

STATE OF MINNESOTA

NINETY-FIRST SESSION — 2020

 SIXTY-SIXTH DAY

SAINT PAUL, MINNESOTA, MONDAY, FEBRUARY 24, 2020

The House of Representatives convened at 3:30 p.m. and was called to order by Melissa Hortman, Speaker of the House.

Prayer was offered by the Reverend Oliver G. White, Clark-Grace United Church of Christ, South St. Paul, Minnesota.

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

The roll was called and the following members were present:

Acomb	Dehn	Hausman	Lien	Nornes	Scott
Albright	Demuth	Heinrich	Lillie	Novotny	Stephenson
Anderson	Dettmer	Heintzeman	Lippert	O'Driscoll	Sundin
Backer	Drazkowski	Her	Lislegard	Olson	Swedzinski
Bahner	Ecklund	Hertaus	Long	O'Neill	Tabke
Bahr	Edelson	Hornstein	Lucero	Pelowski	Theis
Baker	Elkins	Howard	Lueck	Persell	Torkelson
Becker-Finn	Erickson	Huot	Mariani	Petersburg	Urdahl
Bennett	Fabian	Johnson	Marquart	Pierson	Vang
Bernardy	Fischer	Jordan	Masin	Pinto	Vogel
Bierman	Franson	Jurgens	McDonald	Poppe	Wagenius
Boe	Freiberg	Kiel	Mekeland	Poston	Wazlawik
Brand	Gomez	Klevorn	Miller	Pryor	Winkler
Cantrell	Green	Koegel	Moller	Quam	Wolgamott
Carlson, A.	Grossell	Kotzya-Witthuhn	Moran	Richardson	Xiong, J.
Carlson, L.	Gruenhagen	Koznick	Morrison	Robbins	Xiong, T.
Christensen	Gunther	Kresha	Munson	Runbeck	Youakim
Clafin	Haley	Kunesh-Podein	Murphy	Sandell	Spk. Hortman
Considine	Halverson	Layman	Nelson, M.	Sandstede	
Daniels	Hamilton	Lee	Nelson, N.	Sauke	
Daudt	Hansen	Lesch	Neu	Schomacker	
Davnie	Hassan	Liebling	Noor	Schultz	

A quorum was present.

Dauids, Garofalo, Mahoney, Mann, Nash and West were excused.

The Chief Clerk proceeded to read the Journal of the preceding day. There being no objection, further reading of the Journal was dispensed with and the Journal was approved as corrected by the Chief Clerk.

REPORTS OF STANDING COMMITTEES AND DIVISIONS

Carlson, L., from the Committee on Ways and Means to which was referred:

H. F. No. 8, A bill for an act relating to public safety; requiring criminal background checks for firearms transfers; amending Minnesota Statutes 2018, sections 624.7131; 624.7132; proposing coding for new law in Minnesota Statutes, chapter 624.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2018, section 624.7131, is amended to read:

624.7131 TRANSFEREE PERMIT; PENALTY.

Subdivision 1. **Information.** Any person may apply for a transferee permit by providing the following information in writing to the chief of police of an organized full time police department of the municipality in which the person resides or to the county sheriff if there is no such local chief of police:

(1) the name, residence, telephone number, and driver's license number or nonqualification certificate number, if any, of the proposed transferee;

(2) the sex, date of birth, height, weight, and color of eyes, and distinguishing physical characteristics, if any, of the proposed transferee;

(3) a statement that the proposed transferee authorizes the release to the local police authority of commitment information about the proposed transferee maintained by the commissioner of human services, to the extent that the information relates to the proposed transferee's eligibility to possess a pistol or semiautomatic military-style assault weapon under section 624.713, subdivision 1; and

(4) a statement by the proposed transferee that the proposed transferee is not prohibited by section 624.713 from possessing a pistol or semiautomatic military-style assault weapon.

The statements shall be signed and dated by the person applying for a permit. At the time of application, the local police authority shall provide the applicant with a dated receipt for the application. The statement under clause (3) must comply with any applicable requirements of Code of Federal Regulations, title 42, sections 2.31 to 2.35, with respect to consent to disclosure of alcohol or drug abuse patient records.

Subd. 2. **Investigation.** The chief of police or sheriff shall check criminal histories, records and warrant information relating to the applicant through the Minnesota Crime Information System, the national criminal record repository, and the National Instant Criminal Background Check System. The chief of police or sheriff shall also make a reasonable effort to check other available state and local record-keeping systems. The chief of police or sheriff shall obtain commitment information from the commissioner of human services as provided in section 245.041.

Subd. 3. **Forms.** Chiefs of police and sheriffs shall make transferee permit application forms available throughout the community. There shall be no charge for forms, reports, investigations, notifications, waivers or any other act performed or materials provided by a government employee or agency in connection with application for or issuance of a transferee permit.

Subd. 4. **Grounds for disqualification.** ~~A determination by (a) The chief of police or sheriff that shall refuse to grant a transferee permit if the applicant is prohibited by section 624.713 state or federal law from possessing a pistol or semiautomatic military-style assault weapon shall be the only basis for refusal to grant a transferee permit or is determined to be a danger to self or others under paragraph (b).~~

(b) A chief of police or sheriff shall refuse to grant a permit to a person who is a danger to self or others. The decision of the chief of police or sheriff must be based on documented past contact with law enforcement. A notice of disqualification issued pursuant to this paragraph must describe and document the specific law enforcement contact or contacts relied upon to deny the permit.

(c) A person is not eligible to submit a permit application under this section if the person has had an application denied pursuant to paragraph (b) and less than six months have elapsed since the denial was issued or the person's appeal under subdivision 8 was denied, whichever is later.

(d) A chief of police or sheriff who denies a permit application pursuant to paragraph (b) must provide a copy of the notice of disqualification to the chief of police or sheriff with joint-jurisdiction over the proposed transferee's residence.

Subd. 5. **Granting of permits.** (a) The chief of police or sheriff shall issue a transferee permit or deny the application within seven days of application for the permit.

(b) In the case of a denial, the chief of police or sheriff shall provide an applicant with written notification of a denial and the specific reason for the denial.

(c) The permits and their renewal shall be granted free of charge.

Subd. 6. **Permits valid statewide.** Transferee permits issued pursuant to this section are valid statewide and shall expire after one year. A transferee permit may be renewed in the same manner and subject to the same provisions by which the original permit was obtained, except that all renewed permits must comply with the standards adopted by the commissioner under section 624.7151.

Permits issued pursuant to this section are not transferable. A person who transfers a permit in violation of this subdivision is guilty of a misdemeanor.

Subd. 7. **Permit voided; revocation.** (a) The transferee permit shall be void at the time that the holder becomes prohibited from possessing or receiving a pistol under section 624.713, in which event the holder shall return the permit within five days to the issuing authority. If the chief law enforcement officer who issued the permit has knowledge that the permit holder is ineligible to possess firearms, the chief law enforcement officer must revoke the permit and give notice to the holder in writing. Failure of the holder to return the permit within the five days of learning that the permit is void or revoked is a gross misdemeanor unless the court finds that the circumstances or the physical or mental condition of the permit holder prevented the holder from complying with the return requirement.

(b) When a permit holder receives a court disposition that prohibits the permit holder from possessing a firearm, the court must take possession of the permit, if it is available, and send it to the issuing law enforcement agency. If the permit holder does not have the permit when the court imposes a firearm prohibition, the permit holder must surrender the permit to the assigned probation officer, if applicable. When a probation officer is assigned upon disposition of the case, the court shall inform the probation agent of the permit holder's obligation to surrender the permit. Upon surrender, the probation officer must send the permit to the issuing law enforcement agency. If a probation officer is not assigned to the permit holder, the holder shall surrender the permit as provided for in paragraph (a).

Subd. 8. **Hearing upon denial.** Any person aggrieved by denial of a transferee permit may appeal the denial to the district court having jurisdiction over the county or municipality in which the denial occurred.

Subd. 9. **Permit to carry.** A valid permit to carry issued pursuant to section 624.714 constitutes a transferee permit for the purposes of this section and ~~section~~ sections 624.7132 and 624.7134.

~~Subd. 10. **Transfer report not required.** A person who transfers a pistol or semiautomatic military style assault weapon to a person exhibiting a valid transferee permit issued pursuant to this section or a valid permit to carry issued pursuant to section 624.714 is not required to file a transfer report pursuant to section 624.7132, subdivision 1.~~

Subd. 11. **Penalty.** A person who makes a false statement in order to obtain a transferee permit knowing or having reason to know the statement is false is guilty of a ~~gross misdemeanor~~ felony.

Subd. 12. **Local regulation.** This section shall be construed to supersede municipal or county regulation of the issuance of transferee permits.

EFFECTIVE DATE. This section is effective August 1, 2020, and applies to crimes committed on or after that date.

Sec. 2. Minnesota Statutes 2018, section 624.7132, is amended to read:

624.7132 REPORT OF TRANSFER.

Subdivision 1. **Required information.** Except as provided in this section and section 624.7131, every person who agrees to transfer a pistol or semiautomatic military-style assault weapon shall report the following information in writing to the chief of police of the organized full-time police department of the municipality where the proposed transferee resides or to the appropriate county sheriff if there is no such local chief of police:

(1) the name, residence, telephone number, and driver's license number or nonqualification certificate number, if any, of the proposed transferee;

(2) the sex, date of birth, height, weight, and color of eyes, and distinguishing physical characteristics, if any, of the proposed transferee;

(3) a statement that the proposed transferee authorizes the release to the local police authority of commitment information about the proposed transferee maintained by the commissioner of human services, to the extent that the information relates to the proposed transferee's eligibility to possess a pistol or semiautomatic military-style assault weapon under section 624.713, subdivision 1;

(4) a statement by the proposed transferee that the transferee is not prohibited by section 624.713 from possessing a pistol or semiautomatic military-style assault weapon; and

(5) the address of the place of business of the transferor.

The report shall be signed and dated by the transferor and the proposed transferee. The report shall be delivered by the transferor to the chief of police or sheriff no later than three days after the date of the agreement to transfer, excluding weekends and legal holidays. The statement under clause (3) must comply with any applicable requirements of Code of Federal Regulations, title 42, sections 2.31 to 2.35, with respect to consent to disclosure of alcohol or drug abuse patient records.

Subd. 2. **Investigation.** Upon receipt of a transfer report, the chief of police or sheriff shall check criminal histories, records and warrant information relating to the proposed transferee through the Minnesota Crime Information System, the national criminal record repository, and the National Instant Criminal Background Check System. The chief of police or sheriff shall also make a reasonable effort to check other available state and local record-keeping systems. The chief of police or sheriff shall obtain commitment information from the commissioner of human services as provided in section 245.041.

Subd. 3. **Notification.** The chief of police or sheriff shall notify the transferor and proposed transferee in writing as soon as possible if the chief or sheriff determines that the proposed transferee is prohibited by section 624.713 from possessing a pistol or semiautomatic military-style assault weapon. The notification to the transferee shall specify the grounds for the disqualification of the proposed transferee and shall set forth in detail the transferee's right of appeal under subdivision 13.

Subd. 4. **Delivery.** Except as otherwise provided in subdivision 7 or 8, no person shall deliver a pistol or semiautomatic military-style assault weapon to a proposed transferee until five business days after the date the agreement to transfer is delivered to a chief of police or sheriff in accordance with subdivision 1 unless the chief of police or sheriff waives all or a portion of the ~~seven-day~~ waiting period. The chief of police or sheriff may waive all or a portion of the ~~five-business-day~~ waiting period in writing if the chief of police or sheriff finds that the transferee requires access to a pistol or semiautomatic military-style assault weapon because of a threat to the life of the transferee or of any member of the household of the transferee.

No person shall deliver a ~~pistol or semiautomatic military-style assault weapon~~ firearm to a proposed transferee after receiving a written notification that the chief of police or sheriff has determined that the proposed transferee is prohibited by section 624.713 from possessing a ~~pistol or semiautomatic military-style assault weapon~~ firearm.

If the transferor makes a report of transfer and receives no written notification of disqualification of the proposed transferee within five business days after delivery of the agreement to transfer, the ~~pistol or semiautomatic military-style assault weapon~~ firearm may be delivered to the transferee.

Subd. 5. **Grounds for disqualification.** ~~A determination by (a) The chief of police or sheriff that shall deny an application if the proposed transferee is prohibited by section 624.713 state or federal law from possessing a pistol or semiautomatic military-style assault weapon shall be the sole basis for a notification of disqualification under this section or is determined to be a danger to self or others under paragraph (b).~~

(b) A chief of police or sheriff shall deny an application if the person is a danger to self or others. The decision of the chief of police or sheriff must be based on documented past contact with law enforcement. A notice of disqualification issued pursuant to this paragraph must describe and document the specific law enforcement contact or contacts relied upon to deny the application.

(c) A chief of police or sheriff need not process an application under this section if the person has had an application denied pursuant to paragraph (b) and less than six months have elapsed since the denial was issued or the person's appeal under subdivision 13 was denied, whichever is later.

(d) A chief of police or sheriff who denies an application pursuant to paragraph (b) must provide a copy of the notice of disqualification to the chief of police or sheriff with joint-jurisdiction over the applicant's residence.

Subd. 6. **Transferee permit.** ~~If a chief of police or sheriff determines that a transferee is not a person prohibited by section 624.713 from possessing a pistol or semiautomatic military style assault weapon, the transferee may, within 30 days after the determination, apply to that chief of police or sheriff for a transferee permit, and the permit shall be issued.~~

Subd. 8. **Report not required.** If the proposed transferee presents a ~~valid transferee permit issued under section 624.7131~~ or a valid permit to carry issued under section 624.714, the transferor need not file a transfer report.

Subd. 9. **Number of pistols or semiautomatic military-style assault weapons.** Any number of pistols or semiautomatic military-style assault weapons may be the subject of a single transfer agreement and report to the chief of police or sheriff. Nothing in this section or section 624.7131 shall be construed to limit or restrict the number of pistols or semiautomatic military-style assault weapons a person may acquire.

Subd. 10. **Restriction on records.** If, after a determination that the transferee is not a person prohibited by section 624.713 from possessing a pistol or semiautomatic military-style assault weapon, a transferee requests that no record be maintained of the fact of who is the transferee of a pistol or semiautomatic military-style assault weapon, the chief of police or sheriff shall sign the transfer report and return it to the transferee as soon as possible. Thereafter, no government employee or agency shall maintain a record of the transfer that identifies the transferee, and the transferee shall retain the report of transfer.

Subd. 11. **Forms; cost.** Chiefs of police and sheriffs shall make transfer report forms available throughout the community. There shall be no charge for forms, reports, investigations, notifications, waivers or any other act performed or materials provided by a government employee or agency in connection with a transfer.

Subd. 12. **Exclusions.** Except as otherwise provided in section 609.66, subdivision 1f, this section shall not apply to transfers of antique firearms as curiosities or for their historical significance or value, transfers to or between federally licensed firearms dealers, transfers by order of court, involuntary transfers, transfers at death or the following transfers:

- (1) a transfer by a person other than a federally licensed firearms dealer;
- (2) a loan to a prospective transferee if the loan is intended for a period of no more than one day;
- (3) the delivery of a pistol or semiautomatic military-style assault weapon to a person for the purpose of repair, reconditioning or remodeling;
- (4) a loan by a teacher to a student in a course designed to teach marksmanship or safety with a pistol and approved by the commissioner of natural resources;
- (5) a loan between persons at a firearms collectors exhibition;
- (6) a loan between persons lawfully engaged in hunting or target shooting if the loan is intended for a period of no more than 12 hours;
- (7) a loan between law enforcement officers who have the power to make arrests other than citizen arrests; and
- (8) a loan between employees or between the employer and an employee in a business if the employee is required to carry a pistol or semiautomatic military-style assault weapon by reason of employment and is the holder of a valid permit to carry a pistol.

Subd. 13. **Appeal.** A person aggrieved by the determination of a chief of police or sheriff that the person is prohibited by section 624.713 from possessing a pistol or semiautomatic military-style assault weapon may appeal the determination as provided in this subdivision. The district court shall have jurisdiction of proceedings under this subdivision.

On review pursuant to this subdivision, the court shall be limited to a determination of whether the proposed transferee is a person prohibited from possessing a pistol or semiautomatic military-style assault weapon by section 624.713.

~~Subd. 14. **Transfer to unknown party.** (a) No person shall transfer a pistol or semiautomatic military style assault weapon to another who is not personally known to the transferor unless the proposed transferee presents evidence of identity to the transferor.~~

~~(b) No person who is not personally known to the transferor shall become a transferee of a pistol or semiautomatic military style assault weapon unless the person presents evidence of identity to the transferor.~~

~~(c) The evidence of identity shall contain the name, residence address, date of birth, and photograph of the proposed transferee; must be made or issued by or under the authority of the United States government, a state, a political subdivision of a state, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi governmental organization; and must be of a type commonly accepted for the purpose of identification of individuals.~~

~~(d) A person who becomes a transferee of a pistol or semiautomatic military style assault weapon in violation of this subdivision is guilty of a misdemeanor.~~

Subd. 15. **Penalties.** (a) Except as otherwise provided in paragraph (b), a person who does any of the following is guilty of a gross misdemeanor:

(1) transfers a pistol or semiautomatic military-style assault weapon in violation of subdivisions 1 to 13;

(2) transfers a pistol or semiautomatic military-style assault weapon to a person who has made a false statement in order to become a transferee, if the transferor knows or has reason to know the transferee has made the false statement;

(3) knowingly becomes a transferee in violation of subdivisions 1 to 13; or

(4) makes a false statement in order to become a transferee of a pistol or semiautomatic military-style assault weapon knowing or having reason to know the statement is false.

(b) A person who does either of the following is guilty of a felony:

(1) transfers a pistol or semiautomatic military-style assault weapon to a person under the age of 18 in violation of subdivisions 1 to 13; or

(2) transfers a pistol or semiautomatic military-style assault weapon to a person under the age of 18 who has made a false statement in order to become a transferee, if the transferor knows or has reason to know the transferee has made the false statement.

Subd. 16. **Local regulation.** This section shall be construed to supersede municipal or county regulation of the transfer of pistols.

EFFECTIVE DATE. This section is effective August 1, 2020, and applies to crimes committed on or after that date.

Sec. 3. **[624.7134] PRIVATE PARTY TRANSFERS; BACKGROUND CHECK REQUIRED.**

Subdivision 1. **Definitions.** (a) As used in this section, the following terms have the meanings provided in this subdivision.

(b) "Firearms dealer" means a person who is licensed by the United States Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives, under United States Code, title 18, section 923(a).

(c) "State or federally issued identification" means a document or card made or issued by or under the authority of the United States government or the state that contains the person's name, residence address, date of birth, and photograph and is of a type commonly accepted for the purpose of identification of individuals.

Subd. 2. **Background check and evidence of identity.** A person who is not a firearms dealer is prohibited from transferring possession or ownership of a pistol or semiautomatic military-style assault weapon to any other person who is not a firearms dealer, unless the transferee presents a valid transferee permit issued under section 624.7131 or a valid permit to carry issued under section 624.714 and a current state or federally issued identification.

Subd. 3. **Record of transfer; required information.** (a) When two parties complete the transfer of a pistol or semiautomatic military-style assault weapon under subdivision 2, the transferor and transferee must complete a record of transfer on a form designed and made publicly available without fee for this purpose by the superintendent of the Bureau of Criminal Apprehension. Each page of the record of transfer must be signed and dated by the transferor and the transferee and contain the serial number of the pistol or semiautomatic military-style assault weapon.

(b) The record of transfer must contain the following information:

(1) a clear copy of each person's current state or federally issued identification;

(2) a clear copy of the transferee permit or permit to carry presented by the transferee; and

(3) a signed statement by the transferee swearing that the transferee is not currently prohibited by state or federal law from possessing a firearm.

(c) The record of transfer must also contain the following information regarding the transferred pistol or semiautomatic military-style assault weapon:

(1) the type of pistol or semiautomatic military-style assault weapon;

(2) the manufacturer, make, and model of the pistol or semiautomatic military-style assault weapon; and

(3) the pistol or semiautomatic military-style assault weapon's manufacturer-assigned serial number.

(d) Both the transferor and the transferee must retain a copy of the record of transfer and any attachments to the record of transfer for 20 years from the date of the transfer. A copy in digital form shall be acceptable for the purposes of this paragraph.

Subd. 4. **Compulsory production of a record of transfer; gross misdemeanor penalty.** (a) The transferor and transferee of a pistol or semiautomatic military-style assault weapon transferred under this section must produce the record of transfer when a peace officer requests the record as part of a criminal investigation.

(b) A person who refuses or is unable to produce a record of transfer for a firearm transferred under this section in response to a request for production made by a peace officer pursuant to paragraph (a) is guilty of a gross misdemeanor. A prosecution or conviction for violation of this subdivision is not a bar to conviction of, or punishment for, any other crime committed involving the transferred firearm.

Subd. 5. **Immunity.** A person is immune to a charge of violating this section if the person presents a record of transfer that satisfies the requirements of subdivision 3.

