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State of Minnesota
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 2803

- 03/10/2016 Authored by Zerwas, Schoen and Cornish
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
- 03/24/2016 Adoption of Report: Re-referred to the Committee on Civil Law and Data Practices
- 04/01/2016 Adoption of Report: Amended and re-referred to the Committee on Public Safety and Crime Prevention Policy and Finance
- 04/07/2016 Adoption of Report: Placed on the General Register
Read Second Time
- 05/02/2016 Calendar for the Day
Read Third Time
Passed by the House and transmitted to the Senate
- 05/12/2016 Returned to the House as Amended by the Senate
Read Third Time as Amended by the Senate
Bill was repassed as Amended by the Senate
- 05/17/2016 Presented to Governor
- 05/19/2016 Governor Approval

1.1 A bill for an act
1.2 relating to civil commitment; prohibiting participation in clinical drug trials
1.3 by persons subject to emergency admission or apprehend and hold orders;
1.4 specifying notice requirements for early termination of an emergency admission;
1.5 amending Minnesota Statutes 2014, sections 253B.05, subdivisions 1, 2, 3;
1.6 253B.07, subdivision 2b.

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

1.8 Section 1. Minnesota Statutes 2014, section 253B.05, subdivision 1, is amended to read:

1.9 Subdivision 1. **Emergency hold.** (a) Any person may be admitted or held for
1.10 emergency care and treatment in a treatment facility, except to a facility operated by the
1.11 Minnesota sex offender program, with the consent of the head of the treatment facility
1.12 upon a written statement by an examiner that:

1.13 (1) the examiner has examined the person not more than 15 days prior to admission;

1.14 (2) the examiner is of the opinion, for stated reasons, that the person is mentally ill,
1.15 developmentally disabled, or chemically dependent, and is in danger of causing injury to
1.16 self or others if not immediately detained; and

1.17 (3) an order of the court cannot be obtained in time to prevent the anticipated injury.

1.18 (b) If the proposed patient has been brought to the treatment facility by another
1.19 person, the examiner shall make a good faith effort to obtain a statement of information
1.20 that is available from that person, which must be taken into consideration in deciding
1.21 whether to place the proposed patient on an emergency hold. The statement of information
1.22 must include, to the extent available, direct observations of the proposed patient's
1.23 behaviors, reliable knowledge of recent and past behavior, and information regarding
1.24 psychiatric history, past treatment, and current mental health providers. The examiner

2.1 shall also inquire into the existence of health care directives under chapter 145, and
2.2 advance psychiatric directives under section 253B.03, subdivision 6d.

2.3 (c) The examiner's statement shall be: (1) sufficient authority for a peace or health
2.4 officer to transport a patient to a treatment facility, (2) stated in behavioral terms and not in
2.5 conclusory language, and (3) of sufficient specificity to provide an adequate record for
2.6 review. If danger to specific individuals is a basis for the emergency hold, the statement
2.7 must identify those individuals, to the extent practicable. A copy of the examiner's
2.8 statement shall be personally served on the person immediately upon admission and a
2.9 copy shall be maintained by the treatment facility.

2.10 (d) A patient must not be allowed or required to consent to nor participate in a
2.11 clinical drug trial during an emergency admission or hold under this subdivision or
2.12 subdivision 2. A consent given during a period of an emergency admission or hold
2.13 is void and unenforceable. This paragraph does not prohibit a patient from continuing
2.14 participation in a clinical drug trial if the patient was participating in the drug trial at the
2.15 time of the emergency admission or hold.

2.16 Sec. 2. Minnesota Statutes 2014, section 253B.05, subdivision 2, is amended to read:

2.17 Subd. 2. **Peace or health officer authority.** (a) A peace or health officer may take a
2.18 person into custody and transport the person to a licensed physician or treatment facility if
2.19 the officer has reason to believe, either through direct observation of the person's behavior,
2.20 or upon reliable information of the person's recent behavior and knowledge of the person's
2.21 past behavior or psychiatric treatment, that the person is mentally ill or developmentally
2.22 disabled and in danger of injuring self or others if not immediately detained. A peace or
2.23 health officer or a person working under such officer's supervision, may take a person
2.24 who is believed to be chemically dependent or is intoxicated in public into custody and
2.25 transport the person to a treatment facility. If the person is intoxicated in public or is
2.26 believed to be chemically dependent and is not in danger of causing self-harm or harm to
2.27 any person or property, the peace or health officer may transport the person home. The
2.28 peace or health officer shall make written application for admission of the person to the
2.29 treatment facility. The application shall contain the peace or health officer's statement
2.30 specifying the reasons for and circumstances under which the person was taken into
2.31 custody. If danger to specific individuals is a basis for the emergency hold, the statement
2.32 must include identifying information on those individuals, to the extent practicable. A
2.33 copy of the statement shall be made available to the person taken into custody. The peace
2.34 or health officer who makes the application shall provide the officer's name, the agency

3.1 that employs the officer, and the telephone number or other contact information for
3.2 purposes of receiving notice under subdivision 3, paragraph (d).

3.3 (b) As far as is practicable, a peace officer who provides transportation for a person
3.4 placed in a facility under this subdivision may not be in uniform and may not use a vehicle
3.5 visibly marked as a law enforcement vehicle.

