose information to the substitute decision-maker for the sole purpose of performing the responsibilities under this section. The substitute decision-maker may not disclose health records obtained under this paragraph except to the extent necessary to carry out the duties under this section.

(d) At a hearing under section 253B.08, the petitioner has the burden of proving incapacity by a preponderance of the evidence. If a substitute decision-maker has been appointed by the court, the court shall make findings regarding the patient's capacity to make decisions regarding the administration of neuroleptic medications and affirm or reverse its appointment of a substitute decision-maker. If the court affirms the appointment of the substitute decision-maker, and if the substitute decision-maker has consented to the administration of the medication and the patient has not refused, the court shall make findings that the substitute decision-maker has consented and the treatment is authorized. If a substitute decision-maker has not yet been appointed, upon request the court shall make findings regarding the patient's capacity and appoint a substitute decision-maker if appropriate.

(e) If an order for civil commitment ~~or early intervention~~ did not provide for the appointment of a substitute decision-maker or for the administration of neuroleptic medication, ~~the~~ a treatment facility, state-operated treatment program, or community-based treatment program may later request the appointment of a substitute decision-maker upon a showing that administration of neuroleptic medications is recommended and that the ~~person~~ patient lacks capacity to make decisions regarding the administration of neuroleptic medications. A hearing is not required in order to administer the neuroleptic medication unless requested under subdivision 10 or if the substitute decision-maker withholds or refuses consent or the ~~person~~ patient refuses the medication.

(f) The substitute decision-maker's authority to consent to treatment lasts for the duration of the court's order of appointment or until modified by the court.

~~If the substitute decision-maker withdraws consent or the patient refuses consent, neuroleptic medication may not be administered without a court order.~~

(g) If there is no hearing after the preliminary hearing, then the court shall, upon the request of any interested party, review the reasonableness of the substitute decision-maker's decision based on the standards under subdivision 7. The court shall enter an order upholding or reversing the decision within seven days.

Subd. 7. When person patient lacks capacity to make decisions about medication. (a) When a person patient lacks capacity to make decisions regarding the administration of neuroleptic medication, the substitute decision-maker or the court shall use the standards in this subdivision in making a decision regarding administration of the medication.

(b) If the person patient clearly stated what the person patient would choose to do in this situation when the person patient had the capacity to make a reasoned decision, the person's patient's wishes must be followed. Evidence of the person's patient's wishes may include written instruments, including a durable power of attorney for health care under chapter 145C or a declaration under section 253B.03, subdivision 6d.

(c) If evidence of the person's patient's wishes regarding the administration of neuroleptic medications is conflicting or lacking, the decision must be based on what a reasonable person would do, taking into consideration:

- (1) the person's patient's family, community, moral, religious, and social values;
- (2) the medical risks, benefits, and alternatives to the proposed treatment;
- (3) past efficacy and any extenuating circumstances of past use of neuroleptic medications; and
- (4) any other relevant factors.

Subd. 8. Procedure when patient refuses neuroleptic medication. (a) If the substitute decision-maker or the patient refuses to consent to treatment with neuroleptic medications, and absent an emergency as set forth in subdivision 3, neuroleptic medications may not be administered without a court order. Upon receiving a written request for a hearing, the court shall schedule the hearing within 14 days of the request. The matter may be heard as part of any other district court proceeding under this chapter. By agreement of the parties or for good cause shown, the court may extend the time of hearing an additional 30 days.

(b) The patient must be examined by a court examiner prior to the hearing. If the patient refuses to participate in an examination, the court examiner may rely on the patient's medical records to reach an opinion as to the appropriateness of neuroleptic medication. The patient is entitled to counsel and a second court examiner, if requested by the patient or patient's counsel.

(c) The court may base its decision on relevant and admissible evidence, including the testimony of a treating physician medical practitioner or other qualified physician, a member of the patient's treatment team, a ~~court-appointed~~ court examiner, witness testimony, or the patient's medical records.

(d) If the court finds that the patient has the capacity to decide whether to take neuroleptic medication or that the patient lacks capacity to decide and the standards for making a decision to administer the medications under subdivision 7 are not met, the ~~treating~~ treatment facility, state-operated treatment program, or community-based treatment program may not administer

medication without the patient's informed written consent or without the declaration of an emergency, or until further review by the court.

(e) If the court finds that the patient lacks capacity to decide whether to take neuroleptic medication and has applied the standards set forth in subdivision 7, the court may authorize the treating treatment facility, state-operated treatment program, or community-based treatment program and any other ~~community or treatment~~ facility or program to which the patient may be transferred or provisionally discharged, to involuntarily administer the medication to the patient. A copy of the order must be given to the patient, the patient's attorney, the county attorney, and the treatment facility, state-operated treatment program, or community-based treatment program. The treatment facility, state-operated treatment program, or community-based treatment program may not begin administration of the neuroleptic medication until it notifies the patient of the court's order authorizing the treatment.

(f) A finding of lack of capacity under this section must not be construed to determine the patient's competence for any other purpose.

(g) The court may authorize the administration of neuroleptic medication until the termination of a determinate commitment. If the patient is committed for an indeterminate period, the court may authorize treatment of neuroleptic medication for not more than two years, subject to the patient's right to petition the court for review of the order. The treatment facility, state-operated treatment program, or community-based treatment program must submit annual reports to the court, which shall provide copies to the patient and the respective attorneys.

(h) The court may limit the maximum dosage of neuroleptic medication that may be administered.

(i) If physical force is required to administer the neuroleptic medication, the facility or program may only use injectable medications. If physical force is needed to administer the medication, medication may only take place be administered in a treatment facility or therapeutic setting where the person's condition can be reassessed and appropriate medical staff personnel qualified to administer medication are available, including in the community, a county jail, or a correctional facility. The facility or program may not use a nasogastric tube to administer neuroleptic medication involuntarily.

Subd. 9. **Immunity.** A substitute decision-maker who consents to treatment is not civilly or criminally liable for the performance of or the manner of performing the treatment. A person is not liable for performing treatment without consent if the substitute decision-maker has given written consent. This provision does not affect any other liability that may result from the manner in which the treatment is performed.

Subd. 10. **Review.** A patient or other person may petition the court under section 253B.17 for review of any determination under this section or for a decision regarding the administration of neuroleptic medications, appointment of a substitute decision-maker, or the patient's capacity to make decisions regarding administration of neuroleptic medications.

Sec. 54. Minnesota Statutes 2018, section 253B.0921, is amended to read:

253B.0921 ACCESS TO MEDICAL RECORDS.

A treating ~~physician~~ medical practitioner who makes medical decisions regarding the prescription and administration of medication for treatment of a mental illness has access to the relevant sections of a patient's health records on past administration of medication at any ~~treatment facility, program, or treatment provider~~, if the patient lacks the capacity to authorize the release of records. Upon request of a treating ~~physician~~ medical practitioner under this section, a ~~treatment facility, program, or treatment provider~~ shall supply complete information relating to the past records on administration of medication of a patient subject to this chapter. A patient who has the capacity to authorize the release of data retains the right to make decisions regarding access to medical records as provided by sections 144.291 to 144.298.

Sec. 55. Minnesota Statutes 2018, section 253B.095, subdivision 3, is amended to read:

Subd. 3. **Duration.** The maximum duration of a stayed order under this section is six months. The court may continue the order for a maximum of an additional 12 months if, after notice and hearing, under sections 253B.08 and 253B.09 the court finds that (1) the person continues to ~~be mentally ill, chemically dependent, or developmentally disabled~~, have a mental illness, developmental disability, or chemical dependency, and (2) an order is needed to protect the patient or others because the person is likely to attempt to physically harm self or others or fail to obtain necessary food, clothing, shelter, or medical care unless the person is under the supervision of a stayed commitment.

Sec. 56. Minnesota Statutes 2018, section 253B.097, subdivision 1, is amended to read:

Subdivision 1. **Findings.** In addition to the findings required under section 253B.09, subdivision 2, an order committing a person to a community-based treatment program must include:

- (1) a written plan for services to the patient;
- (2) a finding that the proposed treatment is available and accessible to the patient and that public or private financial resources are available to pay for the proposed treatment;
- (3) conditions the patient must meet in order to obtain an early release from commitment or to avoid a hearing for further commitment; and
- (4) consequences of the patient's failure to follow the commitment order. Consequences may include commitment to another setting for treatment.

Sec. 57. Minnesota Statutes 2018, section 253B.097, subdivision 2, is amended to read:

Subd. 2. **Case manager.** When a court commits a patient with mental illness to a community-based treatment program, the court shall appoint a case manager from the county agency or other entity under contract with the county agency to provide case management services.

Sec. 58. Minnesota Statutes 2018, section 253B.097, subdivision 3, is amended to read:

Subd. 3. **Reports.** The case manager shall report to the court at least once every 90 days. The case manager shall immediately report to the court a substantial failure of the patient or provider to comply with the conditions of the commitment.

Sec. 59. Minnesota Statutes 2018, section 253B.097, subdivision 6, is amended to read:

Subd. 6. **Immunity from liability.** No treatment facility, community-based treatment program, or person is financially liable, personally or otherwise, for the patient's actions of the patient if the facility or person follows accepted community standards of professional practice in the management, supervision, and treatment of the patient. For purposes of this subdivision, "person" means official, staff, employee of the treatment facility, community-based treatment program, physician, or other individual who is responsible for the a patient's management, supervision, or treatment of a patient's community-based treatment under this section.

Sec. 60. Minnesota Statutes 2018, section 253B.10, is amended to read:

253B.10 PROCEDURES UPON COMMITMENT.

Subdivision 1. **Administrative requirements.** (a) When a person is committed, the court shall issue a warrant or an order committing the patient to the custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program. The warrant or order shall state that the patient meets the statutory criteria for civil commitment.

(b) The commissioner shall prioritize patients being admitted from jail or a correctional institution who are:

(1) ordered confined in a ~~state hospital~~ state-operated treatment program for an examination under Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2;

(2) under civil commitment for competency treatment and continuing supervision under Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7;

(3) found not guilty by reason of mental illness under Minnesota Rules of Criminal Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be detained in a ~~state hospital or other facility~~ state-operated treatment program pending completion of the civil commitment proceedings; or

(4) committed under this chapter to the commissioner after dismissal of the patient's criminal charges.

Patients described in this paragraph must be admitted to a ~~service operated by the commissioner~~ state-operated treatment program within 48 hours. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph ~~(e)~~ (d).

(c) Upon the arrival of a patient at the designated treatment facility, state-operated treatment program, or community-based treatment program, the head of the facility or program shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the ~~treatment facility~~ or program.

(d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the court examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of

a patient to the designated treatment facility or program to which the patient is committed. ~~This information shall also be provided by the head of the treatment facility to treatment facility staff in a consistent and timely manner and pursuant to all applicable laws.~~

Subd. 2. **Transportation.** (a) When a patient is about to be placed in a treatment facility, state-operated treatment program, or community-based treatment program, the court may order the designated agency, the treatment facility, state-operated treatment program, or community-based treatment program, or any responsible adult to transport the patient to the treatment facility. A protected transport provider may transport the patient according to section 256B.0625, subdivision 17. Whenever possible, a peace officer who provides the transportation shall not be in uniform and shall not use a vehicle visibly marked as a police law enforcement vehicle. The proposed patient may be accompanied by one or more interested persons.

(b) When a patient who is at a regional state-operated treatment center program requests a hearing for adjudication of a patient's status pursuant to section 253B.17, the commissioner shall provide transportation.

Subd. 3. **Notice of admission.** Whenever a committed person has been admitted to a treatment facility, state-operated treatment program, or community-based treatment program under the provisions of section 253B.09 or 253B.18, the head of the treatment facility or program shall immediately notify the patient's spouse, health care agent, or parent and the county of financial responsibility if the county may be liable for a portion of the cost of treatment. If the committed person was admitted upon the petition of a spouse, health care agent, or parent, the head of the treatment facility, state-operated treatment program, or community-based treatment program shall notify an interested person other than the petitioner.

Subd. 3a. **Interim custody and treatment of committed person.** When the patient is present in a treatment facility or state-operated treatment program at the time of the court's commitment order, unless the court orders otherwise, the commitment order constitutes authority for that facility or program to confine and provide treatment to the patient until the patient is transferred to the facility or program to which the patient has been committed.

Subd. 4. **Private treatment.** Patients or other responsible persons are required to pay the necessary charges for patients committed or transferred to private treatment facilities or community-based treatment programs. Private Treatment facilities or community-based treatment programs may not refuse to accept a committed person solely based on the person's court-ordered status. Insurers must provide treatment and services as ordered by the court under section 253B.045, subdivision 6, or as required under chapter 62M.

Subd. 5. **Transfer to voluntary status.** At any time prior to the expiration of the initial commitment period, a patient who has not been committed as mentally ill a person who has a mental illness and is dangerous to the public or as a sexually dangerous person or as a sexual psychopathic personality may be transferred to voluntary status upon the patient's application in writing with the consent of the head of the facility or program to which the person is committed. Upon transfer, the head of the treatment facility, state-operated treatment program, or community-based treatment program shall immediately notify the court in writing and the court shall terminate the proceedings.

Sec. 61. Minnesota Statutes 2018, section 253B.12, subdivision 1, is amended to read:

Subdivision 1. **Reports.** (a) If a patient who was committed as a person ~~who is mentally ill, developmentally disabled, or chemically dependent~~ who poses a risk of harm due to a mental illness, or as a person who has a developmental disability or chemical dependency, is discharged from commitment within the first 60 days after the date of the initial commitment order, the head of the treatment facility, state-operated treatment program, or community-based treatment program shall file a written report with the committing court describing the patient's need for further treatment. A copy of the report must be provided to the county attorney, the patient, and the patient's counsel.

(b) If a patient who was committed as a person ~~who is mentally ill, developmentally disabled, or chemically dependent~~ who poses a risk of harm due to a mental illness, or as a person who has a developmental disability or chemical dependency, remains in treatment more than 60 days after the date of the commitment, then at least 60 days, but not more than 90 days, after the date of the order, the head of the facility or program that has custody of the patient shall file a written report with the committing court and provide a copy to the county attorney, the patient, and the patient's counsel. The report must set forth in detailed narrative form at least the following:

- (1) the diagnosis of the patient with the supporting data;
- (2) the anticipated discharge date;
- (3) an individualized treatment plan;
- (4) a detailed description of the discharge planning process with suggested after care plan;

(5) whether the patient is in need of further care and treatment, the treatment facility ~~which,~~ state-operated treatment program, or community-based treatment program that is needed, and evidence to support the response;

(6) whether the patient satisfies the statutory requirement for continued commitment ~~to a treatment facility,~~ with documentation to support the opinion; ~~and~~

(7) a statement from the patient related to accepting treatment, if possible; and

~~(7)~~ (8) whether the administration of neuroleptic medication is clinically indicated, whether the patient is able to give informed consent to that medication, and the basis for these opinions.

(c) Prior to the termination of the initial commitment order or final discharge of the patient, the head of the ~~treatment~~ facility or program that has custody or care of the patient shall file a written report with the committing court with a copy to the county attorney, the patient, and the patient's counsel that sets forth the information required in paragraph (b).

(d) If the patient has been provisionally discharged from a ~~treatment~~ facility or program, the report shall be filed by the designated agency, which may submit the discharge report as part of its report.

(e) ~~If no written report is filed within the required time, or~~ If a report describes the patient as not in need of further ~~institutional care and~~ court-ordered treatment, the proceedings must be terminated by the committing court and the patient discharged from the treatment facility,

state-operated treatment program, or community-based treatment program, unless the patient chooses to voluntarily receive services.

(f) If no written report is filed within the required time, the court must notify the county, facility or program to which the person is committed, and designated agency and require a report be filed within five business days. If a report is not filed within five business days a hearing must be held within three business days.

