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State of Minnesota

Printed Page No. 264

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 3769

02/26/2026 Authored by Curran
The bill was read for the first time and referred to the Committee on Public Safety Finance and Policy
03/09/2026 Adoption of Report: Re-referred to the Committee on Health Finance and Policy
03/25/2026 Adoption of Report: Placed on the General Register as Amended
Read for the Second Time

1.1 A bill for an act
1.2 relating to corrections; clarifying in law the multiple levels of substance abuse
1.3 care provided by the commissioner of corrections; expanding access to mental
1.4 health unit beds for incarcerated persons; clarifying mandatory tuberculosis
1.5 screening in correctional facilities; amending Minnesota Statutes 2024, sections
1.6 144.445, subdivisions 1, 2, by adding a subdivision; 241.021, subdivision 4a;
1.7 241.69, subdivisions 1, 3, 4, 5, 6.

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

1.9 Section 1. Minnesota Statutes 2024, section 144.445, subdivision 1, is amended to read:

1.10 Subdivision 1. Screening of inmates. (a) All persons detained or confined for 14
1.11 consecutive days or more in facilities operated, licensed, or inspected by the Department
1.12 of Corrections shall be screened for tuberculosis within 14 days of intake and annually
1.13 tested thereafter. Inmates must be screened with either a Mantoux test, a Quantiferon
1.14 Gold-Plus blood test, or a chest roentgenogram (x-ray) as consistent with screening and
1.15 follow-up practices recommended by the United States Public Health Service or the
1.16 Department of Health, as determined by the commissioner of health. Administration of the
1.17 Mantoux test or chest roentgenogram (x-ray) must take place on or before the 14th day of
1.18 detention or confinement.

1.19 (b) If an inmate refuses to submit to an annual test as specified in paragraph (a), the
1.20 commissioner of corrections may order the inmate to be tested.

2.1 Sec. 2. Minnesota Statutes 2024, section 144.445, is amended by adding a subdivision to
2.2 read:

2.3 Subd. 1a. **Procedures without consent.** (a) If an inmate refuses to submit to an intake
2.4 or annual tuberculosis test as specified in subdivision 1, the commissioner of corrections
2.5 may order the inmate to be tested and may bring a petition for a court to require an inmate
2.6 to submit to tuberculosis testing. The petition must be filed in the district court in the county
2.7 where the inmate is confined. The correctional facility must serve the petition on the inmate
2.8 three days before a hearing on the petition. The petition must include one or more affidavits
2.9 attesting that:

2.10 (1) the correctional facility attempted to complete the intake or annual testing required
2.11 under subdivision 1 and that the inmate refused; and

2.12 (2) the inmate was offered all three tuberculosis testing options under subdivision 1.

2.13 (b) Facilities must cooperate with petitioners in providing any necessary affidavits to
2.14 the extent that facility staff can attest under oath to the facts in the affidavits.

2.15 (c) The court must conduct the proceeding in camera unless the petitioner or the inmate
2.16 requests a hearing in open court and the court determines that a public hearing is necessary
2.17 to the public interest and the proper administration of justice.

2.18 (d) The inmate may arrange for counsel in any proceeding brought under this subdivision.

2.19 (e) The court may order the inmate to submit to tuberculosis testing, including providing
2.20 a blood sample for testing to comply with the requirements under subdivision 1, if:

2.21 (1) there is probable cause; or

2.22 (2) the court finds that an inmate has not been screened or tested under subdivision 1.

2.23 Sec. 3. Minnesota Statutes 2024, section 144.445, subdivision 2, is amended to read:

2.24 **Subd. 2. Screening of employees.** All employees of facilities operated, licensed, or
2.25 inspected by the Department of Corrections shall be screened for tuberculosis before
2.26 beginning employment in the facility and annually thereafter, with either a Mantoux test,
2.27 Quantiferon Gold-Plus blood test, or a chest roentgenogram (X-ray) as consistent with
2.28 screening and follow-up practices recommended by the United States Public Health Service
2.29 or the Department of Health, as determined by the commissioner of health.

