CHAPTER 246

STATE-OPERATED SERVICES

246.001 MS 2006 [Renumbered 15.001]

246.0012 DEFINITIONS.

The definitions in chapter 246C apply to this chapter.

History: *2024 c 79 art 2 s 1*

246.01 MS 2022 [Repealed, 2024 c 79 art 10 s 5]

246.012 [Repealed, 2014 c 262 art 3 s 18]

246.013 MS 2022 [Repealed, 2024 c 79 art 10 s 5]

246.0135 [Renumbered 246C.18, subds 2,3]

246.0136 MS 2020 [Repealed, 2022 c 98 art 10 s 4]

246.014 MS 2022 [Repealed, 2024 c 79 art 10 s 5]

246.0141 TOBACCO USE PROHIBITED.

Subdivision 1. **General prohibition on tobacco use.** A patient, staff, guest, or visitor on the grounds or in a state regional treatment center, the Minnesota Security Hospital, or the Minnesota Sex Offender Program must not possess or use tobacco or a tobacco-related device.

Subd. 2. **Exception to prohibition on tobacco use.** This section does not prohibit the possession or use of tobacco or a tobacco-related device by an adult as part of a traditional Indian spiritual or cultural ceremony.

History: *1Sp2003 c 14 art 7 s 67; 2013 c 59 art 2 s 4; 2024 c 79 art 2 s 2*

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 [Repealed, 1953 c 608 s 1]

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 [Repealed, 1953 c 608 s 1]

Subd. 3. MS 2024 [Repealed, 2025 c 38 art 3 s 87]

246.016 [Repealed, 2014 c 262 art 3 s 18]

246.017 Subdivision 1. [Repealed, 2005 c 136 art 5 s 6]

Subd. 2. [Repealed, 1Sp2003 c 14 art 6 s 68]

246.018 [Renumbered 246C.09]

246.02 [Repealed, 2001 c 70 s 5]

246.022 [Repealed, 1Sp2003 c 14 art 6 s 68]

246.023 Subdivision 1. [Repealed, 2014 c 262 art 3 s 18]

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 [Repealed, 1988 c 689 art 2 s 269]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 [Repealed, 1988 c 689 art 2 s 269]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 [Repealed, 1988 c 689 art 2 s 269]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 [Repealed, 1988 c 689 art 2 s 269]

246.025 [Repealed, 1965 c 45 s 73]

246.0251 [Repealed, 2014 c 262 art 3 s 18]

246.03 [Repealed, 1991 c 326 s 27]

246.04 [Repealed, 2013 c 59 art 2 s 17]

246.05 [Repealed, 2013 c 59 art 2 s 17]

246.06 [Repealed, 1Sp2003 c 14 art 6 s 68]

246.07 [Repealed, 1Sp2003 c 14 art 6 s 68]

246.08 [Repealed, 1Sp2003 c 14 art 6 s 68]

246.09 [Repealed, 1953 c 254 s 1]

246.10 [Repealed, 1967 c 638 s 22]

246.101 [Repealed, 1967 c 638 s 22]

246.11 [Repealed, 1Sp2003 c 14 art 6 s 68]

246.12 [Renumbered 246C.07, subd 8]

246.125 [Repealed, 2013 c 59 art 2 s 17]

246.128 [Renumbered 246C.18, subdivision 1]

246.129 [Renumbered 246C.18, subd 4]

246.13 RECORDS OF PERSONS RECEIVING STATE-OPERATED SERVICES.

Subdivision 1. **Executive board record responsibilities.** (a) The chief executive officer or a designee shall have, accessible only by consent of the executive board or on the order of a judge or court of record, a record showing:

(1) the residence, sex, age, nativity, occupation, civil condition, and date of entrance or commitment of every person, in the state-operated services facilities as defined under section 246C.02 under exclusive control of the executive board;

(2) the date of discharge of any such person and whether such discharge was final;

(3) the condition of the person when the person left the state-operated services facility;

(4) the vulnerable adult abuse prevention associated with the person; and

(5) the date and cause of any death of such person.

(b) The record in paragraph (a) must state every transfer of a person from one state-operated services facility to another, naming each state-operated services facility. The head of each facility or a designee must provide this transfer information to the executive board, along with other obtainable facts as the executive board requests.

(c) The head of the state-operated services facility or designee shall inform the executive board of any discharge, transfer, or death of a person in that facility within ten days of the date of discharge, transfer, or death in a manner determined by the executive board.

(d) The executive board shall maintain an adequate system of records and statistics for all basic record forms, including patient personal records and medical record forms. The use and maintenance of such records must be consistent throughout all state-operated services facilities.

Subd. 2. **Definitions; risk assessment and management.** (a) As used in this section:

(1) "appropriate and necessary medical and other records" includes patient medical records and other protected health information as defined by Code of Federal Regulations, title 45, section 164.501, relating to a patient in a state-operated services facility including but not limited to the patient's treatment plan and abuse prevention plan pertinent to the patient's ongoing care, treatment, or placement in a community-based treatment facility or a health care facility that is not operated by state-operated services, including information describing the level of risk posed by a patient when the patient enters the facility;

(2) "community-based treatment" means the community support services listed in section 253B.02, subdivision 4b;

(3) "criminal history data" means data maintained or used by the Departments of Corrections and Public Safety and by the supervisory authorities listed in section 13.84, subdivision 1, that relate to an individual's criminal history or propensity for violence, including data in the:

(i) Corrections Offender Management System (COMS);

(ii) Statewide Supervision System (S3);

(iii) Bureau of Criminal Apprehension criminal history data as defined in section 13.87;

(iv) Integrated Search Service as defined in section 13.873; and

(v) Predatory Offender Registration (POR) system;

(4) "designated agency" means the agency defined in section 253B.02, subdivision 5;

(5) "law enforcement agency" means the law enforcement agency having primary jurisdiction over the location where the offender expects to reside upon release;

(6) "predatory offender" and "offender" mean a person who is required to register as a predatory offender under section 243.166; and

(7) "treatment facility" means a facility as defined in section 253B.02, subdivision 19.