Subd. 6. **Exclusions.** (a) This section shall not apply to the following transfers:

(1) a transfer by or to a federally licensed firearms dealer;

(2) a transfer by or to any law enforcement agency;

(3) to the extent the transferee is acting within the course and scope of employment and official duties, a transfer to:

(i) a peace officer, as defined in section 626.84, subdivision 1, paragraph (c);

(ii) a member of the United States armed forces, the National Guard, or the Reserves of the United States armed forces;

(iii) a federal law enforcement officer; or

(iv) a security guard employed by a protective agent licensed pursuant to chapter 326;

(4) a transfer between immediate family members, which for the purposes of this section means spouses, domestic partners, parents, children, siblings, grandparents, and grandchildren;

(5) a transfer to an executor, administrator, trustee, or personal representative of an estate or a trust that occurs by operation of law upon the death of the former owner of the firearm;

(6) a transfer of an antique firearm as defined in section 624.712, subdivision 3;

(7) a transfer of a curio or relic, as defined in Code of Federal Regulations, title 27, section 478.11, if the transfer is between collectors of firearms as curios or relics as defined by United States Code, title 18, section 921(a)(13), who each have in their possession a valid collector of curio and relics license issued by the United States Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives;

(8) the temporary transfer of a firearm if:

(i) the transfer is necessary to prevent imminent death or great bodily harm; and

(ii) the person's possession lasts only as long as immediately necessary to prevent such imminent death or great bodily harm;

(9) transfers by or to an auctioneer who is in compliance with chapter 330 and acting in the person's official role as an auctioneer to facilitate or conduct an auction of the firearm; and

(10) a temporary transfer if the transferee's possession of the firearm following the transfer is only:

(i) at a shooting range that operates in compliance with the performance standards under chapter 87A or is a nonconforming use under section 87A.03, subdivision 2, or, if compliance is not required by the governing body of the jurisdiction, at an established shooting range operated consistently with local law in the jurisdiction;

(ii) at a lawfully organized competition involving the use of a firearm, or while participating in or practicing for a performance by an organized group that uses firearms as part of the performance;

(iii) while hunting or trapping if the hunting or trapping is legal in all places where the transferee possesses the firearm and the transferee holds all licenses or permits required for hunting or trapping;

(iv) at a lawfully organized educational or instructional course and under the direct supervision of a certified instructor, as that term is defined in section 624.714, subdivision 2a, paragraph (d); or

(v) while in the actual presence of the transferor.

(b) A transfer under this subdivision is permitted only if the transferor has no reason to believe:

(1) that the transferee is prohibited by federal law from buying or possessing firearms or not entitled under state law to possess firearms;

(2) if the transferee is under 18 years of age and is receiving the firearm under direct supervision and control of an adult, that the adult is prohibited by federal law from buying or possessing firearms or not entitled under state law to possess firearms; or

(3) that the transferee will use or intends to use the firearm in the commission of a crime.

EFFECTIVE DATE. This section is effective August 1, 2020, and applies to crimes committed on or after that date."

Delete the title and insert:

"A bill for an act relating to public safety; requiring criminal background checks for firearms transfers; modifying grounds for disqualification of transferee permit; amending Minnesota Statutes 2018, sections 624.7131; 624.7132; proposing coding for new law in Minnesota Statutes, chapter 624."

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

Carlson, L., from the Committee on Ways and Means to which was referred:

H. F. No. 9, A bill for an act relating to public safety; enabling law enforcement and family members to petition a court to prohibit people from possessing firearms if they pose a significant danger to themselves or others by possessing a firearm; amending Minnesota Statutes 2018, section 624.713, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 624.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 2019 Supplement, section 624.713, subdivision 1, is amended to read:

Subdivision 1. **Ineligible persons.** The following persons shall not be entitled to possess ammunition or a pistol or semiautomatic military-style assault weapon or, except for clause (1), any other firearm:

(1) a person under the age of 18 years except that a person under 18 may possess ammunition designed for use in a firearm that the person may lawfully possess and may carry or possess a pistol or semiautomatic military-style assault weapon (i) in the actual presence or under the direct supervision of the person's parent or guardian, (ii) for the purpose of military drill under the auspices of a legally recognized military organization and under competent supervision, (iii) for the purpose of instruction, competition, or target practice on a firing range approved by the chief of police or county sheriff in whose jurisdiction the range is located and under direct supervision; or (iv) if the person has successfully completed a course designed to teach marksmanship and safety with a pistol or semiautomatic military-style assault weapon and approved by the commissioner of natural resources;

(2) except as otherwise provided in clause (9), a person who has been convicted of, or adjudicated delinquent or convicted as an extended jurisdiction juvenile for committing, in this state or elsewhere, a crime of violence. For purposes of this section, crime of violence includes crimes in other states or jurisdictions which would have been crimes of violence as herein defined if they had been committed in this state;

(3) a person who is or has ever been committed in Minnesota or elsewhere by a judicial determination that the person is mentally ill, developmentally disabled, or mentally ill and dangerous to the public, as defined in section 253B.02, to a treatment facility, or who has ever been found incompetent to stand trial or not guilty by reason of mental illness, unless the person's ability to possess a firearm and ammunition has been restored under subdivision 4;

(4) a person who has been convicted in Minnesota or elsewhere of a misdemeanor or gross misdemeanor violation of chapter 152, unless three years have elapsed since the date of conviction and, during that time, the person has not been convicted of any other such violation of chapter 152 or a similar law of another state; or a person who is or has ever been committed by a judicial determination for treatment for the habitual use of a controlled substance or marijuana, as defined in sections 152.01 and 152.02, unless the person's ability to possess a firearm and ammunition has been restored under subdivision 4;

(5) a person who has been committed to a treatment facility in Minnesota or elsewhere by a judicial determination that the person is chemically dependent as defined in section 253B.02, unless the person has completed treatment or the person's ability to possess a firearm and ammunition has been restored under subdivision 4. Property rights may not be abated but access may be restricted by the courts;

(6) a peace officer who is informally admitted to a treatment facility pursuant to section 253B.04 for chemical dependency, unless the officer possesses a certificate from the head of the treatment facility discharging or provisionally discharging the officer from the treatment facility. Property rights may not be abated but access may be restricted by the courts;

(7) a person, including a person under the jurisdiction of the juvenile court, who has been charged with committing a crime of violence and has been placed in a pretrial diversion program by the court before disposition, until the person has completed the diversion program and the charge of committing the crime of violence has been dismissed;

(8) except as otherwise provided in clause (9), a person who has been convicted in another state of committing an offense similar to the offense described in section 609.224, subdivision 3, against a family or household member or section 609.2242, subdivision 3, unless three years have elapsed since the date of conviction and, during that time, the person has not been convicted of any other violation of section 609.224, subdivision 3, or 609.2242, subdivision 3, or a similar law of another state;

(9) a person who has been convicted in this state or elsewhere of assaulting a family or household member and who was found by the court to have used a firearm in any way during commission of the assault is prohibited from possessing any type of firearm or ammunition for the period determined by the sentencing court;

(10) a person who:

(i) has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year;

(ii) is a fugitive from justice as a result of having fled from any state to avoid prosecution for a crime or to avoid giving testimony in any criminal proceeding;

(iii) is an unlawful user of any controlled substance as defined in chapter 152;

(iv) has been judicially committed to a treatment facility in Minnesota or elsewhere as a person who is mentally ill, developmentally disabled, or mentally ill and dangerous to the public, as defined in section 253B.02;

(v) is an alien who is illegally or unlawfully in the United States;

(vi) has been discharged from the armed forces of the United States under dishonorable conditions;

(vii) has renounced the person's citizenship having been a citizen of the United States; or

(viii) is disqualified from possessing a firearm under United States Code, title 18, section 922(g)(8) or (9), as amended through March 1, 2014;

(11) a person who has been convicted of the following offenses at the gross misdemeanor level, unless three years have elapsed since the date of conviction and, during that time, the person has not been convicted of any other violation of these sections: section 609.229 (crimes committed for the benefit of a gang); 609.2231, subdivision 4 (assaults motivated by bias); 609.255 (false imprisonment); 609.378 (neglect or endangerment of a child); 609.582, subdivision 4 (burglary in the fourth degree); 609.665 (setting a spring gun); 609.71 (riot); or 609.749 (harassment or stalking). For purposes of this paragraph, the specified gross misdemeanor convictions include crimes committed in other states or jurisdictions which would have been gross misdemeanors if conviction occurred in this state;

(12) a person who has been convicted of a violation of section 609.224 if the court determined that the assault was against a family or household member in accordance with section 609.2242, subdivision 3 (domestic assault), unless three years have elapsed since the date of conviction and, during that time, the person has not been convicted of another violation of section 609.224 or a violation of a section listed in clause (11); ~~or~~

(13) a person who is subject to an order for protection as described in section 260C.201, subdivision 3, paragraph (d), or 518B.01, subdivision 6, paragraph (g); ~~or~~

(14) a person who is subject to an extreme risk protection order as described in section 624.7162 or 624.7164.

A person who issues a certificate pursuant to this section in good faith is not liable for damages resulting or arising from the actions or misconduct with a firearm or ammunition committed by the individual who is the subject of the certificate.

The prohibition in this subdivision relating to the possession of firearms other than pistols and semiautomatic military-style assault weapons does not apply retroactively to persons who are prohibited from possessing a pistol or semiautomatic military-style assault weapon under this subdivision before August 1, 1994.

The lifetime prohibition on possessing, receiving, shipping, or transporting firearms and ammunition for persons convicted or adjudicated delinquent of a crime of violence in clause (2), applies only to offenders who are discharged from sentence or court supervision for a crime of violence on or after August 1, 1993.

For purposes of this section, "judicial determination" means a court proceeding pursuant to sections 253B.07 to 253B.09 or a comparable law from another state.

Sec. 2. **[624.7161] EXTREME RISK PROTECTION ORDERS.**

Subdivision 1. Definitions. As used in sections 624.7161 to 624.7168, the term "firearm" has the meaning given in section 609.666, subdivision 1, paragraph (a).

Subd. 2. Court jurisdiction. An application for relief under this section shall be filed in the county of residence of the respondent. Actions under this section shall be given docket priorities by the court.

Subd. 3. Generally. (a) There shall exist an action known as a petition for an extreme risk protection order, which order shall enjoin and prohibit the respondent from possessing firearms for a fixed period.

(b) A petition for relief under sections 624.7161 to 624.7168 may be made by the chief law enforcement officer or a designee or a city or county attorney.

(c) A petition for relief shall allege that the respondent poses a significant danger of bodily harm to self or to other persons by possessing a firearm. The petition shall be accompanied by an affidavit made under oath stating specific facts and circumstances forming a basis to allege that an extreme risk protection order should be granted. The affidavit may include, but is not limited to, evidence showing any of the factors described in section 624.7162, subdivision 2.

(d) A petition for emergency relief under section 624.7164 shall additionally allege that the respondent presents an immediate and present danger of bodily harm.

(e) A petition for relief must describe, to the best of the petitioner's knowledge, the types and location of any firearms believed by the petitioner to be possessed by the respondent.

(f) The state court administrator shall create all forms necessary under sections 624.7161 to 624.7168.

(g) The filing fees for an extreme risk protection order under this section are waived for the petitioner and respondent.

(h) An extreme risk protection order issued under sections 624.7161 to 624.7168 applies throughout the state.

(i) Any proceeding under sections 624.7161 to 624.7168 shall be in addition to other civil or criminal remedies.

(j) All health records and other health information provided in a petition or considered as evidence in a proceeding under sections 624.7161 to 624.7168 shall be protected from public disclosure but may be provided to law enforcement agencies as described in this section.

(k) Any extreme risk protection order or subsequent extension issued under sections 624.7161 to 624.7168 shall be forwarded by the court administrator within 24 hours to the local law enforcement agency with jurisdiction over the residence of the respondent. Each appropriate law enforcement agency shall make available to other law enforcement officers, through a system for verification, information as to the existence and status of any extreme risk protection order issued under sections 624.7161 to 624.7168.

Sec. 3. [624.7162] EXTREME RISK PROTECTION ORDERS ISSUED AFTER HEARING.

Subdivision 1. **Hearing.** (a) Upon receipt of the petition for an order after a hearing, the court shall order a hearing which shall be held not later than 14 days from the date of the order for hearing.

(b) The petitioning agency shall be responsible for service of an extreme risk protection order issued by the court and shall further be the agency responsible for the execution of any legal process required for the seizure and storage of firearms subject to the order. Nothing in this provision limits the ability of the law enforcement agency of record from cooperating with other law enforcement entities.

(c) Personal service of notice for the hearing may be made upon the respondent at any time up to 12 hours prior to the time set for the hearing, provided that the respondent at the hearing may request a continuance of up to five days if the respondent is served less than five days prior to the hearing, which continuance shall be granted unless there are compelling reasons not to do so. If the court grants the requested continuance, and an existing emergency order under section 624.7164 will expire due to the continuance, the court shall also issue a written order continuing the emergency order pending the new time set for the hearing.

(d) If personal service cannot be made, the court may order service of the petition and any order issued under this section by alternate means. The application for alternate service must include the last known location of the respondent; the petitioner's most recent contacts with the respondent; the last known location of the respondent's employment; the names and locations of the respondent's parents, siblings, children, and other close relatives; the names and locations of other persons who are likely to know the respondent's whereabouts; and a description of efforts to locate those persons. The court shall consider the length of time the respondent's location has been unknown, the likelihood that the respondent's location will become known, the nature of the relief sought, and the nature of efforts made to locate the respondent. The court shall order service by first class mail, forwarding address requested, to any addresses where there is a reasonable possibility that mail or information will be forwarded or communicated to the respondent. The court may also order publication, within or without the state, but only if it might reasonably succeed in notifying the respondent of the proceeding. Service shall be deemed complete 14 days after mailing or 14 days after court-ordered publication.

Subd. 2. **Relief by court.** (a) At the hearing, the petitioner must prove by a preponderance of the evidence that the respondent poses a significant danger of bodily harm to self or other persons by possessing a firearm.

(b) In determining whether to grant the order after a hearing, the court shall consider evidence of the following, whether or not the petitioner has provided evidence of the same:

(1) a history of threats or acts of violence by the respondent directed toward another person;

(2) the history of use, attempted use, or threatened use of physical force by the respondent against another person;

(3) a violation of any court order including, but not limited to, orders issued under sections 624.7161 to 624.7168, or chapter 260C or 518B;

(4) a prior arrest for a felony offense;

(5) a conviction or prior arrest for a violent misdemeanor offense, for a stalking offense under section 609.749, or for domestic assault under section 609.2242;

(6) a conviction for an offense of cruelty to animals under chapter 343;

(7) the unlawful and reckless use, display, or brandishing of a firearm by the respondent;

(8) a history of self-harm by the respondent; and

(9) whether the respondent is named in an existing order in effect under sections 624.7161 to 624.7168, or chapter 260C or 518B, or party to a pending lawsuit, complaint, petition, or other action under sections 624.7161 to 624.7168, or chapter 518B.

(c) In determining whether to grant the order after a hearing, the court may consider any other evidence that bears on whether the respondent poses a danger to the respondent's self or others.

(d) If the court finds there is a preponderance of the evidence to issue an extreme risk protection order, the court shall issue the order prohibiting the person from possessing a firearm for the duration of the order. The court shall inform the respondent that the respondent is prohibited from possessing firearms and shall issue a transfer order under section 624.7165. The court shall also give notice to the county attorney's office, which may take action as it deems appropriate.

(e) The order shall have a fixed period, to be determined by the court, of not less than six months and not more than two years, subject to renewal or extension under section 624.7163.

(f) If there is no existing emergency order under section 624.7164 at the time an order is granted under this section, the court shall determine by a preponderance of the evidence whether the respondent presents an immediate and present danger of bodily harm. If the court so determines, the transfer order shall include the provisions described in section 624.7165, paragraph (c).

(g) If, after a hearing, the court does not issue an order of protection, the court shall vacate any emergency extreme risk protection order currently in effect.

(h) A respondent may waive the respondent's right to contest the hearing and consent to the court's imposition of an extreme risk protection order. The court shall seal the petition filed under this section and section 624.7144, if a respondent who consents to imposition of an extreme risk protection order requests that the petition be sealed, unless the court finds that there is clear and convincing evidence that the interests of the public and public safety outweigh the disadvantages to the respondent of not sealing the petition. All extreme risk protection orders shall remain public.

Sec. 4. [624.7163] SUBSEQUENT EXTENSIONS AND TERMINATION.

(a) Upon application by any party entitled to petition for an order under section 624.7162, and after notice to the respondent and a hearing, the court may extend the relief granted in an existing order granted after a hearing under section 624.7162. Application for an extension may be made any time within the three months before the expiration of the existing order. The order may be extended for a fixed period of at least six months and not to exceed two years, if the court makes the same findings by a preponderance of the evidence as required for granting of an initial order under section 624.7162, subdivision 2, paragraph (d). The court shall consider the same types of evidence as required for the initial order under section 624.7162, subdivision 2, paragraphs (b) and (c).

(b) Upon application by the respondent to an order issued under section 624.7162, the court may terminate an order after a hearing at which the respondent shall bear the burden of proving by a preponderance of the evidence that the respondent does not pose a significant danger of bodily harm to the respondent's self or to other persons by possessing a firearm. Application may be made for termination one time for each year an order is in effect. If an order has been issued for a period of six months, the respondent may apply for termination one time.

Sec. 5. **[624.7164] EMERGENCY ISSUANCE OF EXTREME RISK PROTECTION ORDER.**

(a) In determining whether to grant an emergency extreme risk protection order, the court shall consider evidence of all facts identified in section 624.7162, subdivision 2, paragraphs (b) and (c).

(b) If the court finds there is reasonable grounds that (1) the respondent poses a significant danger of bodily harm to the respondent's self or to other persons by possessing a firearm, and (2) the respondent presents an immediate and present danger of bodily harm, the court shall issue an ex parte emergency order prohibiting the respondent from possessing a firearm for the duration of the order. The order shall inform the respondent that the respondent is prohibited from possessing firearms and shall issue a transfer order under section 624.7165, paragraph (c).

(c) A finding by the court that there is a basis for issuing an emergency extreme risk protection order constitutes a finding that sufficient reasons exist not to require notice under applicable court rules governing applications for ex parte relief.

(d) The emergency order shall have a fixed period of 14 days, unless a hearing is set under section 624.7162 on an earlier date, in which case the order shall expire upon a judge's finding that no order is issued under section 624.7162.

(e) Except as provided in paragraph (f), the respondent shall be personally served immediately with a copy of the emergency order and a copy of the petition and, if a hearing is requested by the petitioner under section 624.7162, notice of the date set for the hearing. If the petitioner does not request a hearing under section 624.7162, an order served on a respondent under this subdivision must include a notice advising the respondent of the right to request a hearing challenging the issuance of the emergency order, and must be accompanied by a form that can be used by the respondent to request a hearing.

(f) Service of the emergency order may be made by alternate service as provided under section 624.7162, subdivision 1, paragraph (e), provided that the petitioner files the affidavit required under that subdivision. If the petitioner does not request a hearing under section 624.7162, the petition mailed to the respondent's residence, if known, must be accompanied by the form for requesting a hearing described in paragraph (e).

Sec. 6. **[624.7165] TRANSFER OF FIREARMS.**

(a) Except as provided in paragraph (b), upon issuance of an extreme risk protection order, the court shall direct the respondent to transfer any firearms the person possesses as soon as reasonably practicable, but in no case later than 24 hours, to a federally licensed firearms dealer or a law enforcement agency. If the respondent elects to transfer the respondent's firearms to a law enforcement agency, the agency must accept the transfer. The transfer may be permanent or temporary. A temporary firearm transfer only entitles the receiving party to possess the firearm and does not transfer ownership or title. If the respondent makes a temporary transfer, a federally licensed firearms dealer or law enforcement agency may charge the respondent a reasonable fee to store the firearms and may establish policies for disposal of abandoned firearms, provided these policies require that the respondent be notified prior to disposal of abandoned firearms. If a respondent permanently transfers the respondent's firearms to a law enforcement agency, the agency is not required to compensate the respondent and may charge the respondent a reasonable processing fee.

(b) A person directed to transfer any firearms pursuant to paragraph (a) may transfer any antique firearm, as defined in United States Code, title 18, section 921, paragraph (a), clause (16), as amended, or a curio or relic as defined in Code of Federal Regulations, title 27, section 478.11, as amended, to a relative who does not live with the respondent after confirming that the relative may lawfully own or possess a firearm.

(c) The respondent must file proof of transfer as provided in this paragraph.

(1) A law enforcement agency or federally licensed firearms dealer accepting transfer of a firearm pursuant to this section shall provide proof of transfer to the respondent. The proof of transfer must specify whether the firearms were permanently or temporarily transferred and must include the name of the respondent, date of transfer, and the serial number, manufacturer, and model of all transferred firearms. If transfer is made to a federally licensed firearms dealer, the respondent shall, within two business days after being served with the order, file a copy of proof of transfer with the law enforcement agency, and attest that all firearms owned or possessed at the time of the order have been transferred in accordance with this section and that the person currently does not possess any firearms. If the respondent claims not to own or possess firearms, the respondent shall file a declaration of nonpossession with the law enforcement agency attesting that, at the time of the order, the respondent neither owned nor possessed any firearms, and that the respondent currently neither owns nor possesses any firearms. If the transfer is made to a relative pursuant to paragraph (b), the relative must sign an affidavit under oath before a notary public either acknowledging that the respondent permanently transferred the respondent's antique firearms, curios, or relics to the relative or agreeing to temporarily store the respondent's antique firearms, curios, or relics until such time as the respondent is legally permitted to possess firearms. To the extent possible, the affidavit shall indicate the serial number, make, and model of all antique firearms, curios, or relics transferred by the respondent to the relative.

(2) The court shall seal affidavits, proofs of transfer, and declarations of nonpossession filed pursuant to this paragraph.

