

SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION

S.F. No. 3416

(SENATE AUTHORS: KLEIN)

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OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

- 1.1 A bill for an act
- 1.2 relating to civil commitment; authorizing paramedics to take a person into custody
- 1.3 and transport the person for emergency treatment; amending Minnesota Statutes
- 1.4 2018, sections 253B.02, by adding a subdivision; 253B.05, subdivisions 1, 2, 3.
- 1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.6 Section 1. Minnesota Statutes 2018, section 253B.02, is amended by adding a subdivision
- 1.7 to read:
- 1.8 Subd. 12b. **Paramedic.** "Paramedic" means a paramedic, as defined in section 144E.001,
- 1.9 subdivision 5e, whose actions under this chapter are subject to physician authority under
- 1.10 direct medical control.
- 1.11 Sec. 2. Minnesota Statutes 2018, section 253B.05, subdivision 1, is amended to read:
- 1.12 Subdivision 1. **Emergency hold.** (a) Any person may be admitted or held for emergency
- 1.13 care and treatment in a treatment facility, except to a facility operated by the Minnesota sex
- 1.14 offender program, with the consent of the head of the treatment facility upon a written
- 1.15 statement by an examiner that:
- 1.16 (1) the examiner has examined the person not more than 15 days prior to admission;
- 1.17 (2) the examiner is of the opinion, for stated reasons, that the person is mentally ill,
- 1.18 developmentally disabled, or chemically dependent, and is in danger of causing injury to
- 1.19 self or others if not immediately detained; and
- 1.20 (3) an order of the court cannot be obtained in time to prevent the anticipated injury.

(b) If the proposed patient has been brought to the treatment facility by another person, the examiner shall make a good faith effort to obtain a statement of information that is available from that person, which must be taken into consideration in deciding whether to place the proposed patient on an emergency hold. The statement of information must include, to the extent available, direct observations of the proposed patient's behaviors, reliable knowledge of recent and past behavior, and information regarding psychiatric history, past treatment, and current mental health providers. The examiner shall also inquire into the existence of health care directives under chapter 145, and advance psychiatric directives under section 253B.03, subdivision 6d.

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

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

Sec. 3. Minnesota Statutes 2018, section 253B.05, subdivision 2, is amended to read:

Subd. 2. **Peace or health officer or paramedic authority.** (a) A peace ~~or~~ officer, health officer, or paramedic may take a person into custody and transport the person to a licensed physician or treatment facility if the officer or paramedic has reason to believe, either through direct observation of the person's behavior, or upon reliable information of the person's recent behavior and knowledge of the person's past behavior or psychiatric treatment, that the person is mentally ill or developmentally disabled and in danger of injuring self or others if not immediately detained. A peace or health officer or a person working under such officer's supervision, may take a person who is believed to be chemically dependent or is intoxicated in public into custody and transport the person to a treatment facility. If the person is intoxicated in public or is believed to be chemically dependent and is not in danger of causing self-harm or harm to any person or property, the peace or health officer may

transport the person home. The peace ~~or~~ officer, health officer, or paramedic shall make written application for admission of the person to the treatment facility. The application shall contain the peace ~~or~~ officer's, health officer's, or paramedic's statement specifying the reasons for and circumstances under which the person was taken into custody. If danger to specific individuals is a basis for the emergency hold, the statement must include identifying information on those individuals, to the extent practicable. A copy of the statement shall be made available to the person taken into custody. The peace ~~or~~ officer, health officer, or paramedic who makes the application shall provide the officer's or paramedic's name, the agency that employs the officer or paramedic, and the telephone number or other contact information for purposes of receiving notice under subdivision 3, paragraph (d).

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

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

Sec. 4. Minnesota Statutes 2018, section 253B.05, subdivision 3, is amended to read:

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

(b) During the 72-hour hold period, a court may not release a person held under this section unless the court has received a written petition for release and held a summary

hearing regarding the release. The petition must include the name of the person being held, the basis for and location of the hold, and a statement as to why the hold is improper. The petition also must include copies of any written documentation under subdivision 1 or 2 in support of the hold, unless the person holding the petitioner refuses to supply the documentation. The hearing must be held as soon as practicable and may be conducted by means of a telephone conference call or similar method by which the participants are able to simultaneously hear each other. If the court decides to release the person, the court shall direct the release and shall issue written findings supporting the decision. The release may not be delayed pending the written order. Before deciding to release the person, the court shall make every reasonable effort to provide notice of the proposed release to:

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

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

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

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

(d) Notwithstanding section 144.293, subdivisions 2 and 4, if a treatment facility releases or discharges a person during the 72-hour hold period or if the person leaves the facility without the consent of the treating health care provider, the head of the treatment facility shall immediately notify the agency which employs the peace ~~or~~ officer, health officer, or paramedic who transported the person to the treatment facility under this section. This paragraph does not apply to the extent that the notice would violate federal law governing the confidentiality of alcohol and drug abuse patient records under Code of Federal Regulations, title 42, part 2.

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