(b) To promote public safety and for the purposes and subject to the requirements of this paragraph, the executive board or the executive board's designee shall have access to, and may review and disclose, medical and criminal history data as provided by this section, as necessary to comply with Minnesota Rules, part 1205.0400, to:

(1) determine whether a patient is required under state law to register as a predatory offender according to section 243.166;

(2) facilitate and expedite the responsibilities of the special review board and end-of-confinement review committees by corrections institutions and state treatment facilities;

(3) prepare, amend, or revise the abuse prevention plans required under section 626.557, subdivision 14, and individual patient treatment plans required under section 253B.03, subdivision 7;

(4) facilitate the custody, supervision, and transport of individuals transferred between the Department of Corrections and Direct Care and Treatment; and

(5) effectively monitor and supervise individuals who are under the authority of the Department of Corrections, Direct Care and Treatment, and the supervisory authorities listed in section 13.84, subdivision 1.

(c) The state-operated services treatment facility or a designee must make a good faith effort to obtain written authorization from the patient before releasing information from the patient's medical record.

(d) If the patient refuses or is unable to give informed consent to authorize the release of information required under this subdivision, the chief executive officer or a designee shall provide the appropriate and necessary medical and other records. The chief executive officer or a designee shall comply with the minimum necessary privacy requirements.

(e) The executive board may have access to the National Crime Information Center (NCIC) database through the Department of Public Safety in support of the public safety functions described in paragraph (b).

Subd. 3. **Community-based treatment and medical treatment.** (a) When a patient under the care and supervision of state-operated services is released to a community-based treatment facility or health care facility, state-operated services may disclose all appropriate and necessary health and other information relating to the patient.

(b) The information that must be provided under paragraph (a) to the designated agency, community-based treatment facility, or health care facility includes but is not limited to the patient's abuse prevention plan required under section 626.557, subdivision 14, paragraph (b).

Subd. 4. **Predatory offender registration notification.** (a) When the head of a state-operated facility or a designee determines that a patient is required to register as a predatory offender under section 243.166 or to provide notice of a change in status under section 243.166, subdivision 4a, the head of the facility or a designee shall provide written notice to the patient of the requirement.

(b) If the patient refuses, is unable, or lacks capacity to comply with the requirements described in paragraph (a) within five days after receiving the notification of the duty to comply, state-operated services staff shall obtain and disclose the necessary data to complete the registration form or change of status notification for the patient. The head of the treatment facility or a designee shall also forward the completed registration or change of status data to the Bureau of Criminal Apprehension and, as applicable, the patient's corrections agent and the law enforcement agency in the community in which the patient currently resides. If, after providing notification, the patient refuses to comply with the requirements described in paragraph (a), the head of the treatment facility or a designee shall also notify the county attorney in the county in which the patient is currently residing of the refusal.

(c) The duties of state-operated services described in this subdivision do not relieve the patient of the ongoing individual duty to comply with the requirements of section 243.166.

Subd. 5. **Procedure for blood-borne pathogens.** Sections 246.71 to 246.722 apply to state-operated services facilities.

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; 1Sp2003 c 14 art 6 s 26; 2005 c 136 art 3 s 30; art 5 s 2; 1Sp2005 c 4 art 1 s 46; 2009 c 59 art 6 s 5; 2024 c 79 art 2 s 3-6; art 10 s 2; 2024 c 125 art 5 s 15; 2024 c 127 art 50 s 15*

246.131 MS 2020 [Repealed, 2022 c 98 art 14 s 33]

246.14 [Renumbered 246C.16, subd 3]

246.141 PROJECT LABOR.

Wages for project labor may be paid by the executive board out of repairs and betterments money if the individual performing project labor is engaged in a construction project or a repair project of short-term and nonrecurring nature. Compensation for project labor must be based on the prevailing wage rates, as defined in section 177.42, subdivision 6. Project laborers are excluded from the provisions of sections 43A.22 to 43A.30, and are not eligible for state-paid insurance and benefits.

History: *1Sp2001 c 9 art 17 s 16; 2002 c 379 art 1 s 113; 2024 c 79 art 2 s 7*

246.15 MONEY OF PATIENTS OR RESIDENTS.

Subdivision 1. **Record keeping of money.** The head of the state-operated services facility or a designee, may receive and maintain custody of all money belonging to patients or residents under the jurisdiction of the executive board. The head of the state-operated services facility or a designee shall keep accurate accounts of the money and pay money out under rules prescribed by law or by the executive board, taking vouchers for the money. All money received by any officer or employee on behalf of an individual under the jurisdiction of the facility must be provided to the head of the state-operated services facility or a designee immediately. Every head of the state-operated services facility or a designee, at the close of each month or earlier if required by the executive board, shall forward to the executive board a statement of the amount of all money received and the names of the patients or residents from whom received, accompanied by a check for the amount, payable to the commissioner of management and budget. On receipt of the statement, the executive board shall transmit the statement along with the check to the commissioner of management and budget. Upon the payment of the check, the commissioner of management and budget shall credit the amount to a fund to be known as "Client Fund," for the institution from which the check was received. The commissioner of management and budget shall pay out all money upon vouchers duly approved by the executive board. The executive board may permit a contingent fund to remain in the hands of the head of the state-operated services facility or a designee from which necessary expenditures may be made.

Subd. 2. MS 2022 [Repealed, 2024 c 79 art 10 s 5]

Subd. 3. **Forensic patient transition savings account in secure treatment facilities.** The executive board shall create a savings account for each patient receiving treatment in a secure treatment facility as defined by sections 253B.02, subdivision 18a, and 253D.02, subdivision 13. Money deposited in this account must come from a portion of the patient's share of the cost of care. The money in this savings account must be made available to the patient when the patient is ready to be transitioned into the community. The money in the account must be used for expenses associated with obtaining housing and other personal needs necessary for the patient's smooth transition into the community. The savings account shall be called "forensic patient transition savings account."