(d) If a court issues an emergency order under section 624.7164, or makes a finding of immediate and present danger under section 624.7162, subdivision 2, paragraph (e), and there is probable cause to believe the respondent possesses firearms, the court shall issue a search warrant to the local law enforcement agency to take possession of all firearms in the respondent's possession as soon as practicable. The local law enforcement agency shall, upon written notice from the respondent, transfer the firearms to a federally licensed firearms dealer. Before a local law enforcement agency transfers a firearm under this paragraph, the agency shall require the federally licensed firearms dealer receiving the firearm to submit a proof of transfer that complies with the requirements for proofs of transfer established in paragraph (c). The agency shall file all proofs of transfer received by the court within two business days of the transfer. A federally licensed firearms dealer who accepts a firearm transfer pursuant to this paragraph shall comply with paragraphs (a) and (c) as if accepting transfer directly from the respondent. If the law enforcement agency does not receive written notice from the respondent within three business days, the agency may charge a reasonable fee to store the respondent's firearms. A law enforcement agency may establish policies for disposal of abandoned firearms, provided these policies require that the respondent be notified prior to disposal of abandoned firearms.

Sec. 7. [624.7166] RETURN OF FIREARMS.

Subdivision 1. **Law enforcement.** A local law enforcement agency that accepted temporary transfer of firearms under section 624.7165 shall return the firearms to the respondent upon request after the expiration of the order, provided the respondent is not otherwise prohibited from possessing firearms under state or federal law.

Subd. 2. **Firearms dealer.** A federally licensed firearms dealer that accepted temporary transfer of firearms under section 624.7165 shall return the transferring firearms to the respondent upon request after the expiration of the order, provided the respondent is not otherwise prohibited from possessing firearms under state or federal law. A federally licensed firearms dealer returning firearms shall comply with state and federal law as though transferring a firearm from the dealer's own inventory.

Sec. 8. [624.7167] OFFENSES.

Subdivision 1. **False information or harassment.** A person who petitions for an extreme risk protection order under section 624.7162 or 624.7164, knowing any information in the petition to be materially false or with the intent to harass, abuse, or threaten, is guilty of a misdemeanor.

Subd. 2. **Violation of order.** A person who possesses a firearm and knows or should have known that the person is prohibited from doing so by an extreme risk protection order under section 624.7162 or 624.7164, or by an order of protection granted by a judge or referee pursuant to a substantially similar law of another state, is guilty of a misdemeanor and shall be prohibited from possessing firearms for a period of five years. Each extreme risk protection order granted under this chapter must contain a conspicuous notice to the respondent regarding the penalty for violation of the order.

Sec. 9. **[624.7168] LIABILITY PROTECTION.**

Subdivision 1. **Liability protection for petition.** A chief law enforcement officer, or a designee, or a city or county attorney, who, in good faith, decides not to petition for an extreme risk protection order or emergency extreme risk protection order shall be immune from criminal or civil liability.

Subd. 2. **Liability protection for storage of firearms.** A law enforcement agency shall be immune from civil or criminal liability for any damage or deterioration of firearms, ammunition, or weapons stored or transported pursuant to section 624.7165. This subdivision shall not apply if the damage or deterioration occurred as a result of recklessness, gross negligence, or intentional misconduct by the law enforcement agency.

Subd. 3. **Liability protection for harm following service of an order or execution of a search warrant.** A peace officer, law enforcement agency, and the state or a political subdivision by which a peace officer is employed has immunity from any liability, civil or criminal, for harm caused by a person who is the subject of an extreme risk protection order, a search warrant issued pursuant to section 624.7165, paragraph (d), or both after service of the order or execution of the warrant, whichever comes first, if the peace officer acts in good faith in serving the order or executing the warrant.

Sec. 10. **[626.8474] EXTREME RISK PROTECTION ORDER; DEVELOPMENT OF MODEL PROCEDURES.**

By December 1, 2021, the Peace Officer Standards and Training Board, after consulting with the Minnesota County Attorneys Association, the Minnesota Sheriffs' Association, the Minnesota Chiefs of Police Association, and the Minnesota Police and Peace Officers Association, shall develop model procedures and standards for the storage of firearms transferred to law enforcement under section 624.7165.

Sec. 11. **APPROPRIATIONS.**

(a) \$43,000 in fiscal year 2021 is appropriated from the general fund to the supreme court for clerical staff related to extreme risk protection orders. The general fund base shall be \$86,000 per year beginning in fiscal year 2022.

(b) \$188,000 in fiscal year 2021 is appropriated from the general fund to the commissioner of public safety for programming costs related to extreme risk protection orders. The general fund base to maintain ongoing functionality shall be \$38,000 per year beginning in fiscal year 2022.

(c) \$100,000 in fiscal year 2021 is appropriated from the general fund to the commissioner of public safety for grants to local or state law enforcement agencies to support the safe and secure storage of firearms. The general fund base for this program shall be \$100,000 in fiscal year 2022 and \$0 in fiscal year 2023.

Sec. 12. **REVISOR INSTRUCTION.**

In the next edition of Minnesota Statutes, the revisor of statutes shall renumber Minnesota Statutes 2018, sections 624.7161 to 624.7168, and correct cross-references to those provisions so as not to conflict with this act.

Sec. 13. **EFFECTIVE DATE.**

Sections 1 to 9 and 12 are effective January 1, 2021, and apply to firearm permit background checks made on or after that date."

Delete the title and insert:

"A bill for an act relating to public safety; enabling law enforcement and family members to petition a court to prohibit people from possessing firearms if they pose a significant danger to themselves or others by possessing a firearm; appropriating money; amending Minnesota Statutes 2019 Supplement, section 624.713, subdivision 1; proposing coding for new law in Minnesota Statutes, chapters 624; 626."

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

Lesch from the Judiciary Finance and Civil Law Division to which was referred:

H. F. No. 1511, A bill for an act relating to housing; expanding eligibility for discretionary and mandatory expungements for eviction case court files; limiting public access to pending eviction case court actions; amending Minnesota Statutes 2018, sections 484.014, subdivisions 2, 3; 504B.321, by adding a subdivision.

Reported the same back with the recommendation that the bill be placed on the General Register.

The report was adopted.

Lesch from the Judiciary Finance and Civil Law Division to which was referred:

H. F. No. 1521, A bill for an act relating to family law; requiring the court to provide certain notices; modifying requirements for parent education program; amending Minnesota Statutes 2018, section 518.157, subdivisions 1, 3.

Reported the same back with the recommendation that the bill be placed on the General Register.

The report was adopted.

Lesch from the Judiciary Finance and Civil Law Division to which was referred:

H. F. No. 1821, A bill for an act relating to education; creating the Student Data Privacy Act; providing penalties; amending Minnesota Statutes 2018, section 13.32, subdivision 1, by adding subdivisions.

Reported the same back with the following amendments:

Page 2, line 25, delete "2019-2020" and insert "2020-2021"

Page 3, line 27, after "any" insert "curriculum, testing, or assessment"

Page 3, line 29, after "each" insert "curriculum, testing, or assessment"

Page 3, line 30, after the second "the" insert "curriculum, testing, or assessment"

Page 4, line 2, after "a" insert "curriculum, testing, or assessment"

Page 4, line 9, delete "2019-2020" and insert "2020-2021"

Page 5, line 4, delete "2019-2020" and insert "2020-2021"

Page 5, line 17, delete "2019-2020" and insert "2020-2021"

With the recommendation that when so amended the bill be re-referred to the Committee on Education Policy.

The report was adopted.

Freiberg from the Committee on Government Operations to which was referred:

H. F. No. 2230, A bill for an act relating to cosmetology; modifying salon licensure requirements and continuing education requirements; amending Minnesota Statutes 2018, sections 155A.23, subdivision 9, by adding subdivisions; 155A.271; 155A.29, subdivision 1.

Reported the same back with the recommendation that the bill be re-referred to the State Government Finance Division.

The report was adopted.

Lesch from the Judiciary Finance and Civil Law Division to which was referred:

H. F. No. 2232, A bill for an act relating to government data practices; requiring public postsecondary institutions to keep certain student information private; amending Minnesota Statutes 2018, section 13.32, subdivision 5.

Reported the same back with the following amendments:

Page 1, line 17, after "more" insert "for four years from the date of the request"

Page 1, line 19, after the period, insert "A student whose directory information has been requested must be allowed to review the documentation maintained by the institution regarding that request."

Page 1, after line 19, insert:

"Sec. 2. **[135A.146] STUDENT LOCATION DATA.**

Subdivision 1. Definition. "Technology provider" means a person who:

(1) contracts with a public or private postsecondary educational institution to provide technological devices for student use or to provide access to a software or online application; and

(2) creates, receives, or maintains location data pursuant or incidental to a contract with a public or private postsecondary educational institution.

Subd. 2. **Consent.** (a) A public or private postsecondary educational institution must not collect data on a student's location without the student consenting to having location data collected. A public or private postsecondary educational institution must not require a student's consent to location data collection as a condition of:

(1) enrolling in the institution or any program or class;

(2) receiving a scholarship or other financial aid award; or

(3) entering into a dining contract, housing contract, or any other agreement for the provision of a basic university service, including connecting to campus Wi-Fi.

(b) A student who gives consent to having location data collected may revoke that consent at any time.

Subd. 3. **Notice.** (a) Within 30 days of the start of each school year, a public or private postsecondary educational institution must give students notice, by United States mail, e-mail, or other direct form of communication, of any technology provider contract gathering a student's location data. The notice must:

(1) be written in plain language;

(2) identify each technology provider collecting location data;

(3) identify the location data gathered by the technology provider contract;

(4) include information about the consent required in subdivision 2, including the right to revoke consent; and

(5) include information about how to access a copy of the contract in accordance with paragraph (b).

(b) A public or private postsecondary educational institution must publish a complete copy of any contract with a technology provider on the institution's website for the duration of the contract.

Subd. 4. **Location data.** (a) A technology provider contracting with a public postsecondary institution is subject to the provisions of section 13.05, subdivision 11. An assignee or delegate that creates, receives, or maintains location data is subject to the same restrictions and obligations under this section as the technology provider.

(b) Location data created, received, or maintained by a technology provider pursuant or incidental to a contract with a public or private postsecondary educational institution are not the technology provider's property.

(c) If location data maintained by the technology provider are subject to a breach of the security of the data, as defined in section 13.055, the technology provider must, following discovery of the breach, disclose to the public postsecondary educational institution all information necessary to fulfill the requirements of section 13.055.

(d) Within 30 days of the expiration of the contract, unless renewal of the contract is reasonably anticipated, a technology provider must destroy or return to the appropriate public or private postsecondary educational institution all location data created, received, or maintained pursuant or incidental to the contract.

(e) A technology provider must not:

(1) sell, share, or disseminate location data, except as provided by this section or as part of a valid delegation or assignment of its contract with a public or private postsecondary educational institution; or

(2) use location data for any commercial purpose, including but not limited to marketing or advertising to a student or parent.

Subd. 5. **Procedures.** (a) A technology provider must establish written procedures to ensure appropriate security safeguards are in place for location data. A technology provider's written procedures must require that:

(1) only authorized employees or contractors can access the location data;

(2) a person is authorized to access location data only if access is necessary to fulfill official duties; and

(3) all actions in which location data are entered, updated, accessed, shared, or disseminated are recorded in a log of use that includes the identity of the person interacting with the data and what action was performed. Information recorded in the log of use must be retained for at least one year.

(b) A technology provider's written procedures establishing security safeguards for location data are public data, unless classified as not public under any other applicable law.

EFFECTIVE DATE. This section is effective July 1, 2020."

Amend the title as follows:

Page 1, line 3, after the semicolon, insert "requiring consent before collecting student location data;"

Correct the title numbers accordingly

With the recommendation that when so amended the bill be re-referred to the Higher Education Finance and Policy Division.

The report was adopted.

Mariani from the Public Safety and Criminal Justice Reform Finance and Policy Division to which was referred:

H. F. No. 2586, A bill for an act relating to public safety; requiring certifying entities to timely process U-Visa certification documents; proposing coding for new law in Minnesota Statutes, chapter 611A.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. **[611A.95] CERTIFICATIONS FOR VICTIMS OF CRIMES.**

Subdivision 1. **Definitions.** For purposes of this section, the following terms have the meanings given:

(1) "certifying entity" means a state or local law enforcement agency;

(2) "criminal activity" means qualifying criminal activity pursuant to section 101(a)(15)(U)(iii) of the Immigration and Nationality Act, and includes the attempt, conspiracy, or solicitation to commit such crimes; and

(3) "certification" means any certification or statement required by federal immigration law including but not limited to the information required by United States Code, title 8, section 1184(p), and United States Code, title 8, section 1184(o), including current United States Citizenship and Immigration Services Form I-918, Supplement B, and United States Citizenship and Immigration Services Form I-914, Supplement B, and any successor forms.

Subd. 2. **Certification process.** (a) A certifying entity shall process a certification requested by a victim of criminal activity or a representative of the victim, including but not limited to the victim's attorney, family member, or domestic violence or sexual assault violence advocate, within the time period prescribed in paragraph (b).

(b) A certifying entity shall process the certification within 90 days of request, unless the victim is in removal proceedings, in which case the certification shall be processed within 14 days of request. Requests for expedited certification must be affirmatively raised at the time of the request.

(c) An active investigation, the filing of charges, or a prosecution or conviction are not required for the victim of criminal activity to request and obtain the certification.

Subd. 3. **Certifying entity; designate agent.** (a) The head of a certifying entity shall designate an agent to perform the following responsibilities:

(1) timely process requests for certification;

(2) provide outreach to victims of criminal activity to inform them of the entity's certification process; and

(3) keep a written or electronic record of all certification requests and responses.

(b) All certifying entities shall implement a language access protocol for non-English-speaking victims of criminal activity.

Subd. 4. **Disclosure prohibited; data classification.** (a) A certifying entity is prohibited from disclosing the immigration status of a victim of criminal activity or representative requesting the certification, except to comply with federal law or legal process, or if authorized by the victim of criminal activity or representative requesting the certification.

(b) Data provided to a certifying entity under this section is classified as private data pursuant to section 13.02, subdivision 12.

EFFECTIVE DATE. Subdivisions 1, 2, and 4 are effective the day following final enactment. Subdivision 3 is effective July 1, 2020."

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

Freiberg from the Committee on Government Operations to which was referred:

H. F. No. 2725, A bill for an act relating to elections; providing for establishment of single-member school board election districts in Independent School District No. 279, Osseo.

Reported the same back with the following amendments:

Page 2, line 5, delete "December 31, 2019" and insert "August 10, 2020"

Page 2, line 7, delete "January 1" and insert "August 11"

With the recommendation that when so amended the bill be re-referred to the Committee on Education Policy.

The report was adopted.

Moran from the Committee on Health and Human Services Policy to which was referred:

H. F. No. 2898, 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.

Reported the same back with the following amendments:

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)~~ (3) 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)~~ (4) an advanced practice registered nurse (APRN) as defined in section 148.171, subdivision 3; or

~~(7)~~ (5) 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; or with the consultation and approval by a mental health professional.

~~(8) 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~~ 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.02, is amended by adding a subdivision to read:

Subd. 27. **Psychotropic medication.** "Psychotropic medication" means antipsychotic medication, mood stabilizing medication, antidepressants, and anxiolytics.

Sec. 16. 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. 17. 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. 18. 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. 19. 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. 20. 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. 21. 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. 22. 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~~ psychotropic 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. 23. 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 ~~it~~ 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.

(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. 24. 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. 25. 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. 26. 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~~ psychotropic 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. 27. 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~~ psychotropic medications. ~~Neuroleptic~~ Psychotropic medications may be administered only as provided in section 253B.092.

Sec. 28. 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. 29. **[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 shall conduct a pilot project evaluating the impact of engagement services in decreasing commitments, increasing engagement in treatment, and other measures.

Sec. 30. 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. 31. 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. 32. 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. 33. 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. 34. **[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 treatment 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 treating 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. 35. 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. 36. 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. 37. 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. 38. 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~~ psychotropic 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~~ psychotropic 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. 39. 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 psychotropic medication and the patient's capacity to make decisions regarding the administration of neuroleptic psychotropic medications, and the reasons for the opinion. If use of neuroleptic psychotropic 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 psychotropic medications in the examiner's statement, or to include a request for an order regarding neuroleptic psychotropic 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. 40. 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. 41. 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. 42. 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. 43. 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. 44. 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. 45. 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~~ psychotropic 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~~ psychotropic medications is appropriate under the criteria of section 253B.092, subdivision 7. If the substitute decision-maker consents to treatment with ~~neuroleptic~~ psychotropic medications and the proposed patient does not refuse the medication, ~~neuroleptic~~ psychotropic medication may be administered to the proposed patient. If the substitute decision-maker does not consent or the proposed patient refuses, ~~neuroleptic~~ psychotropic medication may not be administered without a court order, or in an emergency as set forth in section 253B.092, subdivision 3.

Sec. 46. 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. 47. 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. 48. 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. 49. 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. 50. 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 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. 51. 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. 52. 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. 53. 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. 54. Minnesota Statutes 2018, section 253B.092, is amended to read:

253B.092 ADMINISTRATION OF NEUROLEPTIC PSYCHOTROPIC MEDICATION.

Subdivision 1. **General.** ~~Neuroleptic Psychotropic~~ Neuroleptic Psychotropic 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.** ~~Neuroleptic~~ (a) Psychotropic 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 psychotropic~~ neuroleptic psychotropic medication, but prepared a power of attorney, a health care directive under chapter 145C, 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 psychotropic~~ neuroleptic psychotropic medication prior to admission to a treatment facility, but lacks the present capacity to consent to the administration of that ~~neuroleptic psychotropic~~ neuroleptic psychotropic 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 psychotropic~~ neuroleptic psychotropic 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 psychotropic medication or an amendment to a current court order authorizing administration of ~~neuroleptic psychotropic~~ psychotropic medication;

(4) a substitute decision-maker appointed by the court consents to the administration of the ~~neuroleptic psychotropic~~ psychotropic 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 psychotropic 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~~ psychotropic 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~~ psychotropic 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~~ psychotropic medication.

(b) ~~In determining~~ A ~~person's~~ patient has the capacity to make decisions regarding the administration of ~~neuroleptic~~ psychotropic 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~~ psychotropic medications;

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

(3) ~~whether the person~~ communicates verbally or nonverbally a clear choice regarding treatment with ~~neuroleptic~~ psychotropic 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~~ psychotropic medications may be recommended and that the ~~person~~ patient may lack capacity to make decisions regarding the administration of ~~neuroleptic~~ psychotropic medication, the court shall appoint a substitute decision-maker with authority to consent to the administration of ~~neuroleptic~~ psychotropic 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 psychotropic~~ 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 psychotropic 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 psychotropic~~ 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 psychotropic~~ 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 psychotropic~~ medications is recommended and that the ~~person~~ patient lacks capacity to make decisions regarding the administration of ~~neuroleptic psychotropic~~ medications. A hearing is not required in order to administer the ~~neuroleptic psychotropic~~ 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 psychotropic~~ 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~~ psychotropic 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~~ psychotropic medications; and
- (4) any other relevant factors.

Subd. 8. **Procedure when patient refuses psychotropic medication.** (a) If the substitute decision-maker or the patient refuses to consent to treatment with ~~neuroleptic~~ psychotropic medications, and absent an emergency as set forth in subdivision 3, ~~neuroleptic~~ psychotropic 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~~ psychotropic 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~~ psychotropic 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~~ psychotropic 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~~ psychotropic 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~~ psychotropic medication until the termination of a determinate commitment. If the patient is committed for an indeterminate period, the court may authorize treatment of ~~neuroleptic~~ with psychotropic 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~~ psychotropic 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 psychotropic 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~~ psychotropic medications, appointment of a substitute decision-maker, or the patient's capacity to make decisions regarding administration of ~~neuroleptic~~ psychotropic medications.

Sec. 55. 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. 56. 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. 57. 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. 58. 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. 59. 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. 60. 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. 61. 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. 62. 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 psychotropic 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. 63. 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. 64. 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. 65. 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. 66. 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. 67. 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 to any other 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. 68. 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 to be a danger to self or others, then the head of the treatment facility or program shall report the absence to the local law enforcement agency. The head of the 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. 69. 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. 70. 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. 71. 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. 72. 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. 73. 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. 74. 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. 75. 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. 76. 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. 77. 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.

~~(c) 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. 78. 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. 79. 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. 80. 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. 81. 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. 82. 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 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~~ psychotropic 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. 83. 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. 84. 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. 85. 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. 86. 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. 87. 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:

(~~1~~) (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;

(~~2~~) (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

(~~3~~) (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. 88. 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. 89. 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. 90. 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. 91. 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. 92. 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. 93. 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. 94. 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~~ 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. 95. 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~~ 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~~ facility or program.

Sec. 96. 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~~ 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~~ 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. 97. 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. 98. 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. 99. Minnesota Statutes 2018, section 253B.19, subdivision 2, is amended to read:

Subd. 2. **Petition; hearing.** (a) A ~~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 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. 100. 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. 101. 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. 102. 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. 103. 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. 104. 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. 105. 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. 106. 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. 107. 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. 108. 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. 109. 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. 110. 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. 111. 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. 112. 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. 113. 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. 114. 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. 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. 115. 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. 116. 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. 117. 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)¹; 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. 118. 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. 119. 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. 120. 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. 121. 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. 122. 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. 123. Minnesota Statutes 2018, section 253D.21, is amended to read:

253D.21 NEUROLEPTIC PSYCHOTROPIC MEDICATION.