Sec. 62. Minnesota Statutes 2018, section 253B.12, subdivision 3, is amended to read:

Subd. 3. **Examination.** Prior to the review hearing, the court shall inform the patient of the right to an independent examination by ~~an~~ a court examiner chosen by the patient and appointed in accordance with provisions of section 253B.07, subdivision 3. The report of the court examiner may be submitted at the hearing.

Sec. 63. Minnesota Statutes 2018, section 253B.12, subdivision 4, is amended to read:

Subd. 4. **Hearing; standard of proof.** (a) The committing court shall not make a final determination of the need to continue commitment unless the court finds by clear and convincing evidence that (1) the ~~person~~ patient continues to ~~be mentally ill, developmentally disabled, or chemically dependent~~ have a mental illness, developmental disability, or chemical dependency; (2) involuntary commitment is necessary for the protection of the patient or others; and (3) there is no alternative to involuntary commitment.

(b) In determining whether a ~~person~~ patient continues to ~~be mentally ill, chemically dependent, or developmentally disabled,~~ require commitment due to mental illness, developmental disability, or chemical dependency, the court need not find that there has been a recent attempt or threat to physically harm self or others, or a recent failure to provide necessary ~~personal~~ food, clothing, shelter, or medical care. Instead, the court must find that the patient is likely to attempt to physically harm self or others, or to fail to ~~provide~~ obtain necessary ~~personal~~ food, clothing, shelter, or medical care unless involuntary commitment is continued.

Sec. 64. Minnesota Statutes 2018, section 253B.12, subdivision 7, is amended to read:

Subd. 7. **Record required.** Where continued commitment is ordered, the findings of fact and conclusions of law shall specifically state the conduct of the proposed patient which is the basis for the final determination, that the statutory criteria of commitment continue to be met, and that less restrictive alternatives have been considered and rejected by the court. Reasons for rejecting each alternative shall be stated. A copy of the final order for continued commitment shall be forwarded to the head of the ~~treatment~~ facility or program to which the person is committed and, if the patient has been provisionally discharged, to the designated agency responsible for monitoring the provisional discharge.

Sec. 65. Minnesota Statutes 2018, section 253B.13, subdivision 1, is amended to read:

Subdivision 1. ~~Mentally ill or chemically dependent~~ **Persons with mental illness or chemical dependency.** (a) If at the conclusion of a review hearing the court finds that the person continues to ~~be mentally ill or chemically dependent~~ have mental illness or chemical dependency and in need

of treatment or supervision, the court shall determine the length of continued commitment. No period of commitment shall exceed this length of time or 12 months, whichever is less.

(b) At the conclusion of the prescribed period under paragraph (a), commitment may not be continued unless a new petition is filed pursuant to section 253B.07 and hearing and determination made on it. If the petition was filed before the end of the previous commitment and, for good cause shown, the court has not completed the hearing and the determination by the end of the commitment period, the court may for good cause extend the previous commitment for up to 14 days to allow the completion of the hearing and the issuance of the determination. The standard of proof for the new petition is the standard specified in section 253B.12, subdivision 4. Notwithstanding the provisions of section 253B.09, subdivision 5, the initial commitment period under the new petition shall be the probable length of commitment necessary or 12 months, whichever is less. ~~The standard of proof at the hearing on the new petition shall be the standard specified in section 253B.12, subdivision 4.~~

Sec. 66. Minnesota Statutes 2018, section 253B.14, is amended to read:

253B.14 TRANSFER OF COMMITTED PERSONS.

The commissioner may transfer any committed person, other than a person committed as ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public, ~~or as a sexually dangerous person or as a sexual psychopathic personality,~~ from one ~~regional state-operated treatment center program~~ state-operated treatment facility under the commissioner's jurisdiction which is program capable of providing proper care and treatment. When a committed person is transferred from one state-operated treatment facility program to another, written notice shall be given to the committing court, the county attorney, the patient's counsel, and to the person's parent, health care agent, or spouse or, if none is known, to an interested person, and the designated agency.

Sec. 67. Minnesota Statutes 2018, section 253B.141, is amended to read:

253B.141 AUTHORITY TO DETAIN AND TRANSPORT A MISSING PATIENT.

Subdivision 1. **Report of absence.** (a) If a patient committed under this chapter or detained in a treatment facility or state-operated treatment program under a judicial hold is absent without authorization, and either: (1) does not return voluntarily within 72 hours of the time the unauthorized absence began; or (2) is considered by the head of the ~~treatment facility or program~~ treatment facility or program to be a danger to self or others, then the head of the ~~treatment facility or program~~ treatment facility or program shall report the absence to the local law enforcement agency. The head of the ~~treatment facility or program~~ treatment facility or program shall also notify the committing court that the patient is absent and that the absence has been reported to the local law enforcement agency. The committing court may issue an order directing the law enforcement agency to transport the patient to an appropriate treatment facility, state-operated treatment program, or community-based treatment program.

(b) Upon receiving a report that a patient subject to this section is absent without authorization, the local law enforcement agency shall enter information on the patient into the missing persons file of the National Crime Information Center computer according to the missing persons practices.

Subd. 2. **Apprehension; return to facility or program.** (a) Upon receiving the report of absence from the head of the treatment facility, state-operated treatment program, or community-based

treatment program or the committing court, a patient may be apprehended and held by a peace officer in any jurisdiction pending return to the facility or program from which the patient is absent without authorization. A patient may also be returned to any ~~facility operated by the commissioner~~ state-operated treatment program or any other treatment facility or community-based treatment program willing to accept the person. A person who ~~is mentally ill~~ has a mental illness and is dangerous to the public and detained under this subdivision may be held in a jail or lockup only if:

(1) there is no other feasible place of detention for the patient;

(2) the detention is for less than 24 hours; and

(3) there are protections in place, including segregation of the patient, to ensure the safety of the patient.

(b) If a patient is detained under this subdivision, the head of the ~~treatment facility~~ or program from which the patient is absent shall arrange to pick up the patient within 24 hours of the time detention was begun and shall be responsible for securing transportation for the patient to the facility or program. The expense of detaining and transporting a patient shall be the responsibility of the ~~treatment facility~~ or program from which the patient is absent. The expense of detaining and transporting a patient to a state-operated treatment facility ~~operated by the Department of Human Services program~~ shall be paid by the commissioner unless paid by the patient or persons on behalf of the patient.

Subd. 3. **Notice of apprehension.** Immediately after an absent patient is located, the head of the ~~treatment facility~~ or program from which the patient is absent, or the law enforcement agency that located or returned the absent patient, shall notify the law enforcement agency that first received the absent patient report under this section and that agency shall cancel the missing persons entry from the National Crime Information Center computer.

Sec. 68. Minnesota Statutes 2018, section 253B.15, subdivision 1, is amended to read:

Subdivision 1. **Provisional discharge.** (a) The head of the treatment facility, state-operated treatment program, or community-based treatment program may provisionally discharge any patient without discharging the commitment, unless the patient was found by the committing court to be a person who ~~is mentally ill and has a mental illness and is~~ dangerous to the public, or a sexually dangerous person, or a sexual psychopathic personality.

(b) When a patient committed to the commissioner becomes ready for provisional discharge before being placed in a state-operated treatment program, the head of the treatment facility or community-based treatment program where the patient is placed pending transfer to the commissioner may provisionally discharge the patient pursuant to this subdivision.

(c) Each patient released on provisional discharge shall have a written ~~aftercare~~ provisional discharge plan developed with input from the patient and the designated agency which specifies the services and treatment to be provided as part of the ~~aftercare~~ provisional discharge plan, the financial resources available to pay for the services specified, the expected period of provisional discharge, the precise goals for the granting of a final discharge, and conditions or restrictions on the patient during the period of the provisional discharge. The ~~aftercare~~ provisional discharge plan shall be provided to the patient, the patient's attorney, and the designated agency.

(d) ~~The aftercare~~ provisional discharge plan shall be reviewed on a quarterly basis by the patient, designated agency and other appropriate persons. ~~The aftercare~~ provisional discharge plan shall contain the grounds upon which a provisional discharge may be revoked. The provisional discharge shall terminate on the date specified in the plan unless specific action is taken to revoke or extend it.

Sec. 69. Minnesota Statutes 2018, section 253B.15, subdivision 1a, is amended to read:

Subd. 1a. **Representative of designated agency.** Before a provisional discharge is granted, a representative of the designated agency must be identified to ensure continuity of care by being involved with the treatment facility, state-operated treatment program, or community-based treatment program and the patient prior to the provisional discharge. The representative of the designated agency shall coordinate plans for and monitor the patient's aftercare program. When the patient is on a provisional discharge, the representative of the designated agency shall provide the treatment report to the court required under section 253B.12, subdivision 1.

Sec. 70. Minnesota Statutes 2018, section 253B.15, subdivision 2, is amended to read:

Subd. 2. **Revocation of provisional discharge.** (a) The designated agency may ~~revoke~~ initiate with the court a revocation of a provisional discharge if revocation is the least restrictive alternative and either:

(1) the patient has violated material conditions of the provisional discharge, and the violation creates the need to return the patient to a more restrictive setting or more intensive community services; or

(2) there exists a serious likelihood that the safety of the patient or others will be jeopardized, in that either the patient's need for food, clothing, shelter, or medical care are not being met, or will not be met in the near future, or the patient has attempted or threatened to seriously physically harm self or others; ~~and~~.

~~(3) revocation is the least restrictive alternative available.~~

(b) Any interested person may request that the designated agency revoke the patient's provisional discharge. Any person making a request shall provide the designated agency with a written report setting forth the specific facts, including witnesses, dates and locations, supporting a revocation, demonstrating that every effort has been made to avoid revocation and that revocation is the least restrictive alternative available.

Sec. 71. Minnesota Statutes 2018, section 253B.15, subdivision 3, is amended to read:

Subd. 3. **Procedure; notice.** Revocation shall be commenced by the designated agency's written notice of intent to revoke provisional discharge given or sent to the patient, the patient's attorney, ~~and the treatment facility or program from which the patient was provisionally discharged, and the current community services provider.~~ The notice shall set forth the grounds upon which the intention to revoke is based, and shall inform the patient of the rights of a patient under this chapter.

Sec. 72. Minnesota Statutes 2018, section 253B.15, subdivision 3a, is amended to read:

Subd. 3a. **Report to the court.** Within 48 hours, excluding weekends and legal holidays, of giving notice to the patient, the designated agency shall file with the court a copy of the notice and a report setting forth the specific facts, including witnesses, dates and locations, which (1) support revocation, (2) demonstrate that revocation is the least restrictive alternative available, and (3) show that specific efforts were made to avoid revocation. The designated agency shall provide copies of the report to the patient, the patient's attorney, the county attorney, and the treatment facility or program from which the patient was provisionally discharged within 48 hours of giving notice to the patient under subdivision 3.

Sec. 73. Minnesota Statutes 2018, section 253B.15, subdivision 3b, is amended to read:

Subd. 3b. **Review.** The patient or patient's attorney may request judicial review of the intended revocation by filing a petition for review and an affidavit with the committing court. The affidavit shall state specific grounds for opposing the revocation. If the patient does not file a petition for review within five days of receiving the notice under subdivision 3, revocation of the provisional discharge is final and the court, without hearing, may order the patient into a ~~treatment facility~~ or program from which the patient was provisionally discharged, another treatment facility, state-operated treatment program, or community-based treatment program that consents to receive the patient, or more intensive community treatment. If the patient files a petition for review, the court shall review the petition and determine whether a genuine issue exists as to the propriety of the revocation. The burden of proof is on the designated agency to show that no genuine issue exists as to the propriety of the revocation. If the court finds that no genuine issue exists as to the propriety of the revocation, the revocation of the provisional discharge is final.

Sec. 74. Minnesota Statutes 2018, section 253B.15, subdivision 3c, is amended to read:

Subd. 3c. **Hearing.** (a) If the court finds under subdivision 3b that a genuine issue exists as to the propriety of the revocation, the court shall hold a hearing on the petition within three days after the patient files the petition. The court may continue the review hearing for an additional five days upon any party's showing of good cause. At the hearing, the burden of proof is on the designated agency to show a factual basis for the revocation. At the conclusion of the hearing, the court shall make specific findings of fact. The court shall affirm the revocation if it finds:

(1) a factual basis for revocation due to:

(i) a violation of the material conditions of the provisional discharge that creates a need for the patient to return to a more restrictive setting or more intensive community services; or

(ii) a probable danger of harm to the patient or others if the provisional discharge is not revoked;
and

(2) that revocation is the least restrictive alternative available.

(b) If the court does not affirm the revocation, the court shall order the patient returned to provisional discharge status.

Sec. 75. Minnesota Statutes 2018, section 253B.15, subdivision 5, is amended to read:

Subd. 5. **Return to facility.** When the designated agency gives or sends notice of the intent to revoke a patient's provisional discharge, it may also apply to the committing court for an order directing that the patient be returned to a the facility or program from which the patient was provisionally discharged or another treatment facility, state-operated treatment program, or community-based treatment program that consents to receive the patient. The court may order the patient returned to a facility or program prior to a review hearing only upon finding that immediate return ~~to a facility~~ is necessary because there is a serious likelihood that the safety of the patient or others will be jeopardized, in that (1) the patient's need for food, clothing, shelter, or medical care is not being met, or will not be met in the near future, or (2) the patient has attempted or threatened to seriously harm self or others. If a voluntary return is not arranged, the head of the treatment facility, state-operated treatment program, or community-based treatment program may request a health officer or a peace officer to return the patient to the ~~treatment~~ facility or program from which the patient was released or to any other treatment facility ~~which, state-operated treatment program, or community-based treatment program that consents to receive the patient.~~ If necessary, the head of the treatment facility, state-operated treatment program, or community-based treatment program may request the committing court to direct a health officer or peace officer in the county where the patient is located to return the patient to the ~~treatment~~ facility or program or to another treatment facility ~~which, state-operated treatment program, or community-based treatment program that consents to receive the patient.~~ The expense of returning the patient to a ~~regional~~ state-operated treatment center program shall be paid by the commissioner unless paid by the patient or the patient's relatives. If the court orders the patient to return to the ~~treatment~~ facility or program, or if a health officer or peace officer returns the patient to the ~~treatment~~ facility or program, and the patient wants judicial review of the revocation, the patient or the patient's attorney must file the petition for review and affidavit required under subdivision 3b within 14 days of receipt of the notice of the intent to revoke.

Sec. 76. Minnesota Statutes 2018, section 253B.15, subdivision 7, is amended to read:

Subd. 7. **Modification and extension of provisional discharge.** (a) A provisional discharge may be modified upon agreement of the parties.

(b) A provisional discharge may be extended only in those circumstances where the patient has not achieved the goals set forth in the provisional discharge plan or continues to need the supervision or assistance provided by an extension of the provisional discharge. In determining whether the provisional discharge is to be extended, ~~the head of the facility designated agency~~ shall consider the willingness and ability of the patient to voluntarily obtain needed care and treatment.

~~(e) The designated agency shall recommend extension of a provisional discharge only after a preliminary conference with the patient and other appropriate persons. The patient shall be given the opportunity to object or make suggestions for alternatives to extension.~~

~~(d) (c) The designated agency must provide any recommendation for proposed extension shall be made in writing to the head of the facility and to the patient and the patient's attorney at least 30 days prior to the expiration of the provisional discharge unless the patient cannot be located or is unavailable to receive the notice. The written recommendation submitted proposal for extension shall include: the specific grounds for recommending proposing the extension, the date of the preliminary conference and results, the anniversary date of the provisional discharge, the termination date of the provisional discharge, and the proposed length of extension. If the grounds for~~

~~recommending~~ proposing the extension occur less than 30 days before its expiration, the designated agency must submit the written recommendation shall occur proposal for extension as soon as practicable.

~~(e) The head of the facility~~ (d) The designated agency shall extend a provisional discharge only after providing the patient an opportunity for a meeting to object or make suggestions for alternatives to an extension. The designated agency shall issue provide a written decision to the patient and the patient's attorney regarding extension within five days after receiving the recommendation from the designated agency the patient's input or after holding a meeting with the patient or after the patient has declined to provide input or participate in the meeting. The designated agency may seek input from the community-based treatment team or other persons the patient chooses.

