

CHAPTER 246

PUBLIC INSTITUTIONS

246.01	Powers and duties.	246.34	Reburial.
246.012	Measure of service.	246.35	Abandonment of cemetery, court order.
246.013	Persons with mental illness: care, treatment.	246.36	Acceptance of voluntary, uncompensated services
246.0135	Operation of regional treatment centers	246.41	Contributions for benefit of persons with mental retardation
246.0136	Planning for transition of regional treatment centers and other state-operated services to enterprise activities.	246.42	Food products, production and preservation
246.014	Services.	246.50	Care of clients at state facilities, definitions
246.015	Consultative services; aftercare of patients, public information; funds.	246.51	Payment for care and treatment, determination.
246.016	Office of commissioner of mental health and mental hospitals abolished.	246.511	Relative responsibility.
246.017	Medical record, policy; medical director.	246.52	Payment for care; order, action.
246.018	Office of medical director.	246.53	Claim against estate of deceased client
246.02	Executive officers	246.531	Subrogation of insurance settlements.
246.022	State hospital planning committees	246.54	Liability of county; reimbursement
246.023	Interagency committee.	246.55	Appeal from order of commissioner
246.0251	Hospital administrator.	246.56	Prevocational training for patients with mental illness or residents with mental retardation: administration.
246.04	Books and accounts.	246.57	Shared service agreements.
246.05	Dissemination of information.	246.58	Labor accounts; use of profits.
246.06	Reports.	246.59	Lodging; food; domestic service.
246.07	Daily records.	246.60	Consolidation; employees
246.08	Inspections; investigations: witnesses; contempt	246.64	Chemical dependency service agreements.
246.11	Inspection.	246.70	Services to families.
246.12	Biennial estimates; suggestions for legislation		
246.13	Record of patients and residents; department of human services		BLOODBORNE PATHOGENS; SECURE TREATMENT FACILITY EMPLOYEES
246.14	Use of space in institutions.	246.71	Definitions
246.15	Money of inmates of public welfare institutions	246.711	Conditions for applicability of procedures.
246.151	Compensation paid to patient.	246.712	Information required to be given to individuals
246.16	Unclaimed money or personal property of inmates.	246.713	Disclosure of positive bloodborne pathogen test results
246.18	Disposal of funds.	246.714	Consent procedures generally.
246.19	Protection against fire.	246.715	Testing of available blood.
246.21	Contingent fund.	246.716	Blood sample collection for testing.
246.23	Persons admissible to regional treatment centers.	246.717	No discrimination.
246.234	Reciprocal exchange of persons with mental illness or mental retardation.	246.718	Use of test results.
246.24	Compromise of claims.	246.719	Test information confidentiality.
246.27	Physical examinations for employment in certain state institutions.	246.72	Penalty for unauthorized release of information.
246.28	Diagnostic tests and X-ray examinations; report.	246.721	Protocol for exposure to bloodborne pathogens.
246.33	Cemetery.	246.722	Immunity.

246.01 POWERS AND DUTIES.

The commissioner of human services is hereby specifically constituted the guardian of both the estate and person of all persons with mental retardation, the guardianship of whom has heretofore been vested in the state board of control or in the director of social welfare whether by operation of law or by an order of court without any further act or proceeding, and all the powers and duties vested in or imposed upon the state board of control or the director of social welfare, with reference to mental testing of persons with mental retardation, and with reference to the institutions of the state of Minnesota except correctional facilities administered and managed by the commissioner of corrections, are hereby transferred to, vested in, and imposed upon the commissioner of human services, and in relation thereto is hereby charged with and shall have the exclusive power of administration and management of all of the following state institutions: state hospitals for persons with mental retardation, mental illness, or chemical dependency. The commissioner shall have power and authority to determine all matters relating to the unified and continuous development of all of the foregoing institutions and of such other institutions, the supervision of which may, from time to time, be vested in the commissioner. It is intended that there be vested in the

commissioner all of the powers, functions, and authority heretofore vested in the state board of control relative to such state institutions. The commissioner shall have the power and authority to accept, in behalf of the state, contributions and gifts of money and personal property for the use and benefit of the residents of the public institutions under the commissioner's control, and all money and securities so received shall be deposited in the state treasury subject to the order of the commissioner of human services. If the gift or contribution is designated by the donor for a certain institution or purpose, the commissioner of human services shall expend or use the same as nearly as may be in accordance with the conditions of the gift or contribution, compatible with the best interests of the inmates and the state. The commissioner of human services is hereby constituted the "state agency" as defined by the Social Security Act of the United States and the laws of this state for all purposes relating to mental health and mental hygiene.

For the purpose of carrying out these duties, the commissioner of human services shall accept from wards with mental retardation for whom the commissioner is specifically appointed guardian a signed application for consent to the marriage of said ward. Upon receipt of such application the commissioner shall promptly conduct such investigation as the commissioner deems proper and determine if the contemplated marriage is for the best interest of the ward and the public. A signed copy of the commissioner's determination shall be mailed to the ward and to the court administrator of the district court of the county where the application for such marriage license was made.

There is hereby appropriated to such persons or institutions as are entitled to such sums as are provided for in this section, from the fund or account in the state treasury to which the money was credited, an amount sufficient to make such payment.

History: (3199-103) 1939 c 431 art 7 s 3; 1943 c 570 s 2; 1943 c 612 s 3; 1947 c 211 s 1; 1949 c 512 s 7; 1949 c 561 s 1; 1951 c 713 s 23; 1953 c 562 s 1; 1957 c 287 s 3; 1959 c 158 s 16; 1959 c 638 s 2; 1965 c 45 s 18; 1973 c 540 s 3; 1976 c 271 s 76; 1979 c 102 s 13; 1983 c 10 s 1; 1984 c 654 art 5 s 58; 1985 c 21 s 7; 1986 c 444; 1Sp1986 c 3 art 1 s 82

246.012 MEASURE OF SERVICE.

The measure of services hereinafter set forth are established and prescribed as the goal of the state of Minnesota, in its care and treatment of the mentally ill people of the state.

History: 1949 c 512 s 1

246.013 PERSONS WITH MENTAL ILLNESS; CARE, TREATMENT.

Within the limits of the appropriations for the commissioner of human services, the commissioner is directed, in the performance of the duties imposed by the laws of this state, to bring to the measure prescribed by section 246.012, the care and treatment of persons with mental illness as speedily as is possible, and to thereafter, subject to the paramount authority of the legislature with respect to appropriations, maintain said standards in the care and treatment of persons with mental illness.

History: 1949 c 512 s 2; 1953 c 724 s 1; 1967 c 839 s 3; 1984 c 654 art 5 s 58; 1985 c 21 s 8; 1986 c 444

246.0135 OPERATION OF REGIONAL TREATMENT CENTERS.

(a) The commissioner of human services is prohibited from closing any regional treatment center or state-operated nursing home or any program at any of the regional treatment centers or state-operated nursing homes, without specific legislative authorization. For persons with mental retardation or related conditions who move from one regional treatment center to another regional treatment center, the provisions of section 256B.092, subdivision 10, must be followed for both the discharge from one regional treatment center and admission to another regional treatment center, except that the move is not subject to the consensus requirement of section 256B.092, subdivision 10, paragraph (b).

(b) Prior to closing or downsizing a regional treatment center, the commissioner of human services shall be responsible for assuring that community-based alternatives developed in response are adequate to meet the program needs identified by each county within the catchment area and do not require additional local county property tax expenditures.

(c) The nonfederal share of the cost of alternative treatment or care developed as the result of the closure of a regional treatment center, including costs associated with fulfillment of responsibilities under chapter 253B shall be paid from state funds appropriated for purposes specified in section 246.013.

(d) Counties in the catchment area of a regional treatment center which has been closed or downsized may not at any time be required to pay a greater cost of care for alternative care and treatment than the county share set by the commissioner for the cost of care provided by regional treatment centers.

(e) The commissioner may not divert state funds used for providing for care or treatment of persons residing in a regional treatment center for purposes unrelated to the care and treatment of such persons.

History: 1992 c 513 art 9 s 18; 1Sp1993 c 1 art 7 s 24

246.0136 PLANNING FOR TRANSITION OF REGIONAL TREATMENT CENTERS AND OTHER STATE-OPERATED SERVICES TO ENTERPRISE ACTIVITIES.

Subdivision 1. **Planning for enterprise activities.** The commissioner of human services is directed to study and make recommendations to the legislature on establishing enterprise activities within state-operated services. Before implementing an enterprise activity, the commissioner must obtain statutory authorization for its implementation, except that the commissioner has authority to implement enterprise activities for adolescent services and to establish a public group practice without statutory authorization. Enterprise activities are defined as the range of services, which are delivered by state employees, needed by people with disabilities and are fully funded by public or private third-party health insurance or other revenue sources available to clients that provide reimbursement for the services provided. Enterprise activities within state-operated services shall specialize in caring for vulnerable people for whom no other providers are available or for whom state-operated services may be the provider selected by the payer. In subsequent biennia after an enterprise activity is established within a state-operated service, the base state appropriation for that state-operated service shall be reduced proportionate to the size of the enterprise activity.

Subd. 2. **Required components of any proposal; considerations.** In any proposal for an enterprise activity brought to the legislature by the commissioner, the commissioner must demonstrate that there is public or private third-party health insurance or other revenue available to the people served, that the anticipated revenues to be collected will fully fund the services, that there will be sufficient funds for cash flow purposes, and that access to services by vulnerable populations served by state-operated services will not be limited by implementation of an enterprise activity. In studying the feasibility of establishing an enterprise activity, the commissioner must consider:

(1) creating public or private partnerships to facilitate client access to needed services;

(2) administrative simplification and efficiencies throughout the state-operated services system;

(3) converting or disposing of buildings not utilized and surplus lands; and

(4) exploring the efficiencies and benefits of establishing state-operated services as an independent state agency.

History: 1999 c 245 art 5 s 9

246.014 SERVICES.

The measure of services established and prescribed by section 246.012, are:

(1) There shall be served in state hospitals a single standard of food for patients and employees alike, which is nutritious and palatable together with special diets as prescribed by the medical staff thereof. There shall be a chief dietitian in the department of human services and at least one dietitian at each state hospital. There shall be adequate staff and equipment for processing, preparation, distribution and serving of food.

(2) There shall be a staff of persons, professional and lay, sufficient in number, trained in the diagnosis, care and treatment of persons with mental illness, physical illness, and including religious and spiritual counsel through qualified chaplains (who shall be in the unclassified service) adequate to take advantage of and put into practice modern methods of psychiatry, medicine and related field.

(3) There shall be a staff and facilities to provide occupational and recreational therapy, entertainment and other creative activities as are consistent with modern methods of treatment and well being.

(4) There shall be in each state hospital for the care and treatment of persons with mental illness facilities for the segregation and treatment of patients and residents who have communicable disease.

(5) The commissioner of human services shall provide modern and adequate psychiatric social case work service.