~~Neuroleptic~~ Psychotropic medications may be administered to a person committed under this chapter only as provided in section 253B.092.

Sec. 124. 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. 125. **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. 126. **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 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, 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.21; 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."

With the recommendation that when so amended the bill be re-referred to the Judiciary Finance and Civil Law Division.

The report was adopted.

Hausman from the Housing Finance and Policy Division to which was referred:

H. F. No. 2967, A bill for an act relating to housing; allowing mortgage financing for manufactured homes in manufactured home park cooperatives; amending Minnesota Statutes 2018, sections 168A.141, subdivision 1a; 273.125, subdivision 8.

Reported the same back with the following amendments:

Page 1, after line 5, insert:

"Section 1. Minnesota Statutes 2018, section 168A.141, subdivision 1, is amended to read:

Subdivision 1. **Certificates surrendered for cancellation.** (a) When a manufactured home is to be affixed or is affixed, as defined in section 273.125, subdivision 8, paragraph (b), to real property, the owner of the manufactured home may surrender the manufacturer's certificate of origin or certificate of title to the department for cancellation so that the manufactured home becomes an improvement to real property and is no longer titled as personal property. The department must not issue a certificate of title for a manufactured home under chapter 168A if the manufacturer's certificate of origin is or has been surrendered under this subdivision, except as provided in section 168A.142. Upon surrender of the manufacturer's certificate of origin or the certificate of title, the department must issue notice of surrender to the owner, and upon recording an affidavit of affixation, which the county recorder or registrar of titles, as applicable, must accept, the manufactured home is deemed to be an improvement to real property. An affidavit of affixation by the owner of the manufactured home must include the following information:

- (1) the name, residence address, and mailing address of owner or owners of the manufactured home;
- (2) the legal description of the real property in which the manufactured home is, or will be, located;
- (3) a copy of the surrendered manufacturer's certificate of origin or certificate of title and the notice of surrender;
- (4) a written statement from the county auditor or county treasurer of the county where the manufactured home is located stating that all property taxes payable in the current year, as provided under section 273.125, subdivision 8, paragraph (b), have been paid, or are not applicable; and

~~(5) the name and address of the person designated by the applicant to record the original affidavit of affixation with the county recorder or registrar of titles for the county where the real property is located; and~~

~~(6)~~ (5) the signature of the person who executes the affidavit, properly executed before a person authorized to authenticate an affidavit in this state.

~~(b) The person designated in paragraph (a), clause (5), must record, or arrange for the recording of, the affidavit of affixation, accompanied by the fees for recording and for issuing a certified copy of the notice, including all attachments, showing the recording date. Upon obtaining the certified copy of the notice under this paragraph, the person designated in the affidavit must deliver the certified copy. A certified copy of the affidavit must be delivered to the county auditor of the county in which the real property to which the manufactured home was affixed is located.~~

(c) The department is not liable for any errors, omissions, misstatements, or other deficiencies or inaccuracies in documents presented to the department under this section, if the documents presented appear to satisfy the requirements of this section. The department has no obligation to investigate the accuracy of statements contained in the documents."

Page 2, line 8, after "cooperative" insert "that owns the land and whose membership entitles the homeowner to occupy a specific portion of the land"

Page 2, line 9, strike "is, or must" and insert "..... is, or will"

Page 2, line 18, strike "must" and insert "is intended to"

Page 2, strike lines 19 to 28 and insert:

"Signed and sworn to (or affirmed) before me on (date) by (names of homeowner(s))"

Page 4, after line 5, insert:

"[only if the owner of the land is a Minnesota nonprofit corporation or cooperative]:

The undersigned is the of, a Minnesota [nonprofit corporation or cooperative], which owns the land described above. I hereby certify that the homeowner described above is a member of the [nonprofit corporation or cooperative] whose membership entitles the homeowner to occupy [insert legal description of the homeowner's lot or, if the corporation or cooperative has filed a scaled drawing as permitted by subdivision 4, below, Lot shown on such scaled drawing].

.....
Signature block for nonprofit or cooperative

.....
Acknowledgment of officer of nonprofit or cooperative"

Page 4, before line 6, insert:

"Sec. 2. Minnesota Statutes 2018, section 168A.141, is amended by adding a subdivision to read:

Subd. 4. **Scaled drawing.** (a) If the portion of the land occupied by the homeowner has not been subdivided, the nonprofit or cooperative owner shall have prepared and recorded against the land a scaled drawing prepared by a licensed professional land surveyor, who shall certify that:

(1) the scaled drawing accurately depicts all information required by this subdivision; and

(2) the work was undertaken by, or reviewed and approved by, the certifying land surveyor.

(b) The scaled drawing shall show:

(1) the dimensions and location of all existing material structural improvements and roadways;

(2) the extent of any encroachments by or upon any portion of the land;

(3) the location and dimensions of all recorded easements within the land burdening any portion of the land;

(4) the distance and direction between noncontiguous parcels of real estate;

(5) the location and dimensions of the front, rear, and side boundaries of each lot that a member of the cooperative or nonprofit corporation has a right to occupy and that lot's unique lot number; and

(6) the legal description of the land."

Page 4, line 20, after "cooperative" insert "that holds title to the land on which it is situated"

ReNUMBER the sections in sequence and correct the internal references

Correct the title numbers accordingly

With the recommendation that when so amended the bill be re-referred to the Committee on Commerce.

The report was adopted.

Lesch from the Judiciary Finance and Civil Law Division to which was referred:

H. F. No. 2976, A bill for an act relating to civil law; modifying certain transfer to minors provisions; amending Minnesota Statutes 2018, sections 527.32; 527.33; 527.40; 527.42.

Reported the same back with the recommendation that the bill be placed on the General Register.

The report was adopted.

Lesch from the Judiciary Finance and Civil Law Division to which was referred:

H. F. No. 3007, A bill for an act relating to courts; modifying criteria for publishing court of appeals opinions; amending Minnesota Statutes 2018, section 480A.08, subdivision 3.

Reported the same back with the recommendation that the bill be placed on the General Register.

The report was adopted.

Youakim from the Committee on Education Policy to which was referred:

H. F. No. 3065, A bill for an act relating to education; modifying requirements for interpreters; amending Minnesota Statutes 2018, section 122A.31, subdivision 1.

Reported the same back with the recommendation that the bill be re-referred to the Education Finance Division.

The report was adopted.

Bernardy from the Higher Education Finance and Policy Division to which was referred:

H. F. No. 3087, A bill for an act relating to higher education; appropriating money for critical operating funds for Minnesota State Colleges and Universities.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Mariani from the Public Safety and Criminal Justice Reform Finance and Policy Division to which was referred:

H. F. No. 3105, A bill for an act relating to public safety; providing for probationary sentences for certain nonviolent offenders; proposing coding for new law in Minnesota Statutes, chapter 244.

Reported the same back with the following amendments:

Page 1, line 8, after the comma, insert "in addition to considerations set forth in section 244.10 and the Minnesota Sentencing Guidelines."

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

Youakim from the Committee on Education Policy to which was referred:

H. F. No. 3201, A bill for an act relating to education; strengthening the Increase Teachers of Color Act; seeking to increase the percentage of teachers of color and American Indian teachers in Minnesota; requiring reports; appropriating money; amending Minnesota Statutes 2018, sections 120B.11, subdivisions 2, 3; 122A.185, subdivision 1; 124D.861, subdivision 2; proposing coding for new law in Minnesota Statutes, chapters 120B; 122A.

Reported the same back with the following amendments:

Page 3, line 31, after the first "the" insert "aggregate"

Page 3, line 34, after the period, insert "The board must submit the report to the chairs and ranking minority members of the legislative committees having jurisdiction over kindergarten through grade 12 education. The board must submit the report in accordance with section 3.195."

Page 4, line 16, delete "students of color and American Indian students" and insert "secondary school students and teacher candidates who are of color or American Indian"

Page 4, line 19, after "be" insert "submitted in accordance with section 3.195 and"

Page 6, lines 25, 27, 29, and 30, delete "school" and insert "district"

Page 7, lines 1 and 20, delete "school" and insert "district"

Page 8, line 12, delete "school" and insert "district"

Page 8, line 14, delete "schools" and insert "districts"

With the recommendation that when so amended the bill be re-referred to the Education Finance Division.

The report was adopted.

Mariani from the Public Safety and Criminal Justice Reform Finance and Policy Division to which was referred:

H. F. No. 3218, A bill for an act relating to public safety; requiring the Bureau of Criminal Apprehension to investigate peace officers accused of sexual assault; proposing coding for new law in Minnesota Statutes, chapter 626.

Reported the same back with the following amendments:

Page 1, line 16, after "agency" insert ", including the chief law enforcement officer."

With the recommendation that when so amended the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Hausman from the Housing Finance and Policy Division to which was referred:

H. F. No. 3253, A bill for an act relating to taxation; establishing a Minnesota housing tax credit contribution fund; providing a credit against the individual income tax, corporate franchise tax, and insurance premiums for certain contributions; requiring a report; appropriating money; amending Minnesota Statutes 2018, section 297I.20, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapters 290; 462A.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Taxes.

The report was adopted.

Hausman from the Housing Finance and Policy Division to which was referred:

H. F. No. 3326, A bill for an act relating to capital investment; authorizing the sale and issuance of housing infrastructure bonds; appropriating money for public housing rehabilitation; increasing the supply of shelters; adding an eligible use of housing infrastructure bonds; authorizing the sale and issuance of state bonds; amending Minnesota Statutes 2018, section 462A.37, by adding a subdivision; Minnesota Statutes 2019 Supplement, section 462A.37, subdivisions 2, 5.

Reported the same back with the following amendments:

Page 2, line 2, reinstate the stricken language

Page 2, line 3, delete the new language

Page 5, line 13, delete everything after the period

Page 5, delete lines 14 to 23

Page 5, line 24, delete everything before "The amounts"

With the recommendation that when so amended the bill be re-referred to the Capital Investment Division.

The report was adopted.

Hausman from the Housing Finance and Policy Division to which was referred:

H. F. No. 3358, A bill for an act relating to capital investment; authorizing the sale and issuance of housing infrastructure bonds; increasing the supply of shelters; appropriating money; amending Minnesota Statutes 2018, section 462A.37, by adding a subdivision; Minnesota Statutes 2019 Supplement, section 462A.37, subdivision 5.

Reported the same back with the recommendation that the bill be re-referred to the Capital Investment Division.

The report was adopted.

Mariani from the Public Safety and Criminal Justice Reform Finance and Policy Division to which was referred:

H. F. No. 3411, 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.

Reported the same back with the following amendments:

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~~ 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)~~ (3) 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)~~ (4) an advanced practice registered nurse (APRN) as defined in section 148.171, subdivision 3; or

~~(7)~~ (5) 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; or with the consultation and approval by a mental health professional.

~~(8) 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.02, is amended by adding a subdivision to read:

Subd. 27. **Psychotropic medication.** "Psychotropic medication" means antipsychotic medication, mood stabilizing medication, antidepressants, and anxiolytics.

Sec. 16. 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. 17. 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. 18. 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. 19. 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. 20. 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. 21. 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. 22. 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~~ psychotropic 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. 23. 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 ~~it~~ 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.

(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. 24. 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. 25. 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. 26. 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~~ psychotropic 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. 27. 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~~ psychotropic medications. ~~Neuroleptic~~ Psychotropic medications may be administered only as provided in section 253B.092.

Sec. 28. 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. 29. **[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 shall conduct a pilot project evaluating the impact of engagement services in decreasing commitments, increasing engagement in treatment, and other measures.

Sec. 30. 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 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. 31. 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. 32. 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. 33. 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. 34. **[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 an 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 treatment 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 treating 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. 35. 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. 36. 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. 37. 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~~ 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. 38. 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~~ 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~~ psychotropic 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~~ psychotropic 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. 39. 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 psychotropic medication and the patient's capacity to make decisions regarding the administration of neuroleptic psychotropic medications, and the reasons for the opinion. If use of neuroleptic psychotropic 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 psychotropic medications in the examiner's statement, or to include a request for an order regarding neuroleptic psychotropic 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. 40. 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. 41. 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. 42. 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. 43. 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. 44. 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. 45. 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~~ psychotropic 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~~ psychotropic medications is appropriate under the criteria of section 253B.092, subdivision 7. If the substitute decision-maker consents to treatment with ~~neuroleptic~~ psychotropic medications and the proposed patient does not refuse the

medication, ~~neuroleptic~~ psychotropic medication may be administered to the proposed patient. If the substitute decision-maker does not consent or the proposed patient refuses, ~~neuroleptic~~ psychotropic medication may not be administered without a court order, or in an emergency as set forth in section 253B.092, subdivision 3.

Sec. 46. 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. 47. 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. 48. 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. 49. 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. 50. 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 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.

~~(d)~~ (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.

~~(e)~~ (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. 51. 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. 52. 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. 53. 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. 54. Minnesota Statutes 2018, section 253B.092, is amended to read:

253B.092 ADMINISTRATION OF NEUROLEPTIC PSYCHOTROPIC MEDICATION.

Subdivision 1. **General.** ~~Neuroleptic Psychotropic~~ Neuroleptic Psychotropic 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.** ~~Neuroleptic~~ (a) Psychotropic 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 psychotropic~~ neuroleptic psychotropic medication, but prepared a power of attorney, a health care directive under chapter 145C, 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 psychotropic medication prior to admission to a treatment facility, but lacks the present capacity to consent to the administration of that neuroleptic psychotropic 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 psychotropic 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 psychotropic medication or an amendment to a current court order authorizing administration of neuroleptic psychotropic medication;

(4) a substitute decision-maker appointed by the court consents to the administration of the neuroleptic psychotropic 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 psychotropic 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 psychotropic 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 psychotropic 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 psychotropic medication.

(b) ~~In determining~~ A person's patient has the capacity to make decisions regarding the administration of neuroleptic psychotropic 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 psychotropic medications;

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

(3) ~~whether the person~~ communicates verbally or nonverbally a clear choice regarding treatment with ~~neuroleptic psychotropic~~ psychotropic 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 psychotropic~~ psychotropic medications may be recommended and that the ~~person~~ patient may lack capacity to make decisions regarding the administration of ~~neuroleptic psychotropic~~ psychotropic medication, the court shall appoint a substitute decision-maker with authority to consent to the administration of ~~neuroleptic psychotropic~~ psychotropic 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 psychotropic~~ psychotropic 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 psychotropic 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 psychotropic~~ psychotropic 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 psychotropic~~ psychotropic 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 psychotropic~~ psychotropic medications is recommended and that the ~~person~~ patient lacks capacity to make decisions regarding the administration of ~~neuroleptic psychotropic~~ psychotropic medications. A hearing is not required in order to administer the ~~neuroleptic psychotropic~~ psychotropic 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~~ psychotropic 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~~ psychotropic 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~~ psychotropic medications; and
- (4) any other relevant factors.

Subd. 8. **Procedure when patient refuses psychotropic medication.** (a) If the substitute decision-maker or the patient refuses to consent to treatment with ~~neuroleptic~~ psychotropic medications, and absent an emergency as set forth in subdivision 3, ~~neuroleptic~~ psychotropic 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~~ psychotropic 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~~ psychotropic 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~~ psychotropic 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~~ psychotropic 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~~ psychotropic medication until the termination of a determinate commitment. If the patient is committed for an indeterminate period, the court may authorize treatment ~~of neuroleptic with psychotropic~~ 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~~ psychotropic 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 psychotropic 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~~ psychotropic medications, appointment of a substitute decision-maker, or the patient's capacity to make decisions regarding administration of ~~neuroleptic~~ psychotropic medications.

Sec. 55. 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. 56. 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. 57. 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. 58. 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. 59. 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. 60. 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. 61. 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. 62. 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~~ psychotropic 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. 63. 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. 64. 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. 65. 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. 66. 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 ~~is~~ 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. 67. 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. 68. 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~~ to be a danger to self or others, then the head of the ~~treatment facility or program~~ shall report the absence to the local law enforcement agency. The head of the 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. 69. 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. 70. 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. 71. 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. 72. 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. 73. 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. 74. 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. 75. 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. 76. 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. 77. 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.

~~(c) 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. 78. 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. 79. 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. 80. 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. 81. 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. 82. 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 who poses a risk of harm due to mental illness, a person who has a mental illness and is dangerous 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~~ psychotropic 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 ~~the order~~ to the head of the treatment facility, state-operated treatment program, or community-based treatment program.

Sec. 83. 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. 84. 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. 85. 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. 86. 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. 87. 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:

(1) (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;

(2) (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

(3) (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. 88. 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. 89. 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. 90. 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. 91. 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. 92. 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. 93. 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. 94. 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 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. 95. 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 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 facility or~~ program.

Sec. 96. 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 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 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. 97. 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. 98. 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. 99. Minnesota Statutes 2018, section 253B.19, subdivision 2, is amended to read:

Subd. 2. **Petition; hearing.** (a) A ~~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~~ 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. 100. 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. 101. 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. 102. 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. 103. 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. 104. 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. 105. 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. 106. 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. 107. 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. 108. 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. 109. 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. 110. 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. 111. 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. 112. 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. 113. 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. 114. 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. 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. 115. 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. 116. 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. 117. 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); 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. 118. 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. 119. 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. 120. 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. 121. 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. 122. 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. 123. Minnesota Statutes 2018, section 253D.21, is amended to read:

253D.21 NEUROLEPTIC PSYCHOTROPIC MEDICATION.

Neuroleptic Psychotropic medications may be administered to a person committed under this chapter only as provided in section 253B.092.

Sec. 124. 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. 125. **REVISOR INSTRUCTION.**

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

Sec. 126. **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 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, 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.21; 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."

With the recommendation that when so amended the bill be re-referred to the Judiciary Finance and Civil Law Division.

The report was adopted.

Lesch from the Judiciary Finance and Civil Law Division to which was referred:

H. F. No. 3430, A bill for an act relating to elections; regulating access to certain lists of voter data related to the presidential nomination primary; allowing voters to request that their data be excluded from the lists; amending Minnesota Statutes 2019 Supplement, section 201.091, subdivision 4a.

Reported the same back with the following amendments:

Page 1, line 17, after the period, insert "Within ten days after a list is received by a party's representative, the secretary of state must destroy any data identifying a voter's party choice maintained within the statewide voter registration system that was used to compile the list. The secretary must request that the party's representative provide a written confirmation of receipt for this purpose."

Page 1, line 23, before the period, insert "in the same manner as would apply to a responsible authority, and a major political party is subject to the remedies and penalties in the same manner as would apply to a government entity under those sections"

Page 2, line 4, delete "subdivision 1" and insert "paragraph (a)"

With the recommendation that when so amended the bill be re-referred to the Committee on Ways and Means.

The report was adopted.

Mariani from the Public Safety and Criminal Justice Reform Finance and Policy Division to which was referred:

H. F. No. 3453, A bill for an act relating to juvenile justice; providing for juvenile risk assessments; addressing issues relating to juveniles including alternatives to arrest and use of restraints; amending Minnesota Statutes 2018, section 260B.176, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 260B.

Reported the same back with the following amendments:

Page 2, line 20, after "commissioner" insert "of corrections"

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

Lesch from the Judiciary Finance and Civil Law Division to which was referred:

S. F. No. 1706, A bill for an act relating to civil actions; extending the 70-day period from date of service of garnishment to 90 days for earnings; modifying amount of earnings subject to garnishment; amending Minnesota Statutes 2018, sections 571.72, subdivisions 2, 7; 571.73, subdivision 3; 571.74; 571.75, subdivisions 1, 2; 571.922; 571.923.

Reported the same back with the following amendments:

Page 1, after line 6, insert:

"Section 1. Minnesota Statutes 2018, section 550.136, subdivision 3, is amended to read:

Subd. 3. **Limitation on levy on earnings.** (a) Unless the judgment is for child support, the maximum part of the aggregate disposable earnings of an individual for any pay period subjected to an execution levy may not exceed the lesser of:

(1) 25 percent of the judgment debtor's disposable earnings; or

(2) the amount by which the judgment debtor's disposable earnings exceed the ~~following product~~ greater of: (i) 40 times \$9.50 or 40 times the federal minimum hourly wages prescribed by section 6(a)(1) of the Fair Labor Standards Act of 1938, United States Code, title 29, section 206(a)(1), in effect at the time the earnings are payable, times the number of work weeks in the pay period. When a pay period consists of other than a whole number of work weeks, each day of that pay period in excess of the number of completed work weeks shall be counted as a fraction of a work week equal to the number of excess workdays divided by the number of days in the normal work week.

(b) If the judgment is for child support, the levy may not exceed:

(1) 50 percent of the judgment debtor's disposable income, if the judgment debtor is supporting a spouse or dependent child and the judgment is 12 weeks old or less (12 weeks to be calculated to the beginning of the work week in which the execution levy is received);

(2) 55 percent of the judgment debtor's disposable income, if the judgment debtor is supporting a spouse or dependent child, and the judgment is over 12 weeks old (12 weeks to be calculated to the beginning of the work week in which the execution levy is received);

(3) 60 percent of the judgment debtor's disposable income, if the judgment debtor is not supporting a spouse or dependent child and the judgment is 12 weeks old or less (12 weeks to be calculated to the beginning of the work week in which the execution levy is received); or

(4) 65 percent of the judgment debtor's disposable income, if the judgment debtor is not supporting a spouse or dependent child, and the judgment is over 12 weeks old (12 weeks to be calculated to the beginning of the work week in which the execution levy is received).

Execution levies under this section on judgments for child support are effective until the judgments are satisfied if the judgment creditor is a county and the employer is notified by the county when the judgment is satisfied.

