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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. **1568**

03/09/2015 Authored by Hoppe

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

03/25/2015 Adoption of Report: Amended and re-referred to the Committee on Government Operations and Elections Policy

04/07/2015 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; modifying provisions related to individuals who
1.3 are committed as mentally ill and dangerous to the public; imposing duties on
1.4 special review board and the head of the treatment facility; amending Minnesota
1.5 Statutes 2014, section 253B.18, subdivisions 4c, 5.

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

1.7 Section 1. Minnesota Statutes 2014, section 253B.18, subdivision 4c, is amended to
1.8 read:

1.9 Subd. 4c. **Special review board.** (a) The commissioner shall establish one or more
1.10 panels of a special review board. The board shall consist of three members experienced
1.11 in the field of mental illness. One member of each special review board panel shall be a
1.12 psychiatrist or a doctoral level psychologist with forensic experience and one member
1.13 shall be an attorney. No member shall be affiliated with the Department of Human
1.14 Services. The special review board shall meet at least every six months and at the call of
1.15 the commissioner. It shall hear and consider all petitions for a reduction in custody or to
1.16 appeal a revocation of provisional discharge. A "reduction in custody" means transfer
1.17 from a secure treatment facility, discharge, and provisional discharge. Patients may be
1.18 transferred by the commissioner between secure treatment facilities without a special
1.19 review board hearing.

1.20 Members of the special review board shall receive compensation and reimbursement
1.21 for expenses as established by the commissioner.

1.22 (b) The special review board must review each denied petition under subdivision
1.23 5 for barriers and obstacles preventing the patient from progressing in treatment. Based
1.24 on the cases before the board in the previous year, the special review board shall provide

2.1 to the commissioner an annual summation of the barriers to treatment progress, and
2.2 recommendations to achieve the common goal of making progress in treatment.

2.3 (c) A petition filed by a person committed as mentally ill and dangerous to the
2.4 public under this section must be heard as provided in subdivision 5 and, as applicable,
2.5 subdivision 13. A petition filed by a person committed as a sexual psychopathic personality
2.6 or as a sexually dangerous person under chapter 253D, or committed as both mentally ill
2.7 and dangerous to the public under this section and as a sexual psychopathic personality or
2.8 as a sexually dangerous person must be heard as provided in section 253D.27.

2.9 Sec. 2. Minnesota Statutes 2014, section 253B.18, subdivision 5, is amended to read:

2.10 Subd. 5. **Petition; notice of hearing; attendance; order.** (a) A petition for
2.11 a reduction in custody or revocation of provisional discharge shall be filed with the
2.12 commissioner and may be filed by the patient or by the head of the treatment facility. A
2.13 patient may not petition the special review board for six months following commitment
2.14 under subdivision 3 or following the final disposition of any previous petition and
2.15 subsequent appeal by the patient. The head of the treatment facility must schedule a
2.16 hearing before the special review board for any patient who has not appeared before the
2.17 special review board in the previous three years, and schedule a hearing at least every
2.18 three years, thereafter. The medical director may petition at any time.

2.19 (b) Fourteen days prior to the hearing, the committing court, the county attorney of
2.20 the county of commitment, the designated agency, interested person, the petitioner, and
2.21 the petitioner's counsel shall be given written notice by the commissioner of the time and
2.22 place of the hearing before the special review board. Only those entitled to statutory notice
2.23 of the hearing or those administratively required to attend may be present at the hearing.
2.24 The patient may designate interested persons to receive notice by providing the names
2.25 and addresses to the commissioner at least 21 days before the hearing. The board shall
2.26 provide the commissioner with written findings of fact and recommendations within 21
2.27 days of the hearing. The commissioner shall issue an order no later than 14 days after
2.28 receiving the recommendation of the special review board. A copy of the order shall be
2.29 mailed to every person entitled to statutory notice of the hearing within five days after it
2.30 is signed. No order by the commissioner shall be effective sooner than 30 days after the
2.31 order is signed, unless the county attorney, the patient, and the commissioner agree that
2.32 it may become effective sooner.

2.33 (c) The special review board shall hold a hearing on each petition prior to making
2.34 its recommendation to the commissioner. The special review board proceedings are not
2.35 contested cases as defined in chapter 14. Any person or agency receiving notice that

3.1 submits documentary evidence to the special review board prior to the hearing shall also
3.2 provide copies to the patient, the patient's counsel, the county attorney of the county of
3.3 commitment, the case manager, and the commissioner.

3.4 (d) Prior to the final decision by the commissioner, the special review board may be
3.5 reconvened to consider events or circumstances that occurred subsequent to the hearing.

3.6 (e) In making their recommendations and order, the special review board and
3.7 commissioner must consider any statements received from victims under subdivision 5a.