(6) The commissioner of human services shall make every effort to improve the accommodations for patients and residents so that the same shall be comfortable and attractive with adequate furnishings, clothing, and supplies.

(7) The commissioner of human services shall establish training programs for the training of personnel and may require the participation of personnel in such programs. Within the limits of the appropriations available the commissioner may establish professional training programs in the forms of educational stipends for positions for which there is a scarcity of applicants.

(8) The standards herein established shall be adapted and applied to the diagnosis, care and treatment of persons with chemical dependency or mental retardation who come within those terms as defined in the laws relating to the hospitalization and commitment of such persons, and of persons who have sexual psychopathic personalities or are sexually dangerous persons as defined in chapter 253B.

(9) The commissioner of human services shall establish a program of detection, diagnosis and treatment of persons with mental illness and persons described in clause (8), and within the limits of appropriations may establish clinics and staff the same with persons specially trained in psychiatry and related fields.

(10) The commissioner of employee relations may reclassify employees of the state hospitals from time to time, and assign classifications to such salary brackets as will adequately compensate personnel and reasonably assure a continuity of adequate staff.

(11) In addition to the chaplaincy services, provided in clause (2), the commissioner of human services shall open said state hospitals to members of the clergy and other spiritual leaders to the end that religious and spiritual counsel and services are made available to the patients and residents therein, and shall cooperate with all members of the clergy and other spiritual leaders in making said patients and residents available for religious and spiritual counsel, and shall provide such members of the clergy and other spiritual leaders with meals and accommodations.

(12) Within the limits of the appropriations therefor, the commissioner of human services shall establish and provide facilities and equipment for research and study in the field of modern hospital management, the causes of mental and related illness and the treatment, diagnosis and care of persons with mental illness and funds provided therefor may be used to make available services, abilities and advice of leaders in these

and related fields, and may provide them with meals and accommodations and compensate them for traveling expenses and services.

History: 1949 c 512 s 3; 1953 c 561 s 1; 1967 c 839 s 4; 1973 c 507 s 45; 1980 c 357 s 16; 1980 c 614 s 126; 1980 c 617 s 47; 1984 c 654 art 5 s 58; 1985 c 21 s 9; 1986 c 444; 1Sp1994 c 1 art 2 s 23

246.015 CONSULTATIVE SERVICES; AFTERCARE OF PATIENTS; PUBLIC INFORMATION; FUNDS.

Subdivision 1. [Repealed, 1953 c 608 s 1]

Subd. 2. [Repealed, 1953 c 608 s 1]

Subd. 3. Within the limits of the appropriations available, the commissioner of human services may provide consultative services for courts, and state welfare agencies, supervise the placement and aftercare of patients provisionally or otherwise discharged from a state hospital or institution, promote and conduct programs of education for the people of the state relating to the problem of mental health and mental hygiene. The commissioner shall administer, expend and distribute federal funds which may be made available to the state and funds other than those appropriated by the legislature, which may be made available to the state for mental health and mental hygiene purposes.

History: 1949 c 512 s 4; 1953 c 608 s 1,2; 1984 c 654 art 5 s 58; 1986 c 444

246.016 OFFICE OF COMMISSIONER OF MENTAL HEALTH AND MENTAL HOSPITALS ABOLISHED.

The office of the commissioner of mental health and mental hospitals is hereby abolished.

History: 1953 c 608 s 1

246.017 MEDICAL RECORD; POLICY; MEDICAL DIRECTOR.

Subdivision 1. **System of records and statistics.** The commissioner of human services shall cause to be devised, installed and operated an adequate system of records and statistics which shall consist of all basic record forms including patient personal records and medical record forms and the manner of their use shall be precisely uniform throughout all hospitals for the mentally ill.

Subd. 2. **Medical director.** The commissioner of human services shall appoint, and unless otherwise established by law, set the salary of a licensed physician to serve as medical director to assist in establishing and maintaining the medical policies of the department of human services. The commissioner may place the medical director's position in the unclassified service if the position meets the criteria of section 43A.08, subdivision 1a.

History: 1953 c 608 s 3,4; 1955 c 528 s 1; 1971 c 148 s 1; 1982 c 560 s 52; 1983 c 260 s 53; 1984 c 654 art 5 s 58; 1986 c 444; 1993 c 337 s 12

246.018 OFFICE OF MEDICAL DIRECTOR.

Subdivision 1. **Established.** The office of medical director within the department of human services is established.

Subd. 2. **Medical director.** The commissioner of human services shall appoint a medical director. The medical director must be a psychiatrist certified by the board of psychiatry.

Subd. 3. **Duties.** The medical director shall:

(1) oversee the clinical provision of inpatient mental health services provided in the state's regional treatment centers;

(2) recruit and retain psychiatrists to serve on the state medical staff established in subdivision 4;

(3) consult with the commissioner of human services, the assistant commissioner of mental health, community mental health center directors, and the regional treatment

center governing bodies to develop standards for treatment and care of patients in regional treatment centers and outpatient programs;

(4) develop and oversee a continuing education program for members of the regional treatment center medical staff;

(5) consult with the commissioner on the appointment of the chief executive officers for regional treatment centers; and

(6) participate and cooperate in the development and maintenance of a quality assurance program for regional treatment centers that assures that residents receive quality inpatient care and continuous quality care once they are discharged or transferred to an outpatient setting.

Subd. 4. Regional treatment center medical staff. (a) The commissioner of human services shall establish a regional treatment center medical staff which shall be under the clinical direction of the office of medical director.

(b) The medical director, in conjunction with the regional treatment center medical staff, shall:

(1) establish standards and define qualifications for physicians who care for residents in regional treatment centers;

(2) monitor the performance of physicians who care for residents in regional treatment centers; and

(3) recommend to the commissioner changes in procedures for operating regional treatment centers that are needed to improve the provision of medical care in those facilities.

History: 1989 c 282 art 4 s 62

246.02 EXECUTIVE OFFICERS.

Subdivision 1. The commissioner of human services shall appoint a chief executive officer for each institution under exclusive control of the commissioner and may remove a chief executive officer for misconduct, incompetency, or neglect of official duty. No such removal shall be made except upon written charges and opportunity to be heard. Every such executive officer shall have the qualifications and perform the duties now or hereafter required by law, or by rules prescribed by the commissioner of human services. The commissioner may appoint an acting chief executive officer during such interim period as is necessary to select and appoint a chief executive officer. In case of an apparent conflict between the powers conferred by law upon any executive officer of a state institution and those conferred by this chapter upon the commissioner of human services, it shall be conclusively presumed that the power belongs to the latter. When a chief executive officer is required to live on the institution grounds, the chief executive officer is entitled to residence and maintenance in addition to salary.

Subd. 2. The commissioner of human services shall act with the advice of the medical policy directional committee on mental health in the appointment and removal of the chief executive officers of the following institutions: Anoka-Metro Regional Treatment Center, Ah-Gwah-Ching Center, Fergus Falls Regional Treatment Center, St. Peter Regional Treatment Center and Minnesota Security Hospital, Willmar Regional Treatment Center, Cambridge Regional Human Services Center, Brainerd Regional Human Services Center, Minnesota Sexual Psychopathic Personality Treatment Center and until June 30, 1998, Faribault Regional Center.

Subd. 3. [Repealed, 1973 c 540 s 5]

Subd. 4. Within the limits of appropriations available and with the advice of the medical policy directional committee, the commissioner shall set the salary of the individual officers named in subdivision 2 according to standards of training and experience established by the commissioner. The commissioner may not reduce the salary of any officers incumbent at the time of the passage of this subdivision. In

addition to salary, each officer named in subdivision 2 is entitled to reimbursement for all expenses necessarily incurred in the performance of duties.

History: (4405) *RL s 1865; 1953 c 344 s 1; 1955 c 746 s 1; 1957 c 19 s 2; 1967 c 6 s 2; 1976 c 163 s 45,46; 1976 c 239 s 77; 1977 c 347 s 37; 1978 c 554 s 2; 1984 c 654 art 5 s 58; 1986 c 444; 1987 c 384 art 1 s 49; 1991 c 292 art 6 s 58 subd 3; 1Sp1993 c 1 art 7 s 25; 1Sp1994 c 1 art 2 s 24; 1997 c 203 art 7 s 5*

246.022 STATE HOSPITAL PLANNING COMMITTEES.

Subdivision 1. **Appointment.** The commissioner may appoint for each state hospital a hospital planning committee that includes, but is not limited to, the chief executive officer of each state institution appointed pursuant to section 246.02, representatives of the professional staff and human services technicians and of other staff as the chief executive officer deems appropriate, representatives of the patients served in the institution, and representatives of the counties served by the institution.

Subd. 2. **Duties of committee.** The hospital planning committee of each state institution may present recommendations on such matters as:

(a) Setting measurable goals and objectives for the management and service programs of the institution;

(b) Identifying the capital, staff and financial resources needed to attain the goals and objectives established; and

(c) Adopting a method, approved by the commissioner, whereby the degree of attainment of the established goals and objectives may be evaluated.

Subd. 3. **Commissioner's responsibility.** Within the appropriations available, the commissioner of human services shall provide technical assistance to each hospital planning committee in the performance of its duties.

Subd. 4. **Biennial plan.** Each hospital planning committee shall submit to the commissioner a biennial report to be included in the report to the governor and legislature prepared pursuant to section 246.06. The commissioner shall establish schedules for submission of hospital planning committee plans so that each plan is substantially reflected in the biennial estimates prepared pursuant to section 246.12.

History: *1980 c 614 s 127; 1984 c 654 art 5 s 58*

246.023 INTERAGENCY COMMITTEE.

Subdivision 1. **Legislative policy.** It is recognized that closure and consolidation of regional treatment centers have negative economic effects upon public employees and communities. It is the policy of the state that deinstitutionalization policies shall be carried out in a manner that ensures fair and equitable arrangements to protect the interests of employees and communities affected by deinstitutionalization.

Subd. 2. [Repealed, 1988 c 689 art 2 s 269]

Subd. 3. [Repealed, 1988 c 689 art 2 s 269]

Subd. 4. [Repealed, 1988 c 689 art 2 s 269]

Subd. 5. [Repealed, 1988 c 689 art 2 s 269]

History: *1984 c 654 art 5 s 19,58; 1Sp1985 c 14 art 9 s 75; 1988 c 689 art 2 s 108; 1991 c 292 art 7 s 25*

246.025 [Repealed, 1965 c 45 s 73]

246.0251 HOSPITAL ADMINISTRATOR.

Notwithstanding any provision of law to the contrary, the commissioner of human services may appoint a hospital administrator at any state hospital. Such hospital administrator shall be a graduate of an accredited college giving a course leading to a degree in hospital administration and the commissioner of human services, by rule, shall designate such colleges which in the opinion of the commissioner give an accredited course in hospital administration. The provisions of this section shall not

apply to any chief executive officer now appointed to that position who on July 1, 1963, is neither a physician and surgeon nor a graduate of a college giving a degree in hospital administration. In addition to a hospital administrator, the commissioner of human services may appoint a licensed doctor of medicine as chief of the medical staff who shall be in charge of all medical care, treatment, rehabilitation and research.