(c) No court may make, execute, or enforce an order or any process in violation of this section.

Sec. 2. Minnesota Statutes 2018, section 550.136, subdivision 4, is amended to read:

Subd. 4. **Multiple levies on earnings.** Except as otherwise provided in this chapter or section 518A.53, the priority of multiple earnings execution levies is determined by the order in which the execution levies were served on the employer. If the employer is served with two or more writs of execution at the same time on the same day, the writ of execution issued pursuant to the first judgment entered has priority. If two or more execution levies are served on the same day and are based on judgments entered on the same day, then the employer shall select the priority of the earnings levies. However, in all cases except earnings execution levies on judgments for child support if the judgment creditor is a county and the employer is notified by the county when the judgment is satisfied, the execution levies shall be effective no longer than ~~70~~ 90 days from the date of the service of the writ of execution.

Sec. 3. Minnesota Statutes 2018, section 550.136, subdivision 5, is amended to read:

Subd. 5. **Earnings attachable.** (a) Subject to the exemptions provided by sections 550.37 and 571.922, and any other applicable statute, and except as otherwise provided in paragraph (b), the service of a writ of execution under this chapter attaches all unpaid nonexempt disposable earnings owing or to be owed by the third party and earned or to be earned by the judgment debtor before and within the pay period in which the writ of execution is served and within all subsequent pay periods whose paydays occur within the ~~70~~ 90 days after the date of service of the writ of execution. "Paydays" means the days upon which the third party pays earnings to the judgment debtor in the ordinary course of business. If the judgment debtor has no regular paydays, paydays means the 15th day and the last day of each month. If the levy attaches less than \$10, the third party shall not retain and remit the sum.

(b) The service of a writ of execution on a judgment for child support attaches to all unpaid nonexempt disposable earnings owing or to be owed by the third party and earned or to be earned by the judgment debtor before and within the pay period in which the writ of execution is served and within all subsequent pay periods until the judgment is satisfied if the judgment creditor is a county and the third party is notified by the county when the judgment is satisfied.

Sec. 4. Minnesota Statutes 2018, section 550.136, subdivision 9, is amended to read:

Subd. 9. **Execution earnings disclosure form and worksheet.** The judgment creditor shall provide to the sheriff for service upon the judgment debtor's employer an execution earnings disclosure form and an earnings disclosure worksheet with the writ of execution, that must be substantially in the form set forth below.

STATE OF MINNESOTA
COUNTY OF

DISTRICT COURT
..... JUDICIAL DISTRICT
FILE NO.

..... (Judgment Creditor)
against
..... (Judgment Debtor)
and
..... (Third Party)

EARNINGS
EXECUTION
DISCLOSURE

DEFINITIONS

"EARNINGS": For the purpose of execution, "earnings" means compensation paid or payable to an employee for personal services or compensation paid or payable to the producer for the sale of agricultural products; milk or milk products; or fruit or other horticultural products produced when the producer is operating a family farm, a family farm corporation, or an authorized farm corporation, as defined in section 500.24, subdivision 2, whether denominated as wages, salary, commission, bonus, or otherwise, and includes periodic payments pursuant to a pension or retirement.

"DISPOSABLE EARNINGS": Means that part of the earnings of an individual remaining after the deduction from those earnings of amounts required by law to be withheld. (Amounts required by law to be withheld do not include items such as health insurance, charitable contributions, or other voluntary wage deductions.)

"PAYDAY": For the purpose of execution, "payday(s)" means the date(s) upon which the employer pays earnings to the debtor in the ordinary course of business. If the judgment debtor has no regular payday, payday(s) means the 15th and the last day of each month.

THE THIRD PARTY/EMPLOYER MUST ANSWER THE FOLLOWING QUESTIONS:

(1) Do you now owe, or within ~~70~~ 90 days from the date the execution levy was served on you, will you or may you owe money to the judgment debtor for earnings?

Yes No

(2) Does the judgment debtor earn more than \$... per week? (this amount is the federal minimum wage per week)

Yes No

INSTRUCTIONS FOR COMPLETING THE
EARNINGS DISCLOSURE

A. If your answer to either question 1 or 2 is "No," then you must sign the affirmation below and return this disclosure to the sheriff within 20 days after it was served on you, and you do not need to answer the remaining questions.

B. If your answers to both questions 1 and 2 are "Yes," you must complete this form and the Earnings Disclosure Worksheet as follows:

For each payday that falls within ~~70~~ 90 days from the date the execution levy was served on you, YOU MUST calculate the amount of earnings to be retained by completing steps 3 through 11 on page 2, and enter the amounts on the Earnings Disclosure Worksheet. UPON REQUEST, THE EMPLOYER MUST PROVIDE THE DEBTOR WITH INFORMATION AS TO HOW THE CALCULATIONS REQUIRED BY THIS DISCLOSURE WERE MADE.

Each payday, you must retain the amount of earnings listed in column I on the Earnings Disclosure Worksheet.

You must pay the attached earnings and return this earnings disclosure form and the Earnings Disclosure Worksheet to the sheriff and deliver a copy of the disclosure and worksheet to the judgment debtor within ten days after the last payday that falls within the ~~70-day~~ 90-day period. If the judgment is wholly satisfied or if the judgment debtor's employment ends before the expiration of the ~~70-day~~ 90-day period, your disclosure and remittance should be made within ten days after the last payday for which earnings were attached.

For steps 3 through 11, "columns" refers to columns on the Earnings Disclosure Worksheet.

- | | | |
|------|-----------|--|
| (3) | COLUMN A. | Enter the date of judgment debtor's payday. |
| (4) | COLUMN B. | Enter judgment debtor's gross earnings for each payday. |
| (5) | COLUMN C. | Enter judgment debtor's disposable earnings for each payday. |
| (6) | COLUMN D. | Enter 25 percent of disposable earnings. (Multiply column C by .25.) |
| (7) | COLUMN E. | Enter here <u>the greater of 40 times \$9.50 or</u> 40 times the hourly federal minimum wage (\$.....) times the number of work weeks included in each payday. (Note: If a payday includes days in excess of whole work weeks, the additional days should be counted as a fraction of a work week equal to the number of workdays in excess of a whole work week divided by the number of workdays in a normal work week.) |
| (8) | COLUMN F. | Subtract the amount in column E from the amount in column C, and enter here. |
| (9) | COLUMN G. | Enter here the lesser of the amount in column D and the amount in column F. |
| (10) | COLUMN H. | Enter here any amount claimed by you as a setoff, defense, lien, or claim, or any amount claimed by any other person as an exemption or adverse interest which would reduce the amount of earnings owing to the judgment debtor. (Note: Any indebtedness to you incurred within ten days prior to your receipt of the first execution levy on a debt may not be set off against the earnings otherwise subject to this levy. Any wage assignment made by the judgment debtor within ten days prior to your receipt of the first execution levy on a debt is void.) |
| | | You must also describe your claim(s) and the claims of others, if known, in the space provided below the worksheet and state the name(s) and address(es) of these persons. |
| | | Enter zero in column H if there are no claims by you or others which would reduce the amount of earnings owing to the judgment debtor. |
| (11) | COLUMN I. | Subtract the amount in column H from the amount in column G and enter here. This is the amount of earnings that you must remit for the payday for which the calculations were made. |

AFFIRMATION

I, (person signing Affirmation), am the third party/employer or I am authorized by the third party/employer to complete this earnings disclosure, and have done so truthfully and to the best of my knowledge.

DATED:

.....
Signature

.....
Title

.....
Telephone Number

.....
Debtor's Name

EARNINGS DISCLOSURE WORKSHEET

A Payday Date	B Gross Earnings	C Disposable Earnings
1.	\$	\$
2.
3.
4.
5.
6.
7.
8.
9.
10.

D 25% of Column C	E <u>Greater of 40 x</u> <u>\$9.50 or 40 X Fed.</u> Min. Wage	F Column C minus Column E
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

G Lesser of Column D and Column F	H Setoff, Lien, Adverse Interest, or Other Claims	I Column G minus Column H
1.
2.
3.
4.

5.	.....	.....	.....
6.	.....	.....	.....
7.	.....	.....	.....
8.	.....	.....	.....
9.	.....	.....	.....
10.	.....	.....	.....
			TOTAL OF COLUMN I \$

*If you entered any amount in column H for any payday(s), you must describe below either your claims, or the claims of others. For amounts claimed by others, you must both state the names and addresses of such persons, and the nature of their claim, if known.

.....

AFFIRMATION

I, (person signing Affirmation), am the third party or I am authorized by the third party to complete this earnings disclosure worksheet, and have done so truthfully and to the best of my knowledge.

Dated:
 Title Signature
 Phone Number

Sec. 5. Minnesota Statutes 2018, section 550.136, subdivision 10, is amended to read:

Subd. 10. **Execution earnings disclosure form and worksheet for child support judgments.** The judgment creditor shall provide to the sheriff for service upon a child support judgment debtor's employer an execution earnings disclosure form and an earnings disclosure worksheet with the writ of execution, that must be substantially in the form set forth below.

STATE OF MINNESOTA
 COUNTY OF

DISTRICT COURT
 JUDICIAL DISTRICT
 FILE NO.

..... (Judgment Creditor)
 against
 (Judgment Debtor)
 and
 (Third Party)

EARNINGS
 EXECUTION
 DISCLOSURE

DEFINITIONS

"EARNINGS": For the purpose of execution, "earnings" means compensation paid or payable to an employee for personal services or compensation paid or payable to the producer for the sale of agricultural products; milk or milk products; or fruit or other horticultural products produced when the producer is operating a family farm, a family farm corporation, or an authorized farm corporation, as defined in section 500.24, subdivision 2, whether denominated as wages, salary, commission, bonus, or otherwise, and includes periodic payments pursuant to a pension or retirement, workers' compensation, or unemployment benefits.

"DISPOSABLE EARNINGS": Means that part of the earnings of an individual remaining after the deduction from those earnings of amounts required by law to be withheld. (Amounts required by law to be withheld do not include items such as health insurance, charitable contributions, or other voluntary wage deductions.)

"PAYDAY": For the purpose of execution, "payday(s)" means the date(s) upon which the employer pays earnings to the debtor in the ordinary course of business. If the judgment debtor has no regular payday, payday(s) means the 15th and the last day of each month.

THE THIRD PARTY/EMPLOYER MUST ANSWER THE FOLLOWING QUESTION:

(1) Do you now owe, or within ~~70~~ 90 days from the date the execution levy was served on you, will you or may you owe money to the judgment debtor for earnings?

Yes

No

INSTRUCTIONS FOR COMPLETING THE
EARNINGS DISCLOSURE

A. If your answer to question 1 is "No," then you must sign the affirmation below and return this disclosure to the sheriff within 20 days after it was served on you, and you do not need to answer the remaining questions.

B. If your answer to question 1 is "Yes," you must complete this form and the Earnings Disclosure Worksheet as follows:

For each payday that falls within ~~70~~ 90 days from the date the execution levy was served on you, YOU MUST calculate the amount of earnings to be retained by completing steps 2 through 8 on page 2, and enter the amounts on the Earnings Disclosure Worksheet. UPON REQUEST, THE EMPLOYER MUST PROVIDE THE DEBTOR WITH INFORMATION AS TO HOW THE CALCULATIONS REQUIRED BY THIS DISCLOSURE WERE MADE.

Each payday, you must retain the amount of earnings listed in column G on the Earnings Disclosure Worksheet.

You must pay the attached earnings and return this earnings disclosure form and the Earnings Disclosure Worksheet to the sheriff and deliver a copy of the disclosure and worksheet to the judgment debtor within ten days after the last payday that falls within the ~~70-day~~ 90-day period. If the judgment is wholly satisfied or if the judgment debtor's employment ends before the expiration of the ~~70-day~~ 90-day period, your disclosure and remittance should be made within ten days after the last payday for which earnings were attached.

For steps 2 through 8, "columns" refers to columns on the Earnings Disclosure Worksheet.

(2) COLUMN A. Enter the date of judgment debtor's payday.

(3) COLUMN B. Enter judgment debtor's gross earnings for each payday.

(4) COLUMN C. Enter judgment debtor's disposable earnings for each payday.

(5) COLUMN D. Enter either 50, 55, 60, or 65 percent of disposable earnings, based on which of the following descriptions fits the child support judgment debtor:

(a) 50 percent of the judgment debtor's disposable income, if the judgment debtor is supporting a spouse or dependent child and the judgment is 12 weeks old or less (12 weeks to be calculated to the beginning of the work week in which the execution levy is received);

(b) 55 percent of the judgment debtor's disposable income, if the judgment debtor is supporting a spouse or dependent child, and the judgment is over 12 weeks old (12 weeks to be calculated to the beginning of the work week in which the execution levy is received);

(c) 60 percent of the judgment debtor's disposable income, if the judgment debtor is not supporting a spouse or dependent child and the judgment is 12 weeks old or less (12 weeks to be calculated to the beginning of the work week in which the execution levy is received); or

(d) 65 percent of the judgment debtor's disposable income, if the judgment debtor is not supporting a spouse or dependent child, and the judgment is over 12 weeks old (12 weeks to be calculated to the beginning of the work week in which the execution levy is received). (Multiply column C by .50, .55, .60, or .65, as appropriate.)

(6) COLUMN E. Enter here any amount claimed by you as a setoff, defense, lien, or claim, or any amount claimed by any other person as an exemption or adverse interest that would reduce the amount of earnings owing to the judgment debtor. (Note: Any indebtedness to you incurred within ten days prior to your receipt of the first execution levy may not be set off against the earnings otherwise subject to this levy. Any wage assignment made by the judgment debtor within ten days prior to your receipt of the first execution levy is void.)

You must also describe your claim(s) and the claims of others, if known, in the space provided below the worksheet and state the name(s) and address(es) of these persons.

Enter zero in column E if there are no claims by you or others that would reduce the amount of earnings owing to the judgment debtor.

(7) COLUMN F. Subtract the amount in column E from the amount in column D and enter here. This is the amount of earnings that you must remit for the payday for which the calculations were made.

AFFIRMATION

I, (person signing Affirmation), am the third party/employer or I am authorized by the third party/employer to complete this earnings disclosure, and have done so truthfully and to the best of my knowledge.

DATED:
Signature
Title
Telephone Number
Debtor's Name

EARNINGS DISCLOSURE WORKSHEET

A	B	C
Payday Date	Gross Earnings	Disposable Earnings
1.	\$	\$
2.
3.

4.	.....	.....	.....
5.	.....	.....	.....
6.	.....	.....	.....
7.	.....	.....	.....
8.	.....	.....	.....
9.	.....	.....	.....
10.	.....	.....	.....

D	E	F
Either 50, 55, 60, or 65% of Column C	Setoff, Lien, Adverse Interest, or Other Claims	Column D minus Column E
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
	TOTAL OF COLUMN F	\$

*If you entered any amount in column E for any payday(s), you must describe below either your claims, or the claims of others. For amounts claimed by others, you must both state the names and addresses of such persons, and the nature of their claim, if known.

.....

AFFIRMATION

I, (person signing Affirmation), am the third party or I am authorized by the third party to complete this earnings disclosure worksheet, and have done so truthfully and to the best of my knowledge.

Dated: .....	.....	.....
	Title	Signature (...)
		Phone Number

Sec. 6. Minnesota Statutes 2018, section 550.136, subdivision 12, is amended to read:

Subd. 12. **Third-party disclosure and remittance obligation.** If there are no attachable earnings, the third party shall serve the execution earnings disclosure form upon the sheriff within 20 days after service of the writ of execution. However, if the judgment debtor has attachable earnings, the third party shall serve the execution earnings disclosure form and remit to the sheriff the attached earnings within ten days of the last payday to occur within the ~~70~~ 90 days after the date of the service of the execution. If the judgment is wholly satisfied or if the judgment debtor's employment ends before the expiration of the ~~70-day~~ 90-day period, the disclosure and remittance should be made within ten days after the last payday for which earnings were attached. The amount of the third party's execution earnings disclosure form and remittance need not exceed 110 percent of the amount of the

judgment creditor's judgment that remains unpaid, after subtracting the total of setoffs, defenses, exemption, or other adverse interests. If the disclosure is by a corporation, it shall be made by an officer or an authorized agent having knowledge of the facts.

Sec. 7. Minnesota Statutes 2018, section 551.04, subdivision 2, is amended to read:

Subd. 2. **Property attachable.** Subject to the exemptions provided by subdivision 3 and section 550.37, and any other applicable statute, the service of a writ of execution under this chapter attaches:

(a) Except as otherwise provided in paragraph (c), all unpaid nonexempt disposable earnings owing or to be owed by the third party and earned or to be earned by the judgment debtor within the pay period in which the writ of execution is served and within all subsequent pay periods whose paydays occur within the ~~70~~ 90 days after the date of service of the writ of execution. "Payday" means the day upon which the third party pays earnings to the judgment debtor in the ordinary course of business. If the judgment debtor has no regular paydays, payday means the 15th day and the last day of each month.

(b) All other nonexempt indebtedness or money due or belonging to the judgment debtor and owing by the third party or in the possession or under the control of the third party at the time of service of the writ of execution, whether or not the same, has become payable. The third party shall not be compelled to pay or deliver the same before the time specified by any agreement unless the agreement was fraudulently contracted to defeat an execution levy or other collection remedy.

(c) For an execution on a judgment for child support, all unpaid nonexempt disposable earnings owing or to be owed by the third party and earned or to be earned by the judgment debtor within the pay period in which the writ of execution is served and within all subsequent pay periods until the judgment is satisfied if the judgment creditor is a county and the third party is notified by the county when the judgment is satisfied.

Sec. 8. Minnesota Statutes 2018, section 551.04, subdivision 11, is amended to read:

Subd. 11. **Forms.** No judgment creditor shall use a form that contains alterations or changes from the statutory forms that mislead judgment debtors as to their rights and the execution procedure generally. If a court finds that a judgment creditor has used a misleading form, the judgment debtor shall be awarded actual damages, costs, reasonable attorney's fees resulting from additional proceedings, and an amount not to exceed \$100. All forms must be clearly legible and printed in not less than the equivalent of 10-point type. A form that uses both sides of a sheet must clearly indicate on the front side that there is additional information on the back side of the sheet.

Forms, including the statutory forms, used in executions upon earnings for the satisfaction of judgments for child support must be changed by the creditor to reflect the fact that the ~~70-day~~ 90-day period of effectiveness does not apply to these executions if the judgment creditor is a county and the employer is notified by the county when the judgment is satisfied.

Sec. 9. Minnesota Statutes 2018, section 551.06, subdivision 3, is amended to read:

Subd. 3. **Limitation on levy on earnings.** (a) Unless the judgment is for child support, the maximum part of the aggregate disposable earnings of an individual for any pay period subjected to an execution levy may not exceed the lesser of:

(1) 25 percent of the judgment debtor's disposable earnings; or

(2) the amount by which the judgment debtor's disposable earnings exceed the ~~following product~~ greater of: (i) 40 times \$9.50 or 40 times the federal minimum hourly wages prescribed by section 6(a)(1) of the Fair Labor Standards Act of 1938, United States Code, title 29, section 206(a)(1), in effect at the time the earnings are payable,

times the number of work weeks in the pay period. When a pay period consists of other than a whole number of work weeks, each day of that pay period in excess of the number of completed work weeks shall be counted as a fraction of a work week equal to the number of excess workdays divided by the number of days in the normal work week.

(b) If the judgment is for child support, the levy may not exceed:

(1) 50 percent of the judgment debtor's disposable income, if the judgment debtor is supporting a spouse or dependent child and the judgment is 12 weeks old or less (12 weeks to be calculated to the beginning of the work week in which the execution levy is received);

(2) 55 percent of the judgment debtor's disposable income, if the judgment debtor is supporting a spouse or dependent child, and the judgment is over 12 weeks old (12 weeks to be calculated to the beginning of the work week in which the execution levy is received);

(3) 60 percent of the judgment debtor's disposable income, if the judgment debtor is not supporting a spouse or dependent child and the judgment is 12 weeks old or less (12 weeks to be calculated to the beginning of the work week in which the execution levy is received); or

(4) 65 percent of the judgment debtor's disposable income, if the judgment debtor is not supporting a spouse or dependent child, and the judgment is over 12 weeks old (12 weeks to be calculated to the beginning of the work week in which the execution levy is received).

Execution levies under this section on judgments for child support are effective until the judgments are satisfied if the judgment creditor is a county and the employer is notified by the county when the judgment is satisfied.

(c) No court may make, execute, or enforce an order or any process in violation of this section.

Sec. 10. Minnesota Statutes 2018, section 551.06, subdivision 4, is amended to read:

Subd. 4. **Multiple levies on earnings.** Except as otherwise provided in this chapter or section 518A.53, the priority of multiple earnings execution levies is determined by the order in which the execution levies were served on the employer. If the employer is served with two or more writs of execution at the same time on the same day, the writ of execution issued pursuant to the first judgment entered has priority. If two or more execution levies are served on the same day and are based on judgments entered on the same day, then the employer shall select the priority of the earnings levies. However, in all cases except earnings execution levies on judgments for child support if the judgment creditor is a county and the employer is notified by the county when the judgment is satisfied, the execution levies shall be effective no longer than ~~70~~ 90 days from the date of the service of the writ of execution.