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; 2003 c 112 art 2 s 32; 1Sp2003 c 14 art 6 s 27; 2004 c 288 art 3 s 11; 2009 c 101 art 2 s 109; 2013 c 49 s 22; 2024 c 79 art 2 s 8,9*

246.151 COMPENSATION PAID TO PATIENT.

Subdivision 1. **Compensation.** Notwithstanding any law to the contrary, the executive board is authorized to pay patients or residents of state institutions such pecuniary compensation as required by the United States Department of Labor. Payment of subminimum wages must 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 executive board and the chief executive officer pursuant to section 177.24.

Subd. 2. **Imprest cash fund.** The executive board may establish an imprest cash fund for each of the state-operated residential facilities with on-campus work programs to pay residents participating in an on-campus work program.

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; 2024 c 79 art 2 s 10,11*

246.16 UNCLAIMED MONEY OR PERSONAL PROPERTY.

Subdivision 1. **Unclaimed money.** When a patient or resident in a state-operated services facility under the jurisdiction of the executive board dies or is absent without authorization leaving money in the control of the head of the facility or a designee, and there is no claimant or person entitled to the money known to the head of the facility or designee the money may at the discretion of the head of the facility or designee, be expended under the direction of the head of the facility or designee for the benefit of the patients or residents of the facility. The head of the facility or designee must not spend any such unclaimed money until it has remained unclaimed for at least five years. If, at any time after the expiration of the five years, the legal heirs of the patients or residents appear and make proper proof of heirship, they are entitled to receive from the state the sum of money expended by the head of the state-operated services facility or designee belonging to the patient or resident.

Subd. 2. **Unclaimed personal property.** When a patient or resident of a state-operated services facility under the jurisdiction of the executive board dies or is absent without authorization, leaving personal property exclusive of money in the custody of the head of the state-operated services facility or designee and the property remains unclaimed for a period of two years, with no person entitled to the property known to the head of the state-operated services or designee, the head of the state-operated services facility or designee may sell the property at public auction. Notice of the sale must be published for two consecutive weeks in a legal newspaper in the county where the state-operated services facility is located and must state the time and place of the sale. The proceeds of the sale, after deduction of the costs of publication and auction, may be expended, at the discretion of the head of the state-operated services facility or designee, for the benefit of the patients or residents of the state-operated services facility. Any patient or resident, or heir or representative of the patient or resident, may file with, and make proof of ownership to, the head of the state-operated services facility or designee of the state-operated services facility disposing of the personal property within four years after the sale. Upon satisfactory proof to the head of the state-operated services or designee, the head of the state-operated services or designee shall certify for payment to the commissioner of management and budget the amount received by the sale of the property.

Subd. 3. **Legal action.** 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; 2003 c 112 art 2 s 50; 1Sp2003 c 14 art 6 s 28; 2009 c 101 art 2 s 109; 2024 c 79 art 2 s 12*

246.17 [Repealed, 1953 c 341 s 1]

246.18 DISPOSAL OF FUNDS.

Subdivision 1. **Generally.** Except as provided in subdivision 4, every officer and employee of the several institutions under the jurisdiction of the executive board who has money belonging to an institution shall pay the money to the chief financial officer or a designee of that institution. At the close of each month, at a minimum, the chief financial officer of every institution shall forward to the executive board a statement of the amount and sources of all money received. On receipt of the statement, the executive board shall transmit the same to the commissioner of management and budget, who shall deliver a draft to the chief financial officer or a designee for the same specifying the money credited to the institution.

Subd. 2. MS 2022 [Repealed, 2023 c 61 art 4 s 28]

Subd. 2a. MS 2022 [Repealed, 2023 c 61 art 4 s 28]

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 4a to 6, all receipts from collection efforts for state facilities as defined in section 246.50, subdivision 3, must be deposited in the general fund. From that amount, receipts from collection efforts for the Anoka-Metro Regional Treatment Center and community behavioral health hospitals must be deposited in accordance with subdivision 4a. The executive board 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 subdivision.

Subd. 4a. **Mental health innovation account.** The mental health innovation account is established in the special revenue fund. $1,000,000 of the revenue generated by collection efforts from the Anoka-Metro Regional Treatment Center and community behavioral health hospitals under section 246.54 each fiscal year must annually be deposited into the mental health innovation account. Money deposited in the mental health innovation account is appropriated to the commissioner of human services for the mental health innovation grant program under section 245.4662.

Subd. 5. **Funded depreciation accounts for state-operated, community-based programs.** Separate interest-bearing funded depreciation accounts must be established in the state treasury for state-operated, community-based programs serving persons with developmental disabilities 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 provided by such intermediate care facilities for persons with developmental disabilities and vendors are received by the executive board, the portion of the payment rate representing allowable depreciation expense and the capital debt reduction allowance must be deposited in the state treasury and credited to the separate interest-bearing accounts as dedicated receipts. Unused money credited to the separate interest-bearing accounts as dedicated receipts carries over to the next fiscal year. Money within these funded depreciation accounts is appropriated to the executive board for the purchase or replacement of capital assets or payment of capitalized repairs for each respective program. These accounts satisfy the requirements of Minnesota Rules, part 9553.0060, subparts 1, item E, and 5.

Subd. 6. **Collections dedicated.** (a) 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 retains the revenues earned in an interest-bearing account.

(b) When the executive board determines the intent to transition from a direct appropriation to enterprise activity for which the executive board has authority, the executive board shall retain and deposit all collections for the targeted state-operated service into an interest-bearing account. At the end of the fiscal year, prior to establishing the enterprise activity, the executive board shall deposit collections up to the amount of the appropriation for the targeted service in the general fund. The executive board shall retain all money in excess of the amount of the appropriation for use by the enterprise activity for cash flow purposes.