History: 1963 c 764 s 10; 1984 c 654 art 5 s 58; 1985 c 248 s 70; 1986 c 444

246.03 [Repealed, 1991 c 326 s 27]

246.04 BOOKS AND ACCOUNTS.

The commissioner of human services shall keep at the commissioner's office a proper and complete system of books and accounts with each institution, showing every expenditure authorized and made therefor. Such books shall contain a separate account of each extraordinary or special appropriation made by the legislature, with every item of expenditure therefrom. The commissioner shall maintain a separate fund for all chemical dependency appropriations that will provide for an ascertainable review of receipts and expenditures under section 246.18, subdivision 2.

History: (4412) RL s 1872; 1984 c 654 art 5 s 58; 1986 c 394 s 1; 1986 c 444

246.05 DISSEMINATION OF INFORMATION.

The commissioner of human services may, from time to time, publish and distribute scientific, educational, and statistical articles, bulletins, and reports concerning clinical, research and other studies conducted in the department of human services in the fields of mental or nervous diseases, mental deficiency, or epilepsy.

History: (4414) RL s 1874; 1949 c 262 s 1; 1984 c 654 art 5 s 58

246.06 REPORTS.

On or before November 15 in each even-numbered year, the commissioner of human services shall make a report to the governor covering the biennial period ending June 30th preceding, therein giving observations and conclusions respecting each institution under control of the commissioner. This report shall contain the reports of the executive officers of the institutions, a statement of the visitations thereto, and when and by whom made, the name and salary of every employee of the commissioner, and of every officer and employee of the several institutions. Such report shall be published under the direction of the commissioner of administration and paid for out of the appropriation for public printing. The commissioner of human services shall make such other reports to the governor as the commissioner may from time to time require, or as the commissioner may deem necessary, relating to the condition and wants of the several institutions.

History: (4415) RL s 1875; 1984 c 654 art 5 s 58; 1986 c 444; 1997 c 7 art 2 s 35

246.07 DAILY RECORDS.

The commissioner of human services shall require the proper officer of each of the institutions to keep, in a book prepared for that purpose, a daily record of the time and number of hours of service of each employee; the monthly payroll shall be made from such time book, and accord therewith. When an appropriation is based on the number of inmates in, or persons at, an institution, the commissioner shall require a daily record to be kept of the persons actually residing at and domiciled in such institution.

History: (4416) RL s 1876; 1984 c 654 art 5 s 58

246.08 INSPECTIONS; INVESTIGATIONS; WITNESSES; CONTEMPT.

At least once each year and in addition as frequently as the commissioner deems necessary, the commissioner, or a designated representative, shall visit and inspect each institution, and investigate its financial condition and management, and the care being provided for the inmates thereof. The commissioner shall have power to summon and compel the attendance of witnesses; to examine them under oath, and order the

production of all books, property, and papers material to such investigation. Witnesses other than those in the employ of the state shall receive the same fees as in civil cases in the district court. The claim that any testimony or evidence sought to be elicited or produced may tend to criminate the person giving or producing it, or to expose the person to public ignominy, shall not excuse the person, but no person shall be prosecuted or subjected to any penalty or forfeiture for or on account of any matter or thing concerning which the person may be so required to testify or produce evidence; provided, that the person shall not be exempted from prosecution and punishment for perjury committed in so testifying. The commissioner of human services shall cause the testimony so taken to be transcribed and filed with the commissioner as soon as practicable and when so filed it shall be open to public inspection. Every person failing or refusing to obey any order of the commissioner of human services issued under this section, or to give or produce evidence when so requested, shall be reported by the commissioner to the district court and dealt with as for a contempt of court.

History: (4417) *RL s 1877; 1953 c 239 s 1; 1984 c 654 art 5 s 58; 1986 c 444*

246.09 [Repealed, 1953 c 254 s 1]

246.10 [Repealed, 1967 c 638 s 22]

246.101 [Repealed, 1967 c 638 s 22]

246.11 INSPECTION.

The commissioner of human services, upon stated visits to any institution, shall inspect every part thereof, the general and special dietary, and the stores and methods of supply; and, so far as practicable, shall see all inmates of the charitable institutions, especially those admitted since the preceding visit, and shall give such as desire it suitable opportunity to converse with the commissioner privately. The commissioner may examine under oath the officers, attendants, guards, and other employees in order to determine their fitness for their duties.

History: (4423) *RL s 1879; 1984 c 654 art 5 s 58; 1986 c 444*

246.12 BIENNIAL ESTIMATES; SUGGESTIONS FOR LEGISLATION.

The commissioner of human services shall prepare, for the use of the legislature, biennial estimates of appropriations necessary or expedient to be made for the support of the several institutions and for extraordinary and special expenditures for buildings and other improvements. The commissioner shall, in connection therewith, make suggestions relative to legislation for the benefit of the institutions, or for improving the condition of the dependent, defective, or criminal classes. The commissioner shall report the estimates and suggestions to the legislature on or before November 15 in each even-numbered year. The commissioner of human services on request shall appear before any legislative committee and furnish any required information in regard to the condition of any such institution.

History: (4427) *RL s 1883; 1969 c 540 s 11; 1984 c 654 art 5 s 58; 1986 c 444*

246.13 RECORD OF PATIENTS AND RESIDENTS; DEPARTMENT OF HUMAN SERVICES.

The commissioner of human services' office shall have, accessible only by consent of the commissioner or on the order of a judge or court of record, a record showing the residence, sex, age, nativity, occupation, civil condition, and date of entrance or commitment of every person, in the state hospitals under exclusive control of the commissioner, the date of discharge and whether such discharge was final, the condition of such person when the person left the state hospital, and the date and cause of all deaths. The record shall state every transfer from one state hospital to another, naming each. This information shall be furnished to the commissioner of human services by each public and private agency, with such other obtainable facts as the commissioner may from time to time require. The chief executive officer of each

such state hospital, within ten days after the commitment or entrance thereto of a patient or resident, shall cause a true copy of an entrance record to be forwarded to the commissioner of human services. When a patient or resident leaves, is discharged or transferred, or dies in any state hospital, the chief executive officer, or other person in charge shall inform the commissioner of human services within ten days thereafter on forms furnished by the commissioner.

The commissioner of human services may authorize the chief executive officer of any state hospital for persons with mental illness or mental retardation, to release to public or private medical personnel, hospitals, clinics, local social services agencies or other specifically designated interested persons or agencies any information regarding any patient or resident thereat, if, in the opinion of the commissioner, it will be for the benefit of the patient or resident.

History: (4437) *RL s 1889; 1957 c 319 s 1; 1961 c 750 s 13 subd 1; 1983 c 10 s 1; 1984 c 654 art 5 s 58; 1985 c 21 s 10; 1986 c 444; 1994 c 631 s 31*

246.14 USE OF SPACE IN INSTITUTIONS.

The commissioner of human services may use available space in any institution under jurisdiction of the commissioner, or in any institution under the jurisdiction of another department or agency of the state in which space is proffered the commissioner, by executive or legislative action, for the care and custody of persons, patients, or inmates of the institutions under exclusive control of the commissioner for whom other, more suitable, space is not available. All laws relating to the commitment and care of such persons who may be so committed and institutionalized shall be applicable to such persons.

History: (4438) *RL s 1890; 1953 c 515 s 1; 1957 c 261 s 1; 1961 c 750 s 14 subd 1; 1967 c 839 s 5; 1984 c 654 art 5 s 58; 1986 c 444*

246.15 MONEY OF INMATES OF PUBLIC WELFARE INSTITUTIONS.

Subdivision 1. The chief executive officer of each institution under the jurisdiction of the commissioner of human services shall have the care and custody of all money belonging to inmates thereof which may come into the chief executive officer's hands, keep accurate accounts thereof, and pay them out under rules prescribed by law or by the commissioner of human services, taking vouchers therefor. All such money received by any officer or employee shall be paid to the chief executive officer forthwith. Every such executive officer, at the close of each month, or oftener if required by the commissioner, shall forward to the commissioner a statement of the amount of all money so received and the names of the inmates from whom received, accompanied by a check for the amount, payable to the state treasurer. On receipt of such statement, the commissioner shall transmit the same to the commissioner of finance, together with such check, who shall deliver the same to the state treasurer. Upon the payment of such check, the amount shall be credited to a fund to be known as "Inmates Fund," for the institution from which the same was received. All such funds shall be paid out by the state treasurer upon vouchers duly approved by the commissioner of human services as in other cases. The commissioner may permit a contingent fund to remain in the hands of the executive officer of any such institution from which necessary expenditure may from time to time be made.

Subd. 2. Any money in the inmates fund provided for in this section, belonging to inmates of state institutions under the jurisdiction of the commissioner of corrections shall forthwith be transferred by the commissioner of human services to the correctional inmates fund created by section 241.08.

History: (4439) *RL s 1891; 1907 c 280 s 1; 1961 c 750 s 15 subds 1,2; 1973 c 492 s 14; 1984 c 654 art 5 s 58; 1985 c 248 s 70; 1986 c 444; 1991 c 326 s 10*

246.151 COMPENSATION PAID TO PATIENT.

Subdivision 1. **Compensation.** Notwithstanding any law to the contrary, the commissioners of human services and veterans affairs are authorized to provide for the

payment to patients or residents of state institutions under their management and control of such pecuniary compensation as required by the United States Department of Labor. Payment of subminimum wages shall meet all requirements of United States Department of Labor Regulations, Code of Federal Regulations, title 29, part 525. The amount of compensation depends upon the quality and character of the work performed as determined by the commissioner and the chief executive officer pursuant to section 177.24.

Subd. 2. Imprest cash fund. The commissioners of human services and veterans affairs may establish an imprest cash fund at each of the state operated residential facilities to be utilized for payment to residents participating in on-campus work programs.

History: 1978 c 560 s 1; 1981 c 360 art 1 s 21; 1984 c 654 art 5 s 58; 1986 c 355 s 1; 1986 c 444; 1Sp1993 c 1 art 7 s 26

246.16 UNCLAIMED MONEY OR PERSONAL PROPERTY OF INMATES.

Subdivision 1. Unclaimed money. When there has heretofore accumulated or shall hereafter accumulate in the hands of the superintendent of any state institution under the jurisdiction of the commissioner of human services money belonging to inmates of such institution who have died therein, or disappeared therefrom, and for which money there is no claimant or person entitled thereto known to the superintendent, such money may, at the discretion of such superintendent, to be expended under direction of the superintendent for the amusement, entertainment, and general benefit of the inmates of such institution. No money shall be so used until it shall have remained unclaimed for at least five years. If, at any time after the expiration of the five years, the legal heirs of the inmate shall appear and make proper proof of such heirship, they shall be entitled to receive from the state treasurer such sum of money as shall have been expended by the superintendent belonging to the inmate.

