

This Document can be made available in alternative formats upon request

State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 4118

02/22/2024 Authored by Hanson, J., The bill was read for the first time and referred to the Committee on Public Safety Finance and Policy

1.1 A bill for an act
1.2 relating to public safety; prohibiting use of term "excited delirium" and similar
1.3 terms to describe mental health status of persons by law enforcement; amending
1.4 Minnesota Statutes 2022, sections 144.651, subdivisions 2, 6; 390.11, subdivision
1.5 2; 609.06, by adding a subdivision; proposing coding for new law in Minnesota
1.6 Statutes, chapter 626.

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

1.8 Section 1. Minnesota Statutes 2022, section 144.651, subdivision 2, is amended to read:

1.9 Subd. 2. Definitions. (a) For the purposes of this section, "patient" means a person who
1.10 is admitted to an acute care inpatient facility for a continuous period longer than 24 hours,
1.11 for the purpose of diagnosis or treatment bearing on the physical or mental health of that
1.12 person. For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also
1.13 means a person who receives health care services at an outpatient surgical center or at a
1.14 birth center licensed under section 144.615. "Patient" also means a minor who is admitted
1.15 to a residential program as defined in section 253C.01. For purposes of subdivisions 1, 3
1.16 to 16, 18, 20 and 30, "patient" also means any person who is receiving mental health
1.17 treatment on an outpatient basis or in a community support program or other
1.18 community-based program. "Resident" means a person who is admitted to a nonacute care
1.19 facility including extended care facilities, nursing homes, and boarding care homes for care
1.20 required because of prolonged mental or physical illness or disability, recovery from injury
1.21 or disease, or advancing age. For purposes of all subdivisions except subdivisions 28 and
1.22 29, "resident" also means a person who is admitted to a facility licensed as a board and
1.23 lodging facility under Minnesota Rules, parts 4625.0100 to 4625.2355, a boarding care
1.24 home under sections 144.50 to 144.56, or a supervised living facility under Minnesota Rules,

2.1 parts 4665.0100 to 4665.9900, and which operates a rehabilitation program licensed under
2.2 chapter 245G or 245I, or Minnesota Rules, parts 9530.6510 to 9530.6590.

2.3 (b) For the purposes of this section, "excited delirium" means a description of a person's
2.4 state of agitation, excitability, paranoia, extreme aggression, physical violence, and apparent
2.5 immunity to pain that is not listed in the most current version of the Diagnostic and Statistical
2.6 Manual of Mental Disorders, or for which there is insufficient scientific evidence or
2.7 diagnostic criteria to be recognized as a medical condition. Excited delirium includes excited
2.8 delirium syndrome, hyperactive delirium, agitated delirium, exhaustive mania, and similar
2.9 terms.

2.10 Sec. 2. Minnesota Statutes 2022, section 144.651, subdivision 6, is amended to read:

2.11 Subd. 6. **Appropriate health care.** (a) Patients and residents shall have the right to
2.12 appropriate medical and personal care based on individual needs. Appropriate care for
2.13 residents means care designed to enable residents to achieve their highest level of physical
2.14 and mental functioning. This right is limited where the service is not reimbursable by public
2.15 or private resources.

2.16 (b) "Excited delirium" and other similar terms, including "agitated delirium" or
2.17 "hyperactive delirium," shall not be recognized as a valid medical diagnosis or cause of
2.18 death. A state or local government entity, or employee or contractor of a state or local
2.19 government entity, shall not document, testify to, or otherwise use in any official capacity
2.20 or communication "excited delirium" or similar terms as a recognized medical diagnosis or
2.21 cause of death. A coroner, medical examiner, physician, or physician assistant shall not
2.22 state on the certificate of death, or in any report, that the cause of death was excited delirium
2.23 or a similar term. The term excited delirium and terms inclusive of excited delirium shall
2.24 not be listed anywhere on the death certificate.

2.25 Sec. 3. Minnesota Statutes 2022, section 390.11, subdivision 2, is amended to read:

2.26 Subd. 2. **Autopsies.** (a) For the purposes of this subdivision, "excited delirium" means
2.27 a description of a person's state of agitation, excitability, paranoia, extreme aggression,
2.28 physical violence, and apparent immunity to pain that is not listed in the most current version
2.29 of the Diagnostic and Statistical Manual of Mental Disorders, or for which there is insufficient
2.30 scientific evidence or diagnostic criteria to be recognized as a medical condition. Excited
2.31 delirium includes excited delirium syndrome, hyperactive delirium, agitated delirium,
2.32 exhaustive mania, and similar terms.