(c) The money equaling the appropriation for the targeted service returned to the general fund must be deposited in the state treasury in a revolving account. Money in the revolving account is appropriated to the executive board to operate the services authorized, and any unexpended balances do not cancel but are available until spent.

Subd. 7. [Repealed, 1Sp2001 c 10 art 2 s 102]

Subd. 8. MS 2018 [Repealed, 1Sp2019 c 9 art 3 s 4]

Subd. 9. MS 2018 [Repealed, 1Sp2019 c 9 art 3 s 4]

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; 2003 c 112 art 2 s 33,50; 2009 c 101 art 2 s 109; 1Sp2010 c 1 art 19 s 7; 2013 c 108 art 4 s 8,9; 2015 c 71 art 2 s 17; 2016 c 158 art 1 s 99; 1Sp2017 c 6 art 8 s 36,37; 2021 c 30 art 13 s 83; 2022 c 98 art 4 s 51; 2024 c 79 art 2 s 13-17*

246.19 [Repealed, 1Sp2003 c 14 art 6 s 68]

246.20 [Repealed, 1973 c 400 s 2]

246.21 [Repealed, 2013 c 59 art 2 s 17]

246.22 [Repealed, 1961 c 750 s 28]

246.23 Subdivision 1. [Repealed, 2024 c 79 art 10 s 5]

Subd. 2. [Renumbered 246.555, subd 1]

Subd. 3. [Renumbered 246.555, subd 2]

Subd. 4. [Renumbered 246.555, subd 3]

Subd. 5. [Renumbered 246.555, subd 4]

Subd. 6. [Renumbered 246.555, subd 5]

246.234 [Renumbered 246C.07, subd 6]

246.24 [Renumbered 246C.16, subd 4]

246.25 [Repealed, 1967 c 885 s 6]

246.26 [Renumbered 241.05]

246.27 [Renumbered 246C.19]

246.28 [Repealed, 2014 c 262 art 3 s 18]

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]

246.325 GARDEN OF REMEMBRANCE.

The cemetery located on the grounds of the former Cambridge State Hospital shall be known as the Garden of Remembrance.

History: *2005 c 29 s 1; 2014 c 262 art 3 s 9; 2024 c 79 art 2 s 19*

246.33 CEMETERY.

Subdivision 1. **Cemetery and burial for individual in a state institution.** The executive board may establish and maintain a cemetery for the burial of any patient, inmate, or person admitted to any state institution under control of the executive board upon the public grounds of such institution in the manner set forth in this section.

Subd. 2. **Land surveyance required.** In establishing and maintaining a cemetery under subdivision 1, the executive board must survey the land of the potential location of the cemetery and create a plat.

Subd. 3. **Marking cemetery boundary.** The executive board must clearly mark the cemetery's boundaries at the physical location of the cemetery and record the boundary locations on the plat required by subdivision 2.

Subd. 4. **Plots in cemetery.** The executive board must plat the cemetery into numbered lots. The executive board must provide for streets and walkways to, from, and within the cemetery and clearly mark the streets and walkways on the plat. The executive board must provide an appropriate permanent identification marker upon each individual grave. Notwithstanding section 13.46, the executive board may share private data on individuals for purposes of placing a marker on each grave.

Subd. 5. **Surveyor certification.** The executive board must obtain certification from the surveyor as to the accuracy of the plat.

Subd. 6. **County recording.** (a) The executive board must file the plat with the surveyor's certification with the county recorder in the county where the cemetery is located.

(b) The head of the institution or a designee must keep a copy of the plat at the location of the institution 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; 2013 c 59 art 2 s 8; 2024 c 79 art 2 s 20-25*

246.34 REINTERMENT.

Subdivision 1. **Requirements for reinterment.** The executive board must comply with all provisions of this section to exhume the body of any person now buried in a cemetery situated on the land belonging to the state for public institution purposes and reinter the remains in a cemetery created under the provisions of section 246.33.

Subd. 2. **District court approval needed.** (a) The executive board shall petition the district court of the county where the present cemetery is located for an order authorizing the reinterment of a person under

subdivision 1. The petition must set forth the reasons for reinterment of the person and the proposed location for the reinterment of the person.

(b) Upon the filing of a petition under paragraph (a), the court must issue an order for a hearing setting the location, date, and time of a hearing on the petition. The court must set the hearing date at least 60 days after the order for hearing.

(c) The executive board shall serve the nearest relative or, if the executive board cannot locate any relative, some friend of the person whose body is to be exhumed by mailing a copy of the petition and court's order for hearing to the relative at least 30 days before the date of hearing and filing an affidavit of mailing with the court administrator of district court. If the executive board is unable to locate a relative, the executive board shall make an affidavit to that effect and file the affidavit with the court administrator of district court.

Subd. 3. **Court order.** (a) Upon the hearing of the petition, if the court determines that it is for the best interests of the public and the relatives and friends of the person to be exhumed and reinterred, the court shall issue an order authorizing the exhumation. The order must set forth the time within which the exhumation must occur and the place to which the person is to be reinterred.

(b) Upon completion of the exhumation, the head of the institution or a designee shall document in the register required by section 246.33, subdivision 6, paragraph (b), the name of the person exhumed and the number of the lot in the cemetery in which the person was reinterred and file an affidavit containing that information 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; 2024 c 79 art 2 s 26-28*

246.35 ABANDONMENT OF CEMETERY; COURT ORDER.

The district court of the county where a cemetery exists on the grounds of a state institution may issue an order authorizing the abandonment and discontinued use of such cemetery when the executive board files affidavits attesting:

(1) to all exhumations completed under section 246.34; and

(2) that the executive board has thoroughly searched the cemetery on the grounds of the state institution and no people remain buried in the cemetery to the executive board's knowledge, information, and belief.