Subd. 2. Unclaimed personal property. When any inmate of a state institution under the jurisdiction of the commissioner of human services has died or disappeared therefrom, or hereafter shall die or disappear therefrom leaving in the custody of the superintendent thereof personal property, exclusive of money, which remains unclaimed for a period of two years, and there is no person entitled thereto known to the superintendent, the superintendent or an agent may sell such property at public auction. Notice of such sale shall be published for two consecutive weeks in a legal newspaper in the county wherein the institution is located and shall state the time and place of such sale. The proceeds of the sale, after deduction of the costs of publication and auction, may be expended, at the discretion of the superintendent, for the entertainment and benefit of the inmates of such institution. Any inmate, or heir or representative of the inmate, may file with, and make proof of ownership to, the superintendent of the institution disposing of such personal property within four years after such sale, and, upon proof satisfactory to such superintendent, shall certify for payment to the state treasurer the amount received by the sale of such property. No suit shall be brought for damages consequent to the disposal of personal property or use of money in accordance with this section against the state or any official, employee, or agent thereof.

History: (4440) 1905 c 199 s 1; 1951 c 369 s 1; 1961 c 750 s 16 subd 1; 1984 c 654 art 5 s 58; 1986 c 444

246.17 [Repealed, 1953 c 341 s 1]

246.18 DISPOSAL OF FUNDS.

Subdivision 1. Generally. Except as provided in subdivisions 2 and 4, every officer and employee of the several institutions under the jurisdiction of the commissioner of human services who has money belonging to an institution shall pay the money to the accounting officer thereof. Every accounting officer, at the close of each month or oftener, shall forward to the commissioner of human services a statement of the

amount and sources of all money received. On receipt of such statement, the commissioner shall transmit the same to the commissioner of finance, who shall deliver to the state treasurer a draft upon the accounting officer for the same specifying the funds to which it is to be credited. Upon payment of such draft, the amount shall be so credited.

Subd. 2. **Chemical dependency fund.** Money received by a chemical dependency treatment facility operated by a regional treatment center or nursing home under the jurisdiction of the commissioner of human services must be deposited in the state treasury and credited to a chemical dependency fund. Money in the chemical dependency fund is appropriated to the commissioner to operate chemical dependency programs.

Subd. 2a. **Disposition of interest for chemical dependency funds.** Beginning July 1, 1991, interest earned on cash balances on deposit with the state treasurer derived from receipts from chemical dependency programs affiliated with state-operated facilities under the commissioner of human services must be deposited in the state treasury and credited to a chemical dependency account under subdivision 2. Any interest earned is appropriated to the commissioner to operate chemical dependency programs according to subdivision 2.

Subd. 3. [Repealed, 1991 c 292 art 4 s 79]

Subd. 3a. [Repealed, 1991 c 292 art 4 s 79]

Subd. 4. **Collections deposited in the general fund.** Except as provided in subdivisions 5, 6, and 7, all receipts from collection efforts for the regional treatment centers, state nursing homes, and other state facilities as defined in section 246.50, subdivision 3, must be deposited in the general fund. The commissioner shall ensure that the departmental financial reporting systems and internal accounting procedures comply with federal standards for reimbursement for program and administrative expenditures and fulfill the purpose of this paragraph.

Subd. 5. **Funded depreciation accounts for state-operated, community-based programs.** Separate interest-bearing funded depreciation accounts shall be established in the state treasury for state-operated, community-based programs meeting the definition of a facility in Minnesota Rules, part 9553.0020, subpart 19, or a vendor in section 252.41, subdivision 9. As payments for state-operated community-based services are received by the commissioner, the portion of the payment rate representing allowable depreciation expense and the capital debt reduction allowance shall be deposited in the state treasury and credited to the separate interest-bearing accounts as dedicated receipts with unused funds carried over to the next fiscal year. Funds within these funded depreciation accounts are appropriated to the commissioner of human services for the purchase or replacement of capital assets or payment of capitalized repairs for each respective program. These accounts will satisfy the requirements of Minnesota Rules, part 9553.0060, subparts 1, item E, and 5.

Subd. 6. **Collections dedicated.** Except for state-operated programs funded through a direct appropriation from the legislature, any state-operated program or service established and operated as an enterprise activity shall retain the revenues earned in an interest-bearing account.

When the commissioner determines the intent to transition from a direct appropriation to enterprise activity for which the commissioner has authority, all collections for the targeted state-operated service shall be retained and deposited into an interest-bearing account. At the end of the fiscal year, prior to establishing the enterprise activity, collections up to the amount of the appropriation for the targeted service shall be deposited to the general fund. All funds in excess of the amount of the appropriation will be retained and used by the enterprise activity for cash flow purposes.

These funds must be deposited in the state treasury in a revolving account and funds in the revolving account are appropriated to the commissioner to operate the services authorized, and any unexpended balances do not cancel but are available until spent.

Subd. 7. **Use of certain reimbursement funds.** Except as provided in subdivisions 2, 5, and 6, and unless otherwise required by federal law, during any period in which bonds are issued and outstanding under section 16A.67, all money received from the federal government or other nonstate source for payment or reimbursement of health care costs incurred at regional treatment centers, state nursing homes, and other state facilities as defined in section 246.50, subdivision 3, must be credited to the special revenue fund created in section 16A.67, subdivision 3. Money credited to the special revenue fund must be transferred to the debt service fund established in section 16A.67, subdivision 4, at the times and in the amounts determined by order of the commissioner of finance to be necessary to provide for the payment and security of bonds issued pursuant to section 16A.67. On or before the tenth day of each month, any money in the special revenue fund not required to be transferred to the debt service fund must be transferred to the general fund. Except as provided in subdivisions 2, 5, and 6, and unless otherwise required by federal law, if bonds are not issued and outstanding under section 16A.67, all money received from the federal government or other nonstate source for payment or reimbursement of health care costs incurred at regional treatment centers, state nursing homes, and other state facilities as defined in section 246.50, subdivision 3, must be credited to the general fund.

History: (4441) *RL s 1892; 1961 c 750 s 17 subd 1; 1973 c 492 s 14; 1984 c 654 art 5 s 58; 1986 c 394 s 2; 1986 c 444; 1987 c 403 art 2 s 44,45; 1989 c 282 art 6 s 6,7; 1991 c 292 art 6 s 28,29; 1Sp1993 c 1 art 5 s 8; 1995 c 207 art 8 s 28,29; 1995 c 264 art 6 s 4,5; 1997 c 203 art 7 s 6; 1999 c 245 art 5 s 10; 2000 c 492 art 1 s 58*

246.19 PROTECTION AGAINST FIRE.

The commissioner of human services shall provide at each institution adequate and ready means of protection against fire, construct proper means of escape for inmates, and establish and enforce rigid rules by which danger from fire may be minimized.

History: (4442) *RL s 1893; 1984 c 654 art 5 s 58; 1985 c 248 s 70*

246.20 [Repealed, 1973 c 400 s 2]

246.21 CONTINGENT FUND.

The commissioner of human services may permit a contingent fund to remain in the hands of the accounting officer of any such institution from which expenditures may be made in case of actual emergency requiring immediate payment to prevent loss or danger to the institution or its inmates and for the purpose of paying freight, purchasing produce, livestock and other commodities requiring a cash settlement, and for the purpose of discounting bills incurred, but in all cases subject to revision by the commissioner of human services. An itemized statement of every expenditure made during the month from such fund shall be submitted to the commissioner under rules established by the commissioner. If necessary, the commissioner shall make proper requisition upon the commissioner of finance for a warrant upon the state treasurer to secure the contingent fund for each institution.

History: (4445) *RL s 1896; 1909 c 74 s 1; 1961 c 750 s 20 subd 1; 1973 c 492 s 14; 1984 c 654 art 5 s 58; 1986 c 444*

246.22 [Repealed, 1961 c 750 s 28]

246.23 PERSONS ADMISSIBLE TO REGIONAL TREATMENT CENTERS.

Subdivision 1. **Residence.** No person who has not a settlement in a county, as defined in section 256G.02, subdivision 4, shall be admitted to a regional treatment center for persons with mental illness, mental retardation, or chemical dependency, except that the commissioner of human services may authorize admission thereto when the residence cannot be ascertained, or when the circumstances in the judgment of the commissioner make it advisable. When application is made to a judge exercising probate jurisdiction for admission to any of the regional treatment centers above

named for admission thereto, if the judge finds that the person for whom application is made has not such residence, or that residence cannot be ascertained, the judge shall so report to the commissioner; and may recommend that such person be admitted notwithstanding, giving reasons therefor. The commissioner of human services shall thereupon investigate the question of residence and, if the commissioner finds that such person has not such residence and has a legal residence in another state or country, the commissioner may cause the person to be returned thereto at the expense of this state.

Subd. 2. Chemical dependency treatment. The commissioner shall maintain a regionally based, state-administered system of chemical dependency programs. Counties may refer individuals who are eligible for services under chapter 254B to the chemical dependency units in the regional treatment centers. A 15 percent county share of the per diem cost of treatment is required for individuals served within the treatment capacity funded by direct legislative appropriation. By July 1, 1991, the commissioner shall establish criteria for admission to the chemical dependency units that will maximize federal and private funding sources, fully utilize the regional treatment center capacity, and make state-funded treatment capacity available to counties on an equitable basis. The admission criteria may be adopted without rulemaking. Existing rules governing placements under chapters 254A and 254B do not apply to admissions to the capacity funded by direct appropriation. Private and third-party collections and payments are appropriated to the commissioner for the operation of the chemical dependency units. In addition to the chemical dependency treatment capacity funded by direct legislative appropriation, the regional treatment centers may provide treatment to additional individuals whose treatment is paid for out of the chemical dependency consolidated treatment fund under chapter 254B, in which case placement rules adopted under chapter 254B apply; to those individuals who are ineligible but committed for treatment under chapter 253B as provided in section 254B.05, subdivision 4; or to individuals covered through other nonstate payment sources.

History: (4447) *RL s 1898; 1965 c 45 s 19; 1973 c 123 art 5 s 7; 1976 c 2 s 85; 1983 c 10 s 1; 1984 c 654 art 5 s 58; 1985 c 21 s 11; 1986 c 394 s 3; 1986 c 444; 1991 c 199 art 2 s 1; 1991 c 292 art 4 s 5; 1995 c 189 s 8; 1995 c 207 art 3 s 1; 1996 c 277 s 1*

246.234 RECIPROCAL EXCHANGE OF PERSONS WITH MENTAL ILLNESS OR MENTAL RETARDATION.

The commissioner of human services is hereby authorized and empowered with the approval of the governor to enter into reciprocal agreements with any other state or states, through the duly authorized authorities thereof, regarding the mutual exchange, return, and transportation of persons with mental illness or mental retardation who are within the confines of one state but have legal residence or legal settlement for the purposes of relief in another state. Such agreements shall contain no provisions conflicting with any law of this state.