3.1 Sec. 4. Minnesota Statutes 2024, section 241.021, subdivision 4a, is amended to read:

3.2 Subd. 4a. **Substance use disorder treatment programs.** All ~~residential~~ substance use
3.3 disorder treatment programs operated by the commissioner of corrections to treat ~~adults~~
3.4 individuals committed to the commissioner's custody ~~shall~~ or to treat juveniles in
3.5 state-operated juvenile correctional facilities that have a correctional program services
3.6 certification per Minnesota Rules, chapter 2960, must comply with the standards mandated
3.7 in chapter 245G for treatment programs operated by community-based treatment facilities.
3.8 When the commissioners of corrections and human services agree that these established
3.9 standards for community-based programs cannot reasonably apply to correctional facilities,
3.10 alternative equivalent standards shall be developed by the commissioners and established
3.11 through an interagency agreement.

3.12 Sec. 5. Minnesota Statutes 2024, section 241.69, subdivision 1, is amended to read:

3.13 Subdivision 1. **Authority; rules.** The commissioner of corrections shall, in accordance
3.14 with applicable rules and standards prescribed by the Department of Human Services,
3.15 establish, staff, equip, maintain, and operate in at least one of the adult correctional
3.16 institutions under the commissioner's control a mental health unit for the care and treatment
3.17 of those inmates of state correctional institutions who become mentally ill.

3.18 Sec. 6. Minnesota Statutes 2024, section 241.69, subdivision 3, is amended to read:

3.19 Subd. 3. **Transfer.** If the licensed mental health professional finds the person to be a
3.20 person who is mentally ill and in need of short-term care, assessment, evaluation, or
3.21 stabilization, the licensed mental health professional may recommend transfer by the
3.22 commissioner of corrections to ~~the~~ a mental health unit established pursuant to subdivision
3.23 1.

3.24 Sec. 7. Minnesota Statutes 2024, section 241.69, subdivision 4, is amended to read:

3.25 Subd. 4. **Commitment.** If the licensed mental health professional finds the person to be
3.26 a person who is mentally ill and in need of long-term care in a hospital, ~~or if an inmate~~
3.27 ~~transferred pursuant to subdivision 3 refuses to voluntarily participate in the treatment~~
3.28 ~~program at the mental health unit~~, the director of psychological services of the institution
3.29 or the mental health professional shall initiate proceedings for judicial commitment as
3.30 provided in section 253B.07. Upon the recommendation of the licensed mental health
3.31 professional and upon completion of the hearing and consideration of the record, the court
3.32 may commit the person to ~~the~~ a mental health unit established in subdivision 1 or to another

4.1 hospital. A person confined in a state correctional institution for adults who has been
4.2 adjudicated to be a person who is mentally ill and in need of treatment may be committed
4.3 to the commissioner of corrections and placed in ~~the~~ a mental health unit established in
4.4 subdivision 1.

4.5 Sec. 8. Minnesota Statutes 2024, section 241.69, subdivision 5, is amended to read:

4.6 Subd. 5. **Discharge.** The director of psychological services of ~~the~~ a mental health unit
4.7 established under this section may, subject to the provisions of chapter 253B, provisionally
4.8 discharge any inmate patient admitted as a person who is mentally ill without discharging
4.9 the commitment and order the inmate patient's release into the general population of the
4.10 institution from which admitted, subject to return to the facility for further treatment.

4.11 When the director of psychological services of the facility certifies that a patient is no
4.12 longer in need of institutional care for mental illness the director of psychological services
4.13 shall discharge the patient to the institution from which committed, and the discharge shall
4.14 also discharge the mental illness commitment.

4.15 A copy of the certification that the inmate is no longer in need of care for mental illness
4.16 shall be transmitted to the commissioner of corrections. The commissioner of corrections
4.17 shall give serious consideration to the aforementioned certification for purposes of their
4.18 supervision over the inmate upon the inmate's release.

4.19 Sec. 9. Minnesota Statutes 2024, section 241.69, subdivision 6, is amended to read:

4.20 Subd. 6. **Transfer upon expiration of sentence.** If the sentence of a person who has
4.21 been adjudicated to be mentally ill and committed to ~~the~~ a mental health unit established
4.22 under this section should expire before the person recovers and is discharged therefrom,
4.23 and, in the judgment of the director of psychological services of the unit, the person requires
4.24 further hospitalization for mental illness, the person shall be transferred by the commissioner
4.25 of corrections to a state hospital designated by the Direct Care and Treatment executive
4.26 board, there to be detained as in the case of other mentally ill persons under judicial
4.27 commitment.