Sec. 77. Minnesota Statutes 2018, section 253B.15, is amended by adding a subdivision to read:

Subd. 8a. **Provisional discharge extension.** If the provisional discharge extends until the end of the period of commitment and, before the commitment expires, the court extends the commitment under section 253B.12 or issues a new commitment order under section 253B.13, the provisional discharge shall continue for the duration of the new or extended period of commitment ordered unless the commitment order provides otherwise or the designated agency revokes the patient's provisional discharge pursuant to this section. To continue the patient's provisional discharge under this subdivision, the designated agency is not required to comply with the procedures in subdivision 7.

Sec. 78. Minnesota Statutes 2018, section 253B.15, subdivision 9, is amended to read:

Subd. 9. Expiration of provisional discharge. (a) Except as otherwise provided, a provisional discharge is absolute when it expires. If, while on provisional discharge or extended provisional discharge, a patient is discharged as provided in section 253B.16, the discharge shall be absolute.

(b) The designated agency shall give notice of the expiration of the provisional discharge shall be given by the head of the treatment facility to the committing court; the petitioner, if known; the patient's attorney; the county attorney in the county of commitment; the commissioner; and the designated agency facility or program that provisionally discharged the patient.

Sec. 79. Minnesota Statutes 2018, section 253B.15, subdivision 10, is amended to read:

Subd. 10. Voluntary return. (a) With the consent of the head of the treatment facility or state-operated treatment program, a patient may voluntarily return to inpatient status at the treatment facility as follows:

- (1) as a voluntary patient, in which case the patient's commitment is discharged;
- (2) as a committed patient, in which case the patient's provisional discharge is voluntarily revoked; or
- (3) on temporary return from provisional discharge, in which case both the commitment and the provisional discharge remain in effect.

(b) Prior to readmission, the patient shall be informed of status upon readmission.

Sec. 80. Minnesota Statutes 2018, section 253B.16, is amended to read:

253B.16 DISCHARGE OF COMMITTED PERSONS.

Subdivision 1. **Date.** The head of a treatment facility, state-operated treatment program, or community-based treatment program shall discharge any patient admitted as a person ~~who is mentally ill or chemically dependent, or a person with a~~ who poses a risk of harm due to mental illness, or a person who has a chemical dependency or a developmental disability ~~admitted under Minnesota Rules of Criminal Procedure, rules 20.01 and 20.02, to the secure bed component of the Minnesota extended treatment options~~ when the head of the facility or program certifies that the person is no longer in need of care and treatment under commitment or at the conclusion of any period of time specified in the commitment order, whichever occurs first. The head of a ~~treatment facility or program~~ shall discharge any person admitted as ~~developmentally disabled, except those admitted under Minnesota Rules of Criminal Procedure, rules 20.01 and 20.02, to the secure bed component of the Minnesota extended treatment options;~~ a person with a developmental disability when that person's screening team has determined, under section 256B.092, subdivision 8, that the person's needs can be met by services provided in the community and a plan has been developed in consultation with the interdisciplinary team to place the person in the available community services.

Subd. 2. **Notification of discharge.** Prior to the discharge or provisional discharge of any committed ~~person~~ patient, the head of the treatment facility, state-operated treatment program, or community-based treatment program shall notify the designated agency and the patient's spouse or health care agent, or if there is no spouse or health care agent, then an adult child, or if there is none, the next of kin of the patient, of the proposed discharge. The facility or program shall send the notice ~~shall be sent to the last known address of the person to be notified by certified mail with return receipt. The notice in writing and~~ shall include the following: (1) the proposed date of discharge or provisional discharge; (2) the date, time and place of the meeting of the staff who have been treating the patient to discuss discharge and discharge planning; (3) the fact that the patient will be present at the meeting; and (4) the fact that the next of kin or health care agent may attend that staff meeting and present any information relevant to the discharge of the patient. ~~The notice shall be sent at least one week prior to the date set for the meeting.~~

Sec. 81. Minnesota Statutes 2018, section 253B.17, is amended to read:

253B.17 RELEASE; JUDICIAL DETERMINATION.

Subdivision 1. **Petition.** Any patient, except one committed as a sexually dangerous person or a person with a sexual psychopathic personality or as a person who ~~is mentally ill and has a mental illness and is dangerous to the public as provided in section 253B.18, subdivision 3, or any interested person may petition the committing court or the court to which venue has been transferred for an order that the patient is not in need of continued care and treatment under commitment~~ or for an order that an individual is no longer a person ~~who is mentally ill, developmentally disabled, or chemically dependent~~ who poses a risk of harm due to mental illness, or a person who has a developmental disability or chemical dependency, or for any other relief. A patient committed as a ~~person who is mentally ill or mentally ill and~~ person who is mentally ill or mentally ill and who poses a risk of harm due to mental illness, a person who has a mental illness and is dangerous or to the public, a sexually dangerous person, or a person with a sexual psychopathic personality may petition the committing court or the court to which venue has been transferred for a hearing concerning the administration of neuroleptic medication.

Subd. 2. **Notice of hearing.** Upon the filing of the petition, the court shall fix the time and place for the hearing on it. Ten days' notice of the hearing shall be given to the county attorney, the patient, patient's counsel, the person who filed the initial commitment petition, the head of the ~~treatment facility~~ or program to which the person is committed, and other persons as the court directs. Any person may oppose the petition.

Subd. 3. **Court examiners.** The court shall appoint ~~an~~ a court examiner and, at the patient's request, shall appoint a second court examiner of the patient's choosing to be paid for by the county at a rate of compensation to be fixed by the court. Unless otherwise agreed by the parties, ~~the examiners~~ a court examiner shall file a report with the court not less than 48 hours prior to the hearing under this section.

Subd. 4. **Evidence.** The patient, patient's counsel, the petitioner, and the county attorney shall be entitled to be present at the hearing and to present and cross-examine witnesses, including court examiners. The court may hear any relevant testimony and evidence ~~which is~~ offered at the hearing.

Subd. 5. **Order.** Upon completion of the hearing, the court shall enter an order stating its findings and decision and mail ~~it~~ the order to the head of the treatment facility, state-operated treatment program, or community-based treatment program.

Sec. 82. Minnesota Statutes 2018, section 253B.18, subdivision 1, is amended to read:

Subdivision 1. **Procedure.** (a) Upon the filing of a petition alleging that a proposed patient is a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public, the court shall hear the petition as provided in sections 253B.07 and 253B.08. If the court finds by clear and convincing evidence that the proposed patient is a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public, it shall commit the person to a secure treatment facility or to a treatment facility or state-operated treatment program willing to accept the patient under commitment. The court shall commit the patient to a secure treatment facility unless the patient ~~establishes~~ or others establish by clear and convincing evidence that a less restrictive state-operated treatment program or treatment program facility is available that is consistent with the patient's treatment needs and the requirements of public safety. In any case where the petition was filed immediately following the acquittal of the proposed patient for a crime against the person pursuant to a verdict of not guilty by reason of mental illness, the verdict constitutes evidence that the proposed patient is a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public within the meaning of this section. The proposed patient has the burden of going forward in the presentation of evidence. The standard of proof remains as required by this chapter. Upon commitment, admission procedures shall be carried out pursuant to section 253B.10.

(b) Once a patient is admitted to a treatment facility or state-operated treatment program pursuant to a commitment under this subdivision, treatment must begin regardless of whether a review hearing will be held under subdivision 2.

Sec. 83. Minnesota Statutes 2018, section 253B.18, subdivision 2, is amended to read:

Subd. 2. **Review; hearing.** (a) A written treatment report shall be filed by the treatment facility or state-operated treatment program with the committing court within 60 days after commitment. If the person is in the custody of the commissioner of corrections when the initial commitment is ordered under subdivision 1, the written treatment report must be filed within 60 days after the

person is admitted to ~~a secure~~ the state-operated treatment program or treatment facility. The court shall hold a hearing to make a final determination as to whether the ~~person~~ patient should remain committed as a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public. The hearing shall be held within the earlier of 14 days of the court's receipt of the written treatment report, or within 90 days of the date of initial commitment or admission, unless otherwise agreed by the parties.

(b) The court may, with agreement of the county attorney and the patient's attorney ~~for the patient~~:

(1) waive the review hearing under this subdivision and immediately order an indeterminate commitment under subdivision 3; or

(2) continue the review hearing for up to one year.

(c) If the court finds that the patient should be committed as a person ~~who is mentally ill~~ who poses a risk of harm due to mental illness, but not as a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public, the court may commit the ~~person~~ patient as a person ~~who is mentally ill~~ who poses a risk of harm due to mental illness and the ~~person shall be deemed~~ court shall deem the patient not to have been found to be dangerous to the public for the purposes of subdivisions 4a to 15. Failure of the treatment facility or state-operated treatment program to provide the required treatment report at the end of the 60-day period shall not result in automatic discharge of the patient.

Sec. 84. Minnesota Statutes 2018, section 253B.18, subdivision 3, is amended to read:

Subd. 3. **Indeterminate commitment.** If the court finds at the final determination hearing held pursuant to subdivision 2 that the patient continues to be a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public, then the court shall order commitment of the proposed patient for an indeterminate period of time. After a final determination that a patient is a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public, the patient shall be transferred, provisionally discharged or discharged, only as provided in this section.

Sec. 85. Minnesota Statutes 2018, section 253B.18, subdivision 4a, is amended to read:

Subd. 4a. **Release on pass; notification.** A patient who has been committed as a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public and who is confined at a secure treatment facility or has been transferred out of a ~~state-operated services~~ secure treatment facility according to section 253B.18, subdivision 6, shall not be released on a pass unless the pass is part of a pass plan that has been approved by the medical director of the secure treatment facility. The pass plan must have a specific therapeutic purpose consistent with the treatment plan, must be established for a specific period of time, and must have specific levels of liberty delineated. The county case manager must be invited to participate in the development of the pass plan. At least ten days prior to a determination on the plan, the medical director shall notify the designated agency, the committing court, the county attorney of the county of commitment, an interested person, the local law enforcement agency where the facility is located, the county attorney and the local law enforcement agency in the location where the pass is to occur, the petitioner, and the petitioner's counsel of the plan, the nature of the passes proposed, and their right to object to the plan. If any notified person objects prior to the proposed date of implementation, the person shall have an

opportunity to appear, personally or in writing, before the medical director, within ten days of the objection, to present grounds for opposing the plan. The pass plan shall not be implemented until the objecting person has been furnished that opportunity. Nothing in this subdivision shall be construed to give a patient an affirmative right to a pass plan.

Sec. 86. Minnesota Statutes 2018, section 253B.18, subdivision 4b, is amended to read:

Subd. 4b. **Pass-eligible status; notification.** (a) The following patients committed to a secure treatment facility shall not be placed on pass-eligible status unless that status has been approved by the medical director of the secure treatment facility:

~~(a)~~ (1) a patient who has been committed as a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public and who:

~~(+)~~ (i) was found incompetent to proceed to trial for a felony or was found not guilty by reason of mental illness of a felony immediately prior to the filing of the commitment petition;

~~(-)~~ (ii) was convicted of a felony immediately prior to or during commitment as a person who ~~is mentally ill and~~ has a mental illness and is dangerous to the public; or

~~(-)~~ (iii) is subject to a commitment to the commissioner of corrections; and

~~(b)~~ (2) a patient who has been committed as a psychopathic personality, a sexually psychopathic personality, or a sexually dangerous person.

(b) At least ten days prior to a determination on the status, the medical director shall notify the committing court, the county attorney of the county of commitment, the designated agency, an interested person, the petitioner, and the petitioner's counsel of the proposed status, and their right to request review by the special review board. If within ten days of receiving notice any notified person requests review by filing a notice of objection with the commissioner and the head of the secure treatment facility, a hearing shall be held before the special review board. The proposed status shall not be implemented unless it receives a favorable recommendation by a majority of the board and approval by the commissioner. The order of the commissioner is appealable as provided in section 253B.19.

(c) Nothing in this subdivision shall be construed to give a patient an affirmative right to seek pass-eligible status from the special review board.

Sec. 87. Minnesota Statutes 2018, section 253B.18, subdivision 4c, is amended to read:

Subd. 4c. **Special review board.** (a) The commissioner shall establish one or more panels of a special review board. The board shall consist of three members experienced in the field of mental illness. One member of each special review board panel shall be a psychiatrist or a doctoral level psychologist with forensic experience and one member shall be an attorney. No member shall be affiliated with the Department of Human Services. The special review board shall meet at least every six months and at the call of the commissioner. It shall hear and consider all petitions for a reduction in custody or to appeal a revocation of provisional discharge. A "reduction in custody" means transfer from a secure treatment facility, discharge, and provisional discharge. Patients may

be transferred by the commissioner between secure treatment facilities without a special review board hearing.

Members of the special review board shall receive compensation and reimbursement for expenses as established by the commissioner.

(b) The special review board must review each denied petition under subdivision 5 for barriers and obstacles preventing the patient from progressing in treatment. Based on the cases before the board in the previous year, the special review board shall provide to the commissioner an annual summation of the barriers to treatment progress, and recommendations to achieve the common goal of making progress in treatment.

(c) A petition filed by a person committed as ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public under this section must be heard as provided in subdivision 5 and, as applicable, subdivision 13. A petition filed by a person committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253D, or committed as both ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public under this section and as a sexual psychopathic personality or as a sexually dangerous person must be heard as provided in section 253D.27.

Sec. 88. Minnesota Statutes 2018, section 253B.18, subdivision 5, is amended to read:

Subd. 5. **Petition; notice of hearing; attendance; order.** (a) A petition for a reduction in custody or revocation of provisional discharge shall be filed with the commissioner and may be filed by the patient or by the head of the treatment facility or state-operated treatment program to which the person was committed or has been transferred. A patient may not petition the special review board for six months following commitment under subdivision 3 or following the final disposition of any previous petition and subsequent appeal by the patient. The head of the state-operated treatment program or head of the treatment facility must schedule a hearing before the special review board for any patient who has not appeared before the special review board in the previous three years, and schedule a hearing at least every three years thereafter. The medical director may petition at any time.

(b) Fourteen days prior to the hearing, the committing court, the county attorney of the county of commitment, the designated agency, interested person, the petitioner, and the petitioner's counsel shall be given written notice by the commissioner of the time and place of the hearing before the special review board. Only those entitled to statutory notice of the hearing or those administratively required to attend may be present at the hearing. The patient may designate interested persons to receive notice by providing the names and addresses to the commissioner at least 21 days before the hearing. The board shall provide the commissioner with written findings of fact and recommendations within 21 days of the hearing. The commissioner shall issue an order no later than 14 days after receiving the recommendation of the special review board. A copy of the order shall be mailed to every person entitled to statutory notice of the hearing within five days after ~~it~~ the order is signed. No order by the commissioner shall be effective sooner than 30 days after the order is signed, unless the county attorney, the patient, and the commissioner agree that it may become effective sooner.

(c) The special review board shall hold a hearing on each petition prior to making its recommendation to the commissioner. The special review board proceedings are not contested cases as defined in chapter 14. Any person or agency receiving notice that submits documentary evidence to the special review board prior to the hearing shall also provide copies to the patient, the patient's counsel, the county attorney of the county of commitment, the case manager, and the commissioner.

(d) Prior to the final decision by the commissioner, the special review board may be reconvened to consider events or circumstances that occurred subsequent to the hearing.

(e) In making their recommendations and order, the special review board and commissioner must consider any statements received from victims under subdivision 5a.