History: *1945 c 228 s 1; 1965 c 45 s 20; 1983 c 10 s 1; 1984 c 654 art 5 s 58; 1985 c 21 s 12*

246.24 COMPROMISE OF CLAIMS.

In case of any disagreement between the commissioner of human services and any person concerning a claim of such person to any right interest or estate in or lien upon lands occupied by or used in connection with any state institution under exclusive or partial control of the person, or of any claim by a person for damages to any such land, or the improvements thereon, the commissioner, with the approval of the governor and the commissioner of finance, may compromise and settle such claim; and in so doing may make any necessary conveyance of land. All moneys received by the commissioner

upon any such settlement shall be paid into the state treasury to the credit of the general fund.

History: (4449) *RL s 1900; 1969 c 399 s 49; 1973 c 492 s 14; 1984 c 654 art 5 s 58; 1986 c 444*

246.25 [Repealed, 1967 c 885 s 6]

246.26 [Renumbered 241.05]

246.27 PHYSICAL EXAMINATIONS FOR EMPLOYMENT IN CERTAIN STATE INSTITUTIONS.

No new employee shall be given employment in any state institution under the direction of the department of human services, whether certified for such employment by the state department of employee relations, or otherwise selected, unless such person presents to the appointing officer of such institution a certificate showing that the employee has undergone the physical examination hereinafter provided for and has been found to be free of tuberculosis.

History: *1941 c 479 s 1; 1953 c 593 s 2; 1973 c 507 s 45; 1980 c 617 s 47; 1984 c 654 art 5 s 58; 1986 c 444*

246.28 DIAGNOSTIC TESTS AND X-RAY EXAMINATIONS; REPORT.

The physical examination shall include a standard intradermal tuberculin test, a chest X-ray when the test is positive and additional special diagnostic tests for the detection of the presence of tuberculosis as shall be set up in rules of the state commissioner of health in cooperation with the commissioner of human services. The examination shall be made by a licensed physician and surgeon, who shall report in writing to the superintendent of the institution in which the employment is contemplated on a form set up by the department of human services in cooperation with the state commissioner of health showing the presence or absence of tuberculosis infection and disease based upon the examination.

History: *1941 c 479 s 2; 1977 c 305 s 45; 1980 c 357 s 17; 1984 c 654 art 5 s 58; 1985 c 248 s 70*

246.29 [Repealed, 1947 c 616 s 5; 1949 c 558 s 1; 1953 c 593 s 2]

246.30 [Repealed, 1965 c 45 s 73]

246.31 Subdivision 1. [Repealed, 1965 c 45 s 73]

Subd. 2. [Repealed, 1965 c 45 s 73]

Subd. 3. [Repealed, 1965 c 45 s 73]

Subd. 4. [Repealed, 1953 c 732 s 5; 1959 c 578 s 7]

246.32 Subdivision 1. [Repealed, 1975 c 204 s 106]

Subd. 2. [Repealed, 1975 c 204 s 106]

Subd. 3. [Repealed, 1969 c 52 s 5]

Subd. 4. [Repealed, 1975 c 204 s 106]

Subd. 5. [Repealed, 1975 c 204 s 106]

246.33 CEMETERY.

Subdivision 1. The commissioner of human services may establish and maintain a cemetery for the burial of any patient, inmate or person admitted to any state institution under control of the commissioner upon the public grounds of such institution in the manner set forth in the following subdivisions.

Subd. 2. The land shall be surveyed and a plat thereof made.

Subd. 3. A stone or other monument shall be established to mark each corner of such cemetery, and its location shown on the plat.

Subd. 4. The cemetery shall be platted into lots, which shall be numbered; it shall have streets and walks, and the same shall be shown on the plat. All containing graves shall be indicated by an appropriate marker of permanent nature for identification purposes.

Subd. 5. The surveyor shall certify as to the correctness of the plat by endorsement.

Subd. 6. The plat with the surveyor's endorsement thereon shall be filed for record with the county recorder in the county wherein the cemetery is located. A copy of the plat shall be kept in the office of the superintendent of the institution, together with a register showing the name of the persons buried in the cemetery and the lot in which they are buried.

History: 1949 c 155 s 1; 1976 c 181 s 2; 1984 c 654 art 5 s 58; 1986 c 444

246.34 REBURIAL.

Subdivision 1. The commissioner of human services may remove the body of any person now buried in a cemetery situated upon the land belonging to the state for public institution purposes and rebury it in a cemetery created under the provisions of section 246.33, by complying with the provisions set forth in the following subdivisions of this section.

Subd. 2. The commissioner shall petition the district court of the county wherein the present cemetery is situated setting forth the reasons for such removal, the place to which the body is to be removed, and praying for an order of the court authorizing such removal. Upon the presentation of such petition, the court shall make its order setting the time, which shall not be less than 60 days from the date of the order, and the place for hearing the same. The commissioner shall serve the nearest relative or, if the commissioner cannot locate any relative, some friend of the person whose body is to be removed by mailing a copy of the petition and court's order 30 days before the date of hearing and file the affidavit of mailing with the court administrator of district court. If the commissioner is unable to locate a relative or friend, the commissioner shall make an affidavit to that effect and file the same with the court administrator of district court.

Subd. 3. Upon the hearing of such petition, if the court determines that it is for the best interests of the public, the relatives and friends that such body be removed and that the same will be conducted in a manner commensurate with the methods commonly employed for the reburial of the dead in the community, the court shall make its order authorizing such removal, setting forth the time within which such removal shall be accomplished and the place to which the body is to be removed. Upon completion of such removal, the director shall cause the name of the person so removed to be entered in the register, together with the number of the lot in the cemetery and file an affidavit thereof with the court administrator of district court.

History: 1949 c 155 s 2; 1984 c 654 art 5 s 58; 1986 c 444; 1Sp1986 c 3 art 1 s 82

246.35 ABANDONMENT OF CEMETERY; COURT ORDER.

If the court makes its order under the provisions of section 246.34 authorizing the removal of bodies from a cemetery and the same is accomplished in accordance with such order and the commissioner files affidavits of such removal as hereinbefore provided, together with an affidavit that the commissioner has caused a thorough search to be made, and there are no more dead bodies remaining in such cemetery to the best of the commissioner's knowledge, information and belief, the court may make its order authorizing the abandonment of such cemetery and thereby discontinue its use as such.

History: 1949 c 155 s 3; 1986 c 444

246.36 ACCEPTANCE OF VOLUNTARY, UNCOMPENSATED SERVICES.

For the purpose of carrying out a duty, the commissioner of human services shall have authority to accept uncompensated and voluntary services and to enter into contracts or agreements with private or public agencies, or persons, for uncompensated and voluntary services, as the commissioner may deem practicable. Uncompensated and voluntary services do not include services mandated by licensure and certification requirements for health care facilities. The volunteer agencies, organizations, or persons who provide services to residents of state facilities operated under the authority of the commissioner are not subject to the procurement requirements of chapters 16A and 16C. The agencies, organizations, or persons may purchase supplies, services, and equipment to be used in providing services to residents of state facilities through the department of administration.

History: 1949 c 638 s 1; 1978 c 560 s 2; 1984 c 654 art 5 s 58; 1985 c 248 s 68; 1986 c 444; 1989 c 282 art 6 s 8; 1998 c 386 art 2 s 74

246.37 [Renumbered 243.84]

246.38 [Renumbered 243.85]

246.39 [Renumbered 243.86]

246.40 [Renumbered 243.87]

246.41 CONTRIBUTIONS FOR BENEFIT OF PERSONS WITH MENTAL RETARDATION.

Subdivision 1. **Acceptance.** The commissioner of human services is authorized to accept, for and in behalf of the state, contributions of money for the use and benefit of persons with mental retardation.

Subd. 2. **Special welfare fund.** Any money so received by the commissioner shall be deposited with the state treasurer in a special welfare fund, which fund is to be used by the commissioner of human services for the benefit of persons with mental retardation within the state, including those within state hospitals. And, without excluding other possible uses, research relating to persons with mental retardation shall be considered an appropriate use of such funds; but such funds shall not be used for any structures or installations which by their nature would require state expenditures for their operation or maintenance without specific legislative enactment therefor.

Subd. 3. **Appropriation.** There is hereby appropriated from the special welfare fund in the state treasury to such persons as are entitled thereto to carry out the provisions stated in this section.

History: 1953 c 519 s 1; 1959 c 158 s 17; 1983 c 10 s 1; 1984 c 654 art 5 s 58; 1985 c 21 s 13

246.42 FOOD PRODUCTS, PRODUCTION AND PRESERVATION.

The commissioner of human services may contract with corporations or individuals engaged in the commercial canning or freezing of food products, under such terms as the commissioner believes are for the best interests of the state, for the seeding, fertilizing, harvesting, and preserving of food products for consumption by institution inmates. The contract may provide for the payment of the processor's services by a fractional share of the food processed. The commissioner shall not be required to advertise for or secure bids.

History: 1953 c 581 s 1; 1984 c 654 art 5 s 58; 1986 c 444

246.43 [Repealed, 1978 c 723 art 1 s 19; 1979 c 258 s 25]

246.44 [Repealed, 1996 c 310 s 1]

246.45 [Repealed, 1996 c 310 s 1]

246.46 [Repealed, 1996 c 310 s 1]

246.47 [Repealed, 1959 c 578 s 7]

246.48 [Repealed, 1959 c 578 s 7]

246.49 [Repealed, 1959 c 578 s 7]

246.50 CARE OF CLIENTS AT STATE FACILITIES; DEFINITIONS.

Subdivision 1. **Scope.** For the purposes of sections 246.50 to 246.55, the terms set out in subdivisions 2 to 8 shall have the meanings ascribed to them.

Subd. 2. **Commissioner.** "Commissioner" means the commissioner of human services of the state of Minnesota.

Subd. 3. **State facility.** "State facility" means any state facility owned or operated by the state of Minnesota and under the programmatic direction or fiscal control of the commissioner. State facility includes regional treatment centers; the state nursing homes; state-operated, community-based programs; and other facilities owned or operated by the state and under the commissioner's control.

Subd. 3a. [Repealed, 1989 c 282 art 2 s 219]

Subd. 4. **Client.** "Client" means any person receiving services at a state facility, whether or not those services require occupancy of a bed overnight.

Subd. 4a. [Repealed, 1989 c 282 art 2 s 219]

Subd. 5. **Cost of care.** "Cost of care" means the commissioner's charge for services provided to any person admitted to a state facility.

For purposes of this subdivision, "charge for services" means the cost of services, treatment, maintenance, bonds issued for capital improvements, depreciation of buildings and equipment, and indirect costs related to the operation of state facilities. The commissioner may determine the charge for services on an anticipated average per diem basis as an all inclusive charge per facility, per disability group, or per treatment program. The commissioner may determine a charge per service, using a method that includes direct and indirect costs.

