

File Number: H.F. 1229

Date: March 2, 2017

Version: First engrossment

Authors: Pierson and others

Subject: Duties of Mental Health and Developmental Disabilities Ombudsman

Analyst: Sarah Sunderman

This publication can be made available in alternative formats upon request. Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance. Summaries are also available on our website at: www.house.mn/hrd/.

Overview

The ombudsman for persons receiving services or treatment for mental illness, developmental disabilities, chemical dependency, or emotional disturbance is appointed by the governor to promote the highest attainable standards of treatment. The ombudsman may gather information and data about decisions, acts, and other matters of an entity providing services or treatment. This bill, if passed, would broaden the scope of the ombudsman's powers to access data and review the actions of an entity providing applicable services, and would modify the Ombudsman Committee's terms for membership, compensation, and removal.

Section

- 1 **Facility or program.** Amends § 245.91, subd. 4. Specifies that a "facility" or "program" includes any entity required to be licensed, certified, or registered, providing services or treatment for mental illness, developmental disabilities, chemical dependency, or emotional disturbance.
- 2 **Serious injury.** Amends § 245.91, subd. 6. Adds to the list of serious injuries for reporting to the ombudsman:
 - (1) head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment, whether or not further medical attention was sought;
 - (2) attempted suicide; and

Section

- (3) all other incidents considered serious by a health care professional, including self-harm, medication error requiring medical treatment, delay of medical treatment, and complications related to treatment and injury.

3 Powers. Amends § 245.94, subd. 1.

Paragraph (b) clarifies that the ombudsman is a health oversight agency under federal regulations, and may access patient records.

Paragraph (d) allows the ombudsman to investigate to promote the health, safety, and welfare of clients, even in acute care facilities receiving services through private funding.

Paragraph (e) allows the ombudsman to gather and analyze data upon receiving information or a complaint relating to the rights of one or more clients who may not be capable of requesting assistance.

Paragraph (f) allows the ombudsman to gather records on behalf one or more clients, and specifies that the ombudsman is not required to obtain consent for access to private data for individuals in the Minnesota Sex Offender Program. Allows the ombudsman to take photos or video evidence while investigating, with client consent. Adds chemical dependency to the services for which the ombudsman may access private data on decedents without consent.

Paragraph (i) expands ombudsman's power to attend meetings and access private client data without consent.

Paragraph (j) instructs the ombudsman to gather private data regarding services for all clients, rather than only for clients with developmental disabilities.

Paragraph (l) states that the Office of the Ombudsman must provide the services of the Civil Commitment Training and Resource Center.

4 Terms, compensation, and removal. Amends § 245.97, subd. 6. Changes the membership, compensation, and removal terms for the Ombudsman Committee.