Sec. 89. Minnesota Statutes 2018, section 253B.18, subdivision 5a, is amended to read:

Subd. 5a. **Victim notification of petition and release; right to submit statement.** (a) As used in this subdivision:

(1) "crime" has the meaning given to "violent crime" in section 609.1095, and includes criminal sexual conduct in the fifth degree and offenses within the definition of "crime against the person" in section 253B.02, subdivision 4a, and also includes offenses listed in section 253D.02, subdivision 8, paragraph (b), regardless of whether they are sexually motivated;

(2) "victim" means a person who has incurred loss or harm as a result of a crime the behavior for which forms the basis for a commitment under this section or chapter 253D; and

(3) "convicted" and "conviction" have the meanings given in section 609.02, subdivision 5, and also include juvenile court adjudications, findings under Minnesota Rules of Criminal Procedure, rule 20.02, that the elements of a crime have been proved, and findings in commitment cases under this section or chapter 253D that an act or acts constituting a crime occurred.

(b) A county attorney who files a petition to commit a person under this section or chapter 253D shall make a reasonable effort to provide prompt notice of filing the petition to any victim of a crime for which the person was convicted. In addition, the county attorney shall make a reasonable effort to promptly notify the victim of the resolution of the petition.

(c) Before provisionally discharging, discharging, granting pass-eligible status, approving a pass plan, or otherwise permanently or temporarily releasing a person committed under this section from a state-operated treatment program or treatment facility, the head of the state-operated treatment program or head of the treatment facility shall make a reasonable effort to notify any victim of a crime for which the person was convicted that the person may be discharged or released and that the victim has a right to submit a written statement regarding decisions of the medical director, special review board, or commissioner with respect to the person. To the extent possible, the notice must be provided at least 14 days before any special review board hearing or before a determination on a pass plan. Notwithstanding section 611A.06, subdivision 4, the commissioner shall provide the judicial appeal panel with victim information in order to comply with the provisions of this section. The judicial appeal panel shall ensure that the data on victims remains private as provided for in section 611A.06, subdivision 4.

(d) This subdivision applies only to victims who have requested notification through the Department of Corrections electronic victim notification system, or by contacting, in writing, the county attorney in the county where the conviction for the crime occurred. A request for notice under this subdivision received by the commissioner of corrections through the Department of Corrections electronic victim notification system shall be promptly forwarded to the prosecutorial authority with jurisdiction over the offense to which the notice relates or, following commitment, the head of the state-operated treatment program or head of the treatment facility. A county attorney who receives a request for notification under this paragraph following commitment shall promptly forward the request to the commissioner of human services.

(e) The rights under this subdivision are in addition to rights available to a victim under chapter 611A. This provision does not give a victim all the rights of a "notified person" or a person "entitled to statutory notice" under subdivision 4a, 4b, or 5 or section 253D.14.

Sec. 90. Minnesota Statutes 2018, section 253B.18, subdivision 6, is amended to read:

Subd. 6. **Transfer.** (a) A patient who is ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public shall not be transferred out of a secure treatment facility unless it appears to the satisfaction of the commissioner, after a hearing and favorable recommendation by a majority of the special review board, that the transfer is appropriate. Transfer may be to ~~other regional centers under the commissioner's control~~ another state-operated treatment program. In those instances where a commitment also exists to the Department of Corrections, transfer may be to a facility designated by the commissioner of corrections.

(b) The following factors must be considered in determining whether a transfer is appropriate:

- (1) the person's clinical progress and present treatment needs;
- (2) the need for security to accomplish continuing treatment;
- (3) the need for continued institutionalization;
- (4) which facility can best meet the person's needs; and
- (5) whether transfer can be accomplished with a reasonable degree of safety for the public.

Sec. 91. Minnesota Statutes 2018, section 253B.18, subdivision 7, is amended to read:

Subd. 7. **Provisional discharge.** (a) A patient who is ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public shall not be provisionally discharged unless it appears to the satisfaction of the commissioner, after a hearing and a favorable recommendation by a majority of the special review board, that the patient is capable of making an acceptable adjustment to open society.

(b) The following factors are to be considered in determining whether a provisional discharge shall be recommended: (1) whether the patient's course of hospitalization and present mental status indicate there is no longer a need for treatment and supervision in the patient's current treatment setting; and (2) whether the conditions of the provisional discharge plan will provide a reasonable degree of protection to the public and will enable the patient to adjust successfully to the community.

Sec. 92. Minnesota Statutes 2018, section 253B.18, subdivision 8, is amended to read:

Subd. 8. **Provisional discharge plan.** A provisional discharge plan shall be developed, implemented, and monitored by the designated agency in conjunction with the patient, the treatment facility or state-operated treatment program to which the person is committed, and other appropriate persons. The designated agency shall, at least quarterly, review the provisional discharge plan with the patient and submit a written report to ~~the commissioner and the treatment facility or program~~ concerning the patient's status and compliance with each term of the provisional discharge plan.

Sec. 93. Minnesota Statutes 2018, section 253B.18, subdivision 10, is amended to read:

Subd. 10. **Provisional discharge; revocation.** (a) The head of the treatment facility or state-operated treatment program from which the person was provisionally discharged may revoke a provisional discharge if any of the following grounds exist:

(i) the patient has departed from the conditions of the provisional discharge plan;

(ii) the patient is exhibiting signs of a mental illness which may require in-hospital evaluation or treatment; or

(iii) the patient is exhibiting behavior which may be dangerous to self or others.

(b) Revocation shall be commenced by a notice of intent to revoke provisional discharge, which shall be served upon the patient, patient's counsel, and the designated agency. The notice shall set forth the grounds upon which the intention to revoke is based, and shall inform the patient of the rights of a patient under this chapter.

(c) In all nonemergency situations, prior to revoking a provisional discharge, the head of the ~~treatment~~ treatment facility or program shall obtain a revocation report from the designated agency outlining the specific reasons for recommending the revocation, including but not limited to the specific facts upon which the revocation recommendation is based.

(d) The patient must be provided a copy of the revocation report and informed orally and in writing of the rights of a patient under this section.

Sec. 94. Minnesota Statutes 2018, section 253B.18, subdivision 11, is amended to read:

Subd. 11. **Exceptions.** If an emergency exists, the head of the treatment facility or state-operated treatment program may revoke the provisional discharge and, either orally or in writing, order that the patient be immediately returned to the ~~treatment~~ treatment facility or program. In emergency cases, a revocation report ~~documenting reasons for revocation~~ shall be submitted by the designated agency within seven days after the patient is returned to the ~~treatment~~ treatment facility or program.

Sec. 95. Minnesota Statutes 2018, section 253B.18, subdivision 12, is amended to read:

Subd. 12. **Return of patient.** After revocation of a provisional discharge or if the patient is absent without authorization, the head of the treatment facility or state-operated treatment program may request the patient to return to the ~~treatment~~ treatment facility or program voluntarily. The head of the treatment facility or state-operated treatment program may request a health officer, ~~a welfare officer~~, or a peace officer to return the patient to the ~~treatment~~ treatment facility or program. If a voluntary return is

not arranged, the head of the treatment facility or state-operated treatment program shall inform the committing court of the revocation or absence and the court shall direct a health or peace officer in the county where the patient is located to return the patient to the ~~treatment facility or program~~ or to another state-operated treatment program or to another treatment facility willing to accept the patient. The expense of returning the patient to a ~~regional state-operated treatment center program~~ shall be paid by the commissioner unless paid by the patient or other persons on the patient's behalf.

Sec. 96. Minnesota Statutes 2018, section 253B.18, subdivision 14, is amended to read:

Subd. 14. **Voluntary readmission.** (a) With the consent of the head of the treatment facility or state-operated treatment program, a patient may voluntarily return from provisional discharge for a period of up to 30 days, or up to 60 days with the consent of the designated agency. If the patient is not returned to provisional discharge status within 60 days, the provisional discharge is revoked. Within 15 days of receiving notice of the change in status, the patient may request a review of the matter before the special review board. The board may recommend a return to a provisional discharge status.

(b) The treatment facility or state-operated treatment program is not required to petition for a further review by the special review board unless the patient's return to the community results in substantive change to the existing provisional discharge plan. All the terms and conditions of the provisional discharge order shall remain unchanged if the patient is released again.

Sec. 97. Minnesota Statutes 2018, section 253B.18, subdivision 15, is amended to read:

Subd. 15. **Discharge.** (a) A patient who is ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public shall not be discharged unless it appears to the satisfaction of the commissioner, after a hearing and a favorable recommendation by a majority of the special review board, that the patient is capable of making an acceptable adjustment to open society, is no longer dangerous to the public, and is no longer in need of treatment and supervision.

(b) In determining whether a discharge shall be recommended, the special review board and commissioner shall consider whether specific conditions exist to provide a reasonable degree of protection to the public and to assist the patient in adjusting to the community. If the desired conditions do not exist, the discharge shall not be granted.

Sec. 98. Minnesota Statutes 2018, section 253B.19, subdivision 2, is amended to read:

Subd. 2. **Petition; hearing.** (a) A ~~person patient~~ person patient committed as ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public under section 253B.18, or the county attorney of the county from which the ~~person patient~~ person patient was committed or the county of financial responsibility, may petition the judicial appeal panel for a rehearing and reconsideration of a decision by the commissioner under section 253B.18, subdivision 5. The judicial appeal panel must not consider petitions for relief other than those considered by the commissioner from which the appeal is taken. The petition must be filed with the supreme court within 30 days after the decision of the commissioner is signed. The hearing must be held within 45 days of the filing of the petition unless an extension is granted for good cause.

(b) For an appeal under paragraph (a), the supreme court shall refer the petition to the chief judge of the judicial appeal panel. The chief judge shall notify the patient, the county attorney of

the county of commitment, the designated agency, the commissioner, the head of the ~~treatment facility or program to which the patient was committed~~, any interested person, and other persons the chief judge designates, of the time and place of the hearing on the petition. The notice shall be given at least 14 days prior to the date of the hearing.

(c) Any person may oppose the petition. The patient, the patient's counsel, the county attorney of the committing county or the county of financial responsibility, and the commissioner shall participate as parties to the proceeding pending before the judicial appeal panel and shall, except when the patient is committed solely as ~~mentally ill and~~ a person who has a mental illness and is dangerous to the public, no later than 20 days before the hearing on the petition, inform the judicial appeal panel and the opposing party in writing whether they support or oppose the petition and provide a summary of facts in support of their position. The judicial appeal panel may appoint court examiners and may adjourn the hearing from time to time. It shall hear and receive all relevant testimony and evidence and make a record of all proceedings. The patient, the patient's counsel, and the county attorney of the committing county or the county of financial responsibility have the right to be present and may present and cross-examine all witnesses and offer a factual and legal basis in support of their positions. The petitioning party seeking discharge or provisional discharge bears the burden of going forward with the evidence, which means presenting a prima facie case with competent evidence to show that the person is entitled to the requested relief. If the petitioning party has met this burden, the party opposing discharge or provisional discharge bears the burden of proof by clear and convincing evidence that the discharge or provisional discharge should be denied. A party seeking transfer under section 253B.18, subdivision 6, must establish by a preponderance of the evidence that the transfer is appropriate.

Sec. 99. Minnesota Statutes 2018, section 253B.20, subdivision 1, is amended to read:

Subdivision 1. **Notice to court.** When a committed person is discharged, provisionally discharged, or transferred to another treatment facility, or partially hospitalized state-operated treatment program, or community-based treatment program, or when the ~~person~~ patient dies, is absent without authorization, or is returned, the treatment facility, state-operated treatment program, or community-based treatment program having custody of the patient shall notify the committing court, the county attorney, and the patient's attorney.

Sec. 100. Minnesota Statutes 2018, section 253B.20, subdivision 2, is amended to read:

Subd. 2. **Necessities.** The ~~head of the~~ state-operated treatment facility program shall make necessary arrangements at the expense of the state to insure that no patient is discharged or provisionally discharged without suitable clothing. The head of the state-operated treatment facility program shall, if necessary, provide the patient with a sufficient sum of money to secure transportation home, or to another destination of the patient's choice, if the destination is located within a reasonable distance of the state-operated treatment facility program. The commissioner shall establish procedures by rule to help the patient receive all public assistance benefits provided by state or federal law to which the patient is entitled by residence and circumstances. The rule shall be uniformly applied in all counties. All counties shall provide temporary relief whenever necessary to meet the intent of this subdivision.

Sec. 101. Minnesota Statutes 2018, section 253B.20, subdivision 3, is amended to read:

Subd. 3. **Notice to designated agency.** The head of the treatment facility, state-operated treatment program, or community-based treatment program, upon the provisional discharge of any committed person, shall notify the designated agency before the patient leaves the ~~treatment facility or program~~. Whenever possible the notice shall be given at least one week before the patient is to leave the facility or program.

Sec. 102. Minnesota Statutes 2018, section 253B.20, subdivision 4, is amended to read:

Subd. 4. **Aftercare services.** Prior to the date of discharge or provisional discharge of any committed person, the designated agency of the county of financial responsibility, in cooperation with the head of the treatment facility, state-operated treatment program, or community-based treatment program, and the patient's ~~physician~~ mental health professional, if notified pursuant to subdivision 6, shall establish a continuing plan of aftercare services for the patient including a plan for medical and psychiatric treatment, nursing care, vocational assistance, and other assistance the patient needs. The designated agency shall provide case management services, supervise and assist the patient in finding employment, suitable shelter, and adequate medical and psychiatric treatment, and aid in the patient's readjustment to the community.

Sec. 103. Minnesota Statutes 2018, section 253B.20, subdivision 6, is amended to read:

Subd. 6. **Notice to ~~physician~~ mental health professional.** The head of the treatment facility, state-operated treatment program, or community-based treatment program shall notify the ~~physician~~ mental health professional of any committed person at the time of the patient's discharge or provisional discharge, unless the patient objects to the notice.

Sec. 104. Minnesota Statutes 2018, section 253B.21, subdivision 1, is amended to read:

Subdivision 1. **Administrative procedures.** If the patient is entitled to care by any agency of the United States in this state, the commitment warrant shall be in triplicate, committing the patient to the joint custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program and the federal agency. If the federal agency is unable or unwilling to receive the patient at the time of commitment, the patient may subsequently be transferred to it upon its request.

Sec. 105. Minnesota Statutes 2018, section 253B.21, subdivision 2, is amended to read:

Subd. 2. **Applicable regulations.** Any person, when admitted to an institution of a federal agency within or without this state, shall be subject to the rules and regulations of the federal agency, except that nothing in this section shall deprive any person of rights secured to patients of state state-operated treatment programs, treatment facilities, and community-based treatment programs by this chapter.

Sec. 106. Minnesota Statutes 2018, section 253B.21, subdivision 3, is amended to read:

Subd. 3. **Powers.** The chief officer of any treatment facility operated by a federal agency to which any person is admitted shall have the same powers as the heads of ~~treatment facilities~~ state-operated treatment programs within this state with respect to admission, retention of custody, transfer, parole, or discharge of the committed person.

Sec. 107. Minnesota Statutes 2018, section 253B.212, subdivision 1, is amended to read:

Subdivision 1. **Cost of care; commitment by tribal court order; Red Lake Band of Chippewa Indians.** The commissioner of human services may contract with and receive payment from the Indian Health Service of the United States Department of Health and Human Services for the care and treatment of those members of the Red Lake Band of Chippewa Indians who have been committed by tribal court order to the Indian Health Service for care and treatment of mental illness, developmental disability, or chemical dependency. The contract shall provide that the Indian Health Service may not transfer any person for admission to a ~~regional center~~ state-operated treatment program unless the commitment procedure utilized by the tribal court provided due process protections similar to those afforded by sections ~~253B.05~~ 253B.051 to 253B.10.

Sec. 108. Minnesota Statutes 2018, section 253B.212, subdivision 1a, is amended to read:

Subd. 1a. **Cost of care; commitment by tribal court order; White Earth Band of Ojibwe Indians.** The commissioner of human services may contract with and receive payment from the Indian Health Service of the United States Department of Health and Human Services for the care and treatment of those members of the White Earth Band of Ojibwe Indians who have been committed by tribal court order to the Indian Health Service for care and treatment of mental illness, developmental disability, or chemical dependency. The tribe may also contract directly with the commissioner for treatment of those members of the White Earth Band who have been committed by tribal court order to the White Earth Department of Health for care and treatment of mental illness, developmental disability, or chemical dependency. The contract shall provide that the Indian Health Service and the White Earth Band shall not transfer any person for admission to a ~~regional center~~ state-operated treatment program unless the commitment procedure utilized by the tribal court provided due process protections similar to those afforded by sections ~~253B.05~~ 253B.051 to 253B.10.

