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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 264

02/10/2025

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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 corrections; providing for improved medical care in licensed facilities;
- 1.3

amending Minnesota Statutes 2024, section 241.021, subdivision 1, by adding a
- 1.4

subdivision.
- 1.5

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.6

Section 1. TITLE.
- 1.7

This act shall be known as "Larry R. Hill Medical Reform Act."
- 1.8

Sec. 2. Minnesota Statutes 2024, section 241.021, subdivision 1, is amended to read:
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Subdivision 1. **Correctional facilities; inspection; licensing.** (a) Except as provided
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in paragraph (b), the commissioner of corrections shall inspect and license all correctional
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facilities throughout the state, whether public or private, established and operated for the
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detention and confinement of persons confined or incarcerated therein according to law
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except to the extent that they are inspected or licensed by other state regulating agencies.
- 1.14

The commissioner shall promulgate pursuant to chapter 14, rules establishing minimum
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standards for these facilities with respect to their management, operation, physical condition,
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and the security, safety, health, treatment, and discipline of persons confined or incarcerated
- 1.17

therein. These minimum standards shall include but are not limited to specific guidance
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pertaining to:
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(1) screening, appraisal, assessment, and treatment for persons confined or incarcerated
- 1.20

in correctional facilities with mental illness or substance use disorders;

(2) a policy on the involuntary administration of medications, including a process for determining on intake whether a Jarvis Order is in place and ensuring it will be followed during the confinement or incarceration;

(3) suicide prevention plans and training;

(4) verification of medications in a timely manner;

(5) well-being checks;

(6) discharge planning, including providing prescribed medications to persons confined or incarcerated in correctional facilities upon release;

(7) a policy on referrals or transfers to medical or mental health care in a noncorrectional institution;

(8) use of segregation and mental health checks;

(9) critical incident debriefings;

(10) clinical management of substance use disorders and opioid overdose emergency procedures;

(11) a policy regarding identification of persons with special needs confined or incarcerated in correctional facilities;

(12) a policy regarding the use of telehealth;

(13) self-auditing of compliance with minimum standards;

(14) information sharing with medical personnel and when medical assessment must be facilitated;

(15) a code of conduct policy for facility staff and annual training;

(16) a policy on death review of all circumstances surrounding the death of an individual committed to the custody of the facility; and

(17) dissemination of a rights statement made available to persons confined or incarcerated in licensed correctional facilities.

No individual, corporation, partnership, voluntary association, or other private organization legally responsible for the operation of a correctional facility may operate the facility unless it possesses a current license from the commissioner of corrections. Private adult correctional facilities shall have the authority of section 624.714, subdivision 13, if the Department of Corrections licenses the facility with the authority and the facility meets requirements of section 243.52.

3.1 The commissioner shall review the correctional facilities described in this subdivision
3.2 at least once every two years, except as otherwise provided, to determine compliance with
3.3 the minimum standards established according to this subdivision or other Minnesota statute
3.4 related to minimum standards and conditions of confinement.

3.5 The commissioner shall grant a license to any facility found to conform to minimum
3.6 standards or to any facility which, in the commissioner's judgment, is making satisfactory
3.7 progress toward substantial conformity and the standards not being met do not impact the
3.8 interests and well-being of the persons confined or incarcerated in the facility. A limited
3.9 license under subdivision 1a may be issued for purposes of effectuating a facility closure.
3.10 The commissioner may grant licensure up to two years. Unless otherwise specified by
3.11 statute, all licenses issued under this chapter expire at 12:01 a.m. on the day after the
3.12 expiration date stated on the license.

3.13 The commissioner shall have access to the buildings, grounds, books, records, staff, and
3.14 to persons confined or incarcerated in these facilities. The commissioner may require the
3.15 officers in charge of these facilities to furnish all information and statistics the commissioner
3.16 deems necessary, at a time and place designated by the commissioner. Notwithstanding
3.17 chapter 13 or any other state law classifying or restricting access to data, the officers in
3.18 charge of these facilities must furnish all data available to the facility that the commissioner
3.19 deems necessary to conduct a review of any emergency or unusual occurrence at the facility.
3.20 Failure to provide or grant access to relevant information or statistics necessary to fulfill
3.21 inspection or emergency or unusual occurrence reviews, as requested by the commissioner,
3.22 may be grounds for the commissioner to take action against a correctional facility's license
3.23 under subdivision 1a, 1b, or 1c.

3.24 All facility administrators of correctional facilities are required to report all deaths of
3.25 individuals who died while committed to the custody of the facility, regardless of whether
3.26 the death occurred at the facility or after removal from the facility for medical care stemming
3.27 from an incident or need for medical care at the correctional facility, as soon as practicable,
3.28 but no later than 24 hours of receiving knowledge of the death, including any demographic
3.29 information as required by the commissioner.

3.30 All facility administrators of correctional facilities are required to report all other
3.31 emergency or unusual occurrences as defined by rule, including uses of force by facility
3.32 staff that result in substantial bodily harm or suicide attempts, to the commissioner of
3.33 corrections within ten days from the occurrence, including any demographic information
3.34 as required by the commissioner. The commissioner of corrections shall consult with the
3.35 Minnesota Sheriffs' Association and a representative from the Minnesota Association of

Community Corrections Act Counties who is responsible for the operations of an adult correctional facility to define "use of force" that results in substantial bodily harm for reporting purposes.

The commissioner may require that any or all such information be provided through the Department of Corrections detention information system. The commissioner shall post each inspection report publicly and on the department's website within 30 days of completing the inspection. The education program offered in a correctional facility for the confinement or incarceration of juvenile offenders must be approved by the commissioner of education before the commissioner of corrections may grant a license to the facility.

(b) For juvenile facilities licensed by the commissioner of human services, the commissioner may inspect and certify programs based on certification standards set forth in Minnesota Rules. For the purpose of this paragraph, "certification" has the meaning given it in section 245A.02.

(c) Any state agency which regulates, inspects, or licenses certain aspects of correctional facilities shall, insofar as is possible, ensure that the minimum standards it requires are substantially the same as those required by other state agencies which regulate, inspect, or license the same aspects of similar types of correctional facilities, although at different correctional facilities.

(d) Nothing in this section shall be construed to limit the commissioner of corrections' authority to promulgate rules establishing standards of eligibility for counties to receive funds under chapter 401, or to require counties to comply with operating standards the commissioner establishes as a condition precedent for counties to receive that funding.

(e) The department's inspection unit must report directly to a division head outside of the correctional institutions division.

Sec. 3. Minnesota Statutes 2024, section 241.021, is amended by adding a subdivision to read:

Subd. 4f. **Medication provision in correctional facilities.** Correctional facilities, as defined in subdivision 1, shall provide to incarcerated individuals the same medications prescribed to those individuals prior to their incarceration or confinement unless a licensed health care professional, as defined in chapter 147 or 148, determines the medication is no longer needed because the condition treated by the medication has resolved; the incarcerated individual no longer wishes to take the medication; or a more effective medication is prescribed to treat the condition and is acceptable to the incarcerated individual.