Subd. 6. **Relatives.** "Relatives" means the spouse, and parents of a client, in that order of liability for cost of care.

Subd. 7. **Client's county.** "Client's county" means the county of the client's legal settlement for poor relief purposes at the time of commitment or voluntary admission to a state facility, or if the client has no such legal settlement in this state, it means the county of commitment, except that where a client with no such legal settlement is committed while serving a sentence at a penal institution, it means the county from which the client was sentenced.

Subd. 8. **Local social services agency.** "Local social services agency" means the local social services agency of the client's county as defined in subdivision 7 and of the county of commitment, and any other local social services agency possessing information regarding, or requested by the commissioner to investigate, the financial circumstances of a client or relatives thereof.

Subd. 9. [Repealed, 1989 c 282 art 2 s 219]

History: 1959 c 578 s 1; 1967 c 386 s 1; 1969 c 205 s 1; 1971 c 637 s 1-4; 1973 c 235 s 1; 1982 c 641 art 1 s 4,5; 1984 c 534 s 12; 1984 c 654 art 5 s 58; 1985 c 21 s 14; 1986 c 394 s 4; 1986 c 444; 1987 c 403 art 2 s 46-50; 1989 c 271 s 32; 1989 c 282 art 2 s 87-89,218; 1994 c 465 art 3 s 26; 1994 c 631 s 31

246.51 PAYMENT FOR CARE AND TREATMENT; DETERMINATION.

Subdivision 1. **Procedures.** The commissioner shall make investigation as necessary to determine, and as circumstances require redetermine, what part of the cost of care, if any, the client is able to pay. If the client is unable to pay the full cost of care the commissioner shall make a determination as to the ability of the relatives to pay. The

client and relatives shall provide the commissioner documents and proofs necessary to determine their ability to pay. Failure to provide the commissioner with sufficient information to determine ability to pay may make the client or relatives liable for the full cost of care until the time when sufficient information is provided. No parent shall be liable for the cost of care given a client at a regional treatment center after the client has reached the age of 18 years. The commissioner's determination shall be conclusive in any action to enforce payment of the cost of care unless appealed from as provided in section 246.55. All money received, except for chemical dependency receipts, shall be paid to the state treasurer and placed in the general fund of the state and a separate account kept of it. Except for services provided under chapter 254B, responsibility under this section shall not apply to those relatives having gross earnings of less than \$11,000 per year.

Subd. 2. Rules. The commissioner shall adopt, pursuant to the Administrative Procedure Act, rules establishing uniform standards for determination of client liability and relative, guardian or conservator responsibility for care provided at state facilities. The standards may differ for mental illness, chemical dependency, or mental retardation. The standards established in rules adopted under chapter 254B shall determine the amount of client and relative responsibility when a portion of the client's cost of care has been paid under chapter 254B. These rules shall have the force and effect of law.

Subd. 3. Applicability. The commissioner may recover, under sections 246.50 to 246.55, the cost of any care provided in a state facility, including care provided prior to July 1, 1989, regardless of the terminology used to designate the status or condition of the person receiving the care or the terminology used to identify the facility. For purposes of recovering the cost of care provided prior to July 1, 1989, the term "state facility" as used in sections 246.50 to 246.55 includes "state hospital," "regional treatment center," or "regional center"; and the term "client" includes, but is not limited to, persons designated as "mentally deficient," "inebriate," "chemically dependent," or "intoxicated."

History: 1959 c 578 s 2; 1969 c 399 s 1; 1971 c 637 s 5; 1973 c 35 s 46; 1973 c 138 s 1; 1973 c 235 s 2; 1973 c 725 s 45; 1977 c 331 s 1; 1982 c 641 art 1 s 6; 1986 c 394 s 5; 1987 c 299 s 1; 1987 c 384 art 1 s 20; 1987 c 403 art 2 s 51; 1989 c 282 art 2 s 90,218

246.511 RELATIVE RESPONSIBILITY.

Except for chemical dependency services paid for with funds provided under chapter 254B, a client's relatives shall not, pursuant to the commissioner's authority under section 246.51, be ordered to pay more than ten percent of the cost of care, unless they reside outside the state. Parents of children in state facilities shall have their responsibility to pay determined according to section 252.27, subdivision 2, or in rules adopted under chapter 254B if the cost of care is paid under chapter 254B. The commissioner may accept voluntary payments in excess of ten percent. The commissioner may require full payment of the full per capita cost of care in state facilities for clients whose parent, parents, spouse, guardian, or conservator do not reside in Minnesota.

History: 1Sp1981 c 2 s 17; 1982 c 641 art 1 s 7; 1984 c 530 s 1; 1985 c 21 s 15; 1987 c 299 s 2; 1987 c 403 art 2 s 52; 1989 c 282 art 2 s 218

246.52 PAYMENT FOR CARE; ORDER; ACTION.

The commissioner shall issue an order to the client or the guardian of the estate, if there be one, and relatives determined able to pay requiring them to pay monthly to the state of Minnesota the amounts so determined the total of which shall not exceed the full cost of care. Such order shall specifically state the commissioner's determination and shall be conclusive unless appealed from as herein provided. When a client or relative fails to pay the amount due hereunder the attorney general, upon request of

the commissioner, may institute, or direct the appropriate county attorney to institute, civil action to recover such amount.

History: 1959 c 578 s 3; 1985 c 21 s 16; 1986 c 444; 1989 c 282 art 2 s 218

246.53 CLAIM AGAINST ESTATE OF DECEASED CLIENT.

Subdivision 1. **Client's estate.** Upon the death of a client, or a former client, the total cost of care given the client, less the amount actually paid toward the cost of care by the client and the client's relatives, shall be filed by the commissioner as a claim against the estate of the client with the court having jurisdiction to probate the estate and all proceeds collected by the state in the case shall be divided between the state and county in proportion to the cost of care each has borne.

Subd. 2. **Preferred status.** An estate claim in subdivision 1 shall be considered an expense of the last illness for purposes of section 524.3-805.

If the commissioner of human services determines that the property or estate of any client is not more than needed to care for and maintain the spouse and minor or dependent children of a deceased client, the commissioner has the power to compromise the claim of the state in a manner deemed just and proper.

Subd. 3. **Exception from statute of limitations.** Any statute of limitations which limits the commissioner in recovering the cost of care obligation incurred by a client or former client shall not apply to any claim against an estate made hereunder to recover cost of care.

History: 1959 c 578 s 4; 1969 c 205 s 2; 1981 c 31 s 5; 1982 c 641 art 1 s 8; 1984 c 654 art 5 s 58; 1985 c 21 s 17; 1989 c 282 art 2 s 218

246.531 SUBROGATION OF INSURANCE SETTLEMENTS.

Subdivision 1. **Subrogation to client's rights.** The department of human services shall be subrogated, to the extent of the cost of care for services given, to the rights a client who receives treatment or care at a state facility may have under private health care coverage. The right of subrogation does not attach to benefits paid or provided under private health care coverage before the carrier issuing the health care coverage receives written notice of the exercise of subrogation rights.

Subd. 2. **Civil action.** To recover under this section, the department of human services, with counsel of the attorney general, may institute or join in a civil action against the carrier issuing the private health care coverage.

History: 1987 c 403 art 2 s 53; 1989 c 282 art 2 s 218

246.54 LIABILITY OF COUNTY; REIMBURSEMENT.

Except for chemical dependency services provided under sections 254B.01 to 254B.09, the client's county shall pay to the state of Minnesota a portion of the cost of care provided in a regional treatment center to a client legally settled in that county. A county's payment shall be made from the county's own sources of revenue and payments shall be paid as follows: payments to the state from the county shall equal ten percent of the cost of care, as determined by the commissioner, for each day, or the portion thereof, that the client spends at a regional treatment center. If payments received by the state under sections 246.50 to 246.53 exceed 90 percent of the cost of care, the county shall be responsible for paying the state only the remaining amount. The county shall not be entitled to reimbursement from the client, the client's estate, or from the client's relatives, except as provided in section 246.53. No such payments shall be made for any client who was last committed prior to July 1, 1947.

History: 1959 c 578 s 5; 1971 c 637 s 6; 1981 c 360 art 2 s 17; 1985 c 21 s 18; 1986 c 394 s 6; 1989 c 282 art 2 s 91,218

246.55 APPEAL FROM ORDER OF COMMISSIONER.

Clients or relatives aggrieved by an order of the commissioner under sections 246.50 to 246.55 may appeal from the order to the district court of the county in which

they reside by serving notice of the appeal on the commissioner and filing the notice, with proof of service, in the office of the court administrator of the district court of the county within 30 days from the date the order was mailed, or a later date not exceeding one year from the date of mailing as permitted by order of the court. The appeal may be brought on for hearing by the appellant or the commissioner upon ten days' written notice. It shall be tried to the court which shall hear evidence it deems necessary and by order affirm or modify the order of the commissioner. When any order or determination of the commissioner made under sections 246.50 to 246.55 is brought in question on appeal, the order or determination shall be determined de novo. Appeal from the order of the district court may be taken as in other civil cases.

History: 1959 c 578 s 6; 1983 c 247 s 104; 1985 c 21 s 19; 1986 c 444; 1Sp1986 c 3 art 1 s 82; 1989 c 282 art 2 s 218

246.56 PREVOCATIONAL TRAINING FOR PATIENTS WITH MENTAL ILLNESS OR RESIDENTS WITH MENTAL RETARDATION; ADMINISTRATION.

Subdivision 1. The commissioner of human services is hereby authorized to establish, subject to the approval of the commissioner of economic security, work activity programs for the purpose of providing therapeutic work activities for regional treatment center patients with mental illness and regional treatment center residents with mental retardation. Work activity programs may be established for the provision of services and for the manufacture, processing and repairing of goods, wares, and merchandise. Work activity programs may be located on the grounds of the regional treatment center or at work sites in the community. In establishing services the commissioner shall cooperate with existing agencies to avoid duplication of available services to the extent feasible.

Subd. 2. **Powers of commissioner.** The work activity programs authorized herein shall be planned and designed exclusively to provide therapeutic activities for handicapped workers whose physical or mental impairment is so severe as to make productive capacity inconsequential. Notwithstanding section 177.24, the activities within this program shall conform to the rules and regulations relating to work activity centers promulgated by the United States Department of Labor. To accomplish the foregoing purpose the commissioner of human services shall have the power and authority to:

(a) use the diversified labor fund established by Laws 1945, chapter 575, section 19, to purchase equipment and remodel facilities of the state hospitals referred to in subdivision 1 to initiate the work activity program;

(b) formulate a system of records and accounts which shall at all times indicate the extent of purchases, sales, wages, and bidding practices and which shall be open to public inspection;

(c) contract with public or private entities for the provision of custodial, domestic, maintenance, and other services carried out by patients or residents. To the extent that a qualified direct care employee of a regional treatment center is available, staff services required by the contract shall be provided by that direct care employee.