Sec. 109. Minnesota Statutes 2018, section 253B.212, subdivision 1b, is amended to read:

Subd. 1b. **Cost of care; commitment by tribal court order; any federally recognized Indian tribe within the state of Minnesota.** The commissioner of human services may contract with and receive payment from the Indian Health Service of the United States Department of Health and Human Services for the care and treatment of those members of any federally recognized Indian tribe within the state, who have been committed by tribal court order to the Indian Health Service for care and treatment of mental illness, developmental disability, or chemical dependency. The tribe may also contract directly with the commissioner for treatment of those members of any federally recognized Indian tribe within the state who have been committed by tribal court order to the respective tribal Department of Health for care and treatment of mental illness, developmental disability, or chemical dependency. The contract shall provide that the Indian Health Service and any federally recognized Indian tribe within the state shall not transfer any person for admission to a ~~regional center~~ state-operated treatment program unless the commitment procedure utilized by the tribal court provided due process protections similar to those afforded by sections ~~253B.05~~ 253B.051 to 253B.10.

Sec. 110. Minnesota Statutes 2018, section 253B.212, subdivision 2, is amended to read:

Subd. 2. **Effect given to tribal commitment order.** (a) When, under an agreement entered into pursuant to subdivision 1, 1a, or 1b, the Indian Health Service or the placing tribe applies to a ~~regional center~~ state-operated treatment program for admission of a person committed to the jurisdiction of the health service by the tribal court ~~as a person who is mentally ill, developmentally disabled, or chemically dependent~~ due to mental illness, developmental disability, or chemical dependency, the commissioner may treat the patient with the consent of the Indian Health Service or the placing tribe.

(b) A person admitted to a ~~regional center~~ state-operated treatment program pursuant to this section has all the rights accorded by section 253B.03. In addition, treatment reports, prepared in accordance with the requirements of section 253B.12, subdivision 1, shall be filed with the Indian Health Service or the placing tribe within 60 days of commencement of the patient's stay at the facility program. A subsequent treatment report shall be filed with the Indian Health Service or the placing tribe within six months of the patient's admission to the facility program or prior to discharge, whichever comes first. Provisional discharge or transfer of the patient may be authorized by the head of the ~~treatment facility program~~ only with the consent of the Indian Health Service or the placing tribe. Discharge from the facility program to the Indian Health Service or the placing tribe may be authorized by the head of the ~~treatment facility program~~ after notice to and consultation with the Indian Health Service or the placing tribe.

Sec. 111. Minnesota Statutes 2018, section 253B.22, subdivision 1, is amended to read:

Subdivision 1. **Establishment.** The commissioner shall establish a review board of three or more persons for ~~each regional center~~ the Anoka-Metro Regional Treatment Center, Minnesota Security Hospital, and Minnesota sex offender program to review the admission and retention of ~~its patients of that program~~ receiving services under this chapter. One member shall be qualified in the diagnosis of mental illness, developmental disability, or chemical dependency, and one member shall be an attorney. The commissioner may, upon written request from the appropriate federal authority, establish a review panel for any federal treatment facility within the state to review the admission and retention of patients hospitalized under this chapter. For any review board established for a federal treatment facility, one of the persons appointed by the commissioner shall be the commissioner of veterans affairs or the commissioner's designee.

Sec. 112. Minnesota Statutes 2018, section 253B.22, subdivision 2, is amended to read:

Subd. 2. **Right to appear.** Each ~~treatment facility program~~ specified in subdivision 1 shall be visited by the review board at least once every six months. Upon request each patient in the ~~treatment facility program~~ shall have the right to appear before the review board during the visit.

Sec. 113. Minnesota Statutes 2018, section 253B.22, subdivision 3, is amended to read:

Subd. 3. **Notice.** The head of ~~the treatment facility~~ each program specified in subdivision 1 shall notify each patient at the time of admission by a simple written statement of the patient's right to appear before the review board and the next date when the board will visit ~~the treatment facility that program~~ that program. A request to appear before the board need not be in writing. Any employee of the ~~treatment facility program~~ receiving a patient's request to appear before the board shall notify the head of the treatment facility program of the request.

Sec. 114. Minnesota Statutes 2018, section 253B.22, subdivision 4, is amended to read:

Subd. 4. **Review.** The board shall review the admission and retention of patients at ~~its respective treatment facility~~ the program. The board may examine the records of all patients admitted and may examine personally at its own instigation all patients who from the records or otherwise appear to justify reasonable doubt as to continued need of confinement in ~~a treatment facility~~ the program. The review board shall report its findings to the commissioner and to the head of the ~~treatment facility~~ program. The board may also receive reports from patients, interested persons, and ~~treatment facility~~ employees of the program, and investigate conditions affecting the care of patients.

Sec. 115. Minnesota Statutes 2018, section 253B.23, subdivision 1, is amended to read:

Subdivision 1. **Costs of hearings.** (a) In each proceeding under this chapter the court shall allow and order paid to each witness subpoenaed the fees and mileage prescribed by law; to each examiner a reasonable sum for services and for travel; to persons conveying the patient to the place of detention, disbursements for the travel, board, and lodging of the patient and of themselves and their authorized assistants; and to the patient's counsel, when appointed by the court, a reasonable sum for travel and for the time spent in court or in preparing for the hearing. Upon the court's order, the county auditor shall issue a warrant on the county treasurer for payment of the amounts allowed, excluding the costs of the court examiner, which must be paid by the state courts.

(b) Whenever venue of a proceeding has been transferred under this chapter, the costs of the proceedings shall be reimbursed to the county where the proceedings were conducted by the county of financial responsibility.

Sec. 116. Minnesota Statutes 2018, section 253B.23, subdivision 1b, is amended to read:

Subd. 1b. **Responsibility for conducting prepetition screening and filing commitment ~~and early intervention~~ petitions.** (a) The county of financial responsibility is responsible to conduct prepetition screening pursuant to section 253B.07, subdivision 1, and, if statutory conditions for ~~early intervention or~~ commitment are satisfied, to file a petition pursuant to section ~~253B.064, subdivision 1, paragraph (a);~~ 253B.07, subdivision 1, paragraph (a)₂ or 253D.07.

(b) Except in cases under chapter 253D, if the county of financial responsibility refuses or fails to conduct prepetition screening or file a petition, or if it is unclear which county is the county of financial responsibility, the county where the proposed patient is present is responsible to conduct the prepetition screening and, if statutory conditions for ~~early intervention or~~ commitment are satisfied, file the petition.

(c) In cases under chapter 253D, if the county of financial responsibility refuses or fails to file a petition, or if it is unclear which county is the county of financial responsibility, then (1) the county where the conviction for which the person is incarcerated was entered, or (2) the county where the proposed patient is present, if the person is not currently incarcerated based on conviction, is responsible to file the petition if statutory conditions for commitment are satisfied.

(d) When a proposed patient is an inmate confined to an adult correctional facility under the control of the commissioner of corrections and commitment proceedings are initiated or proposed to be initiated pursuant to section 241.69, the county where the correctional facility is located may agree to perform the responsibilities specified in paragraph (a).

(e) Any dispute concerning financial responsibility for the costs of the proceedings and treatment will be resolved pursuant to chapter 256G.

(f) This subdivision and the sections of law cited in this subdivision address venue only. Nothing in this chapter is intended to limit the statewide jurisdiction of district courts over civil commitment matters.

Sec. 117. Minnesota Statutes 2018, section 253B.23, subdivision 2, is amended to read:

Subd. 2. **Legal results of commitment status.** (a) Except as otherwise provided in this chapter and in sections 246.15 and 246.16, no person by reason of commitment or treatment pursuant to this chapter shall be deprived of any legal right, including but not limited to the right to dispose of property, sue and be sued, execute instruments, make purchases, enter into contractual relationships, vote, and hold a driver's license. Commitment or treatment of any patient pursuant to this chapter is not a judicial determination of legal incompetency except to the extent provided in section 253B.03, subdivision 6.

(b) Proceedings for determination of legal incompetency and the appointment of a guardian for a person subject to commitment under this chapter may be commenced before, during, or after commitment proceedings have been instituted and may be conducted jointly with the commitment proceedings. The court shall notify the head of the ~~treatment~~ facility or program to which the patient is committed of a finding that the patient is incompetent.

(c) Where the person to be committed is a minor or owns property of value and it appears to the court that the person is not competent to manage a personal estate, the court shall appoint a general conservator of the person's estate as provided by law.

Sec. 118. Minnesota Statutes 2018, section 253B.24, is amended to read:

253B.24 TRANSMITTAL OF DATA TO NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM.

When a court:

(1) ~~commits a person under this chapter as being mentally ill, developmentally disabled, mentally ill and dangerous, or chemically dependent~~ due to mental illness, developmental disability, or chemical dependency, or as a person who has a mental illness and is dangerous to the public;

(2) determines in a criminal case that a person is incompetent to stand trial or not guilty by reason of mental illness; or

(3) restores a person's ability to possess a firearm under section 609.165, subdivision 1d, or 624.713, subdivision 4,

the court shall ensure that this information is electronically transmitted within three business days to the National Instant Criminal Background Check System.

Sec. 119. Minnesota Statutes 2018, section 253D.02, subdivision 6, is amended to read:

Subd. 6. **Court examiner.** "Court examiner" has the meaning given in section 253B.02, subdivision 7 7a.

Sec. 120. Minnesota Statutes 2018, section 253D.07, subdivision 2, is amended to read:

Subd. 2. **Petition.** Upon the filing of a petition alleging that a proposed respondent is a sexually dangerous person or a person with a sexual psychopathic personality, ~~the court shall hear the petition as provided~~ all of the applicable procedures contained in sections 253B.07 and 253B.08 apply to the commitment proceeding.

Sec. 121. Minnesota Statutes 2018, section 253D.10, subdivision 2, is amended to read:

Subd. 2. **Correctional facilities.** (a) A person who is being petitioned for commitment under this chapter and who is placed under a judicial hold order under section 253B.07, subdivision 2b or 7, may be confined at a Department of Corrections or a county correctional or detention facility, rather than a secure treatment facility, until a determination of the commitment petition as specified in this subdivision.

(b) A court may order that a person who is being petitioned for commitment under this chapter be confined in a Department of Corrections facility pursuant to the judicial hold order under the following circumstances and conditions:

(1) The person is currently serving a sentence in a Department of Corrections facility and the court determines that the person has made a knowing and voluntary (i) waiver of the right to be held in a secure treatment facility and (ii) election to be held in a Department of Corrections facility. The order confining the person in the Department of Corrections facility shall remain in effect until the court vacates the order or the person's criminal sentence and conditional release term expire.

In no case may the person be held in a Department of Corrections facility pursuant only to this subdivision, and not pursuant to any separate correctional authority, for more than 210 days.

(2) A person who has elected to be confined in a Department of Corrections facility under this subdivision may revoke the election by filing a written notice of intent to revoke the election with the court and serving the notice upon the Department of Corrections and the county attorney. The court shall order the person transferred to a secure treatment facility within 15 days of the date that the notice of revocation was filed with the court, except that, if the person has additional time to serve in prison at the end of the 15-day period, the person shall not be transferred to a secure treatment facility until the person's prison term expires. After a person has revoked an election to remain in a Department of Corrections facility under this subdivision, the court may not adopt another election to remain in a Department of Corrections facility without the agreement of both parties and the Department of Corrections.

(3) Upon petition by the commissioner of corrections, after notice to the parties and opportunity for hearing and for good cause shown, the court may order that the person's place of confinement be changed from the Department of Corrections to a secure treatment facility.

(4) While at a Department of Corrections facility pursuant to this subdivision, the person shall remain subject to all rules and practices applicable to correctional inmates in the facility in which the person is placed including; but not limited to; the powers and duties of the commissioner of

corrections under section 241.01, powers relating to use of force under section 243.52, and the right of the commissioner of corrections to determine the place of confinement in a prison, reformatory, or other facility.

(5) A person may not be confined in a Department of Corrections facility under this provision beyond the end of the person's executed sentence or the end of any applicable conditional release period, whichever is later. If a person confined in a Department of Corrections facility pursuant to this provision reaches the person's supervised release date and is subject to a period of conditional release, the period of conditional release shall commence on the supervised release date even though the person remains in the Department of Corrections facility pursuant to this provision. At the end of the later of the executed sentence or any applicable conditional release period, the person shall be transferred to a secure treatment facility.

(6) Nothing in this section may be construed to establish a right of an inmate in a state correctional facility to participate in sex offender treatment. This section must be construed in a manner consistent with the provisions of section 244.03.

(c) When a person is temporarily confined in a Department of Corrections facility solely under this subdivision and not based on any separate correctional authority, the commissioner of corrections may charge the county of financial responsibility for the costs of confinement, and the Department of Human Services shall use existing appropriations to fund all remaining nonconfinement costs. The funds received by the commissioner for the confinement and nonconfinement costs are appropriated to the department for these purposes.

~~(e)~~(d) The committing county may offer a person who is being petitioned for commitment under this chapter and who is placed under a judicial hold order under section 253B.07, subdivision 2b or 7, the option to be held in a county correctional or detention facility rather than a secure treatment facility, under such terms as may be agreed to by the county, the commitment petitioner, and the commitment respondent. If a person makes such an election under this paragraph, the court hold order shall specify the terms of the agreement, including the conditions for revoking the election.

Sec. 122. Minnesota Statutes 2018, section 253D.28, subdivision 2, is amended to read:

Subd. 2. Procedure. (a) The supreme court shall refer a petition for rehearing and reconsideration to the chief judge of the judicial appeal panel. The chief judge shall notify the committed person, the county attorneys of the county of commitment and county of financial responsibility, the commissioner, the executive director, any interested person, and other persons the chief judge designates, of the time and place of the hearing on the petition. The notice shall be given at least 14 days prior to the date of the hearing. The hearing may be conducted by interactive video conference under General Rules of Practice, rule 131, and Minnesota Rules of Civil Commitment, rule 14.

(b) Any person may oppose the petition. The committed person, the committed person's counsel, the county attorneys of the committing county and county of financial responsibility, and the commissioner shall participate as parties to the proceeding pending before the judicial appeal panel and shall, no later than 20 days before the hearing on the petition, inform the judicial appeal panel and the opposing party in writing whether they support or oppose the petition and provide a summary of facts in support of their position.

(c) The judicial appeal panel may appoint court examiners and may adjourn the hearing from time to time. It shall hear and receive all relevant testimony and evidence and make a record of all proceedings. The committed person, the committed person's counsel, and the county attorney of the committing county or the county of financial responsibility have the right to be present and may present and cross-examine all witnesses and offer a factual and legal basis in support of their positions.

(d) The petitioning party seeking discharge or provisional discharge bears the burden of going forward with the evidence, which means presenting a prima facie case with competent evidence to show that the person is entitled to the requested relief. If the petitioning party has met this burden, the party opposing discharge or provisional discharge bears the burden of proof by clear and convincing evidence that the discharge or provisional discharge should be denied.

(e) A party seeking transfer under section 253D.29 must establish by a preponderance of the evidence that the transfer is appropriate.

Sec. 123. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber Minnesota Statutes, section 253B.02, so that the subdivisions are alphabetical. The revisor shall correct any cross-references that arise as a result of the renumbering.

Sec. 124. **REPEALER.**

Minnesota Statutes 2018, sections 253B.02, subdivisions 6 and 12a; 253B.05, subdivisions 1, 2, 2b, 3, and 4; 253B.064; 253B.065; 253B.066; 253B.09, subdivision 3; 253B.12, subdivision 2; 253B.15, subdivision 11; and 253B.20, subdivision 7, are repealed."