History: *1949 c 155 s 3; 1986 c 444; 2024 c 79 art 2 s 29*

246.36 [Renumbered 246C.07, subd 7]

246.37 [Renumbered 243.84]

246.38 [Renumbered 243.85]

246.39 [Renumbered 243.86]

246.40 [Renumbered 243.87]

246.41 MS 2022 [Repealed, 2024 c 125 art 5 s 45; 2024 c 127 art 50 s 45]

246.42 [Repealed, 1Sp2003 c 14 art 6 s 68]

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 this section shall have the meanings ascribed to them.

Subd. 2. MS 2024 [Repealed, 2025 c 38 art 3 s 87]

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 executive board, except the Minnesota Sex Offender Program under chapter 246B. 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 executive board'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 usual and customary fee charged by the executive board for services provided to clients. The executive board shall establish the usual and customary fee to appropriately bill services to all payers and shall include the costs related to the operations of any program offered by the state.

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 financial responsibility under section 256G.02, except that where a client with no residence in this state is committed while serving a sentence at a correctional facility, "client's county" 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, the county of commitment, any local social services agency possessing information regarding the financial circumstances of the client or the client's relatives, or any local social services agency requested by the executive board to investigate the financial circumstances of a client or the client's relatives.

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

Subd. 10. **State-operated community-based program.** "State-operated community-based program" means any program operated in the community including community behavioral health hospitals, crisis

centers, residential facilities, outpatient services, and other community-based services developed and operated by the state and under the executive board's control.

Subd. 11. **Health plan company.** "Health plan company" has the meaning given it in section 62Q.01, subdivision 4, and also includes:

(1) a demonstration provider as defined in section 256B.69, subdivision 2, paragraph (b);

(2) a county or group of counties participating in county-based purchasing according to section 256B.692; and

(3) a children's mental health collaborative under contract to provide medical assistance for individuals enrolled in the prepaid medical assistance and MinnesotaCare programs under sections 245.493 to 245.495.

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; 2009 c 79 art 3 s 1-3; 2009 c 173 art 1 s 11; 2016 c 189 art 17 s 1; 2024 c 79 art 2 s 30-35; art 10 s 3*

246.51 PAYMENT FOR CARE AND TREATMENT; DETERMINATION.

Subdivision 1. [Repealed, 2009 c 79 art 3 s 19]

Subd. 1a. **Clients in state-operated community-based programs; determination.** The executive board shall determine available health plan coverage from a health plan company for services provided to clients admitted to a state-operated community-based program. If the health plan coverage requires a co-pay or deductible, or if there is no available health plan coverage, the executive board shall determine or redetermine what part of the noncovered cost of care, if any, the client is able to pay. If the client is unable to pay the uncovered cost of care, the executive board shall determine the client's relatives' ability to pay. The client and relatives shall provide to the executive board documents and proof necessary to determine the client's and relatives' ability to pay. Failure to provide the executive board 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. If the executive board determines that the responsible party does not have the ability to pay, the executive board shall waive payment of the portion that exceeds ability to pay under the determination.

Subd. 1b. **Clients served by regional treatment centers or nursing homes; determination.** The executive board shall determine or redetermine, if necessary, what part of the cost of care, if any, a client who received services in regional treatment centers or nursing homes operated by state-operated services is able to pay. If the client is unable to pay the full cost of care, the executive board shall determine if the client's relatives have the ability to pay. The client and relatives shall provide to the executive board documents and proof necessary to determine the client's and relatives' ability to pay. Failure to provide the executive board 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 is liable for the cost of care given a client at a regional treatment center after the client has reached the age of 18 years.

Subd. 2. **Rules.** The executive board 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 for determination may differ for mental illness, substance use disorder, or developmental disability. The standards established in rules adopted under chapter 254B must 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 must have the force and effect of law.

Subd. 3. **Applicability.** The executive board 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 "having a mental illness or developmental disability," or "having a substance use disorder."

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; 2003 c 112 art 2 s 50; 2005 c 56 s 1; 2009 c 79 art 3 s 4,5; 2009 c 101 art 2 s 109; 2013 c 59 art 3 s 1; 2022 c 98 art 4 s 51; 2024 c 79 art 2 s 36-38; art 10, s 3*

246.511 RELATIVE RESPONSIBILITY.

Except for substance use disorder services paid for with money provided under chapter 254B, the executive board must not require under section 246.51 a client's relatives to pay more than the following: (1) for services provided in a community-based service, the noncovered cost of care as determined under the ability to pay determination; and (2) for services provided at a regional treatment center operated by state-operated services, 20 percent of the cost of care, unless the relatives reside outside the state. The executive board may accept voluntary payments in excess of 20 percent. The executive board 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; 2009 c 79 art 3 s 6; 2022 c 98 art 4 s 51; 2024 c 79 art 2 s 39; 2024 c 125 art 1 s 6; 2024 c 127 art 46 s 6*

246.52 PAYMENT FOR CARE; ORDER; ACTION.

(a) The executive board shall issue an order to the client or the guardian of the estate, if applicable, and relatives determined able to pay requiring them to pay to the state of Minnesota the amounts determined under sections 246.51 and 246.511, not to exceed the full cost of care. The order must specifically state the determination of the executive board and is final unless appealed from pursuant to section 246.55.

(b) When a client or relative fails to pay the amount due under an order of the executive board, the attorney general, upon request of the executive board, 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; 2009 c 79 art 3 s 7; 2024 c 79 art 2 s 40*

246.53 CLAIM AGAINST ESTATE OF DECEASED CLIENT.

Subdivision 1. **Client's estate.** Upon the death of a client who received services, the executive board shall file a claim against the estate of the individual for the total cost of care provided to the client, less the amount actually paid toward the cost of care by the client and the client's relatives in the court having jurisdiction to probate the estate. All proceeds collected by the state in the case must be divided between the state and county in proportion to the cost of care each has borne.