The commissioner of human services shall, subject to the approval of the commissioner of children, families, and learning, have the power and authority to:

(a) create a work activity center revolving fund for the purpose of receiving and expending money in the operation of the said programs;

(b) contract with public and private industries for the manufacture, repair, or assembling of work according to standard bidding practices;

(c) use the revenue from the operation of said programs to pay wages to patients or residents according to their productivity, purchase equipment and supplies and pay other expenses necessary to the operation of the said programs;

(d) utilize all available vocational rehabilitation services and encourage the integration of the work activity program into existing vocational rehabilitation and commu-

nity-based programs, so that the work activity program will neither duplicate nor unfairly compete with existing public or private community programs.

Subd. 3. The commissioner of human services is not required to include indirect costs as defined in section 16A.127 in work activity contracts for patients of the regional treatment centers and is not required to reimburse the general fund for indirect costs related to work activity programs.

History: 1969 c 34 s 1; 1984 c 654 art 5 s 58; 1985 c 21 s 20; 1Sp1985 c 14 art 9 s 75; 1987 c 22 s 1; 1988 c 532 s 1; 1988 c 629 s 47; 1993 c 337 s 13; 1994 c 483 s 1; 1995 c 207 art 8 s 30; 1Sp1995 c 3 art 16 s 13

246.57 SHARED SERVICE AGREEMENTS.

Subdivision 1. **Authorized.** The commissioner of human services may authorize any state facility operated under the authority of the commissioner to enter into agreement with other governmental entities and both nonprofit and for-profit organizations for participation in shared service agreements that would be of mutual benefit to the state, other governmental entities and organizations involved, and the public. Notwithstanding section 16C.05, subdivision 2, the commissioner of human services may delegate the execution of shared services contracts to the chief executive officers of the regional centers or state operated nursing homes. No additional employees shall be added to the legislatively approved complement for any regional center or state nursing home as a result of entering into any shared service agreement. However, positions funded by a shared service agreement may be authorized by the commissioner of finance for the duration of the shared service agreement. The charges for the services shall be on an actual cost basis. All receipts for shared services may be retained by the regional treatment center or state-operated nursing home that provided the services, in addition to other funding the regional treatment center or state-operated nursing home receives.

Subd. 2. [Repealed, 1997 c 7 art 2 s 67]

Subd. 3. [Repealed, 1987 c 234 s 4]

Subd. 4. **Shared staff or services.** The commissioner of human services may authorize a regional treatment center to provide staff or services to Camp Confidence in return for services to, or use of the camp's facilities by, residents of the treatment center who have mental retardation or a related condition.

Subd. 5. **Laundry equipment.** The commissioner of human services may provide for the replacement of laundry equipment by including a charge for depreciation as part of the service costs charged by a regional treatment center operating a laundry service. Receipts for laundry services attributable to depreciation of laundry equipment must be deposited in a laundry equipment depreciation account within the general fund. All money deposited in the account is appropriated to the commissioner of human services for the replacement of laundry equipment. Any balance remaining in the account at the end of a fiscal year does not cancel and is available until expended.

Subd. 6. **Dental services.** The commissioner of human services shall authorize any regional treatment center or state-operated nursing home under the commissioner's authority to provide dental services to disabled persons who are eligible for medical assistance and are not residing at the regional treatment center or state-operated nursing home, provided that the reimbursement received for these services is sufficient to cover actual costs. To provide these services, regional treatment centers and state-operated nursing homes may participate under contract with health networks in their service area. Notwithstanding section 16C.05, subdivision 2, the commissioner of human services may delegate the execution of these dental services contracts to the chief executive officers of the regional centers or state-operated nursing homes. All receipts for these dental services shall be retained by the regional treatment center or state-operated nursing home that provides the services and shall be in addition to other funding the regional treatment center or state-operated nursing home receives.

History: 1976 c 163 s 47; 1982 c 530 s 1; 1983 c 312 art 1 s 20; 1984 c 654 art 5 s 58; 1985 c 213 s 1; 1987 c 234 s 1-3; 1987 c 403 art 2 s 54; 1989 c 282 art 6 s 9; 1996 c 451 art 6 s 6; 1998 c 386 art 2 s 75,76

246.58 LABOR ACCOUNTS; USE OF PROFITS.

Profits accrued by reason of operation of diversified labor accounts at any public institution under the control of the commissioner of human services may be used at the direction of the superintendent of the institution for the purchase of occupational therapy equipment.

History: 1976 c 163 s 48; 1984 c 654 art 5 s 58

246.59 LODGING; FOOD; DOMESTIC SERVICE.

Subdivision 1. The commissioner of administration shall establish a fair rental rate including utility costs to any person who resides on state welfare or correctional institution grounds.

Subd. 2. Quarters and a stipend allowance of not to exceed \$150 per month may be authorized by the commissioner of human services for medical students and physician fellows.

Subd. 3. Neither the commissioner of corrections nor the commissioner of human services shall furnish commissary privileges including food, laundry service, and household supplies to any person in staff residences or apartments.

Subd. 4. Neither the commissioner of corrections, the commissioner of human services, nor any other state officer or employee shall use state money to employ personnel with domestic duties to work in the residence of any officer or employee of any institution, department, or agency of the state.

History: 1976 c 163 s 49; 1984 c 654 art 5 s 58; 1986 c 444

246.60 CONSOLIDATION; EMPLOYEES.

When institutions under the control of the commissioner of human services or the commissioner of corrections are consolidated, the commissioner of employee relations and the commissioner of administration shall direct the department incorporating the consolidation and any other state department or agency, as necessary, to employ the affected employees at no loss in salary. The commissioner of employee relations shall temporarily suspend any rules or laws to accommodate these provisions. Any department or agency that employs an affected employee is authorized to temporarily exceed its approved complement. The commissioner of employee relations shall develop procedures to insure that moving expenses are reimbursed for those employees who relocate pursuant to the consolidation.

History: 1976 c 163 s 50; 1980 c 617 s 47; 1984 c 654 art 5 s 58

246.61 [Repealed, 1987 c 234 s 4]

246.62 [Repealed, 1987 c 234 s 4]

246.63 [Repealed, 1987 c 234 s 4]

246.64 CHEMICAL DEPENDENCY SERVICE AGREEMENTS.

Subdivision 1. **Chemical dependency rates.** Notwithstanding sections 246.50, subdivision 5; 246.511; and 251.011, the commissioner shall establish separate rates for each chemical dependency service operated by the commissioner and may establish separate rates for each service component within the program by establishing fees for services or different per diem rates for each separate chemical dependency unit within the program based on actual costs attributable to the service or unit. The rate must allocate the cost of all anticipated maintenance, treatment, and expenses including depreciation of buildings and equipment, interest paid on bonds issued for capital improvements for chemical dependency programs, reimbursement and other indirect costs related to the operation of chemical dependency programs other than that paid from the Minnesota state building fund or the bond proceeds fund, and losses due to bad debt. The rate must not include allocations of chaplaincy, patient advocacy, or quality assurance costs that are not required for chemical dependency licensure by the commissioner or

certification for chemical dependency by the Joint Commission on Accreditation of Hospitals. Notwithstanding any other law, the commissioner shall treat these costs as nonhospital department expenses.

Subd. 2. **Depreciation collections.** Beginning July 1, 1987, depreciation collected under subdivision 1 must be credited to the general fund and principal and interest on the bonded debt collected under subdivision 1 must be deposited in the state bond fund.

Subd. 3. **Responsibilities of commissioner.** The commissioner shall credit all receipts from billings for rates set in subdivision 1, except those credited according to subdivision 2, to the chemical dependency fund. This money must not be used for a regional treatment center activity that is not a chemical dependency service or an allocation of expenditures that are included in the base for computation of the rates under subdivision 1. The commissioner may expand chemical dependency services so long as expenditures are recovered by patient fees, transfer of funds, or supplementary appropriations. The commissioner may expand or reduce chemical dependency staff complement as long as expenditures are recovered by patient fees, transfer of funds, or supplementary appropriations. Notwithstanding chapters 176 and 268, the commissioner shall provide for the self-insurance of regional treatment center chemical dependency programs for the costs of unemployment benefits and workers' compensation claims.

Subd. 4. **Trade secret information.** Notwithstanding any law to the contrary, data concerning matters affecting the competitive position of the chemical dependency programs is "trade secret information" for purposes of classification under section 13.37, subdivision 2.

History: 1986 c 394 s 7; 1989 c 271 s 33; 1991 c 292 art 4 s 6; 1993 c 4 s 23; 1994 c 488 s 8; 1997 c 7 art 2 s 36; 1999 c 107 s 66; 2000 c 343 s 4

246.70 SERVICES TO FAMILIES.

(a) The commissioner shall publicize the planned changes to the facilities operated by the commissioner. A parent, other involved family member, or private guardian of a resident of a facility must be notified of the changes planned for each facility. When new services developed for a person require the person to move, the commissioner shall provide each parent, family member, and guardian of that person with the following:

- (1) names and telephone numbers of the state and county contacts;
- (2) information on types of services to be developed;
- (3) information on how the individual planning process works, including how alternative placements will be determined, and how family members can be involved;
- (4) information on the process to be followed when a parent, other family member, or guardian disagrees with the proposed services; and
- (5) a list of additional resources such as advocates, local volunteer coordinators, and family groups.

(b) At least one staff person in each facility must be available to provide information about:

- (1) community placements;
- (2) the opportunity for interested family members and guardians to participate in program planning; and
- (3) family support groups.

History: 1989 c 282 art 6 s 10

BLOODBORNE PATHOGENS; SECURE TREATMENT FACILITY EMPLOYEES

246.71 DEFINITIONS.

Subdivision 1. **Scope.** For purposes of sections 246.71 to 246.722, the following terms have the meaning given them.

Subd. 2. **Bloodborne pathogens.** "Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Subd. 3. **Patient.** "Patient" means any person who is receiving treatment from or committed to a secure treatment facility.

Subd. 4. **Employee of a secure treatment facility or employee.** "Employee of a secure treatment facility" or "employee" means an employee of the Minnesota security hospital or the Minnesota sexual psychopathic personality treatment center.

Subd. 5. **Secure treatment facility.** "Secure treatment facility" means the Minnesota security hospital or the Minnesota sexual psychopathic personality treatment center.

Subd. 6. **Significant exposure.** "Significant exposure" means contact likely to transmit a bloodborne pathogen, in a manner supported by the most current guidelines and recommendations of the United States Public Health Service at the time an evaluation takes place, that includes:

(1) percutaneous injury, contact of mucous membrane or nonintact skin, or prolonged contact of intact skin; and

(2) contact, in a manner that may transmit a bloodborne pathogen, with blood, tissue, or potentially infectious body fluids.

History: 2000 c 422 s 40

246.711 CONDITIONS FOR APPLICABILITY OF PROCEDURES.

Subdivision 1. **Request for procedures.** An employee of a secure treatment facility may request that the procedures of sections 246.71 to 246.722 be followed when the employee may have experienced a significant exposure to a patient.

