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REVISOR

15-3696

State of Minnesota

## HOUSE OF REPRESENTATIVES H. F. No. 2206

## EIGHTY-NINTH SESSION

04/13/2015 Authored by McDonald and Ward

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

1.1	A bill for an act				
1.2	relating to human services; modifying definitions and duties of the Office of				
1.3	Ombudsman for Mental Health and Developmental Disabilities; modifying the				
1.4	Ombudsman Committee; amending Minnesota Statutes 2014, sections 245.91,				
1.5	subdivisions 4, 6; 245.94, subdivision 1; 245.97, subdivision 6.				
1.6	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:				
1.7	Section 1. Minnesota Statutes 2014, section 245.91, subdivision 4, is amended to read:				
1.8	Subd. 4. Facility or program. "Facility" or "program" means a nonresidential or				
1.9	residential program as defined in section 245A.02, subdivisions 10 and 14, that is required				
1.10	to be licensed by the commissioner of human services, and any agency, facility, or				
1.11	program that provides services or treatment for mental illness, developmental disabilities,				
1.12	chemical dependency, or emotional disturbance that is required to be licensed, certified,				
1.13	or registered by the commissioner of human services, health, or education; and an acute				
1.14	care inpatient facility that provides services or treatment for mental illness, developmental				
1.15	disabilities, chemical dependency, or emotional disturbance.				
1.16	Sec. 2. Minnesota Statutes 2014, section 245.91, subdivision 6, is amended to read:				
1.17	Subd. 6. Serious injury. "Serious injury" means:				
1.18	(1) fractures;				
1.19	(2) dislocations;				
1.20	(3) evidence of internal injuries;				
1.21	(4) head injuries with loss of consciousness requiring medical assessment, whether				
1.22	or not medical attention was sought;				
1.23	(5) lacerations involving injuries to tendons or organs, and those for which				
1.24	complications are present;				

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2.1	(6) extensive second-degree or third-degree burns, and other burns for which					
2.2	complications are present;					
2.3	(7) extensive second-degree or third-degree frostbite, and others for which					
2.4	complications are present;					
2.5	(8) irreversible mobility or avulsion of teeth;					
2.6	(9) injuries to the eyeball;					
2.7	(10) ingestion of foreign substances and objects that are harmful;					
2.8	(11) near drowning;					
2.9	(12) heat exhaustion or sunstroke; and					
2.10	(13) attempted suicide; and					
2.11	(13) (14) all other injuries and incidents considered serious by a physician. health					
2.12	care professional, including but not limited to self-injurious behavior, a medication error					
2.13	requiring medical treatment, a suspected delay of medical treatment, a complication of a					
2.14	previous injury, or a complication of medical treatment for an injury.					
2.15	Sec. 3. Minnesota Statutes 2014, s	ection 245.94, subdiv	vision 1, is amended	to read:		
2.16	Subdivision 1. Powers. (a) The ombudsman may prescribe the methods by which					
2.17	complaints to the office are to be made, reviewed, and acted upon. The ombudsman may					
2.18	not levy a complaint fee.					
2.19	(b) The Office of Ombudsman	is a health oversight a	agency as defined in	Code		
2.20	of Federal Regulations, title 45, section 164.501. The Office of Ombudsman may					
2.21	access patient records according to Code of Federal Regulations, title 42, section 2.53.					
2.22	For purposes of this paragraph, "records" has the meaning given in Code of Federal					
2.23	Regulations, title 42, section 2.11.					
2.24	(b) (c) The ombudsman may mediate or advocate on behalf of a client.					
2.25	(e) (d) The ombudsman may investigate the quality of services provided to clients					
2.26	and determine the extent to which quality assurance mechanisms within state and county					
2.27	government work to promote the heat	th, safety, and welfar	e of clients <del>, other tha</del>	an elients		
2.28	in acute care facilities who are receiv	ring services not paid	for by public funds.	The		
2.29	ombudsman is a health oversight age	ney as defined in Coo	le of Federal Regula	tions,		
2.30	title 45, section 164.501.					
2.31	(d) (e) At the request of a client	, or upon receiving a	complaint or other ir	nformation		
2.32		affording reasonable grounds to believe that the rights of a client one or more clients				
2.33	who is may not be capable of requesting assistance have been adversely affected, the					
2.34	ombudsman may gather information and data about and analyze, on behalf of the client,					
2.35	the actions of an agency, facility, or p	program.				

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(e) (f) Notwithstanding any law to the contrary, the ombudsman may gather, on 3.1 behalf of a client one or more clients, records of an agency, facility, or program if the 3.2 records relate to a matter that is within the scope of the ombudsman's authority. If the 3.3 records are private and the client is capable of providing consent, the ombudsman shall first 3.4 obtain the client's consent. The ombudsman is not required to obtain consent for access to 3.5 private data on clients with developmental disabilities. The ombudsman may also take 3.6 photographic or videographic evidence while reviewing the actions of an agency, facility, 3.7 or program. The ombudsman is not required to obtain consent for access to private data 3.8 on decedents who were receiving services for mental illness, developmental disabilities, 3.9 chemical dependency, or emotional disturbance. All data collected, created, received, or 3.10 maintained by the ombudsman are governed by chapter 13 and other applicable law. 3.11

3.12 (f) (g) Notwithstanding any law to the contrary, the ombudsman may subpoena a person to appear, give testimony, or produce documents or other evidence that the ombudsman considers relevant to a matter under inquiry. The ombudsman may petition the appropriate court in Ramsey County to enforce the subpoena. A witness who is at a hearing or is part of an investigation possesses the same privileges that a witness possesses in the courts or under the law of this state. Data obtained from a person under this paragraph are private data as defined in section 13.02, subdivision 12.

3.19 (g) (h) The ombudsman may, at reasonable times in the course of conducting a
 3.20 review, enter and view premises within the control of an agency, facility, or program.

(h) (i) The ombudsman may attend Department of Human Services Review Board
and Special Review Board proceedings; proceedings regarding the transfer of patients or
residents clients, as defined in section 246.50, subdivisions subdivision 4 and 4a, between
institutions operated by the Department of Human Services; and, subject to the consent of
the affected at the request of the client, other proceedings affecting the rights of clients.
The ombudsman is not required to obtain consent to attend meetings or proceedings and
have access to private data on clients with developmental disabilities.

3.28 (i) (j) The ombudsman shall gather data of agencies, facilities, or programs classified
3.29 as private or confidential as defined in section 13.02, subdivisions 3 and 12, regarding
3.30 services provided to clients with developmental disabilities.

3.31 (j) (k) To avoid duplication and preserve evidence, the ombudsman shall inform
3.32 relevant licensing or regulatory officials before undertaking a review of an action of
3.33 the facility or program.

3.34 (1) The Office of Ombudsman shall provide the services of the Civil Commitment
3.35 Training and Resource Center.

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- 4.1 (k) (m) Sections 245.91 to 245.97 are in addition to other provisions of law under
  4.2 which any other remedy or right is provided.
- 4.3 Sec. 4. Minnesota Statutes 2014, section 245.97, subdivision 6, is amended to read:
- 4.4 Subd. 6. Terms, compensation, and removal. The membership terms,
- 4.5 compensation, and removal of members of the committee and the filling of membership
- 4.6 vacancies are governed by section  $\frac{15.0575}{15.0597}$ .