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

(b) The executive board has the power to compromise a claim under this section if the executive board determines that the property or estate of any client does not exceed the minimum needed to care for and maintain the spouse and minor or dependent children of a deceased client.

Subd. 3. [Repealed, 2009 c 79 art 3 s 19]

Subd. 4. **Exception from statute of limitations.** Any statute of limitations that limits the executive board in recovering the cost of care obligation incurred by a client who received services does not apply to any claim against an estate made under this section to recover the 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; 2012 c 216 art 12 s 6; 2024 c 79 art 2 s 41-43*

246.531 SUBROGATION OF INSURANCE SETTLEMENTS.

Subdivision 1. **Subrogation to client's rights.** The executive board 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 executive board, 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; 2024 c 79 art 2 s 44,45*

246.54 LIABILITY OF COUNTY; REIMBURSEMENT.

Subdivision 1. **Generally.** Except for substance use disorder 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 or a state nursing facility to a client for which the county is the county of financial responsibility under section 256B.02. A county must pay from the county's own sources of revenue. Payments must equal a percentage of the cost of care, as determined by the executive board, for each day, or the portion thereof, that the client spends at a regional treatment center or a state nursing facility.

Subd. 1a. **Anoka-Metro Regional Treatment Center.** (a) A county's payment of the cost of care provided at Anoka-Metro Regional Treatment Center shall be according to the following schedule:

(1) zero percent for the first 30 days;

(2) 20 percent for days 31 and over if the stay is determined to be clinically appropriate for the client; and

(3) 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged.

(b) If payments received by the state under sections 246.50 to 246.53 exceed 80 percent of the cost of care for days over 31 for clients who meet the criteria in paragraph (a), clause (2), 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.

(c) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

Subd. 1b. **Community behavioral health hospitals.** (a) A county's payment of the cost of care provided at state-operated community-based behavioral health hospitals for adults and children shall be 100 percent for each day during the stay, including the day of admission, when the facility determines that it is clinically appropriate for the client to be discharged.

(b) 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.

(c) Notwithstanding any law to the contrary, the client is not responsible for payment of the cost of care under this subdivision.

Subd. 1c. **State-operated forensic services.** A county's payment of the cost of care provided at state-operated forensic services shall be according to the following schedule:

(1) Minnesota Security Hospital: ten percent for each day, or portion thereof, that the client spends in a Minnesota Security Hospital program. If payments received by the state under sections 246.50 to 246.53 for services provided at the Minnesota Security Hospital 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 the client's relatives except as provided in section 246.53;

(2) forensic nursing home: ten percent for each day, or portion thereof, that the client spends in a forensic nursing home program. If payments received by the state under sections 246.50 to 246.53 for services provided at the forensic nursing home 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 the client's relatives except as provided in section 246.53;

(3) forensic transition services: 50 percent for each day, or portion thereof, that the client spends in the forensic transition services program. If payments received by the state under sections 246.50 to 246.53 for services provided in the forensic transition services exceed 50 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 the client's relatives except as provided in section 246.53; and

(4) residential competency restoration program:

(i) 20 percent for each day, or portion thereof, that the client spends in a residential competency restoration program while the client is in need of restoration services;

(ii) 50 percent for each day, or portion thereof, that the client spends in a residential competency restoration program once the examiner determines that the client no longer needs restoration services; and

(iii) 100 percent for each day, or portion thereof, once charges against a client have been resolved or dropped.

Subd. 2. **Exceptions.** Regardless of the facility to which the client is committed, subdivisions 1, 1a, 1b, and 1c, do not apply to the following individuals:

(1) clients who are committed as sexual psychopathic personalities under section 253D.02, subdivision 15; and

(2) clients who are committed as sexually dangerous persons under section 253D.02, subdivision 16.

Subd. 3. **Administrative review of county liability for cost of care.** (a) The county of financial responsibility may submit a written request for administrative review by the executive board of the county's payment of the cost of care when a delay in discharge of a client from a regional treatment center, state-operated community-based behavioral health hospital, or other state-operated facility results from the following actions by the facility:

(1) the facility did not provide notice to the county that the facility has determined that it is clinically appropriate for a client to be discharged;

(2) the notice to the county that the facility has determined that it is clinically appropriate for a client to be discharged was communicated on a holiday or weekend;

(3) the required documentation or procedures for discharge were not completed in order for the discharge to occur in a timely manner; or

(4) the facility disagrees with the county's discharge plan.

(b) The county of financial responsibility may not appeal the determination that it is clinically appropriate for a client to be discharged from a regional treatment center, state-operated community-based behavioral health hospital, or other state-operated facility.

(c) The executive board must evaluate the request for administrative review and determine if the facility's actions listed in paragraph (a) caused undue delay in discharging the client. If the executive board determines that the facility's actions listed in paragraph (a) caused undue delay in discharging the client, the county's liability must be reduced to the level of the cost of care for a client whose stay in a facility is determined to be clinically appropriate, effective on the date of the facility's action or failure to act that caused the delay. The executive board's determination under this subdivision is final and not subject to appeal.

(d) If a county's liability is reduced pursuant to paragraph (c), a county's liability must return to the level of the cost of care for a client whose stay in a facility is determined to no longer be appropriate effective on the date the facility rectifies the action or failure to act that caused the delay under paragraph (a).

(e) Any difference in the county cost of care liability resulting from administrative review under this subdivision must not be billed to the client or applied to future reimbursement from the client's estate or relatives.