Subd. 2. **Conditions.** The secure treatment facility shall follow the procedures in sections 246.71 to 246.722 when all of the following conditions are met:

(1) a licensed physician determines that a significant exposure has occurred following the protocol under section 246.721;

(2) the licensed physician for the employee needs the patient's bloodborne pathogens test results to begin, continue, modify, or discontinue treatment in accordance with the most current guidelines of the United States Public Health Service, because of possible exposure to a bloodborne pathogen; and

(3) the employee consents to providing a blood sample for testing for a bloodborne pathogen.

History: 2000 c 422 s 41

246.712 INFORMATION REQUIRED TO BE GIVEN TO INDIVIDUALS.

Subdivision 1. **Information to patient.** (a) Before seeking any consent required by the procedures under sections 246.71 to 246.722, a secure treatment facility shall inform the patient that the patient's bloodborne pathogen test results, without the patient's name or other uniquely identifying information, shall be reported to the employee if requested and that test results collected under sections 246.71 to 246.722 are for medical purposes as set forth in section 246.718 and may not be used as evidence in any criminal proceedings or civil proceedings, except for procedures under sections 144.4171 to 144.4186.

(b) The secure treatment facility shall inform the patient of the insurance protections in section 72A.20, subdivision 29.

(c) The secure treatment facility shall inform the patient that the patient may refuse to provide a blood sample and that the patient's refusal may result in a request for a court order to require the patient to provide a blood sample.

(d) The secure treatment facility shall inform the patient that the secure treatment facility will advise the employee of a secure treatment facility of the confidentiality

requirements and penalties before the employee's health care provider discloses any test results.

Subd. 2. **Information to secure treatment facility employee.** (a) Before disclosing any information about the patient, the secure treatment facility shall inform the employee of a secure treatment facility of the confidentiality requirements of section 246.719 and that the person may be subject to penalties for unauthorized release of test results about the patient under section 246.72.

(b) The secure treatment facility shall inform the employee of the insurance protections in section 72A.20, subdivision 29.

History: 2000 c 422 s 42

246.713 DISCLOSURE OF POSITIVE BLOODBORNE PATHOGEN TEST RESULTS.

If the conditions of sections 246.711 and 246.712 are met, the secure treatment facility shall ask the patient if the patient has ever had a positive test for a bloodborne pathogen. The secure treatment facility must attempt to get existing test results under this section before taking any steps to obtain a blood sample or to test for bloodborne pathogens. The secure treatment facility shall disclose the patient's bloodborne pathogen test results to the employee without the patient's name or other uniquely identifying information.

History: 2000 c 422 s 43

246.714 CONSENT PROCEDURES GENERALLY.

(a) For purposes of sections 246.71 to 246.722, whenever the secure treatment facility is required to seek consent, the secure treatment facility shall obtain consent from a patient or a patient's representative consistent with other law, applicable to consent.

(b) Consent is not required if the secure treatment facility has made reasonable efforts to obtain the representative's consent and consent cannot be obtained within 24 hours of a significant exposure.

(c) If testing of available blood occurs without consent because the patient is unconscious or unable to provide consent, and a representative cannot be located, the secure treatment facility shall provide the information required in section 246.712 to the patient or representative whenever it is possible to do so.

(d) If a patient dies before an opportunity to consent to blood collection or testing under sections 246.71 to 246.722, the secure treatment facility does not need consent of the patient's representative for purposes of sections 246.71 to 246.722.

History: 2000 c 422 s 44

246.715 TESTING OF AVAILABLE BLOOD.

Subdivision 1. **Procedures with consent.** If a sample of the patient's blood is available, the secure treatment facility shall ensure that blood is tested for bloodborne pathogens with the consent of the patient, provided the conditions in sections 246.711 and 246.712 are met.

Subd. 2. **Procedures without consent.** If the patient has provided a blood sample, but does not consent to bloodborne pathogens testing, the secure treatment facility shall ensure that the blood is tested for bloodborne pathogens if the employee requests the test, provided all of the following criteria are met:

(1) the employee and secure treatment facility have documented exposure to blood or body fluids during performance of the employee's work duties;

(2) a licensed physician has determined that a significant exposure has occurred under section 246.711 and has documented that bloodborne pathogen test results are needed for beginning, modifying, continuing, or discontinuing medical treatment for

the employee as recommended by the most current guidelines of the United States Public Health Service;

(3) the employee provides a blood sample for testing for bloodborne pathogens as soon as feasible;

(4) the secure treatment facility asks the patient to consent to a test for bloodborne pathogens and the patient does not consent;

(5) the secure treatment facility has provided the patient and the employee with all of the information required by section 246.712; and

(6) the secure treatment facility has informed the employee of the confidentiality requirements of section 246.719 and the penalties for unauthorized release of patient information under section 246.72.

Subd. 3. Follow-up. The secure treatment facility shall inform the patient whose blood was tested of the results. The secure treatment facility shall inform the employee's health care provider of the patient's test results without the patient's name or other uniquely identifying information.

History: 2000 c 422 s 45

246.716 BLOOD SAMPLE COLLECTION FOR TESTING.

Subdivision 1. Procedures with consent. (a) If a blood sample is not otherwise available, the secure treatment facility shall obtain consent from the patient before collecting a blood sample for testing for bloodborne pathogens. The consent process shall include informing the patient that the patient may refuse to provide a blood sample and that the patient's refusal may result in a request for a court order under subdivision 2 to require the patient to provide a blood sample.

(b) If the patient consents to provide a blood sample, the secure treatment facility shall collect a blood sample and ensure that the sample is tested for bloodborne pathogens.

(c) The secure treatment facility shall inform the employee's health care provider about the patient's test results without the patient's name or other uniquely identifying information. The secure treatment facility shall inform the patient of the test results.

(d) If the patient refuses to provide a blood sample for testing, the secure treatment facility shall inform the employee of the patient's refusal.

Subd. 2. Procedures without consent. (a) A secure treatment facility or an employee of a secure treatment facility may bring a petition for a court order to require a patient to provide a blood sample for testing for bloodborne pathogens. The petition shall be filed in the district court in the county where the patient is receiving treatment from the secure treatment facility. The secure treatment facility shall serve the petition on the patient three days before a hearing on the petition. The petition shall include one or more affidavits attesting that:

(1) the secure treatment facility followed the procedures in sections 246.71 to 246.722 and attempted to obtain bloodborne pathogen test results according to those sections;

(2) a licensed physician knowledgeable about the most current recommendations of the United States Public Health Service has determined that a significant exposure has occurred to the employee of a secure treatment facility under section 246.721; and

(3) a physician has documented that the employee has provided a blood sample and consented to testing for bloodborne pathogens and bloodborne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the employee under section 246.721.

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

(c) The court may order the patient to provide a blood sample for bloodborne pathogen testing if:

(1) there is probable cause to believe the employee of a secure treatment facility has experienced a significant exposure to the patient;

(2) the court imposes appropriate safeguards against unauthorized disclosure that must specify the persons who have access to the test results and the purposes for which the test results may be used;

(3) a licensed physician for the employee of a secure treatment facility needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the employee; and

(4) the court finds a compelling need for the test results. In assessing compelling need, the court shall weigh the need for the court-ordered blood collection and test results against the interests of the patient, including, but not limited to, privacy, health, safety, or economic interests. The court shall also consider whether involuntary blood collection and testing would serve the public interests.

(d) The court shall conduct the proceeding in camera unless the petitioner or the patient requests a hearing in open court and the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

(e) The patient may arrange for counsel in any proceeding brought under this subdivision.

History: 2000 c 422 s 46

246.717 NO DISCRIMINATION.

A secure treatment facility shall not withhold care or treatment on the requirement that the patient consent to bloodborne pathogen testing under sections 246.71 to 246.722.

History: 2000 c 422 s 47

246.718 USE OF TEST RESULTS.

Bloodborne pathogen test results of a patient obtained under sections 246.71 to 246.722 are for diagnostic purposes and to determine the need for treatment or medical care specific to a bloodborne pathogen-related illness. The test results may not be used as evidence in any criminal proceedings or civil proceedings, except for procedures under sections 144.4171 to 144.4186.

History: 2000 c 422 s 48

246.719 TEST INFORMATION CONFIDENTIALITY.

Test results obtained under sections 246.71 to 246.722 are private data as defined in sections 13.02, subdivision 12, and 13.85, subdivision 2, but shall be released as provided by sections 246.71 to 246.722.

History: 2000 c 422 s 49

246.72 PENALTY FOR UNAUTHORIZED RELEASE OF INFORMATION.

Unauthorized release of the patient's name or other uniquely identifying information under sections 246.71 to 246.722 is subject to the remedies and penalties under sections 13.08 and 13.09. This section does not preclude private causes of action against an individual, state agency, statewide system, political subdivision, or person responsible for releasing private data, or confidential or private information on the inmate.

History: 2000 c 422 s 50

246.721 PROTOCOL FOR EXPOSURE TO BLOODBORNE PATHOGENS.

(a) A secure treatment facility shall follow applicable Occupational Safety and Health Administration guidelines under Code of Federal Regulations, title 29, part 1910.1030, for bloodborne pathogens.

(b) Every secure treatment facility shall adopt and follow a postexposure protocol for employees at a secure treatment facility who have experienced a significant

exposure. The postexposure protocol must adhere to the most current recommendations of the United States Public Health Service and include, at a minimum, the following:

- (1) a process for employees to report an exposure in a timely fashion;
- (2) a process for an infectious disease specialist, or a licensed physician who is knowledgeable about the most current recommendations of the United States Public Health Service in consultation with an infectious disease specialist, (i) to determine whether a significant exposure to one or more bloodborne pathogens has occurred, and (ii) to provide, under the direction of a licensed physician, a recommendation or recommendations for follow-up treatment appropriate to the particular bloodborne pathogen or pathogens for which a significant exposure has been determined;
- (3) if there has been a significant exposure, a process to determine whether the patient has a bloodborne pathogen through disclosure of test results, or through blood collection and testing as required by sections 246.71 to 246.722;
- (4) a process for providing appropriate counseling prior to and following testing for a bloodborne pathogen regarding the likelihood of bloodborne pathogen transmission and follow-up recommendations according to the most current recommendations of the United States Public Health Service, recommendations for testing, and treatment;
- (5) a process for providing appropriate counseling under clause (4) to the employee of a secure treatment facility and to the patient; and
- (6) compliance with applicable state and federal laws relating to data practices, confidentiality, informed consent, and the patient bill of rights.

History: 2000 c 422 s 51

246.722 IMMUNITY.

A secure treatment facility, licensed physician, and designated health care personnel are immune from liability in any civil, administrative, or criminal action relating to the disclosure of test results of a patient to an employee of a secure treatment facility and the testing of a blood sample from the patient for bloodborne pathogens if a good faith effort has been made to comply with sections 246.71 to 246.722.

History: 2000 c 422 s 52