Sec. 11. Minnesota Statutes 2018, section 551.06, subdivision 5, is amended to read:

Subd. 5. **Earnings attachable.** (a) Subject to the exemptions provided by subdivision 3 and section 550.37, and any other applicable statute, and except as otherwise provided in paragraph (b), the service of a writ of execution under this chapter attaches all unpaid nonexempt disposable earnings owing or to be owed by the third party and earned or to be earned by the judgment debtor before and within the pay period in which the writ of execution is served and within all subsequent pay periods whose paydays occur within the ~~70~~ 90 days after the date of service of the writ of execution. "Paydays" means the days upon which the third party pays earnings to the judgment debtor in the ordinary course of business. If the judgment debtor has no regular paydays, paydays means the 15th day and the last day of each month. If the levy attaches less than \$10, the third party shall not retain and remit the sum.

(b) The service of a writ of execution on a judgment for child support attaches to all unpaid nonexempt disposable earnings owing or to be owed by the third party and earned or to be earned by the judgment debtor before and within the pay period in which the writ of execution is served and within all subsequent pay periods until the judgment is satisfied if the judgment creditor is a county and the third party is notified by the county when the judgment is satisfied.

Sec. 12. Minnesota Statutes 2018, section 551.06, subdivision 9, is amended to read:

Subd. 9. **Notice of levy on earnings, disclosure, and worksheet.** The attorney for the judgment creditor shall serve upon the judgment debtor's employer a notice of levy on earnings and an execution earnings disclosure form and an earnings disclosure worksheet with the writ of execution, that must be substantially in the form set forth below.

STATE OF MINNESOTA
COUNTY OF

DISTRICT COURT
..... JUDICIAL DISTRICT
FILE NO.

..... (Judgment Creditor)
against
..... (Judgment Debtor)
and
..... (Third Party)

NOTICE OF LEVY ON
EARNINGS AND DISCLOSURE

PLEASE TAKE NOTICE that pursuant to Minnesota Statutes, sections 551.04 and 551.06, the undersigned, as attorney for the judgment creditor, hereby makes demand and levies execution upon all earnings due and owing by you (up to \$10,000) to the judgment debtor for the amount of the judgment specified below. A copy of the writ of execution issued by the court is enclosed. The unpaid judgment balance is \$.....

This levy attaches all unpaid nonexempt disposable earnings owing or to be owed by you and earned or to be earned by the judgment debtor before and within the pay period in which the writ of execution is served and within all subsequent pay periods whose paydays occur within the ~~70~~ 90 days after the service of this levy.

In responding to this levy, you are to complete the attached disclosure form and worksheet and mail it to the undersigned attorney for the judgment creditor, together with your check payable to the above-named judgment creditor, for the nonexempt amount owed by you to the judgment debtor or for which you are obligated to the judgment debtor, within the time limits set forth in the aforementioned statutes.

.....
Attorney for the Judgment Creditor

.....
.....
.....
Address

(...)
Phone Number

DISCLOSURE
DEFINITIONS

"EARNINGS": For the purpose of execution, "earnings" means compensation paid or payable to an employee for personal services or compensation paid or payable to the producer for the sale of agricultural products; milk or milk products; or fruit or other horticultural products produced when the producer is operating a family farm, a

family farm corporation, or an authorized farm corporation, as defined in section 500.24, subdivision 2, whether denominated as wages, salary, commission, bonus, or otherwise, and includes periodic payments pursuant to a pension or retirement.

"DISPOSABLE EARNINGS": Means that part of the earnings of an individual remaining after the deduction from those earnings of amounts required by law to be withheld. (Amounts required by law to be withheld do not include items such as health insurance, charitable contributions, or other voluntary wage deductions.)

"PAYDAY": For the purpose of execution, "payday(s)" means the date(s) upon which the employer pays earnings to the judgment debtor in the ordinary course of business. If the judgment debtor has no regular payday, payday(s) means the 15th and the last day of each month.

THE THIRD PARTY/EMPLOYER MUST ANSWER THE FOLLOWING QUESTIONS:

1. Do you now owe, or within ~~70~~ 90 days from the date the execution levy was served on you, will you or may you owe money to the judgment debtor for earnings?

Yes

No

2. Does the judgment debtor earn more than \$... per week? (This amount is the greater of \$9.50 per hour or the federal minimum wage per week.)

Yes

No

INSTRUCTIONS FOR COMPLETING THE
EARNINGS DISCLOSURE

A. If your answer to either question 1 or 2 is "No," then you must sign the affirmation on page 2 and return this disclosure to the judgment creditor's attorney within 20 days after it was served on you, and you do not need to answer the remaining questions.

B. If your answers to both questions 1 and 2 are "Yes," you must complete this form and the Earnings Disclosure Worksheet as follows:

For each payday that falls within ~~70~~ 90 days from the date the execution levy was served on you, YOU MUST calculate the amount of earnings to be retained by completing steps 3 through 11 on page 2, and enter the amounts on the Earnings Disclosure Worksheet. UPON REQUEST, THE EMPLOYER MUST PROVIDE THE DEBTOR WITH INFORMATION AS TO HOW THE CALCULATIONS REQUIRED BY THIS DISCLOSURE WERE MADE.

Each payday, you must retain the amount of earnings listed in column I on the Earnings Disclosure Worksheet.

You must pay the attached earnings and return this Earnings Disclosure Form and the Earnings Disclosure Worksheet to the judgment creditor's attorney and deliver a copy to the judgment debtor within ten days after the last payday that falls within the ~~70-day~~ 90-day period.

If the judgment is wholly satisfied or if the judgment debtor's employment ends before the expiration of the ~~70-day~~ 90-day period, your disclosure and remittance should be made within ten days after the last payday for which earnings were attached.

For steps 3 through 11, "columns" refers to columns on the Earnings Disclosure Worksheet.

3. COLUMN A. Enter the date of judgment debtor's payday.
4. COLUMN B. Enter judgment debtor's gross earnings for each payday.
5. COLUMN C. Enter judgment debtor's disposable earnings for each payday.
6. COLUMN D. Enter 25 percent of disposable earnings. (Multiply Column C by .25.)
7. COLUMN E. Enter here the greater of 40 times \$9.50 or 40 times the hourly federal minimum wage (\$.....) times the number of work weeks included in each payday. (Note: If a pay period includes days in excess of whole work weeks, the additional days should be counted as a fraction of a work week equal to the number of workdays in excess of a whole work week divided by the number of workdays in a normal work week.)
8. COLUMN F. Subtract the amount in Column E from the amount in Column C, and enter here.
9. COLUMN G. Enter here the lesser of the amount in Column D and the amount in Column F.
10. COLUMN H. Enter here any amount claimed by you as a setoff, defense, lien, or claim, or any amount claimed by any other person as an exemption or adverse interest which would reduce the amount of earnings owing to the judgment debtor. (Note: Any indebtedness to you incurred within ten days prior to your receipt of the first execution levy on a debt may not be set off against the earnings otherwise subject to this levy. Any wage assignment made by the judgment debtor within ten days prior to your receipt of the first execution levy on a debt is void.)

You must also describe your claim(s) and the claims of others, if known, in the space provided below the worksheet and state the name(s) and address(es) of these persons.

Enter zero in Column H if there are no claims by you or others which would reduce the amount of earnings owing to the judgment debtor.
11. COLUMN I. Subtract the amount in Column H from the amount in Column G and enter here. This is the amount of earnings that you must retain for the payday for which the calculations were made. The total of all amounts entered in Column I is the amount to be remitted to the attorney for the judgment creditor.

AFFIRMATION

I, (person signing Affirmation), am the third party/employer or I am authorized by the third party/employer to complete this earnings disclosure, and have done so truthfully and to the best of my knowledge.

Dated:

.....
Signature

.....
Title

.....
Telephone Number

EARNINGS DISCLOSURE WORKSHEET

.....
Judgment Debtor's Name

A Payday Date	B Gross Earnings	C Disposable Earnings
1.	\$	\$
2.
3.
4.
5.
6.
7.
8.
9.
10.
D 25% of Column C	E <u>Greater of 40 x</u> <u>\$9.50 or 40 X Fed.</u> Min. Wage	F Column C minus Column E
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
G Lesser of Column D and Column F	H Setoff, Lien, Adverse Interest, or Other Claims	I Column G minus Column H
1.
2.

3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....
6.	.....	.....	.....
7.	.....	.....	.....
8.	.....	.....	.....
9.	.....	.....	.....
10.	.....	.....	.....
			TOTAL OF COLUMN I \$

*If you entered any amount in Column H for any payday(s), you must describe below either your claims, or the claims of others. For amounts claimed by others, you must both state the names and addresses of these persons, and the nature of their claim, if known.

.....

AFFIRMATION

I, (person signing Affirmation), am the third party or I am authorized by the third party to complete this earnings disclosure worksheet, and have done so truthfully and to the best of my knowledge.

Dated:
 Signature Title
 Phone Number

Sec. 13. Minnesota Statutes 2018, section 551.06, subdivision 10, is amended to read:

Subd. 10. **Notice of levy on earnings, disclosure, and worksheet for child support judgment.** The attorney for the judgment creditor shall serve upon the judgment debtor's employer a notice of levy on earnings and an execution earnings disclosure form and an earnings disclosure worksheet with the writ of execution, that must be substantially in the form set forth below.

STATE OF MINNESOTA
 COUNTY OF
 (Judgment Creditor)
 against
 (Judgment Debtor)
 and
 (Third Party)

DISTRICT COURT
 JUDICIAL DISTRICT
 FILE NO.

NOTICE OF LEVY ON
 EARNINGS AND DISCLOSURE

PLEASE TAKE NOTICE that pursuant to Minnesota Statutes, sections 551.04 and 551.06, the undersigned, as attorney for the judgment creditor, hereby makes demand and levies execution upon all earnings due and owing by you (up to \$10,000) to the judgment debtor for the amount of the judgment specified below. A copy of the writ of execution issued by the court is enclosed. The unpaid judgment balance is \$.....

This levy attaches all unpaid nonexempt disposable earnings owing or to be owed by you and earned or to be earned by the judgment debtor before and within the pay period in which the writ of execution is served and within all subsequent pay periods whose paydays occur within the ~~70~~ 90 days after the service of this levy.

In responding to this levy, you are to complete the attached disclosure form and worksheet and mail it to the undersigned attorney for the judgment creditor, together with your check payable to the above-named judgment creditor, for the nonexempt amount owed by you to the judgment debtor or for which you are obligated to the judgment debtor, within the time limits set forth in the aforementioned statutes.

.....
Attorney for the Judgment Creditor

.....
.....
Address

(...)
Phone Number

**DISCLOSURE
DEFINITIONS**

"EARNINGS": For the purpose of execution, "earnings" means compensation paid or payable to an employee for personal services or compensation paid or payable to the producer for the sale of agricultural products; milk or milk products; or fruit or other horticultural products produced when the producer is operating a family farm, a family farm corporation, or an authorized farm corporation, as defined in section 500.24, subdivision 2, whether denominated as wages, salary, commission, bonus, or otherwise, and includes periodic payments pursuant to a pension or retirement, workers' compensation, or unemployment benefits.

"DISPOSABLE EARNINGS": Means that part of the earnings of an individual remaining after the deduction from those earnings of amounts required by law to be withheld. (Amounts required by law to be withheld do not include items such as health insurance, charitable contributions, or other voluntary wage deductions.)

"PAYDAY": For the purpose of execution, "payday(s)" means the date(s) upon which the employer pays earnings to the debtor in the ordinary course of business. If the judgment debtor has no regular payday, payday(s) means the 15th and the last day of each month.

THE THIRD PARTY/EMPLOYER MUST ANSWER THE FOLLOWING QUESTION:

(1) Do you now owe, or within ~~70~~ 90 days from the date the execution levy was served on you, will you or may you owe money to the judgment debtor for earnings?

Yes No

**INSTRUCTIONS FOR COMPLETING THE
EARNINGS DISCLOSURE**

A. If your answer to question 1 is "No," then you must sign the affirmation below and return this disclosure to the judgment creditor's attorney within 20 days after it was served on you, and you do not need to answer the remaining questions.

B. If your answer to question 1 is "Yes," you must complete this form and the Earnings Disclosure Worksheet as follows:

For each payday that falls within ~~70~~ 90 days from the date the execution levy was served on you, YOU MUST calculate the amount of earnings to be retained by completing steps 2 through 8 on page 2, and enter the amounts on the Earnings Disclosure Worksheet. UPON REQUEST, THE EMPLOYER MUST PROVIDE THE DEBTOR WITH INFORMATION AS TO HOW THE CALCULATIONS REQUIRED BY THIS DISCLOSURE WERE MADE.

Each payday, you must retain the amount of earnings listed in column G on the Earnings Disclosure Worksheet.

You must pay the attached earnings and return this earnings disclosure form and the Earnings Disclosure Worksheet to the judgment creditor's attorney and deliver a copy of the disclosure and worksheet to the judgment debtor within ten days after the last payday that falls within the ~~70-day~~ 90-day period. If the judgment is wholly satisfied or if the judgment debtor's employment ends before the expiration of the ~~70-day~~ 90-day period, your disclosure and remittance should be made within ten days after the last payday for which earnings were attached.

For steps 2 through 8, "columns" refers to columns on the Earnings Disclosure Worksheet.

(2) COLUMN A. Enter the date of judgment debtor's payday.

(3) COLUMN B. Enter judgment debtor's gross earnings for each payday.

(4) COLUMN C. Enter judgment debtor's disposable earnings for each payday.

(5) COLUMN D. Enter either 50, 55, 60, or 65 percent of disposable earnings, based on which of the following descriptions fits the child support judgment debtor:

(a) 50 percent of the judgment debtor's disposable income, if the judgment debtor is supporting a spouse or dependent child and the judgment is 12 weeks old or less (12 weeks to be calculated to the beginning of the work week in which the execution levy is received);

(b) 55 percent of the judgment debtor's disposable income, if the judgment debtor is supporting a spouse or dependent child, and the judgment is over 12 weeks old (12 weeks to be calculated to the beginning of the work week in which the execution levy is received);

(c) 60 percent of the judgment debtor's disposable income, if the judgment debtor is not supporting a spouse or dependent child and the judgment is 12 weeks old or less (12 weeks to be calculated to the beginning of the work week in which the execution levy is received); or

(d) 65 percent of the judgment debtor's disposable income, if the judgment debtor is not supporting a spouse or dependent child, and the judgment is over 12 weeks old (12 weeks to be calculated to the beginning of the work week in which the execution levy is received). (Multiply column C by .50, .55, .60, or .65, as appropriate.)

(6) COLUMN E. Enter here any amount claimed by you as a setoff, defense, lien, or claim, or any amount claimed by any other person as an exemption or adverse interest that would reduce the amount of earnings owing to the judgment debtor. (Note: Any indebtedness to you incurred within ten days prior to your receipt of the first execution levy on a debt may not be set off against the earnings otherwise subject to this levy. Any wage assignment made by the judgment debtor within ten days prior to your receipt of the first execution levy on a debt is void.)

You must also describe your claim(s) and the claims of others, if known, in the space provided below the worksheet and state the name(s) and address(es) of these persons.

Enter zero in column E if there are no claims by you or others that would reduce the amount of earnings owing to the judgment debtor.

(7) COLUMN F. Subtract the amount in column E from the amount in column D and enter here. This is the amount of earnings that you must remit for the payday for which the calculations were made.

AFFIRMATION

I, (person signing Affirmation), am the third party/employer or I am authorized by the third party/employer to complete this earnings disclosure, and have done so truthfully and to the best of my knowledge.

DATED: Signature
..... Title
..... Telephone Number
..... Debtor's Name

EARNINGS DISCLOSURE WORKSHEET

Table with 6 columns: A Payday Date, B Gross Earnings, C Disposable Earnings, D Either 50, 55, 60, or 65% of Column C, E Setoff, Lien, Adverse Interest, or Other Claims, F Column D minus Column E. Includes rows 1-10 and a TOTAL OF COLUMN F row.

*If you entered any amount in column E for any payday(s), you must describe below either your claims, or the claims of others. For amounts claimed by others, you must both state the names and addresses of such persons, and the nature of their claim, if known.

.....
.....
.....

AFFIRMATION

I, (person signing Affirmation), am the third party or I am authorized by the third party to complete this earnings disclosure worksheet, and have done so truthfully and to the best of my knowledge.

Dated: .....	.....	.....
	Title	Signature
		(...)
		Phone Number

Sec. 14. Minnesota Statutes 2018, section 551.06, subdivision 12, is amended to read:

Subd. 12. **Third-party disclosure and remittance obligation.** If there are no attachable earnings, the third party shall serve the execution earnings disclosure form upon the attorney for the judgment creditor within 20 days after service of the writ of execution. However, if the judgment debtor has attachable earnings, the third party shall serve the execution earnings disclosure form upon both the attorney for the judgment creditor and the judgment debtor and remit to the attorney for the judgment creditor the attached earnings within ten days of the last payday to occur within the ~~70~~ 90 days after the date of the service of the writ of execution. If the judgment is wholly satisfied or if the judgment debtor's employment ends before the expiration of the ~~70-day~~ 90-day period, the disclosure and remittance should be made within ten days after the last payday for which earnings were attached. The amount of the third party's execution earnings disclosure form and remittance need not exceed 100 percent of the amount of the judgment creditor's judgment that remains unpaid, after subtracting the total of setoffs, defenses, exemption, or other adverse interests. If the disclosure is by a corporation, it shall be made by an officer or an authorized agent having knowledge of the facts."

Page 8, line 8, after the second "the" insert "greater of \$9.50 per hour or the"

Page 9, line 10, after "here" insert "the greater of 40 times \$9.50 or"

Page 10, line 27, strike "40 X Min. Wage" and insert "Greater of 40 X \$9.50 or 40 X Fed. Min. Wage"

Page 19, delete section 9 and insert:

"Sec. 23. **EFFECTIVE DATE.**

Sections 1 to 22 are effective August 1, 2021, and apply to all earnings garnished or levied, or all attorney's summary executions upon earnings on or after that date."

Renumber the sections in sequence

Amend the title as follows:

Page 1, lines 3 and 4, after "garnishment" insert "and execution levy"

Correct the title numbers accordingly

With the recommendation that when so amended the bill be placed on the General Register.

The report was adopted.

SECOND READING OF HOUSE BILLS

H. F. Nos. 8, 9, 1511, 1521, 2586, 2976, 3007, 3105 and 3453 were read for the second time.

SECOND READING OF SENATE BILLS

S. F. No. 1706 was read for the second time.

INTRODUCTION AND FIRST READING OF HOUSE BILLS

The following House Files were introduced:

Moran; Kresha; Vang; Xiong, J.; Erickson; Richardson; Hassan; Mariani; Albright; Bennett; Considine; Xiong, T.; Backer; Theis; Demuth; Fabian; Neu; Torkelson; O'Driscoll; West; Koznick; Daniels; Gunther; Petersburg; Baker; Schomacker; Vogel; Grossell; Poston; Dettmer; Swedzinski; Boe and Anderson introduced:

H. F. No. 3658, 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.

The bill was read for the first time and referred to the Committee on Education Policy.

Lesch introduced:

H. F. No. 3659, A bill for an act relating to government data; modifying certain Safe at Home provisions; amending Minnesota Statutes 2018, section 13.045, subdivisions 1, 2, 3, 4a.

The bill was read for the first time and referred to the Judiciary Finance and Civil Law Division.

Moran introduced:

H. F. No. 3660, A bill for an act relating to economic development; appropriating money for a grant to the FATHER Project.

The bill was read for the first time and referred to the Jobs and Economic Development Finance Division.

Kresha introduced:

H. F. No. 3661, 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.

The bill was read for the first time and referred to the Capital Investment Division.

Lillie and Hansen introduced:

H. F. No. 3662, A bill for an act relating to capital investment; appropriating money for state trails; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Wolgamott, Cantrell, Vang, Klevorn, Bernardy and Lee introduced:

H. F. No. 3663, 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.

The bill was read for the first time and referred to the Higher Education Finance and Policy Division.

Miller and Baker introduced:

H. F. No. 3664, A bill for an act relating to capital investment; appropriating money for public infrastructure in the city of Lake Lillian; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Koegel, Pelowski and West introduced:

H. F. No. 3665, A bill for an act relating to capital investment; appropriating money for the state emergency operations center in Blaine; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Klevorn, Freiberg, Acomb, Dehn and Carlson, L., introduced:

H. F. No. 3666, A bill for an act relating to transportation; appropriating money for an alternatives analysis of transit service in the marked Trunk Highway 55 corridor from Medina to Minneapolis.

The bill was read for the first time and referred to the Transportation Finance and Policy Division.

Becker-Finn introduced:

H. F. No. 3667, A bill for an act relating to public safety; establishing a program to provide payments to firefighters with cancer or heart disease, counseling for firefighters, and firefighter training; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 299A.

The bill was read for the first time and referred to the Public Safety and Criminal Justice Reform Finance and Policy Division.

Novotny; McDonald; Poston; Nelson, N., and Daniels introduced:

H. F. No. 3668, A bill for an act relating to public safety; creating liability and vicarious liability for trespass to critical infrastructure; creating a crime for recruiting or educating individuals to trespass on or damage critical infrastructure; amending Minnesota Statutes 2018, sections 609.594, subdivision 2; 609.6055, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 604.

The bill was read for the first time and referred to the Public Safety and Criminal Justice Reform Finance and Policy Division.

Novotny, Koznick, Demuth, McDonald, Poston and Daniels introduced:

H. F. No. 3669, A bill for an act relating to public safety; appropriating money to the Department of Public Safety to increase the Bureau of Criminal Apprehension's capacity to investigate gang-related crime.

The bill was read for the first time and referred to the Public Safety and Criminal Justice Reform Finance and Policy Division.