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; 1Sp2003 c 14 art 3 s 4; 2007 c 147 art 8 s 12,13; 2009 c 79 art 3 s 8; 2013 c 49 s 22; 2013 c 59 art 2 s 9; 2013 c 108 art 4 s 10; 2015 c 71 art 4 s 2; 2016 c 189 art 17 s 2; 1Sp2019 c 9 art 3 s 1; 1Sp2021 c 7 art 12 s 1; 2022 c 98 art 4 s 51; 2023 c 61 art 8 s 5,6; 2023 c 70 art 15 s 1; 2024 c 79 art 2 s 46; art 10 s 3; 2024 c 125 art 4 s 3,4; 2024 c 127 art 49 s 3,4; 1Sp2025 c 9 art 5 s 1,2*

246.55 APPEAL FROM ORDER OF EXECUTIVE BOARD.

Clients or relatives aggrieved by an order of the executive board 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 executive board and filing the notice, with proof of service, in the office of the court administrator of the district court 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 executive board upon ten days' written notice. The court must issue an order following

an evidentiary hearing affirming or modifying the order of the executive board. When any order or determination of the executive board made under sections 246.50 to 246.55 is brought in question on appeal, the order or determination must 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; 2024 c 79 art 2 s 47*

246.554 PURPOSE OF REGIONAL TREATMENT CENTERS.

The primary mission of the regional treatment centers for persons with major mental illness is to provide inpatient psychiatric hospital services. The regional treatment centers are part of a comprehensive mental health system. Regional treatment center services must be integrated into an array of services based on assessment of individual needs.

History: *1989 c 282 art 6 s 25; 2024 c 79 art 10 s 1; 2024 c 125 art 5 s 38; 2024 c 127 art 50 s 38*

246.555 PERSONS ADMISSIBLE TO REGIONAL TREATMENT CENTERS.

Subdivision 1. **State-operated substance use disorder treatment.** The executive board shall maintain a regionally based, state-administered system of substance use disorder programs. Counties may refer individuals who are eligible for services under chapter 254B to the substance use disorder units in the regional treatment centers.

Subd. 2. **County per diem cost.** 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.

Subd. 3. **Criteria.** The executive board shall establish criteria for admission to the substance use disorder units to 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.

Subd. 4. **Private and third-party payments.** Private and third-party collections and payments are appropriated to the executive board for the operation of the substance use disorder units.

Subd. 5. **Treatment of additional individuals.** In addition to the substance use disorder treatment capacity funded by direct legislative appropriation, the regional treatment centers may also provide treatment to:

(1) individuals whose treatment is paid for out of the behavioral health fund under chapter 254B, in which case placement rules adopted under chapter 254B apply;

(2) individuals who are ineligible under the behavioral health fund but who are committed for treatment under chapter 253B as provided in section 254B.0501, subdivision 3; and

(3) individuals who are covered through other nonstate payment sources.

History: *1991 c 292 art 4 s 5; 1995 c 207 art 3 s 1; 2021 c 30 art 13 s 83; 2022 c 98 art 4 s 51; 2024 c 79 art 2 s 18; art 10 s 1,3; 2024 c 125 art 5 s 38; 2024 c 127 art 50 s 38; 1Sp2025 c 9 art 4 s 55*

246.56 WORK ACTIVITY FOR CERTAIN PATIENTS OR RESIDENTS.

Subdivision 1. **Therapeutic work activities.** The executive board is hereby authorized to establish 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 developmental disabilities. The executive board may establish work activity programs for the provision of services and for the manufacture, processing and repairing of goods, wares, and merchandise. The executive board may locate work activity programs on the grounds of the regional treatment center or at work sites in the community. In establishing therapeutic work activities, the executive board shall cooperate with existing agencies to avoid duplication of available activities to the extent feasible.

Subd. 2. **Powers of executive board.** (a) The executive board must plan and design the therapeutic work activities exclusively to provide therapeutic activities for workers with a disability whose physical or mental impairment is so severe as to make productive capacity inconsequential. Notwithstanding section 177.24, the activities within this program must conform to the rules and regulations relating to work activity centers promulgated by the United States Department of Labor.

(b) To accomplish the purpose in paragraph (a), the executive board has the power and authority to:

(1) 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;

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

(3) 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 must be provided by that direct care employee.

(c) The executive board, subject to the approval of the commissioner of education, has the power and authority to:

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

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

(3) 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;

(4) utilize all available vocational rehabilitation services and encourage the integration of the therapeutic work activities into existing vocational rehabilitation and community-based programs, so that the therapeutic work activities do not duplicate nor unfairly compete with existing public or private community programs.

Subd. 3. **Indirect costs and reimbursements.** The executive board is not required to include indirect costs as defined in section 16A.127 in therapeutic work activity contracts for patients of the regional treatment

centers and is not required to reimburse the general fund for indirect costs related to therapeutic work activities.

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; 2003 c 130 s 12; 2004 c 206 s 33; 2005 c 56 s 1; 2017 c 40 art 1 s 121; 2024 c 79 art 2 s 48-50*

246.57 SHARED SERVICE AGREEMENTS.

Subdivision 1. **Authorized.** The Direct Care and Treatment executive board may authorize any state-operated services 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. Positions funded by a shared service agreement are authorized 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 state-operated service that provided the services.

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 executive board may authorize a state-operated services program to provide staff or services to Confidence Learning Center in return for services to, or use of the camp's facilities by, residents of the program who have developmental disabilities.

Subd. 5. [Repealed, 2013 c 59 art 2 s 17]

Subd. 6. **Dental services.** The Direct Care and Treatment executive board shall authorize any state-operated services facility under the executive board's authority to provide dental services to persons with a disability 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. 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; 1Sp2003 c 14 art 6 s 29-31; 2005 c 56 s 1; 2017 c 40 art 1 s 121; 2024 c 79 art 2 s 51; art 10 s 3*

246.575 PROVISION OF NURSING HOME SERVICES.

Subdivision 1. **Nursing home care.** (a) The executive board shall provide nursing home care to a person requiring and eligible for that level of care when the person:

(1) is medically fragile or clinically challenging;

(2) exhibits severe or challenging behaviors; or

(3) requires treatment for an underlying mental illness.

(b) A person may be accepted for admission only after nursing home preadmission screening by the county.