Delete the title and insert:

"A bill for an act relating to civil commitment; modifying provisions governing civil commitment; establishing engagement services pilot project; amending Minnesota Statutes 2018, sections 253B.02, subdivisions 4b, 7, 8, 9, 10, 13, 16, 17, 18, 19, 21, 22, 23, by adding a subdivision; 253B.03, subdivisions 1, 2, 3, 4a, 5, 6, 6b, 6d, 7, 10; 253B.04, subdivisions 1, 1a, 2; 253B.045, subdivisions 2, 3, 5, 6; 253B.06, subdivisions 1, 2, 3; 253B.07, subdivisions 1, 2, 2a, 2b, 2d, 3, 5, 7; 253B.08, subdivisions 1, 2a, 5, 5a; 253B.09, subdivisions 1, 2, 3a, 5; 253B.092; 253B.0921; 253B.095, subdivision 3; 253B.097, subdivisions 1, 2, 3, 6; 253B.10; 253B.12, subdivisions 1, 3, 4, 7; 253B.13, subdivision 1; 253B.14; 253B.141; 253B.15, subdivisions 1, 1a, 2, 3, 3a, 3b, 3c, 5, 7, 9, 10, by adding a subdivision; 253B.16; 253B.17; 253B.18, subdivisions 1, 2, 3, 4a, 4b, 4c, 5, 5a, 6, 7, 8, 10, 11, 12, 14, 15; 253B.19, subdivision 2; 253B.20, subdivisions 1, 2, 3, 4, 6; 253B.21, subdivisions 1, 2, 3; 253B.212, subdivisions 1, 1a, 1b, 2; 253B.22, subdivisions 1, 2, 3, 4; 253B.23, subdivisions 1, 1b, 2; 253B.24; 253D.02, subdivision 6; 253D.07, subdivision 2; 253D.10, subdivision 2; 253D.28, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 253B; repealing Minnesota Statutes 2018, sections 253B.02, subdivisions 6, 12a; 253B.05, subdivisions 1, 2, 2b, 3, 4; 253B.064; 253B.065; 253B.066; 253B.09, subdivision 3; 253B.12, subdivision 2; 253B.15, subdivision 11; 253B.20, subdivision 7."

And when so amended the bill do pass and be re-referred to the Committee on Human Services Reform Finance and Policy. Amendments adopted. Report adopted.

SECOND READING OF SENATE BILLS

S.F. Nos. 3348, 3358, 1805, 2259, 3351, 3564, 1552, 3362, 3079, 3616, and 1517 were read the second time.

SECOND READING OF HOUSE BILLS

H.F. No. 745 was read the second time.

INTRODUCTION AND FIRST READING OF SENATE BILLS

The following bills were read the first time.

Senators Isaacson, Bigham, and Klein introduced--

S.F. No. 3902: A bill for an act relating to animal health; requiring recommendations regarding state oversight of the closure or transfer of Cervidae facilities.

Referred to the Committee on Agriculture, Rural Development, and Housing Policy.

Senator Hayden introduced--

S.F. No. 3903: A bill for an act relating to capital investment; appropriating money for the Indian Health Board for new health care facilities in Minneapolis.

Referred to the Committee on Jobs and Economic Growth Finance and Policy.

Senators Hoffman and Relph introduced--

S.F. No. 3904: A bill for an act relating to health; authorizing the commissioner of health to distribute subsidies for community mental health programs; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 145.

Referred to the Committee on Health and Human Services Finance and Policy.

Senator Westrom introduced--

S.F. No. 3905: A bill for an act relating to natural resources; allowing landowner requests for review of public water inventory errors; amending Minnesota Statutes 2018, section 103G.201.

Referred to the Committee on Environment and Natural Resources Policy and Legacy Finance.

Senator Westrom introduced--

S.F. No. 3906: A bill for an act relating to protected persons; creating a crime for administering controlled substances without a prescription; creating a crime for violating the bill of rights for protected persons; amending Minnesota Statutes 2018, sections 524.5-120; 609.2325, subdivision 1.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senator Westrom introduced--

S.F. No. 3907: A bill for an act relating to energy; appropriating money for an ammonia production pilot demonstration project.

Referred to the Committee on Energy and Utilities Finance and Policy.

Senator Senjem introduced--

S.F. No. 3908: A bill for an act relating to taxation; property; exempting a portion of commercial-industrial property market value from city levy; proposing coding for new law in Minnesota Statutes, chapter 469.

Referred to the Committee on Taxes.

Senator Senjem introduced--

S.F. No. 3909: A bill for an act relating to natural resources; appropriating money to convert ash forests on state lands.

Referred to the Committee on Environment and Natural Resources Finance.

Senator Senjem introduced--

S.F. No. 3910: A bill for an act relating to capital investment; appropriating money for the shade tree grant program; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senators Housley, Benson, and Chamberlain introduced--

S.F. No. 3911: A bill for an act relating to education; amending the review and comment process for school district construction; amending Minnesota Statutes 2018, section 123B.71, subdivisions 9, 11, by adding a subdivision.

Referred to the Committee on E-12 Finance and Policy.

Senator Hall introduced--

S.F. No. 3912: A bill for an act relating to transportation; governing transit safety, fare payment compliance, and administrative citations; requiring grants and allocation of funds; establishing penalties; requiring a report; amending Minnesota Statutes 2018, sections 473.4051, by adding a subdivision; 473.407, by adding a subdivision; 609.855, by adding subdivisions; proposing coding for new law in Minnesota Statutes, chapter 473.

Referred to the Committee on Transportation Finance and Policy.

Senators Clausen; Hall; Anderson, P.; Johnson; and Simonson introduced--

S.F. No. 3913: A bill for an act relating to capital investment; appropriating money for capital improvements at the Minnesota Zoo; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senators Cohen, Pappas, Hawj, Marty, and Senjem introduced--

S.F. No. 3914: A bill for an act relating to capital investment; appropriating money to remove and replace the Third Street/Kellogg Boulevard bridge in St. Paul; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senators Nelson; Anderson, P.; and Abeler introduced--

S.F. No. 3915: A bill for an act relating to education; codifying the teacher code of ethics; requiring Professional Educator Licensing and Standards Board to develop a process for ethics complaints; amending Minnesota Statutes 2018, section 122A.09, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 122A; repealing Minnesota Statutes 2018, section 122A.09, subdivision 1; Minnesota Rules, part 8710.2100, subparts 1, 2.

Referred to the Committee on E-12 Finance and Policy.

Senator Laine introduced--

S.F. No. 3916: A bill for an act relating to state government; changing provisions for state auditor; amending Minnesota Statutes 2018, section 6.54.

Referred to the Committee on State Government Finance and Policy and Elections.

Senators Abeler, Frentz, Eaton, and Hoffman introduced--

S.F. No. 3917: A bill for an act relating to health; establishing duties for commissioner of health and hospitals regarding violence against health care workers in hospitals; modifying administrative penalties; amending Minnesota Statutes 2018, section 144.566.

Referred to the Committee on Health and Human Services Finance and Policy.

Senators Abeler, Hoffman, and Newton introduced--

S.F. No. 3918: A bill for an act relating to human services; appropriating money for emergency services grants.

Referred to the Committee on Health and Human Services Finance and Policy.

Senators Relph and Hoffman introduced--

S.F. No. 3919: A bill for an act relating to crime; clarifying sentencing with prior sex offense convictions; amending Minnesota Statutes 2018, section 609.3455, subdivisions 4, 7.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senators Hayden, Marty, and Abeler introduced--

S.F. No. 3920: A bill for an act relating to child support; modifying arrears reporting requirements; amending Minnesota Statutes 2018, section 518A.685.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senators Hayden and Abeler introduced--

S.F. No. 3921: A bill for an act relating to child welfare; modifying provisions governing out-of-home placement cost of care, examination, and treatment; amending Minnesota Statutes 2018, sections 242.19, subdivision 2; 260B.331, subdivision 1; 260C.331, subdivision 1; 518A.43, subdivision 1.

Referred to the Committee on Human Services Reform Finance and Policy.

Senators Abeler, Hoffman, Rarick, and Dziedzic introduced--

S.F. No. 3922: A bill for an act relating to civil actions; modifying time limit for bringing health care provider actions; amending Minnesota Statutes 2018, section 541.076.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senators Abeler and Hoffman introduced--

S.F. No. 3923: A bill for an act relating to human services; modifying service plan review and evaluation requirements for waiver service providers; modifying the required elements of long-term care consultation services; modifying requirements for waiver case management; directing the commissioner of human services to modify the MnCHOICES assessment tool; amending Minnesota Statutes 2018, sections 256B.092, subdivision 1a; 256B.49, subdivision 16; Minnesota Statutes 2019 Supplement, sections 245D.071, subdivision 5; 256B.0911, subdivisions 1a, 3a; 256B.092, subdivision 1b; 256B.49, subdivisions 13, 14.

Referred to the Committee on Human Services Reform Finance and Policy.

Senator Champion introduced--

S.F. No. 3924: A bill for an act relating to capital investment; appropriating money for the first phase of project implementation at North Commons Park; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senator Weber introduced--

S.F. No. 3925: A bill for an act relating to natural resources; appropriating money to develop network for monitoring unregulated contaminants in sources of drinking water.

Referred to the Committee on Environment and Natural Resources Policy and Legacy Finance.

Senators Draheim, Jensen, Wiklund, Housley, and Koran introduced--

S.F. No. 3926: A bill for an act relating to health care; limiting the number of co-payments that are charged within a 30-day period for prescription drugs; proposing coding for new law in Minnesota Statutes, chapter 62W.

Referred to the Committee on Health and Human Services Finance and Policy.

Senators Draheim, Lang, Goggin, Newton, and Hawj introduced--

S.F. No. 3927: A bill for an act relating to veterans' health care; requiring providers to accept veterans in order to participate in certain programs; proposing coding for new law in Minnesota Statutes, chapter 197.

Referred to the Committee on Veterans and Military Affairs Finance and Policy.

Senator Osmek introduced--

S.F. No. 3928: A bill for an act relating to capital investment; appropriating money for Big Island Park in Orono; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senators Koran, Benson, Bakk, Hoffman, and Draheim introduced--

S.F. No. 3929: A bill for an act relating to state government; specifying provisions for auditing the Department of Human Services; specifying audit of federal funds; amending Minnesota Statutes 2018, sections 3.972, subdivision 2a; 16A.06, by adding a subdivision.

Referred to the Committee on State Government Finance and Policy and Elections.

Senators Jensen, Klein, and Bigham introduced--

S.F. No. 3930: A bill for an act relating to health coverage; limiting cost-sharing requirements for the first four outpatient mental health service visits; amending Minnesota Statutes 2018, sections 62A.149, subdivision 1; 62A.152, subdivision 2; Minnesota Statutes 2019 Supplement, section 62Q.47.

Referred to the Committee on Commerce and Consumer Protection Finance and Policy.

Senators Bakk, Gazelka, and Eichorn introduced--

S.F. No. 3931: A bill for an act relating to taxation; property and local; expanding properties eligible for class 4b classification; amending Minnesota Statutes 2018, section 273.13, subdivision 25.

Referred to the Committee on Taxes.

Senators Anderson, P.; Franzen; and Cwodzinski introduced--

S.F. No. 3932: A bill for an act relating to taxation; sales and use; extending an exemption for purchases made by certain public safety facilities; amending Minnesota Statutes 2019 Supplement, section 297A.71, subdivision 52.

Referred to the Committee on Taxes.

Senator Carlson introduced--

S.F. No. 3933: A bill for an act relating to state government; appropriating money to the state auditor for a school finance accountability team; exempting certain work from billing until July 1, 2024.

Referred to the Committee on State Government Finance and Policy and Elections.

Senators Housley; Anderson, P.; Chamberlain; and Eichorn introduced--

S.F. No. 3934: A bill for an act relating to education finance; creating a school safety capital grants program for nonpublic schools; requiring a report; appropriating money.

Referred to the Committee on E-12 Finance and Policy.

Senator Johnson introduced--

S.F. No. 3935: A bill for an act relating to taxation; authorizing the city of Warren to impose a local sales and use tax.

Referred to the Committee on Taxes.

Senators Housley and Kiffmeyer introduced--

S.F. No. 3936: A bill for an act relating to state government; transferring all responsibilities from the Board of Cosmetologist Examiners to the commissioner of health; amending Minnesota Statutes 2018, sections 155A.23, by adding a subdivision; 155A.271, subdivision 2; 214.01, subdivision 3; repealing Minnesota Statutes 2018, section 155A.23, subdivision 2.

Referred to the Committee on State Government Finance and Policy and Elections.

Senator Howe introduced--

S.F. No. 3937: A bill for an act relating to capital investment; modifying prior appropriations for Sauk River Regional Park; amending Laws 2014, chapter 294, article 1, section 7, subdivision 11, as amended; Laws 2017, chapter 91, article 3, section 7.

Referred to the Committee on Capital Investment.

Senator Howe introduced--

S.F. No. 3938: A bill for an act relating to public safety; providing criminal penalty for substantial bodily harm caused by response for fictitious emergency; providing restitution for public agencies and victims affected by the reporting of a fictitious emergency; amending Minnesota Statutes 2018, section 609.78, subdivision 2a, by adding a subdivision.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senators Johnson, Eken, Jasinski, Dahms, and Rosen introduced--

S.F. No. 3939: A bill for an act relating to natural resources; increasing civil penalties for violations of snowmobile and off-highway vehicle provisions; amending Minnesota Statutes 2018, section 84.775, subdivision 4; Minnesota Statutes 2019 Supplement, section 84.775, subdivision 1.

Referred to the Committee on Environment and Natural Resources Policy and Legacy Finance.

Senator Mathews introduced--

S.F. No. 3940: A bill for an act relating to clean water; appropriating money for specialized agricultural equipment.

Referred to the Committee on Environment and Natural Resources Finance.

Senator Anderson, B. introduced--

S.F. No. 3941: A bill for an act relating to liquor; authorizing Wright County to issue a temporary on-sale license.

Referred to the Committee on Commerce and Consumer Protection Finance and Policy.

Senators Anderson, B. and Howe introduced--

S.F. No. 3942: A bill for an act relating to taxation; individual income; reducing tax rates; amending Minnesota Statutes 2019 Supplement, section 290.06, subdivision 2c.

Referred to the Committee on Taxes.

Senators Marty, Hoffman, and Abeler introduced--

S.F. No. 3943: A bill for an act relating to health care; modifying prompt payment requirements to health care providers; prohibiting discrimination against providers based on geographic location; modifying managed care organization's claims and payments to health care providers; amending Minnesota Statutes 2018, sections 62Q.735, subdivision 2; 62Q.736; 62Q.75, subdivisions 2, 3, 4; 256B.0625, subdivision 31; 256B.69, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 62K.

Referred to the Committee on Commerce and Consumer Protection Finance and Policy.

Senator Bakk introduced--

S.F. No. 3944: A bill for an act relating to taxation; local sales and use; authorizing the city of Hermantown to impose a local sales and use tax.

Referred to the Committee on Taxes.

Senators Latz and Dziejczak introduced--

S.F. No. 3945: A bill for an act relating to human rights; adding a penalty clause to the contracting provisions of the Human Rights Act; amending Minnesota Statutes 2018, sections 363A.36, subdivision 3; 363A.44, subdivision 4.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senator Isaacson introduced--

S.F. No. 3946: A bill for an act relating to workforce development; modifying the requirements of the uniform outcome report cards; amending Minnesota Statutes 2018, section 116L.98, subdivision 3.

Referred to the Committee on Jobs and Economic Growth Finance and Policy.

