

## **DCT 2026 Policy Bill Summary**

### **Separation Related Proposals**

#### **Update Reference to Torts Statute**

This proposal updates a reference missed last session to effectuate DCT's transition into a distinct state agency. The proposal does not give DCT new powers or authorities but updates a reference to the correct DCT governing authority for torts claims under \$7,000. A reference to the DHS commissioner is removed.

#### **Authorizing Staff to Help Respond to MSOP Data Disputes**

This proposal allows for a designee within DCT to receive and respond to the approximately 3,000 annual data requests and challenges submitted by clients at the Minnesota Sex Offender Program (MSOP). This change allows DCT to respond to the high volume of requests in a timely manner and puts into law the same process that was in place when DCT was part of DHS.

#### **Movement to Classified Service**

This proposal addresses an authority from a 1997 session law that did not transfer to DCT when it separated from DHS. This change allows DCT to retain the same authority that it had while part of DHS for positions designated as unclassified and reflects the spirit of the now expired section 246C.05, which contained protections for employees transferring from DHS to DCT. This change retains all terms and conditions of employment in place prior to DCT's separation from DHS.

### **Data Sharing Proposals**

#### **Limited Authority to Share Patient Health Information**

This proposal allows DCT to share patient health information in limited and specific ways that are necessary to provide care and complete standard health system activities. The proposal allows DCT to share information with regulatory and accreditation bodies, law enforcement, and health oversight agencies.

## **Data Sharing Proposals cont.**

### **Limited Authority to Share Patient Information with Courts**

This proposal allows DCT to disclose patient information to guardianship courts to coordinate guardianship services in narrowly defined circumstances where a release of information (ROI) cannot be obtained. Specifically, DCT could share information when a patient lacks capacity to provide consent or when a current guardian is unavailable, non-responsive, or refuses to authorize disclosure.

## **Improving Patient Care Proposals**

### **More Time for Forensics Patients to Voluntarily Return for Medical Care**

This proposal extends the timeframe before automatic revocation of provisional discharges occur when a patient voluntarily returns to the Forensic Mental Health Program (FMHP) for care. For patients returning for psychiatric care, the timeframe extends from 60 days to 90 days. For those returning for non-psychiatric medical conditions, the timeframe extends to six months. The change allows patients to receive necessary care and return to their community setting or non-secure placement without losing their provisional discharge or transferred status. Voluntary returners would also not be forced to repeat the reduction-in-custody process they have already completed successfully.

### **Providing Routine Patient Care Before Emergencies Arise**

This proposal clarifies DCT's legal authority to make timely medical decisions for patients who lack decision-making capacity, who have no legal guardian, and for whom DCT is unable to reasonably locate a proper relative. The proposal includes important safeguards developed with external stakeholders:

1. Treatment decisions must be consistent with any documented health care directives and with reasonable medical practice and applicable law;
2. Patients retain the right to request independent physician review of incapacity determinations and treatment decisions;
3. Ensures that a patient's primary care physician will not be the sole decision-maker through internal DCT policy implementation; and,
4. Preserves patients' rights to court review.