

**144.4180 REMEDIES.**

Subdivision 1. **Remedies available.** Upon a finding by the court that the commissioner has proven the allegations set forth in the petition, the court may order that the respondent must:

- (1) participate in a designated education program;
- (2) participate in a designated counseling program;
- (3) participate in a designated treatment program;
- (4) undergo medically accepted tests to verify carrier status or for diagnosis, or undergo treatment that is consistent with standard medical practice as necessary to make respondent noninfectious;
- (5) notify or appear before designated health officials for verification of status, testing, or other purposes consistent with monitoring;
- (6) cease and desist the conduct which constitutes a health threat to others;
- (7) live part time or full time in a supervised setting for the period and under the conditions set by the court;
- (8) subject to the provisions of subdivision 2, be committed to an appropriate institutional facility for the period and under the conditions set by the court, but not longer than six months, until the respondent is made noninfectious, or until the respondent completes a course of treatment prescribed by the court, whichever occurs first, unless the commissioner shows good cause for continued commitment; and
- (9) comply with any combination of the remedies in clauses (1) to (8), or other remedies considered just by the court. In no case may a respondent be committed to a correctional facility.

Subd. 2. **Commitment review panel.** The court may not order the remedy specified in subdivision 1, clause (8), unless it first considers the recommendation of a commitment review panel appointed by the commissioner to review the need for commitment of the respondent to an institutional facility.

The duties of the commitment review panel shall be to:

- (1) review the record of the proceeding;
- (2) interview the respondent. If the respondent is not interviewed, the reasons must be documented; and
- (3) identify, explore, and list the reasons for rejecting or recommending alternatives to commitment.

Subd. 3. **Construction.** This section shall be construed so that the least restrictive alternative is used to achieve the desired purpose of preventing or controlling communicable disease.

Subd. 4. **Additional requirements.** If commitment or supervised living is ordered, the court shall require the head of the institutional facility or the person in charge of supervision to submit: (a) a plan of treatment within ten days of initiation of commitment or supervised living; and (b) a written report, with a copy to both the commissioner and the respondent, at least 60 days, but not more than 90 days, from the start of respondent's commitment or supervised living arrangement, setting forth the following:

(1) the types of support or therapy groups, if any, respondent is attending and how often respondent attends;

(2) the type of care or treatment respondent is receiving, and what future care or treatment is necessary;

(3) whether respondent has been cured or made noninfectious, or otherwise no longer poses a threat to public health;

(4) whether continued commitment or supervised living is necessary; and

(5) other information the court considers necessary.

**History:** 1987 c 209 s 13