Senator Latz introduced--

S.F. No. 3947: A bill for an act relating to public safety; appropriating money for peace officer training reimbursement.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senator Latz introduced--

S.F. No. 3948: A bill for an act relating to legislative enactments; making miscellaneous technical corrections to laws and statutes; correcting erroneous, obsolete, and omitted text and references; removing redundant, conflicting, and superseded provisions; amending Minnesota Statutes 2018, sections 3.842, subdivision 2; 12.09, subdivision 10; 13.7905, subdivisions 2, 3, 4a, 5, 6; 34.02; 60B.32, subdivision 5; 60B.38, subdivision 1; 60B.40, subdivision 2; 60B.46, subdivision 2; 62J.498, subdivision 1; 62J.4981, subdivision 3; 62J.812; 88.01, subdivision 1; 88.17, subdivision 3; 97A.052,

subdivision 1; 97C.081, subdivision 10; 97C.825, subdivision 2; 103C.201, subdivision 8; 103G.411; 115.72, subdivision 2; 116J.395, subdivision 3; 116J.8737, subdivision 8; 122A.40, subdivision 14; 123A.19, subdivisions 3, 5; 123A.75, subdivisions 2, 4; 124D.77; 124D.98, subdivision 3; 126C.13, subdivision 4; 137.38, subdivision 1; 144.292, subdivision 7; 144A.19, subdivision 2; 145.901, subdivision 2; 146A.08, subdivision 4; 147.091, subdivision 6; 147A.13, subdivision 6; 148.10, subdivision 1; 148.261, subdivision 5; 148.5194, subdivision 5; 148.754; 148B.5905; 148E.065, subdivision 1; 148E.075, subdivision 2; 148E.245, subdivision 5; 148F.09, subdivision 6; 151.01, subdivision 27a; 151.071, subdivision 10; 155A.271, subdivision 2; 156.125, subdivision 3; 160.262, subdivision 3; 160.266, subdivision 1b; 160.276, subdivision 2a; 161.082, subdivision 2; 161.166, subdivision 2; 161.53; 169.18, subdivision 6; 169.791, subdivision 5; 169A.03, subdivision 20; 171.02, subdivision 2a; 171.075, subdivision 1; 171.17, subdivision 4; 171.175, subdivision 1; 171.187, subdivisions 1, 3; 174.30, subdivision 3; 216B.1641; 245.814, subdivision 2; 270A.03, subdivision 8; 297E.02, subdivisions 1, 6; 298.28, subdivision 7a; 299A.11, subdivision 1; 308A.711, subdivision 1; 326A.05, subdivision 1; 326A.14, subdivision 1; 353G.08, subdivision 3; 504B.211, subdivision 2; 571.74; 576.21; 576.22; 576.29, subdivision 1; 576.42, subdivision 6; 609.2111; 609.224, subdivision 3; 609.535, subdivision 6; 609.80; 609.891, subdivision 3; 609.902, subdivision 4; 628.26; 629.344; 629.364; Minnesota Statutes 2019 Supplement, sections 16A.968, subdivision 2; 28A.075; 116.155, subdivision 3; 116J.8737, subdivision 5; 121A.335, subdivision 5; 122A.635, subdivision 2; 144G.50, subdivision 2; 151.01, subdivision 27; 151.43; 151.441, subdivision 1; 152.126, subdivision 6; 157.22; 169.881, subdivision 3; 169A.24, subdivision 1; 176.231, subdivision 1; 245A.11, subdivision 7a; 245C.22, subdivision 5; 256B.85, subdivision 2; 260B.331, subdivision 2; 290.0121, subdivision 3; 297A.75, subdivision 1; 349.12, subdivision 25; 609.52, subdivision 1; Laws 2019, First Special Session chapter 4, article 3, section 109; Laws 2019, First Special Session chapter 11, article 3, section 23, subdivision 6; repealing Minnesota Statutes 2018, sections 13.383, subdivision 9; 115.71, subdivision 4; 161.1231, subdivision 10; Minnesota Statutes 2019 Supplement, section 13.7905, subdivision 7; Laws 2019, chapter 37, section 1.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senator Wiger introduced--

S.F. No. 3949: A bill for an act relating to education; encouraging school districts to educate students on climate change; proposing coding for new law in Minnesota Statutes, chapter 120B.

Referred to the Committee on E-12 Finance and Policy.

Senators Wiger and Eaton introduced--

S.F. No. 3950: A bill for an act relating to natural resources; appropriating money to develop statewide soil health action plan.

Referred to the Committee on Environment and Natural Resources Finance.

Senators Wiger and Eaton introduced--

S.F. No. 3951: A bill for an act relating to commerce; real property sales; providing well disclosure requirements; amending Minnesota Statutes 2018, section 103I.235, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 513.

Referred to the Committee on Health and Human Services Finance and Policy.

Senators Wiger, Eaton, and Eken introduced--

S.F. No. 3952: A bill for an act relating to natural resources; facilitating greater coordination between Lessard-Sams Outdoor Heritage Council, Clean Water Council, and Legislative-Citizen Commission on Minnesota Resources; amending Minnesota Statutes 2018, sections 97A.056, subdivision 3; 114D.30, subdivision 6; 116P.05, subdivision 2.

Referred to the Committee on Environment and Natural Resources Policy and Legacy Finance.

Senators Wiger, Eaton, and Eken introduced--

S.F. No. 3953: A bill for an act relating to agriculture; increasing funding for the agricultural best management practices loan program.

Referred to the Committee on Agriculture, Rural Development, and Housing Finance.

Senators Wiger and Eaton introduced--

S.F. No. 3954: A bill for an act relating to natural resources; appropriating money to study storm water retention and infiltration.

Referred to the Committee on Environment and Natural Resources Finance.

Senators Wiger and Eaton introduced--

S.F. No. 3955: A bill for an act relating to environment; authorizing compost facilities to refuse certain compostable products; appropriating money to monitor water quality; proposing coding for new law in Minnesota Statutes, chapter 115A.

Referred to the Committee on Environment and Natural Resources Policy and Legacy Finance.

Senators Wiger and Eaton introduced--

S.F. No. 3956: A bill for an act relating to water; appropriating money to establish a third-party broker system for water quality trading.

Referred to the Committee on Environment and Natural Resources Finance.

Senators Wiger and Eaton introduced--

S.F. No. 3957: A bill for an act relating to natural resources; modifying water appropriation allocation priorities; amending Minnesota Statutes 2018, sections 103G.261; 103G.291, subdivision 1.

Referred to the Committee on Environment and Natural Resources Finance.

Senators Wiger and Eaton introduced--

S.F. No. 3958: A bill for an act relating to natural resources; reestablishing Advisory Council on Water Supply Systems and Wastewater Treatment Facilities; appropriating money for wastewater and storm water infrastructure; amending Minnesota Statutes 2018, section 115.71, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 115.

Referred to the Committee on Environment and Natural Resources Policy and Legacy Finance.

Senators Koran, Housley, and Jasinski introduced--

S.F. No. 3959: A bill for an act relating to capital investment; appropriating money for reconstruction of marked U.S. Highway 8; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senator Frenz introduced--

S.F. No. 3960: A bill for an act relating to taxation; sales and use; providing an exemption for certain construction materials for a St. Peter fire station; amending Minnesota Statutes 2019 Supplement, section 297A.71, subdivision 52.

Referred to the Committee on Taxes.

Senators Eken and Wiger introduced--

S.F. No. 3961: A bill for an act relating to natural resources; appropriating money for precision agriculture research and outreach.

Referred to the Committee on Agriculture, Rural Development, and Housing Finance.

Senator Rarick introduced--

S.F. No. 3962: A bill for an act relating to the State Building Code; clarifying exemptions from inspections; amending Minnesota Statutes 2018, section 326B.36, subdivision 7.

Referred to the Committee on Jobs and Economic Growth Finance and Policy.

Senator Rarick introduced--

S.F. No. 3963: A bill for an act relating to capital investment; appropriating money for remediation of the Brookston area closed landfill; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senator Rarick introduced--

S.F. No. 3964: A bill for an act relating to capital investment; authorizing the sale and issuance of state appropriation bonds; appropriating money for cleanup of the Esko groundwater contamination site; proposing coding for new law in Minnesota Statutes, chapter 16A.

Referred to the Committee on Capital Investment.

Senator Pratt introduced--

S.F. No. 3965: A bill for an act relating to telecommunications; modifying the definition of local government unit to include school districts; amending Minnesota Statutes 2018, section 237.162, subdivision 2.

Referred to the Committee on Energy and Utilities Finance and Policy.

Senators Ruud, Bigham, and Eaton introduced--

S.F. No. 3966: A bill for an act relating to legacy; ensuring that priority for using clean water fund money is implementing restoration and protection projects; amending Minnesota Statutes 2018, sections 114D.20, subdivision 6; 114D.50, subdivision 4; Minnesota Statutes 2019 Supplement, sections 114D.20, subdivisions 5, 7; 114D.26, subdivision 3.

Referred to the Committee on Environment and Natural Resources Policy and Legacy Finance.

Senators Abeler and Hoffman introduced--

S.F. No. 3967: A bill for an act relating to human services; amending training requirements; amending Minnesota Statutes 2018, sections 245A.041, by adding a subdivision; 245A.11, by adding a subdivision; Minnesota Statutes 2019 Supplement, sections 245A.18, subdivision 2; 256B.064, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 245A.

Referred to the Committee on Human Services Reform Finance and Policy.

Senators Abeler and Hoffman introduced--

S.F. No. 3968: A bill for an act relating to human services; community-based services for individuals with complex behavioral needs; modifying service termination provisions; amending Minnesota Statutes 2018, section 245D.10, subdivision 3a.

Referred to the Committee on Human Services Reform Finance and Policy.

Senator Rarick introduced--

S.F. No. 3969: A bill for an act relating to capital investment; appropriating money for development of the Oberstar Trail; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senators Benson and Draheim introduced--

S.F. No. 3970: A bill for an act relating to health; authorizing incentives for manufacturers that choose to import certain drugs pursuant to "Pathway 2" of the safe importation action plan; proposing coding for new law in Minnesota Statutes, chapter 62J.

Referred to the Committee on Health and Human Services Finance and Policy.

Senator Bigham introduced--

S.F. No. 3971: A bill for an act relating to education; modifying the allowable uses of the safe schools levy; appropriating money; amending Minnesota Statutes 2018, section 126C.44.

Referred to the Committee on E-12 Finance and Policy.

Senator Chamberlain introduced--

S.F. No. 3972: A bill for an act relating to capital investment; appropriating money for multiuse trail segments on Rice Creek North Regional Trail; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senator Chamberlain introduced--

S.F. No. 3973: A bill for an act relating to local government aids; requiring certain cities to reserve a portion of local government aid for public safety purposes; amending Minnesota Statutes 2018, section 477A.013, by adding a subdivision.

Referred to the Committee on Taxes.

Senator Limmer introduced--

S.F. No. 3974: A bill for an act relating to civil law; creating a cause of action to protect free speech in connection with public issues; repealing the existing protection for citizens to participate in government; proposing coding for new law in Minnesota Statutes, chapter 554; repealing Minnesota Statutes 2018, sections 554.02; 554.045.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senators Limmer, Ingebrigtsen, Johnson, Relph, and Anderson, B. introduced--

S.F. No. 3975: A bill for an act relating to public safety; rejecting certain proposed modifications to the Sentencing Guidelines relating to lengths of probation; removing authority for Sentencing Guidelines Commission to establish guidelines on nonprison sanctions; requiring Sentencing Guidelines Commission to submit proposal to the legislature regarding lengths of probation; providing for collection of probation data; requiring a report on probation sentences; amending Minnesota Statutes 2018, section 244.09, subdivisions 5, 6, by adding a subdivision.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

Senators Howe and Relph introduced--

S.F. No. 3976: A bill for an act relating to education; defining and clarifying use of a pupil withdrawal agreement; amending Minnesota Statutes 2018, sections 121A.41, by adding a subdivision; 121A.47, by adding a subdivision.

Referred to the Committee on E-12 Finance and Policy.

Senators Howe and Pratt introduced--

S.F. No. 3977: A bill for an act proposing an amendment to the Minnesota Constitution, article XIII, section 1; providing for a fundamental right to quality public education for all children.

Referred to the Committee on E-12 Finance and Policy.

Senator Gazelka introduced--

S.F. No. 3978: A bill for an act relating to taxation; local sales and use; authorizing the city of Little Falls to impose a local sales and use tax.

Referred to the Committee on Taxes.

Senator Gazelka introduced--

S.F. No. 3979: A bill for an act relating to transportation; appropriating money for a project on U.S. Highway 10 in Wadena; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senator Gazelka introduced--

S.F. No. 3980: A bill for an act relating to capital investment; appropriating money for an access road in Wadena; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senators Isaacson, Klein, Marty, and Franzen introduced--

S.F. No. 3981: A bill for an act relating to human services; eliminating medical assistance asset limits for people with disabilities; amending Minnesota Statutes 2018, sections 256B.055, subdivisions 7, 15, by adding a subdivision; 256B.056, subdivisions 1a, 1b, 4; 256B.057, subdivisions 3, 4, 9; Minnesota Statutes 2019 Supplement, section 256B.056, subdivision 3.

Referred to the Committee on Human Services Reform Finance and Policy.

Senators Isaacson and Clausen introduced--

S.F. No. 3982: A bill for an act relating to taxation; individual income; excluding from gross income student loans discharged in tax year 2018; amending Minnesota Statutes 2019 Supplement, section 290.993.

Referred to the Committee on Taxes.

Senator Nelson introduced--

S.F. No. 3983: A bill for an act relating to health occupations; creating a Nurse Licensure Compact; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 148.

Referred to the Committee on Health and Human Services Finance and Policy.

Senators Utke, Koran, Benson, Gazelka, and Abeler introduced--

S.F. No. 3984: A bill for an act relating to insurance; health; modifying requirements for health insurance underwriting, renewability, and benefits; creating the Minnesota health risk pool program; allowing the creation of unified personal health premium accounts; creating the Minnesota health contribution program; eliminating certain health plan market rules; requesting waivers; amending Minnesota Statutes 2018, sections 3.971, subdivision 6; 13.7191, by adding a subdivision; 60A.235, by adding a subdivision; 62A.65, subdivisions 3, 5, by adding a subdivision; 62L.03, subdivision 3, by adding a subdivision; 62L.08, subdivision 7, by adding a subdivision; 62Q.18, subdivision 10; 62V.05, subdivision 3; 290.0132, by adding a subdivision; 297I.05, subdivisions 1, 5; proposing coding for new law in Minnesota Statutes, chapters 62A; 62K; 62Q; 256L; proposing coding for new law as Minnesota Statutes, chapters 62X; 62Y; repealing Minnesota Statutes 2018, sections 62A.303; 62A.65, subdivision 2; 62K.01; 62K.02; 62K.03; 62K.04; 62K.05; 62K.06; 62K.08; 62K.09; 62K.10, subdivisions 1, 1a, 2, 3, 4, 6, 7, 8; 62K.11; 62K.12; 62K.13; 62K.14; 62K.15; 62L.08, subdivision 4; 62L.12, subdivisions 3, 4; Minnesota Statutes 2019 Supplement, sections 62K.07; 62K.075; 62K.10, subdivision 5.

Referred to the Committee on Health and Human Services Finance and Policy.

Senator Housley introduced--

S.F. No. 3985: A bill for an act relating to health care; removing the prohibition on nursing facility settings from receiving medical education and research costs funding; amending Minnesota Statutes 2018, section 62J.692, subdivision 1.

Referred to the Committee on Family Care and Aging.

Senator Nelson introduced--

S.F. No. 3986: A bill for an act relating to employment; exempting certain schools from employee notice requirements; amending Minnesota Statutes 2019 Supplement, section 181.032.

Referred to the Committee on E-12 Finance and Policy.

MOTIONS AND RESOLUTIONS

Senator Anderson, P. moved that the name of Senator Miller be added as a co-author to S.F. No. 428. The motion prevailed.

Senator Kiffmeyer moved that the name of Senator Wiger be added as a co-author to S.F. No. 1416. The motion prevailed.