Becker-Finn, Brand and Xiong, T., introduced:

H. F. No. 3670, 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.

The bill was read for the first time and referred to the Committee on Taxes.

Wolgamott and Tabke introduced:

H. F. No. 3671, A bill for an act relating to corrections; authorizing placement in county jail or detention center for defendants with 90 days or less remaining in term of imprisonment; amending Minnesota Statutes 2018, section 609.105, subdivision 2.

The bill was read for the first time and referred to the Corrections Division.

Noor, Gomez, Vang, Richardson, Kunesh-Podein, Pryor and Long introduced:

H. F. No. 3672, A bill for an act relating to children and families; modifying child care assistance funding priorities for eligible families; adjusting allocation of funds; amending Minnesota Statutes 2018, section 119B.03, subdivisions 4, 6.

The bill was read for the first time and referred to the Early Childhood Finance and Policy Division.

Mann; Elkins; Stephenson; Mahoney; Lesch; Lee; Wolgamott; Tabke; Xiong, J.; Gomez; Jordan; Morrison; Noor; Kunesh-Podein; Considine; Hassan; Schultz; Liebling; Hausman; Lippert; Claflin; Mariani; Nelson, M.; Sandell; Dehn; Lillie; Fischer; Davnie; Richardson and Murphy introduced:

H. F. No. 3673, A bill for an act relating to labor standards; prohibiting covenants not to compete; imposing penalties; amending Minnesota Statutes 2018, section 177.27, subdivision 4; proposing coding for new law in Minnesota Statutes, chapter 181.

The bill was read for the first time and referred to the Committee on Labor.

Urdahl introduced:

H. F. No. 3674, A bill for an act relating to taxation; local sales and use; authorizing the city of Litchfield to impose a local sales and use tax.

The bill was read for the first time and referred to the Property and Local Tax Division.

Edelson introduced:

H. F. No. 3675, A bill for an act relating to public safety; authorizing Department of Public Safety to accept grant funding.

The bill was read for the first time and referred to the Public Safety and Criminal Justice Reform Finance and Policy Division.

Koegel; Sundin; Ecklund; Nelson, M.; Persell; Stephenson; Brand and Noor introduced:

H. F. No. 3676, A bill for an act relating to construction codes; establishing a thermal system insulation board; requiring licensing of thermal system insulation mechanics; authorizing rulemaking; proposing coding for new law in Minnesota Statutes, chapter 326B.

The bill was read for the first time and referred to the Committee on Labor.

Bahner and Kiel introduced:

H. F. No. 3677, A bill for an act relating to health; occupational therapy; making clarifying, technical, and conforming changes; amending Minnesota Statutes 2018, sections 148.6402, subdivisions 5, 21; 148.6403, subdivisions 1, 5, 6; 148.6404; 148.6405; 148.6412, subdivision 2; 148.6415; 148.6418, subdivision 4; 148.6420, subdivisions 4, 5; 148.6423; 148.6425, subdivision 2; 148.6428; 148.6430; 148.6432, subdivision 3; 148.6435; 148.6443, as amended; 148.6445, subdivision 11; 148.6448, subdivision 2; 148.6449, subdivision 2; Minnesota Statutes 2019 Supplement, sections 148.6420, subdivision 1; 148.6448, subdivision 1; repealing Minnesota Statutes 2018, sections 148.6402, subdivisions 10, 15; 148.6412, subdivision 1; Minnesota Rules, part 4664.0003, subpart 28.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Bahner, Pinto, Vang, Morrison, Pryor and Gomez introduced:

H. F. No. 3678, A bill for an act relating to human services; extending the expiration date of an income and asset exclusion for certain public assistance program eligibility as part of the income and child development in the first three years of life demonstration project; amending Laws 2016, chapter 189, article 15, section 29.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Considine introduced:

H. F. No. 3679, A bill for an act relating to natural resources; appropriating money for flood warning gauge.

The bill was read for the first time and referred to the Environment and Natural Resources Finance Division.

Considine introduced:

H. F. No. 3680, A bill for an act relating to environment; appropriating money for flood study.

The bill was read for the first time and referred to the Environment and Natural Resources Finance Division.

Considine introduced:

H. F. No. 3681, A bill for an act relating to capital investment; appropriating money for river and stream bank stabilization and restoration and expansion of riverfront recreational amenities in Mankato; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Considine introduced:

H. F. No. 3682, A bill for an act relating to taxes; property taxes; homestead determination; amending Minnesota Statutes 2018, section 273.124, subdivision 1.

The bill was read for the first time and referred to the Property and Local Tax Division.

Considine introduced:

H. F. No. 3683, A bill for an act relating to capital investment; appropriating money for water quality mitigation of the Minnesota River-Mankato watershed; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Sandstede, Ecklund, Persell and Sundin introduced:

H. F. No. 3684, A bill for an act relating to capital investment; appropriating money for water infrastructure in Buhl; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Sandstede, Layman, Daniels, Hamilton, Ecklund, Persell and Sundin introduced:

H. F. No. 3685, A bill for an act relating to economic development; appropriating money for grant to Minnesota Diversified Industries.

The bill was read for the first time and referred to the Jobs and Economic Development Finance Division.

Sandstede, Ecklund, Persell and Sundin introduced:

H. F. No. 3686, A bill for an act relating to capital investment; appropriating money for a wastewater treatment facility and related infrastructure for the region including Keewatin, Nashwauk, Lone Pine Township, and Greenway Township; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Lislegard, Ecklund, Sandstede and Sundin introduced:

H. F. No. 3687, A bill for an act relating to transportation; making technical corrections to the designation for the Specialist Noah Pierce Bridge in Eveleth; amending Minnesota Statutes 2019 Supplement, section 161.14, subdivision 94.

The bill was read for the first time and referred to the Transportation Finance and Policy Division.

Considine introduced:

H. F. No. 3688, A bill for an act relating to environment; appropriating money to study flood control and storm water management options for South Bend Township.

The bill was read for the first time and referred to the Environment and Natural Resources Finance Division.

Lippert, Mann, Anderson, Hamilton, Olson, Poppe, Schultz, Vang and Winkler introduced:

H. F. No. 3689, A bill for an act relating to human services; exempting farmers who have received a mediation notice from the MinnesotaCare income limit; appropriating money; amending Minnesota Statutes 2018, sections 256L.04, by adding a subdivision; 256L.15, subdivision 2.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Persell, Sundin, Ecklund and Sandstede introduced:

H. F. No. 3690, A bill for an act relating to economic development; establishing the northern resorts relief loan program; requiring reports; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 116J.

The bill was read for the first time and referred to the Jobs and Economic Development Finance Division.

Considine introduced:

H. F. No. 3691, A bill for an act relating to capital investment; appropriating money for Minnesota State University, Mankato; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Munson, Drazkowski, Miller, Poston, Heinrich and Johnson introduced:

H. F. No. 3692, A bill for an act relating to public safety; prohibiting the enactment or enforcement of extreme risk protection orders against individuals regarding firearms; establishing criminal penalty for violation; proposing coding for new law in Minnesota Statutes, chapter 624.

The bill was read for the first time and referred to the Public Safety and Criminal Justice Reform Finance and Policy Division.

Mann and Baker introduced:

H. F. No. 3693, A bill for an act relating to child care; authorizing grants to expand access to child care for children with disabilities; appropriating money.

The bill was read for the first time and referred to the Early Childhood Finance and Policy Division.

Mahoney and Gunther introduced:

H. F. No. 3694, A bill for an act relating to labor; modifying provisions affecting the Bureau of Mediation Services; amending Minnesota Statutes 2018, section 179A.04, subdivision 3; repealing Minnesota Statutes 2018, sections 179A.102; 179A.103.

The bill was read for the first time and referred to the Jobs and Economic Development Finance Division.

Davids introduced:

H. F. No. 3695, A bill for an act relating to health care facility finance; restructuring and renaming the Minnesota Higher Education Facilities Authority as the Minnesota Health and Education Facilities Authority; authorizing the authority to construct and finance health care facilities; increasing bonding capacity; amending Minnesota Statutes 2018, sections 3.732, subdivision 1; 10A.01, subdivision 35; 136A.25; 136A.26; 136A.27;

136A.28; 136A.29, subdivisions 1, 3, 6, 9, 10, 14, 19, 20, 21, 22, by adding a subdivision; 136A.32, subdivision 4; 136A.33; 136A.34, subdivisions 3, 4; 136A.36; 136A.38; 136A.41; 136A.42; 136F.67, subdivision 1; Minnesota Statutes 2019 Supplement, section 354B.20, subdivision 7; repealing Minnesota Statutes 2018, section 136A.29, subdivision 4.

The bill was read for the first time and referred to the Higher Education Finance and Policy Division.

Poppe introduced:

H. F. No. 3696, A bill for an act relating to education; establishing standards for preventing sudden cardiac arrest in student athletes; amending Minnesota Statutes 2018, sections 124E.03, subdivision 7; 128C.02, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 121A.

The bill was read for the first time and referred to the Committee on Education Policy.

Bennett, Kresha, Hamilton, Demuth, Theis, Albright, O'Neill, Runbeck, Scott and Daniels introduced:

H. F. No. 3697, A bill for an act relating to health records; modifying circumstances in which a parent, guardian, or other person may access health records of a minor; amending Minnesota Statutes 2018, sections 144.291, subdivision 2; 144.292, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

West introduced:

H. F. No. 3698, A bill for an act relating to retirement; public employees police and fire retirement plan; providing duty disability benefits in certain cases.

The bill was read for the first time and referred to the Committee on Government Operations.

Poppe, Anderson, Tabke, Davids, Brand, Torkelson, Poston, Lippert and Hamilton introduced:

H. F. No. 3699, A bill for an act relating to agriculture; increasing the minimum biofuel content in gasoline to 15 percent; requiring fuel retailers to offer blends of ten percent biofuel for use by certain motorists; modifying certain dates; amending Minnesota Statutes 2018, section 239.791.

The bill was read for the first time and referred to the Agriculture and Food Finance and Policy Division.

Green introduced:

H. F. No. 3700, A bill for an act relating to public safety; extending restraining orders for minors who are victims of harassment; amending Minnesota Statutes 2018, sections 518B.01, subdivision 6; 609.748, subdivision 5.

The bill was read for the first time and referred to the Judiciary Finance and Civil Law Division.

Lee introduced:

H. F. No. 3701, A bill for an act relating to natural resources; standardizing review of certain capital projects; amending Minnesota Statutes 2018, section 16B.335, subdivision 2.

The bill was read for the first time and referred to the Environment and Natural Resources Finance Division.

Hornstein; Ecklund; Moller; Stephenson; Xiong, J., and Lueck introduced:

H. F. No. 3702, A bill for an act relating to environment; appropriating money for study to examine costs and benefits of requiring environmental assessments of certain building materials used in state buildings to be included in bids.

The bill was read for the first time and referred to the Environment and Natural Resources Finance Division.

Marquart introduced:

H. F. No. 3703, A bill for an act relating to water; increasing soil and water conservation district supervisor compensation; amending Minnesota Statutes 2018, section 103C.315, subdivision 4.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources Policy.

Wazlawik introduced:

H. F. No. 3704, A bill for an act relating to environment; prohibiting using trichloroethylene; proposing coding for new law in Minnesota Statutes, chapter 116.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources Policy.

Vang, Wazlawik and Jordan introduced:

H. F. No. 3705, A bill for an act relating to state government; establishing State General Election Day as a holiday in even-numbered years; amending Minnesota Statutes 2018, section 645.44, subdivision 5.

The bill was read for the first time and referred to the Committee on Government Operations.

Vang introduced:

H. F. No. 3706, A bill for an act relating to agriculture; modifying industrial hemp provisions; providing definitions; classifying industrial hemp data; amending Minnesota Statutes 2018, sections 13.6435, subdivision 4a; 18K.02, by adding subdivisions; 18K.04, subdivisions 1, 3, by adding a subdivision; 18K.06.

The bill was read for the first time and referred to the Agriculture and Food Finance and Policy Division.

Hausman, Lillie, Bernardy, Urdahl, Lesch and Kunesh-Podein introduced:

H. F. No. 3707, A bill for an act relating to capital investment; appropriating money for improvements to the Gibbs Farm Museum; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Sandell and Xiong, T., introduced:

H. F. No. 3708, A bill for an act relating to taxation; authorizing the city of Woodbury to impose a local lodging tax.

The bill was read for the first time and referred to the Property and Local Tax Division.

Wazlawik introduced:

H. F. No. 3709, A bill for an act relating to human services; revising applicability of family day care training hour requirements; amending Minnesota Statutes 2018, section 245A.50, subdivisions 2, 7, 9.

The bill was read for the first time and referred to the Early Childhood Finance and Policy Division.

Mann, Morrison, Edelson, Acomb and Richardson introduced:

H. F. No. 3710, A bill for an act relating to health; modifying and expanding medical assistance coverage of tobacco and nicotine cessation treatment; amending Minnesota Statutes 2018, sections 256B.0625, by adding a subdivision; 256B.0631, subdivision 1; 256L.03, subdivision 5.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Nornes introduced:

H. F. No. 3711, A bill for an act relating to taxation; local sales and use; authorizing the city of Fergus Falls to impose a local sales and use tax.

The bill was read for the first time and referred to the Property and Local Tax Division.

Garofalo and Hansen introduced:

H. F. No. 3712, A bill for an act relating to capital investment; appropriating money for the Byllesby Dam; authorizing the sale and issuance of bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Schultz and Davids introduced:

H. F. No. 3713, A bill for an act relating to taxation; modifying the tobacco products excise tax; amending the definition of tobacco products to include electronic delivery devices; creating a definition of electronic delivery devices; imposing the tobacco products excise tax on electronic delivery devices; establishing a tobacco prevention and cessation account in the special revenue fund; appropriating money; amending Minnesota Statutes 2018, sections 297F.01, by adding a subdivision; 297F.10, subdivision 2, by adding a subdivision; Minnesota Statutes 2019 Supplement, section 297F.01, subdivisions 19, 23; proposing coding for new law in Minnesota Statutes, chapter 144; repealing Minnesota Statutes 2019 Supplement, section 297F.01, subdivision 22b.

The bill was read for the first time and referred to the Committee on Taxes.

Dehn, Gomez, Edelson, Stephenson and Long introduced:

H. F. No. 3714, A bill for an act relating to public safety; rescheduling marijuana and tetrahydrocannabinols; amending Minnesota Statutes 2018, section 152.02, subdivisions 2, 3.

The bill was read for the first time and referred to the Public Safety and Criminal Justice Reform Finance and Policy Division.

Davids introduced:

H. F. No. 3715, A bill for an act relating to taxation; modifying individual income and corporate franchise taxes, special taxes, and property taxes; modifying individual income tax brackets, the K-12 education expense credit, and section 179 expensing provisions; providing for a full subtraction of taxable Social Security income and ongoing funding for the small business investment tax credit; modifying certain lawful gambling tax and other provisions; modifying referendum equalization levy; appropriating money; amending Minnesota Statutes 2018, sections 273.13, subdivision 25; 290.0674, subdivision 2; 297E.02, subdivision 6; 297E.021, subdivisions 2, 3, 4, by adding a subdivision; 349.15, subdivision 1; 349.151, subdivision 4; Minnesota Statutes 2019 Supplement, sections 116J.8737, subdivision 5; 126C.17, subdivision 6; 290.0132, subdivision 26; 290.06, subdivision 2c; repealing Minnesota Statutes 2018, sections 290.0131, subdivision 10; 290.0133, subdivision 12; 290.0674, subdivision 2a; 290.0692, subdivision 6; Minnesota Statutes 2019 Supplement, section 116J.8737, subdivision 12.

The bill was read for the first time and referred to the Property and Local Tax Division.

Marquart introduced:

H. F. No. 3716, A bill for an act relating to health occupations; exempting a nurse licensed by a border state from obtaining a Minnesota license when providing aftercare; amending Minnesota Statutes 2018, section 148.211, subdivision 2a.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Elkins, Richardson, Schultz, Howard and Freiberg introduced:

H. F. No. 3717, A bill for an act relating to tobacco products; modifying the application of registration and reporting requirements for out-of-state retailers of tobacco products; modifying requirements for tobacco product delivery sales; modifying the definition of electronic delivery device; making changes to criminal penalties; amending Minnesota Statutes 2018, sections 297F.01, subdivision 10a; 297F.031; 297F.09, subdivision 4a; 325F.781; 609.685, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 325F.

The bill was read for the first time and referred to the Committee on Commerce.

Lucero and Garofalo introduced:

H. F. No. 3718, A bill for an act relating to energy; abolishing prohibition on issuing certificate of need for new nuclear power plant; amending Minnesota Statutes 2018, section 216B.243, subdivision 3b.

The bill was read for the first time and referred to the Energy and Climate Finance and Policy Division.

Elkins introduced:

H. F. No. 3719, A bill for an act relating to transportation; requiring commissioners of transportation and employment and economic development to develop a statewide freight network optimization tool; appropriating money.

The bill was read for the first time and referred to the Transportation Finance and Policy Division.

Tabke, Heintzeman, Daudt and Lesch introduced:

H. F. No. 3720, 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.

The bill was read for the first time and referred to the Committee on Labor.

Hausman; Gomez; Xiong, J.; Becker-Finn; Davnie; Schultz; Liebling; Richardson; Hassan; Olson; Carlson, L.; Poston; Hamilton and Carlson, A., introduced:

H. F. No. 3721, A bill for an act relating to taxes; property; providing additional identification information for homestead determination; amending Minnesota Statutes 2018, section 273.124, subdivisions 6, 13a, 13c, 13d; Minnesota Statutes 2019 Supplement, section 273.124, subdivisions 13, 14.

The bill was read for the first time and referred to the Property and Local Tax Division.

Hassan introduced:

H. F. No. 3722, A bill for an act relating to capital investment; appropriating money for a grant to Simpson Housing Services for shelter facilities.

The bill was read for the first time and referred to the Housing Finance and Policy Division.

Marquart introduced:

H. F. No. 3723, A bill for an act relating to limited liability partnerships; standardizing filing fee requirements; amending Minnesota Statutes 2018, section 323A.0101.

The bill was read for the first time and referred to the Committee on Taxes.

Nelson, N., and Sundin introduced:

H. F. No. 3724, A bill for an act relating to human services; directing the commissioner to make recommendations for paperwork reduction relating to out-of-home placement of American Indian children.

The bill was read for the first time and referred to the Early Childhood Finance and Policy Division.

Nelson, N., and Sundin introduced:

H. F. No. 3725, A bill for an act relating to capital investment; appropriating money for a city hall and fire station in Sturgeon Lake; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Nelson, N., and Sundin introduced:

H. F. No. 3726, A bill for an act relating to capital investment; appropriating money for Pine Technical and Community College; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Moran introduced:

H. F. No. 3727, A bill for an act relating to human services; modifying policy provisions governing health care; amending Minnesota Statutes 2018, sections 62U.03; 62U.04, subdivision 11; 256.01, subdivision 29; 256B.056, subdivisions 1a, 4, 7, 10; 256B.0561, subdivision 2; 256B.057, subdivision 1; 256B.0575, subdivisions 1, 2; 256B.0625, subdivisions 1, 27, 58; 256B.0751; 256B.0753, subdivision 1, by adding a subdivision; 256B.75; 256L.03, subdivision 1; 256L.15, subdivision 1; Minnesota Statutes 2019 Supplement, section 256B.056, subdivision 7a.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Gruenhagen, Masin, Mekeland, Heinrich, Heintzeman and Fischer introduced:

H. F. No. 3728, A bill for an act relating to employment; prohibiting employers from discipline or discharge for employee or applicant refusal to immunize; providing civil action remedies; proposing coding for new law in Minnesota Statutes, chapter 181.

The bill was read for the first time and referred to the Committee on Labor.

Gruenhagen introduced:

H. F. No. 3729, 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.

The bill was read for the first time and referred to the Committee on Commerce.

Long introduced:

H. F. No. 3730, 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.

The bill was read for the first time and referred to the Public Safety and Criminal Justice Reform Finance and Policy Division.

Lesch, Hausman and Pinto introduced:

H. F. No. 3731, A bill for an act relating to capital investment; appropriating money for asset preservation at Como Zoo; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Lillie; Koegel; Sundin; O'Neill; Hortman; Stephenson; Pinto; Kunesh-Podein; Wagenius; Xiong, J.; Cantrell; Schultz; Clafflin; Elkins; Jordan; Lee; Becker-Finn; Moran and Winkler introduced:

H. F. No. 3732, A bill for an act relating to state government; ratifying labor agreements and a compensation plan.

The bill was read for the first time and referred to the Committee on Government Operations.

Cantrell introduced:

H. F. No. 3733, A bill for an act relating to animals; prohibiting the declawing of cats except for therapeutic purposes; providing penalties; requiring reports; proposing coding for new law in Minnesota Statutes, chapter 156.

The bill was read for the first time and referred to the Agriculture and Food Finance and Policy Division.

Xiong, J.; Moran; Vang; Klevorn and Persell introduced:

H. F. No. 3734, A bill for an act relating to consumer protection; requiring debt collectors to provide information in the preferred language of the debtor; proposing coding for new law in Minnesota Statutes, chapter 332.

The bill was read for the first time and referred to the Committee on Commerce.

Becker-Finn introduced:

H. F. No. 3735, A bill for an act relating to human services; modifying policy provisions governing recreational license suspension; amending Minnesota Statutes 2018, section 518A.68.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources Policy.

Moran introduced:

H. F. No. 3736, A bill for an act relating to education finance; appropriating money for a program grant to Network for the Development of Children of African Descent.