3.1 (b) Subject to subdivision 2b, the coroner or medical examiner may order an autopsy,
 3.2 at the coroner or medical examiner's sole discretion, in the case of any human death referred
 3.3 to in subdivision 1, when, in the judgment of the coroner or medical examiner the public
 3.4 interest would be served by an autopsy. The autopsy shall be performed without unnecessary
 3.5 delay. A report of the facts developed by the autopsy and findings of the person performing
 3.6 the autopsy shall be made promptly and filed in the office of the coroner or medical examiner.
 3.7 A coroner, medical examiner, physician, physician assistant, or advanced practice registered
 3.8 nurse shall not state on the certificate of death, or in any report, that the cause of death was
 3.9 excited delirium or similar terms, including "agitated delirium" or "hyperactive delirium."
 3.10 The term excited delirium and terms inclusive of excited delirium shall not be listed anywhere
 3.11 on the death certificate. When further investigation is deemed advisable, a copy of the report
 3.12 shall be delivered to the county attorney. Every autopsy performed pursuant to this
 3.13 subdivision shall, whenever practical, be performed in the county morgue. Nothing herein
 3.14 shall require the coroner or medical examiner to order an autopsy upon the body of a deceased
 3.15 person if the person died of known or ascertainable causes or had been under the care of a
 3.16 licensed physician immediately prior to death or if the coroner or medical examiner
 3.17 determines the autopsy to be unnecessary.

3.18 (c) Autopsies performed pursuant to this subdivision may include the removal, retention,
 3.19 testing, or use of organs, parts of organs, fluids or tissues, at the discretion of the coroner
 3.20 or medical examiner, when removal, retention, testing, or use may be useful in determining
 3.21 or confirming the cause of death, mechanism of death, manner of death, identification of
 3.22 the deceased, presence of disease or injury, or preservation of evidence. Such tissue retained
 3.23 by the coroner or medical examiner pursuant to this subdivision shall be disposed of in
 3.24 accordance with standard biohazardous hospital or surgical material and does not require
 3.25 specific consent or notification of the legal next of kin. When removal, retention, testing,
 3.26 and use of organs, parts of organs, fluids, or tissues is deemed beneficial, and is done only
 3.27 for research or the advancement of medical knowledge and progress, written consent or
 3.28 documented oral consent shall be obtained from the legal next of kin, if any, of the deceased
 3.29 person prior to the removal, retention, testing, or use.

3.30 Sec. 4. Minnesota Statutes 2022, section 609.06, is amended by adding a subdivision to
 3.31 read:

3.32 Subd. 4. **Excited delirium.** (a) For the purposes of this subdivision, "excited delirium"
 3.33 means a description of a person's state of agitation, excitability, paranoia, extreme aggression,
 3.34 physical violence, and apparent immunity to pain that is not listed in the most current version
 3.35 of the Diagnostic and Statistical Manual of Mental Disorders, or for which there is insufficient

4.1 scientific evidence or diagnostic criteria to be recognized as a medical condition. Excited
4.2 delirium includes excited delirium syndrome, hyperactive delirium, agitated delirium,
4.3 exhaustive mania, and similar terms.

4.4 (b) Excited delirium shall not be a defense for the use of force. The term excited delirium
4.5 and terms inclusive of excited delirium shall not be included in incident reports, other law
4.6 enforcement documentation, or as evidence in a civil or criminal proceeding.

4.7 **Sec. 5. [626.8437] TRAINING IN EXCITED DELIRIUM AND SIMILAR TERMS**
4.8 **PROHIBITED.**

4.9 Subdivision 1. **Definition.** For the purposes of this chapter, "excited delirium" means a
4.10 description of a person's state of agitation, excitability, paranoia, extreme aggression, physical
4.11 violence, and apparent immunity to pain that is not listed in the most current version of the
4.12 Diagnostic and Statistical Manual of Mental Disorders, or for which there is insufficient
4.13 scientific evidence or diagnostic criteria to be recognized as a medical condition. Excited
4.14 delirium includes excited delirium syndrome, hyperactive delirium, agitated delirium,
4.15 exhaustive mania, and similar terms.

4.16 Subd. 2. **No continuing education credits or tuition reimbursement.** (a) The board
4.17 may not certify a continuing education course that includes training on the detection or use
4.18 of the term excited delirium.

4.19 (b) The board may not grant continuing education credit to a peace officer for a course
4.20 that includes training on the detection or use of the term excited delirium.

4.21 (c) The board may not reimburse a law enforcement agency or a peace officer for a
4.22 course that includes training on the detection or use of the term excited delirium.

4.23 Subd. 3. **Training prohibited.** A law enforcement agency may not provide, directly or
4.24 through a third party, to a peace officer any course that includes training on the detection
4.25 or use of excited delirium.