Senator Dibble moved that the name of Senator Bigham be added as a co-author to S.F. No. 1422. The motion prevailed.

Senator Eaton moved that the name of Senator Marty be added as a co-author to S.F. No. 1520. The motion prevailed.

Senator Goggin moved that the name of Senator Simonson be added as a co-author to S.F. No. 1539. The motion prevailed.

Senator Isaacson moved that the names of Senators Cwodzinski, Wiklund, and Eaton be added as co-authors to S.F. No. 1700. The motion prevailed.

Senator Dibble moved that the name of Senator Dziejic be added as a co-author to S.F. No. 1730. The motion prevailed.

Senator Marty moved that the name of Senator Draheim be added as a co-author to S.F. No. 2088. The motion prevailed.

Senator Anderson, P. moved that the names of Senators Nelson, Eichorn, and Clausen be added as co-authors to S.F. No. 2259. The motion prevailed.

Senator Hoffman moved that his name be stricken as chief author, shown as a co-author, and the name of Senator Hawj be shown as chief author to S.F. No. 2495. The motion prevailed.

Senator Dibble moved that the name of Senator Dziejic be added as a co-author to S.F. No. 2680. The motion prevailed.

Senator Hall moved that the names of Senators Dziejic, Limmer, Utke, and Eichorn be added as co-authors to S.F. No. 2693. The motion prevailed.

Senator Kiffmeyer moved that the name of Senator Rosen be added as a co-author to S.F. No. 2919. The motion prevailed.

Senator Champion moved that the names of Senators Koran and Simonson be added as co-authors to S.F. No. 2975. The motion prevailed.

Senator Howe moved that the name of Senator Ruud be added as a co-author to S.F. No. 3030. The motion prevailed.

Senator Hoffman moved that the name of Senator Abeler be added as a co-author to S.F. No. 3105. The motion prevailed.

Senator Jensen moved that the name of Senator Housley be added as a co-author to S.F. No. 3110. The motion prevailed.

Senator Jensen moved that the name of Senator Hoffman be added as a co-author to S.F. No. 3218. The motion prevailed.

Senator Cohen moved that the name of Senator Eaton be added as a co-author to S.F. No. 3511. The motion prevailed.

Senator Draheim moved that the name of Senator Sparks be added as a co-author to S.F. No. 3586. The motion prevailed.

Senator Draheim moved that the name of Senator Sparks be added as a co-author to S.F. No. 3593. The motion prevailed.

Senator Relph moved that the name of Senator Klein be added as a co-author to S.F. No. 3748. The motion prevailed.

Senator Bigham moved that the names of Senators Sparks and Eken be added as co-authors to S.F. No. 3777. The motion prevailed.

Senator Rosen moved that the name of Senator Simonson be added as a co-author to S.F. No. 3808. The motion prevailed.

Senator Mathews moved that the name of Senator Housley be added as a co-author to S.F. No. 3814. The motion prevailed.

Senator Dibble moved that the name of Senator Dziejic be added as a co-author to S.F. No. 3828. The motion prevailed.

Senator Franzen moved that the name of Senator Sparks be added as a co-author to S.F. No. 3897. The motion prevailed.

Senator Jensen moved that S.F. No. 3424 be withdrawn from the Committee on Human Services Reform Finance and Policy and re-referred to the Committee on Health and Human Services Finance and Policy. The motion prevailed.

Senator Ingebrigtsen moved that S.F. No. 3539 be withdrawn from the Committee on Capital Investment and re-referred to the Committee on Environment and Natural Resources Finance. The motion prevailed.

Senator Koran moved that S.F. No. 3796 be withdrawn from the Committee on Job and Economic Growth Finance and Policy and re-referred to the Committee on Agriculture, Rural Development and Housing Policy. The motion prevailed.

Senator Gazelka moved that S.F. No. 3809 be withdrawn from the Committee on State Government Finance and Policy and Elections and re-referred to the Committee on Capital Investment. The motion prevailed.

Senator Bigham introduced --

Senate Resolution No. 211: A Senate resolution honoring Captain Joe Kegley for being named St. Paul Park's Firefighter of the Year.

Referred to the Committee on Rules and Administration.

RECESS

Senator Gazelka moved that the Senate do now recess subject to the call of the President. The motion prevailed.

After a brief recess, the President called the Senate to order.

MOTIONS AND RESOLUTIONS - CONTINUED

Without objection, remaining on the Order of Business of Motions and Resolutions, the Senate reverted to the Orders of Business of Reports of Committees and Second Reading of Senate Bills.

REPORTS OF COMMITTEES

Senator Goggin moved that the Committee Reports at the Desk be now adopted. The motion prevailed.

Senator Weber from the Committee on Agriculture, Rural Development, and Housing Policy, to which was referred

S.F. No. 3789: A bill for an act relating to housing; modifying requirements for municipal housing agencies; amending Minnesota Statutes 2018, section 462C.14, by adding subdivisions.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Local Government. Report adopted.

Senator Weber from the Committee on Agriculture, Rural Development, and Housing Policy, to which was referred

S.F. No. 3790: A bill for an act relating to housing; modifying criteria for housing grants and loans; amending Minnesota Statutes 2019 Supplement, sections 462A.24; 462A.37, subdivision 2; 474A.061, subdivision 2a; 474A.091, subdivision 3.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Agriculture, Rural Development, and Housing Finance. Report adopted.

Senator Weber from the Committee on Agriculture, Rural Development, and Housing Policy, to which was referred

S.F. No. 3801: A bill for an act relating to housing; allowing the use of housing infrastructure bonds for single family houses; amending Minnesota Statutes 2018, section 462A.37, subdivision 1; Minnesota Statutes 2019 Supplement, section 462A.37, subdivision 2.

Reports the same back with the recommendation that the bill do pass and be re-referred to the Committee on Agriculture, Rural Development, and Housing Finance. Report adopted.

Senator Weber from the Committee on Agriculture, Rural Development, and Housing Policy, to which was referred

S.F. No. 3793: A bill for an act relating to State Building Code; requiring municipalities to base construction permit fees on a cost per square foot; amending Minnesota Statutes 2018, section 326B.153, by adding a subdivision.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, line 8, after "2021," insert "building permit"

Page 1, line 9, delete "building permits" and insert "single-family or multifamily residential structures with four dwelling units or fewer"

Page 1, line 10, after "fees" insert "under this subdivision"

Amend the title as follows:

Page 1, line 2, after "base" insert "certain"

And when so amended the bill do pass and be re-referred to the Committee on Jobs and Economic Growth Finance and Policy. Amendments adopted. Report adopted.

Senator Benson from the Committee on Health and Human Services Finance and Policy, to which was referred

S.F. No. 3125: A bill for an act relating to medical assistance; providing coverage for routine patient costs that are incurred in the course of a clinical trial if the medical assistance program would provide coverage for the same routine patient costs not incurred in a clinical trial; amending Minnesota Statutes 2018, section 256B.0625, by adding a subdivision.

Reports the same back with the recommendation that the bill be amended as follows:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2018, section 256B.0625, subdivision 64, is amended to read:

Subd. 64. **Investigational drugs, biological products, and devices.** ~~(a)~~ Medical assistance and the early periodic screening, diagnosis, and treatment (EPSDT) program do not cover the costs of any services that are incidental to, associated with, or resulting from the use of investigational drugs,

biological products, or devices as defined in section 151.375 or any other treatment that is part of an approved clinical trial as defined in section 62Q.526. Participation of an enrollee in an approved clinical trial does not preclude coverage of medically necessary services covered under this chapter that are not related to the approved clinical trial.

~~(b) Notwithstanding paragraph (a), stiripentol may be covered by the EPSDT program if all the following conditions are met:~~

~~(1) the use of stiripentol is determined to be medically necessary;~~

~~(2) the enrollee has a documented diagnosis of Dravet syndrome, regardless of whether an SCN1A genetic mutation is found, or the enrollee is a child with malignant migrating partial epilepsy in infancy due to an SCN2A genetic mutation;~~

~~(3) all other available covered prescription medications that are medically necessary for the enrollee have been tried without successful outcomes; and~~

~~(4) the United States Food and Drug Administration has approved the treating physician's individual patient investigational new drug application (IND) for the use of stiripentol for treatment.~~

~~This paragraph does not apply to MinnesotaCare coverage under chapter 256L."~~

Amend the title numbers accordingly

And when so amended the bill do pass. Amendments adopted. Report adopted.

Senator Ingebrigtsen from the Committee on Environment and Natural Resources Finance, to which was re-referred

S.F. No. 2997: A bill for an act relating to environment; banning certain uses of trichloroethylene; proposing coding for new law in Minnesota Statutes, chapter 116.

Reports the same back with the recommendation that the bill be amended as follows:

Page 3, line 12, after "(b)" insert ", with funds appropriated for that purpose" and delete everything after the period

Page 3, delete lines 13 and 14

Page 3, after line 15 insert:

"Sec. 2. **APPROPRIATION; FEASIBILITY STUDY REIMBURSEMENTS.**

\$1,288,000 in fiscal year 2021 is appropriated from the environmental fund to the commissioner of the Pollution Control Agency for the costs associated with implementing Minnesota Statutes, section 116.385. Of this amount, \$600,000 is for reimbursements authorized by the commissioner under Minnesota Statutes, section 116.385, subdivision 6. This is a onetime appropriation and is available until June 30, 2023."

Amend the title as follows:

Page 1, line 2, after the second semicolon, insert "appropriating money to help identify alternative chemicals;"

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

Senator Newman from the Committee on Transportation Finance and Policy, to which was referred

S.F. No. 3901: A bill for an act relating to transportation; governing implementation of compliance with the federal REAL ID Act; eliminating certain background check requirements; amending certain requirements on documentation of residence for driver's licenses and Minnesota identification cards; amending Minnesota Statutes 2018, sections 171.017, subdivision 1; 171.0605, subdivision 5.

Reports the same back with the recommendation that the bill be amended as follows:

Page 1, delete section 1

Page 2, line 18, strike "a United States high school identification card with" and strike "the" and insert "a United States high"

Page 2, line 20, strike "a Minnesota college or university identification card with"

Page 2, line 21, strike "the" and insert "a Minnesota"

Page 3, line 1 strike "or statement"

Page 3, line 18, strike "or"

Page 3, line 19, strike the period and insert a semicolon

Page 3, after line 19, insert:

"(22) a cellular phone bill issued no more than 12 months before the application; or

(23) a valid license issued pursuant to the game and fish laws.

(b) In lieu of one of the two documents required by paragraph (a), an applicant under the age of 18 may use a parent or guardian's proof of principal residence as provided in this paragraph. The parent or guardian of the applicant must provide a document listed under paragraph (a) that includes the parent or guardian's name and the same address as the address on the document provided by the applicant. The parent or guardian must also certify that the applicant is the child of the parent or guardian and lives at that address."

Page 3, line 20, strike "(b)" and insert "(c)"

Page 3, delete line 22 and insert:

"EFFECTIVE DATE. This section is effective no later than four weeks following final enactment. The commissioner of public safety must notify the revisor of statutes of the date the changes required by this section are implemented. The date provided by the commissioner is the effective date of this section."

Renumber the sections in sequence

Amend the title as follows:

Page 1, line 3, delete "eliminating certain background check requirements;"

Amend the title numbers accordingly

And when so amended the bill do pass and be re-referred to the Committee on Finance. Amendments adopted. Report adopted.

Senator Newman from the Committee on Transportation Finance and Policy, to which was re-referred

S.F. No. 3571: A bill for an act relating to elections; requiring photo ID to register to vote and to vote; creating a voter identification card; establishing provisional ballots; requiring reports; appropriating money; amending Minnesota Statutes 2018, sections 5B.06; 13.6905, by adding a subdivision; 144.226, by adding subdivisions; 171.06, subdivision 1, by adding a subdivision; 171.061, subdivisions 1, 3, 4; 171.07, subdivisions 4, 14, by adding a subdivision; 171.071, subdivisions 1, 2; 171.10, subdivision 1; 171.11; 171.12, subdivision 3c; 171.121; 171.14; 201.022, subdivision 1; 201.061, subdivisions 1, 1a, 3; 201.071, subdivisions 1, 2, 3; 201.091, subdivision 9; 201.121, subdivision 1; 201.13, subdivision 3; 201.14; 201.145, subdivisions 2, 3, 4, 5; 201.161; 201.221, subdivision 3; 201.225, subdivision 2; 203B.04, subdivisions 1, 4; 203B.065; 203B.07, subdivision 3; 203B.08, subdivision 1; 203B.121, subdivision 2; 203B.17, subdivision 2; 203B.19; 203B.21, subdivision 3; 203B.24, subdivision 1; 204B.45, subdivision 2; 204B.46; 204C.08, subdivision 1d; 204C.32; 204C.33, subdivision 1; 204C.37; 205.065, subdivision 5; 205.185, subdivision 3; 205A.03, subdivision 4; 205A.10, subdivision 3; 256E.22, subdivision 1; Minnesota Statutes 2019 Supplement, sections 171.06, subdivision 2; 171.07, subdivision 1a; 204C.10; proposing coding for new law in Minnesota Statutes, chapters 200; 201; 204C; 357; repealing Minnesota Statutes 2018, section 201.061, subdivision 7.

Reports the same back with the recommendation that the bill be amended as follows:

Page 3, line 6, delete "the sum of the amount of the fee under subdivision 1, paragraph (b), and"

Page 3, after line 15, insert:

"(d) Each year an amount equal to the number of records reported to the commissioner of management and budget by the state registrar under subdivision 7, paragraph (b), for that year times the amount of the fee under subdivision 1, paragraph (b), is transferred from the general fund to the state government special revenue fund. This amount is appropriated annually from the state government special revenue fund to the commissioner of health for the administration of this section."

(e) The commissioner of health must transmit payment of \$9 to a local issuance office for each certified vital record issued for no charge under subdivision 7, paragraph (a). Each year, an amount equal to the number of records reported to the commissioner of management and budget by local issuance offices under subdivision 7, paragraph (b), for that year times the amount of the fee under subdivision 1, paragraph (b), is appropriated from the general fund to the commissioner of health to make payments under this paragraph."

And when so amended the bill do pass and be re-referred to the Committee on Judiciary and Public Safety Finance and Policy. Amendments adopted. Report adopted.

REPORT OF VOTE IN COMMITTEE

Pursuant to Rule 12.10, upon the request of three members, a roll call was taken on the Dibble amendment to S.F. No. 3571.

There were yeas 5 and nays 8, as follows:

Those who voted in the affirmative were:

Senators Dibble, Frentz, Klein, Little, and Osmek.

Those who voted in the negative were:

Senators Anderson, B.; Hall; Howe; Jasinski; Lang; Newman; Rarick; and Senjem.

The amendment was not adopted.

Pursuant to Rule 12.10, upon the request of three members, a roll call was taken on the motion that S.F. No. 3571, as amended, be recommended to pass and be re-referred.

There were yeas 9 and nays 4, as follows:

Those who voted in the affirmative were:

Senators Anderson, B.; Hall; Howe; Jasinski; Lang; Newman; Osmek; Rarick; and Senjem.

Those who voted in the negative were:

Senators Dibble, Frentz, Klein, and Little.

The motion prevailed.

Senator Limmer from the Committee on Judiciary and Public Safety Finance and Policy, to which was re-referred

S.F. No. 3482: A bill for an act relating to data practices; modifying treatment of presidential primary voter data; amending Minnesota Statutes 2019 Supplement, section 201.091, subdivision 4a.

Reports the same back with the recommendation that the bill do pass. Report adopted.

SECOND READING OF SENATE BILLS

S.F. Nos. 3125 and 3482 were read the second time.

MEMBERS EXCUSED

Senators Bakk, Cohen, Hoffman, Pappas, Simonson, and Tomassoni were excused from the Session of today.

ADJOURNMENT

Senator Goggin moved that the Senate do now adjourn until 11:00 a.m., Thursday, March 5, 2020. The motion prevailed.

Cal R. Ludeman, Secretary of the Senate