The bill was read for the first time and referred to the Education Finance Division.

Pryor introduced:

H. F. No. 3737, A bill for an act relating to human services; modifying provisions regarding human services hearing procedures, human services crimes, background studies, and requirements for licensure; amending Minnesota Statutes 2018, sections 245A.02, subdivision 2c; 245A.50, as amended; 245H.08, subdivisions 4, 5; Minnesota Statutes 2019 Supplement, sections 245A.149; 245A.40, subdivision 7; repealing Minnesota Statutes 2018, sections 245A.144; 245A.175; Minnesota Rules, parts 2960.3070; 2960.3210.

The bill was read for the first time and referred to the Early Childhood Finance and Policy Division.

Howard, Elkins and Carlson, A., introduced:

H. F. No. 3738, A bill for an act relating to taxation; sales and use; providing an exemption for construction materials used in a Bloomington fire station; amending Minnesota Statutes 2019 Supplement, section 297A.71, subdivision 52.

The bill was read for the first time and referred to the Committee on Taxes.

Lippert, Hamilton, Lueck, Poppe, Gunther, Lee and Klevorn introduced:

H. F. No. 3739, A bill for an act relating to agriculture; appropriating money for grants to farmers for certain loan origination fees.

The bill was read for the first time and referred to the Agriculture and Food Finance and Policy Division.

Koznick, Scott, Novotny, Torkelson, Pelowski, Poston, Johnson, Jurgens, West, Urdahl, Davids, Theis, Haley, Heinrich, Albright, McDonald and Robbins introduced:

H. F. No. 3740, 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.

The bill was read for the first time and referred to the Transportation Finance and Policy Division.

Bierman, Huot, Christensen, Kunesh-Podein and Acomb introduced:

H. F. No. 3741, A bill for an act relating to teachers; reducing school district reporting; amending Minnesota Statutes 2018, section 122A.091, subdivision 3.

The bill was read for the first time and referred to the Committee on Education Policy.

Wolgamott and Mekeland introduced:

H. F. No. 3742, A bill for an act relating to capital investment; appropriating money for wastewater infrastructure for the city of Foley; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Noor; Theis; Freiberg; Kresha; Nelson, M.; Morrison; Olson; Huot; Bierman; Albright; Schultz; Schomacker and Davids introduced:

H. F. No. 3743, A bill for an act relating to human services; increasing minimum wage for providers of direct support services.

The bill was read for the first time and referred to the Health and Human Services Finance Division.

Dehn, Mann, Gomez, Hamilton and Schultz introduced:

H. F. No. 3744, A bill for an act relating to health; preserving access to affordable drugs; proposing coding for new law in Minnesota Statutes, chapter 151.

The bill was read for the first time and referred to the Committee on Commerce.

Youakim introduced:

H. F. No. 3745, A bill for an act relating to education; requiring financial aid information to be provided to high school students; amending Minnesota Statutes 2018, section 120B.02, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Education Policy.

Munson introduced:

H. F. No. 3746, A bill for an act relating to health; changing intractable pain provisions; amending Minnesota Statutes 2018, section 152.125.

The bill was read for the first time and referred to the Committee on Health and Human Services Policy.

Jordan; Urdahl; Kunesh-Podein; Noor; Davnie; Wolgamott; Xiong, J., and Murphy introduced:

H. F. No. 3747, A bill for an act relating to education finance; appropriating money for the collaborative urban and greater Minnesota educators of color grants; amending Laws 2019, First Special Session chapter 11, article 3, section 22, subdivision 2.

The bill was read for the first time and referred to the Education Finance Division.

Murphy; Lee; Urdahl; Lillie; Davids; Nornes; Gunther; Baker; Torkelson; Carlson, L.; Swedzinski; Hausman; Persell; Poppe; Dettmer; Sandstede; Bennett; Huot and Lien introduced:

H. F. No. 3748, A bill for an act relating to capital investment; authorizing the sale and issuance of state appropriation bonds; appropriating money for public television equipment grants; proposing coding for new law in Minnesota Statutes, chapter 16A.

The bill was read for the first time and referred to the Capital Investment Division.

Edelson introduced:

H. F. No. 3749, A bill for an act relating to public safety; prohibiting persons from interfering with access to reproductive health services and facilities; establishing criminal penalties; proposing coding for new law in Minnesota Statutes, chapter 609.

The bill was read for the first time and referred to the Judiciary Finance and Civil Law Division.

Lillie introduced:

H. F. No. 3750, A bill for an act relating to state government; establishing Tamil Language and Heritage Month; proposing coding for new law in Minnesota Statutes, chapter 10.

The bill was read for the first time and referred to the Committee on Government Operations.

Her; Gomez; Long; Xiong, J.; Becker-Finn and Lee introduced:

H. F. No. 3751, 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.

The bill was read for the first time and referred to the Judiciary Finance and Civil Law Division.

Her and Lee introduced:

H. F. No. 3752, A bill for an act relating to retirement; Teachers Retirement Association; clarifying interest and service credit provisions; correcting a statutory reference and early retirement provisions for plan operation compliance; deleting obsolete provisions; making other changes of an administrative nature; amending Minnesota Statutes 2018, sections 354.05, subdivisions 2, 41; 354.44, subdivisions 4, 6; 354.46, subdivision 2; 354.49, subdivision 2; 354.543, subdivision 3; repealing Minnesota Statutes 2018, section 354.55, subdivision 10.

The bill was read for the first time and referred to the Committee on Government Operations.

Her; Hornstein; Hassan; Gomez; Lee; Acomb; Persell; Dehn; Wazlawik; Davnie; Pinto; Moller; Long; Xiong, J., and Becker-Finn introduced:

H. F. No. 3753, A bill for an act relating to environment; requiring analysis of certain demographic factors in permits and environmental review documents; amending Minnesota Statutes 2018, sections 116.07, subdivision 4a, by adding a subdivision; 116D.04, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources Policy.

Swedzinski introduced:

H. F. No. 3754, A bill for an act relating to capital investment; appropriating money for capital improvements of roads and public utilities in the city of Wood Lake; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Swedzinski introduced:

H. F. No. 3755, A bill for an act relating to capital investment; appropriating money for street and public infrastructure work in Hanley Falls; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Fabian, Green, Albright, Neu, Johnson, Nornes, Gunther and Lueck introduced:

H. F. No. 3756, 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.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources Policy.

Halverson, Davids and Stephenson introduced:

H. F. No. 3757, A bill for an act relating to health; determining payment parameters for emergency services; amending Minnesota Statutes 2018, section 62Q.556.

The bill was read for the first time and referred to the Committee on Commerce.

Wolgamott and Christensen introduced:

H. F. No. 3758, A bill for an act relating to liquor; small brewer off-sale prohibition; amending Minnesota Statutes 2018, section 340A.28, subdivision 2.

The bill was read for the first time and referred to the Committee on Commerce.

Her; Hausman; Xiong, J.; Becker-Finn; Lee and Cantrell introduced:

H. F. No. 3759, A bill for an act relating to housing; requiring prorated rent for the last month of tenancy; prohibiting early renewal of leases when the lease will last ten months; proposing coding for new law in Minnesota Statutes, chapter 504B.

The bill was read for the first time and referred to the Housing Finance and Policy Division.

Quam, Gruenhagen, Garofalo, Lucero and Bennett introduced:

H. F. No. 3760, A bill for an act relating to education finance; establishing the funding for success incentive aid program; proposing coding for new law in Minnesota Statutes, chapter 124D.

The bill was read for the first time and referred to the Education Finance Division.

Anderson and Backer introduced:

H. F. No. 3761, A bill for an act relating to capital investment; appropriating money for a regional cultural and civic center in Glenwood; authorizing the sale and issuance of state bonds.

The bill was read for the first time and referred to the Capital Investment Division.

Anderson, Backer, Lueck, Gunther and Hamilton introduced:

H. F. No. 3762, A bill for an act relating to agriculture; establishing a grain storage facility safety grant program; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 17.

The bill was read for the first time and referred to the Agriculture and Food Finance and Policy Division.

Swedzinski introduced:

H. F. No. 3763, A bill for an act relating to education finance; authorizing a referendum to revoke or reduce operating referendum authority upon receipt of a petition; authorizing a referendum to revoke or reduce local optional revenue; amending Minnesota Statutes 2018, section 126C.17, subdivision 9, by adding a subdivision; Minnesota Statutes 2019 Supplement, section 126C.10, subdivision 2e.

The bill was read for the first time and referred to the Education Finance Division.

Kotzya-Witthuhn, O'Neill, Stephenson, Morrison and Elkins introduced:

H. F. No. 3764, A bill for an act relating to transportation; amending requirements on use of child passenger restraint systems; amending Minnesota Statutes 2018, section 169.685, subdivision 5.

The bill was read for the first time and referred to the Transportation Finance and Policy Division.

Robbins, Erickson, Daudt, Mekeland, Scott, Albright, Garofalo, Kresha, Demuth, Kiel, Vogel, Nash, Runbeck, Gruenhagen, Heintzeman, Gunther and Novotny introduced:

H. F. No. 3765, A bill for an act relating to taxation; individual income; modifying the K-12 education expense subtraction and credit; extending the credit to tuition; increasing the subtraction and credit amounts; increasing the income phaseout for the credit; adjusting the credit and subtraction amounts and credit phaseout thresholds for inflation; amending Minnesota Statutes 2018, sections 290.0132, subdivision 4; 290.0674, subdivision 2; Minnesota Statutes 2019 Supplement, section 290.0674, subdivision 1.

The bill was read for the first time and referred to the Committee on Taxes.

Robbins, Baker and Gunther introduced:

H. F. No. 3766, A bill for an act relating to elections; modifying standards related to presidential nomination primary voter data; amending Minnesota Statutes 2019 Supplement, section 201.091, subdivision 4a.

The bill was read for the first time and referred to the Committee on Government Operations.

Brand introduced:

H. F. No. 3767, A bill for an act relating to county agricultural societies; modifying the required use for a portion of revenues; amending Minnesota Statutes 2019 Supplement, section 38.27, subdivision 4.

The bill was read for the first time and referred to the Agriculture and Food Finance and Policy Division.

REPORT FROM THE COMMITTEE ON RULES AND LEGISLATIVE ADMINISTRATION

Winkler from the Committee on Rules and Legislative Administration, pursuant to rules 1.21 and 3.33, designated the following bills to be placed on the Calendar for the Day for Wednesday, February 26, 2020 and established a prefiling requirement for amendments offered to the following bills:

H. F. Nos. 3100 and 3068.

MOTIONS AND RESOLUTIONS

Nelson, M., moved that the name of Boe be added as an author on H. F. No. 14. The motion prevailed.

Schultz moved that the name of Tabke be added as an author on H. F. No. 150. The motion prevailed.

Kunesh-Podein moved that the name of Jordan be added as chief author on H. F. No. 250. The motion prevailed.

Pinto moved that the name of Moller be added as an author on H. F. No. 627. The motion prevailed.

Cantrell moved that the names of Jordan, Sandell, Her and Moller be added as authors on H. F. No. 724. The motion prevailed.

Elkins moved that the name of Bierman be added as an author on H. F. No. 983. The motion prevailed.

Lesch moved that the name of Her be added as an author on H. F. No. 1060. The motion prevailed.

Becker-Finn moved that the name of Tabke be added as an author on H. F. No. 1280. The motion prevailed.

Demuth moved that the name of Ecklund be added as an author on H. F. No. 1323. The motion prevailed.

Mekeland moved that the name of Novotny be added as an author on H. F. No. 1452. The motion prevailed.

Fischer moved that the name of Jordan be added as an author on H. F. No. 1502. The motion prevailed.

Munson moved that the name of Tabke be added as an author on H. F. No. 1864. The motion prevailed.

Mann moved that the name of Jordan be added as an author on H. F. No. 1878. The motion prevailed.

Noor moved that the name of Schomacker be added as an author on H. F. No. 1913. The motion prevailed.

Cantrell moved that the name of Jordan be added as an author on H. F. No. 2041. The motion prevailed.

Klevorn moved that the name of Moller be added as an author on H. F. No. 2061. The motion prevailed.

Mariani moved that the names of Tabke and Vang be added as authors on H. F. No. 2139. The motion prevailed.

Klevorn moved that the name of Acomb be added as an author on H. F. No. 2182. The motion prevailed.

Ecklund moved that his name be stricken as an author on H. F. No. 2241. The motion prevailed.

Carlson, A., moved that the name of Halverson be added as chief author on H. F. No. 2290. The motion prevailed.

Xiong, T., moved that the name of Jordan be added as an author on H. F. No. 2349. The motion prevailed.

Wolgamott moved that the names of O'Driscoll and Anderson be added as authors on H. F. No. 2377. The motion prevailed.

Swedzinski moved that the name of Jordan be added as an author on H. F. No. 2390. The motion prevailed.

Mann moved that the names of Cantrell, Hornstein and Edelson be added as authors on H. F. No. 2635. The motion prevailed.

Dehn moved that the name of Moller be added as an author on H. F. No. 2701. The motion prevailed.

Masin moved that the name of Hausman be added as an author on H. F. No. 2703. The motion prevailed.

Bernardy moved that the name of Jordan be added as an author on H. F. No. 2707. The motion prevailed.

Masin moved that the name of Jordan be added as an author on H. F. No. 2708. The motion prevailed.

Dehn moved that the name of Jordan be added as an author on H. F. No. 2891. The motion prevailed.

Edelson moved that the names of O'Neill and Baker be added as authors on H. F. No. 2898. The motion prevailed.

Kotyza-Witthuhn moved that the name of Jordan be added as an author on H. F. No. 2903. The motion prevailed.

Morrison moved that the names of Miller and Moller be added as authors on H. F. No. 2920. The motion prevailed.

Kresha moved that the name of O'Driscoll be added as an author on H. F. No. 2942. The motion prevailed.

Poppe moved that the name of Jurgens be added as an author on H. F. No. 2959. The motion prevailed.

Cantrell moved that the name of Schomacker be added as an author on H. F. No. 2971. The motion prevailed.

Lesch moved that the names of Davnie, Claflin and Wolgamott be added as authors on H. F. No. 3008. The motion prevailed.

Ecklund moved that the name of Wolgamott be added as an author on H. F. No. 3029. The motion prevailed.

Halverson moved that the name of Howard be added as an author on H. F. No. 3032. The motion prevailed.

Hansen moved that the names of Albright and Bernardy be added as authors on H. F. No. 3037. The motion prevailed.

Edelson moved that the name of Jordan be added as an author on H. F. No. 3041. The motion prevailed.

Richardson moved that the name of Huot be added as an author on H. F. No. 3053. The motion prevailed.

Lee moved that the name of Huot be added as an author on H. F. No. 3056. The motion prevailed.

Lee moved that the name of Huot be added as an author on H. F. No. 3058. The motion prevailed.

Dehn moved that the name of Stephenson be added as an author on H. F. No. 3068. The motion prevailed.

Richardson moved that the name of Huot be added as an author on H. F. No. 3078. The motion prevailed.

Richardson moved that the name of Huot be added as an author on H. F. No. 3079. The motion prevailed.

Wazlawik moved that the name of Huot be added as an author on H. F. No. 3083. The motion prevailed.

Tabke moved that the name of Jordan be added as an author on H. F. No. 3085. The motion prevailed.

Christensen moved that the name of Becker-Finn be added as an author on H. F. No. 3095. The motion prevailed.

Noor moved that the name of Huot be added as an author on H. F. No. 3098. The motion prevailed.

Stephenson moved that the name of Huot be added as an author on H. F. No. 3099. The motion prevailed.

Christensen moved that the name of Huot be added as an author on H. F. No. 3101. The motion prevailed.

Edelson moved that the name of Jordan be added as an author on H. F. No. 3108. The motion prevailed.

Quam moved that the name of Cantrell be added as an author on H. F. No. 3122. The motion prevailed.

Christensen moved that the name of Her be added as an author on H. F. No. 3123. The motion prevailed.

Kunesh-Podein moved that the name of Huot be added as an author on H. F. No. 3139. The motion prevailed.

Kunesh-Podein moved that the name of Bernardy be added as an author on H. F. No. 3141. The motion prevailed.

Kunesh-Podein moved that the name of Bernardy be added as an author on H. F. No. 3142. The motion prevailed.

Richardson moved that the name of Huot be added as an author on H. F. No. 3159. The motion prevailed.

Clafin moved that the name of Lislegard be added as an author on H. F. No. 3181. The motion prevailed.

Kunesh-Podein moved that the names of Jordan and Huot be added as authors on H. F. No. 3201. The motion prevailed.

Christensen moved that the name of Elkins be added as an author on H. F. No. 3202. The motion prevailed.

Richardson moved that the name of Youakim be added as an author on H. F. No. 3203. The motion prevailed.

Howard moved that the name of Wolgamott be added as an author on H. F. No. 3205. The motion prevailed.

Schultz moved that the name of Bierman be added as an author on H. F. No. 3223. The motion prevailed.

Morrison moved that the name of Bierman be added as an author on H. F. No. 3228. The motion prevailed.

Hornstein moved that the names of Pryor and Jordan be added as authors on H. F. No. 3252. The motion prevailed.

Schomacker moved that the name of Robbins be added as an author on H. F. No. 3267. The motion prevailed.

Christensen moved that the name of Huot be added as an author on H. F. No. 3271. The motion prevailed.

Hornstein moved that the name of Huot be added as an author on H. F. No. 3297. The motion prevailed.

Lucero moved that the name of Jurgens be added as an author on H. F. No. 3300. The motion prevailed.

Kunesh-Podein moved that the name of Pryor be added as an author on H. F. No. 3322. The motion prevailed.

Hausman moved that the name of Brand be added as an author on H. F. No. 3326. The motion prevailed.

Kiel moved that the names of Huot and Moller be added as authors on H. F. No. 3345. The motion prevailed.

Kotyza-Witthuhn moved that the names of Freiberg, Wolgamott, Stephenson and Elkins be added as authors on H. F. No. 3369. The motion prevailed.

Wazlawik moved that the names of Moller and Jordan be added as authors on H. F. No. 3376. The motion prevailed.

Wazlawik moved that the name of Moller be added as an author on H. F. No. 3377. The motion prevailed.

Morrison moved that the name of Pryor be added as an author on H. F. No. 3398. The motion prevailed.

Lippert moved that the name of Ecklund be added as an author on H. F. No. 3420. The motion prevailed.

Lee moved that the name of Huot be added as an author on H. F. No. 3424. The motion prevailed.

Winkler moved that the name of Huot be added as an author on H. F. No. 3427. The motion prevailed.

Cantrell moved that the name of Jordan be added as an author on H. F. No. 3433. The motion prevailed.

Edelson moved that the name of Freiberg be added as an author on H. F. No. 3439. The motion prevailed.

Acomb moved that the name of Moller be added as an author on H. F. No. 3479. The motion prevailed.

Mann moved that the names of Youakim, Jordan and Lesch be added as authors on H. F. No. 3506. The motion prevailed.

Acomb moved that the name of Christensen be added as an author on H. F. No. 3519. The motion prevailed.

Becker-Finn moved that the name of Swedzinski be added as an author on H. F. No. 3535. The motion prevailed.

Lien moved that the name of Haley be added as an author on H. F. No. 3566. The motion prevailed.

Morrison moved that the name of Schultz be added as an author on H. F. No. 3570. The motion prevailed.

Poston moved that the name of Kresha be added as an author on H. F. No. 3571. The motion prevailed.

Pinto moved that the name of Schomacker be added as an author on H. F. No. 3575. The motion prevailed.

Lesch moved that the name of Hansen be added as an author on H. F. No. 3584. The motion prevailed.

Torkelson moved that the name of Boe be added as an author on H. F. No. 3595. The motion prevailed.

Moller moved that the name of Becker-Finn be added as an author on H. F. No. 3603. The motion prevailed.

Murphy moved that the names of Becker-Finn and Youakim be added as authors on H. F. No. 3622. The motion prevailed.

Pelowski moved that the names of Albright, Jurgens and Anderson be added as authors on H. F. No. 3633. The motion prevailed.

Gruenhagen moved that the names of Dettmer, Runbeck, Erickson and Munson be added as authors on H. F. No. 3645. The motion prevailed.

Lee moved that the name of Becker-Finn be added as an author on H. F. No. 3649. The motion prevailed.

Haley moved that the name of Lien be added as an author on H. F. No. 3656. The motion prevailed.

Hansen moved that the names of Lee, Ecklund, Wagenius, Sundin and Gunther be added as authors on H. F. No. 3657. The motion prevailed.

Hornstein moved that H. F. No. 3252 be recalled from the Higher Education Finance and Policy Division and be re-referred to the Transportation Finance and Policy Division. The motion prevailed.

Bernardy moved that H. F. No. 3135 be returned to its author. The motion prevailed.

REQUEST PURSUANT TO RULE 4.31

Considine invoked rule 4.31 relating to the return to the House of H. F. No. 1298 from the Health and Human Services Finance Division.

POINT OF ORDER

Winkler raised a point of order pursuant to rule 4.31, relating to Time Limit to Consider Bills. The Speaker ruled the point of order well taken.

ADJOURNMENT

Winkler moved that when the House adjourns today it adjourn until 4:15 p.m., Wednesday, February 26, 2020. The motion prevailed.

Winkler moved that the House adjourn. The motion prevailed, and the Speaker declared the House stands adjourned until 4:15 p.m., Wednesday, February 26, 2020.

PATRICK D. MURPHY, Chief Clerk, House of Representatives