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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-SECOND SESSION

H. F. No. 3879

03/03/2022 Authored by Fischer and Olson, L., The bill was read for the first time and referred to the Committee on Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health care; requiring certain facilities to ensure access for patients to
1.3 counselors who are trained in providing counseling to patients who have attempted
1.4 suicide; prohibiting facilities from discharging patients or transferring patients to
1.5 correctional facilities or detention centers; prohibiting health plans from imposing
1.6 cost sharing requirements for counseling or assessments for suicide; requiring the
1.7 commission to implement certain standards for police officers when responding
1.8 to an incident involving an individual suspected to be suicidal; proposing coding
1.9 for new law in Minnesota Statutes, chapters 62Q; 144; 245A; 626.

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

1.11 Section 1. [62Q.4715] SUICIDE ASSESSMENT AND COUNSELING SERVICES.

1.12 Notwithstanding section 62Q.47, no health plan shall impose a co-payment, deductible,
1.13 or coinsurance requirement on counseling or assessment services provided to an enrollee
1.14 who is suicidal or who has attempted suicide.

1.15 Sec. 2. [144.5853] CARE OF SUICIDAL PATIENTS.

1.16 Subdivision 1. Definitions. For the purposes of this section, the following terms have
1.17 the meanings given:

1.18 (1) "facility" means any public or private clinic, hospital, or other institution that provides
1.19 or purports to provide treatment or other services for individuals who have mental disorders;
1.20 and

1.21 (2) "patient" means a suicidal person or a person who has attempted suicide.

2.1 Subd. 2. Care of suicidal patients. (a) Each facility must ensure that patients are treated
2.2 with the same respect, compassion, and dignity as patients who have physical ailments and
2.3 that all clinical staff receive training in destigmatization of mental illness.

2.4 (b) Each facility must ensure that all clinical staff of the facility have a good bedside
2.5 manner, conduct themselves in a manner so as not to retraumatize a patient, treat patients
2.6 in an age-appropriate manner, and refrain from performing psychological tests on a patient
2.7 who is currently in crisis or who has recently been in crisis.

2.8 (c) Each facility must evaluate whether any caregivers of the patient are abusive,
2.9 controlling, or dysfunctional and address those situations appropriately.

2.10 Subd. 3. Required staffing. (a) Each facility shall employ a sufficient number of
2.11 individuals who are trained and available to provide patients with one-on-one counseling
2.12 at any time and to provide daily counseling to all patients in the facility.

2.13 (b) In addition to satisfying the requirements of paragraph (a), each facility that is an
2.14 acute care general hospital with an emergency department must also employ:

2.15 (1) a sufficient number of individuals who are trained and available to provide
2.16 assessments, immediate crisis counseling, and evaluation of individuals presenting with a
2.17 mental health crisis at the emergency department of the facility; and

2.18 (2) a sufficient number of individuals who are trained and available to provide one-on-one
2.19 counseling to patients.

2.20 Subd. 4. Transfers and discharges of suicidal patients. (a) A facility must not discharge
2.21 a patient into a circumstance in which the patient will be homeless.

2.22 (b) A facility must not transfer a patient to a correctional facility or detention center
2.23 unless the patient is determined to present a danger to the life or safety of others.

2.24 Subd. 5. Enforcement. If an officer, operator, or director of a facility licensed under
2.25 this chapter violates a provision of this section, the commissioner of health shall revoke the
2.26 license to operate the facility in accordance with appropriate enforcement procedures for
2.27 the type of facility.

2.28 Sec. 3. [245A.0955] CARE OF SUICIDAL PATIENTS.

2.29 Subdivision 1. Definition. For the purposes of this section, "program" means any
2.30 residential or nonresidential program licensed under this chapter that provides or purports
2.31 to provide treatment or other services for individuals who have mental disorders.

3.1 Subd. 2. Care of suicidal patients. (a) Each program must ensure that a suicidal person
3.2 or a person who has attempted suicide is treated with the same respect, compassion, and
3.3 dignity as people who have physical ailments and that all direct care staff receive training
3.4 in destigmatization of mental illness.

3.5 (b) Each program must ensure that all direct care staff of the program conduct themselves
3.6 in a manner so as not to retraumatize a suicidal person or person who has attempted suicide,
3.7 treat a suicidal person or person who has attempted suicide in an age-appropriate manner,
3.8 and refrain from performing psychological tests on a suicidal person or person who has
3.9 attempted suicide who is currently in crisis or who has recently been in crisis.

3.10 (c) Each program must evaluate whether any caregivers of a suicidal person or person
3.11 who has attempted suicide are abusive, controlling, or dysfunctional and address those
3.12 situations appropriately.

3.13 Subd. 3. Required staffing. Each program must employ a sufficient number of
3.14 individuals who are trained and available to provide suicidal persons or persons who have
3.15 attempted suicide with one-on-one counseling at any time and to provide daily counseling
3.16 to all people in the program.

3.17 Subd. 4. Transfers and discharges of suicidal patients. (a) A program must not
3.18 discharge a suicidal person or person who has attempted suicide into a circumstance in
3.19 which the person will be homeless.

3.20 (b) A facility must not transfer a suicidal person or person who has attempted suicide
3.21 to a correctional facility or detention center unless the person is determined to present a
3.22 danger to the life or safety of others.

3.23 Subd. 5. Enforcement. If an officer, operator, or director of a program licensed under
3.24 this chapter violates a provision of this section, the commissioner of human services shall
3.25 revoke the license to operate the program in accordance with appropriate enforcement
3.26 procedures for the type of program.

3.27 Sec. 4. [626.8426] POLICIES REQUIRED FOR ENCOUNTERS WITH SUICIDAL
3.28 PERSONS.

3.29 Subdivision 1. Model policy required. By January 1, 2023, the board, in consultation
3.30 with interested parties, shall adopt and distribute to each chief law enforcement officer in
3.31 the state a model policy addressing the duties of peace officers when encountering suicidal
3.32 persons. At a minimum, the policy must require that, when responding to an incident
3.33 involving an individual suspected to be suicidal:

4.1 (1) the peace officer is accompanied by someone trained in providing counseling and
4.2 assessment to suicidal individuals;

4.3 (2) the peace officer and other responding officers do not use force or draw weapons
4.4 unless the individual suspected to be suicidal presents a clear threat to others; and

4.5 (3) the individual suspected to be suicidal is approached in a gentle and respectful manner.

4.6 Subd. 2. **Local policies required.** By July 1, 2023, the chief law enforcement officer
4.7 of each state and local law enforcement agency shall adopt and enforce a policy that is
4.8 identical or substantially similar to the model policy adopted under subdivision 1.