3.6 (c) A person may be admitted to a treatment facility for emergency care and
3.7 treatment under this subdivision with the consent of the head of the facility under the
3.8 following circumstances: (1) a written statement shall only be made by the following
3.9 individuals who are knowledgeable, trained, and practicing in the diagnosis and treatment
3.10 of mental illness or developmental disability; the medical officer, or the officer's designee
3.11 on duty at the facility, including a licensed physician, a licensed physician assistant, or
3.12 an advanced practice registered nurse who after preliminary examination has determined
3.13 that the person has symptoms of mental illness or developmental disability and appears
3.14 to be in danger of harming self or others if not immediately detained; or (2) a written
3.15 statement is made by the institution program director or the director's designee on duty
3.16 at the facility after preliminary examination that the person has symptoms of chemical
3.17 dependency and appears to be in danger of harming self or others if not immediately
3.18 detained or is intoxicated in public.

3.19 Sec. 3. Minnesota Statutes 2014, section 253B.05, subdivision 3, is amended to read:

3.20 Subd. 3. **Duration of hold.** (a) Any person held pursuant to this section may be
3.21 held up to 72 hours, exclusive of Saturdays, Sundays, and legal holidays after admission.
3.22 If a petition for the commitment of the person is filed in the district court in the county of
3.23 financial responsibility or of the county in which the treatment facility is located, the court
3.24 may issue a judicial hold order pursuant to section 253B.07, subdivision 2b.

3.25 (b) During the 72-hour hold period, a court may not release a person held under this
3.26 section unless the court has received a written petition for release and held a summary
3.27 hearing regarding the release. The petition must include the name of the person being
3.28 held, the basis for and location of the hold, and a statement as to why the hold is improper.
3.29 The petition also must include copies of any written documentation under subdivision 1
3.30 or 2 in support of the hold, unless the person holding the petitioner refuses to supply the
3.31 documentation. The hearing must be held as soon as practicable and may be conducted by
3.32 means of a telephone conference call or similar method by which the participants are able
3.33 to simultaneously hear each other. If the court decides to release the person, the court shall
3.34 direct the release and shall issue written findings supporting the decision. The release may

4.1 not be delayed pending the written order. Before deciding to release the person, the court
4.2 shall make every reasonable effort to provide notice of the proposed release to:

4.3 (1) any specific individuals identified in a statement under subdivision 1 or 2 or
4.4 individuals identified in the record who might be endangered if the person was not held;

4.5 (2) the examiner whose written statement was a basis for a hold under subdivision
4.6 1; and

4.7 (3) the peace or health officer who applied for a hold under subdivision 2.

4.8 (c) If a person is intoxicated in public and held under this section for detoxification,
4.9 a treatment facility may release the person without providing notice under paragraph (d)
4.10 as soon as the treatment facility determines the person is no longer a danger to themselves
4.11 or others. Notice must be provided to the peace officer or health officer who transported
4.12 the person, or the appropriate law enforcement agency, if the officer or agency requests
4.13 notification.

4.14 (d) Notwithstanding section 144.293, subdivisions 2 and 4, if a treatment facility
4.15 releases or discharges a person during the 72-hour hold period or if the person leaves the
4.16 facility without the consent of the treating health care provider, the head of the treatment
4.17 facility shall immediately notify the agency which employs the peace or health officer
4.18 who transported the person to the treatment facility under this section.

4.19 (e) A person held under a 72-hour emergency hold must be released by the facility
4.20 within 72 hours unless a court order to hold the person is obtained. A consecutive
4.21 emergency hold order under this section may not be issued.

4.22 Sec. 4. Minnesota Statutes 2014, section 253B.07, subdivision 2b, is amended to read:

4.23 Subd. 2b. **Apprehend and hold orders.** (a) The court may order the treatment
4.24 facility to hold the person in a treatment facility or direct a health officer, peace officer,
4.25 or other person to take the proposed patient into custody and transport the proposed
4.26 patient to a treatment facility for observation, evaluation, diagnosis, care, treatment, and,
4.27 if necessary, confinement, when:

4.28 (1) there has been a particularized showing by the petitioner that serious physical
4.29 harm to the proposed patient or others is likely unless the proposed patient is immediately
4.30 apprehended;

4.31 (2) the proposed patient has not voluntarily appeared for the examination or the
4.32 commitment hearing pursuant to the summons; or

4.33 (3) a person is held pursuant to section 253B.05 and a request for a petition for
4.34 commitment has been filed.

5.1 **(b)** The order of the court may be executed on any day and at any time by the use of
5.2 all necessary means including the imposition of necessary restraint upon the proposed
5.3 patient. Where possible, a peace officer taking the proposed patient into custody pursuant
5.4 to this subdivision shall not be in uniform and shall not use a motor vehicle visibly marked
5.5 as a police vehicle. Except as provided in section 253D.10, subdivision 2, in the case of an
5.6 individual on a judicial hold due to a petition for civil commitment under chapter 253D,
5.7 assignment of custody during the hold is to the commissioner of human services. The
5.8 commissioner is responsible for determining the appropriate placement within a secure
5.9 treatment facility under the authority of the commissioner.

5.10 **(c)** A proposed patient must not be allowed or required to consent to nor participate
5.11 in a clinical drug trial while an order is in effect under this subdivision. A consent given
5.12 while an order is in effect is void and unenforceable. This paragraph does not prohibit a
5.13 patient from continuing participation in a clinical drug trial if the patient was participating
5.14 in the drug trial at the time the order was issued under this subdivision.