Subd. 2. **Technical assistance.** Within the limits of appropriations, the executive board may expand the provision of technical assistance to community providers in handling the behavior problems of their residents, and with community placements for younger persons who have heavy nursing needs and behavior problems. Technical assistance may include site visits, consultation with providers, or provider training.

Subd. 3. **Auxiliary services.** The nursing homes may enter into shared services agreements according to section 246.57 to provide other services needed in the region that build on the services provided by the regional nursing homes and that are offered in conjunction with a community or community group.

Subd. 4. **Respite care.** Respite care may be offered when space is available if payment for the cost of care is guaranteed by the person, the person's family or legal representative, or a source other than a direct state appropriation to the nursing home, and if the individual meets the facility's admission criteria.

History: *1989 c 282 art 6 s 13; 2024 c 79 art 2 s 61; art 10 s 1,3; 2024 c 125 art 5 s 38; 2024 c 127 art 50 s 38*

246.58 [Repealed, 2013 c 59 art 2 s 17]

246.581 STATE-OPERATED, COMMUNITY-BASED PROGRAMS.

Subdivision 1. **Employees of state-operated, community-based programs.** Employees of state-operated, community-based programs, except clients who work within and benefit from these treatment and habilitation programs, must be state employees under chapters 43A and 179A.

Subd. 2. **Employment of clients by state-operated, community-based programs.** Any clients who work within and benefit from these treatment and habilitation programs are not state employees under chapters 43A and 179A. The executive board may consider clients who work within and benefit from these programs employees for federal tax purposes.

Subd. 3. **Admissions to state-operated, community-based programs.** State-operated, community-based programs may accept admissions from regional treatment centers, from the person's own home, or from community programs.

History: *1988 c 689 art 2 s 109; 1989 c 282 art 6 s 21; 2008 c 223 s 1; 2009 c 79 art 8 s 11; 2024 c 79 art 2 s 52*

246.585 CRISIS SERVICES.

Within the limits of appropriations, state-operated regional technical assistance must be available in each region to assist counties, Tribal Nations, residential and vocational service providers, families, and persons with disabilities to prevent or resolve crises that could lead to a person moving to a less integrated setting. In addition, crisis capacity may be developed to serve 16 persons in the Twin Cities metropolitan area. Staff must be available to provide:

(1) individual assessments;

(2) program plan development and implementation assistance;

(3) analysis of service delivery problems; and

(4) assistance with transition planning, including technical assistance to counties, Tribal Nations, and service providers to develop new services, site the new services, and assist with community acceptance.

History: *1989 c 282 art 6 s 21; 2024 c 79 art 10 s 1; 2024 c 125 art 5 s 38; 2024 c 127 art 50 s 38; 2025 c 38 art 3 s 31*

246.588 SPIRITUAL CARE SERVICES.

An organized means for providing spiritual care services and follow-up may be established as part of the comprehensive health care, congruent with the operational philosophy of Direct Care and Treatment, to residents of state-operated residential facilities and former residents discharged to private facilities, by persons certified for ministry in specialized settings.

History: *1989 c 282 art 5 s 21; 2024 c 79 art 10 s 1; 2024 c 125 art 5 s 38,42; 2024 c 127 art 50 s 38,42*

246.59 [Repealed, 2013 c 59 art 2 s 17]

246.591 ACTIVE PSYCHIATRIC TREATMENT.

The state-operated services shall provide active psychiatric treatment according to contemporary professional standards. Treatment must be designed to:

(1) stabilize the individual and the symptoms that required hospital admission;

(2) restore individual functioning to a level permitting return to the community;

(3) strengthen family and community support; and

(4) facilitate discharge, after care, and follow-up as patients return to the community.

History: *1989 c 282 art 6 s 26; 1Sp2003 c 14 art 6 s 41; 2024 c 79 art 10 s 1; 2024 c 125 art 5 s 38; 2024 c 127 art 50 s 38*

246.595 SOUTHERN CITIES COMMUNITY HEALTH CLINIC.

Subdivision 1. **Service provision.** The Direct Care and Treatment executive board shall offer medically necessary psychiatric and dental services to developmentally disabled clients in the Faribault service area through the Southern Cities Community Health Clinic. For purposes of this requirement, the Faribault service area is expanded to also include geographic areas of the state within 100 miles of Faribault.

Subd. 2. **Consultation required.** The Direct Care and Treatment executive board shall consult with providers of psychiatric and dental services to developmentally disabled clients, family members of developmentally disabled clients, the chairs of the house of representatives and senate committees with jurisdiction over health and human services fiscal issues, and the exclusive representatives when considering policy changes related to:

(1) the future of the Southern Cities Community Health Clinic;

(2) the services currently provided by that clinic to developmentally disabled clients in the Faribault regional center catchment area; and

(3) changes in the model for providing those services.

Subd. 3. **Guarantee of service availability; legislative notice.** (a) Direct Care and Treatment shall guarantee the provision of medically necessary psychiatric and dental services to developmentally disabled clients in the Faribault service area through the Southern Cities Community Health Clinic until or unless other appropriate arrangements have been made to provide those clients with those services and the requirements of paragraph (b) are met.

(b) The executive board shall notify the chairs of the house of representatives and senate committees with jurisdiction over health and human services fiscal issues of plans to use other arrangements to provide medically necessary psychiatric and dental services to developmentally disabled clients in the Faribault service area. The executive board must not implement these arrangements unless a regular legislative session has convened and adjourned since the date notice was given under this paragraph.

History: *2000 c 465 s 6; 2024 c 79 art 10 s 1,3; 2024 c 125 art 5 s 38,42; 2024 c 127 art 50 s 38,42*

246.599 SERVICES TO COURTS AND STATE WELFARE AGENCIES.

Subdivision 1. **Consultation services.** The executive board may provide on a fee-for-service basis consultive services to courts and state welfare agencies.

Subd. 2. **Aftercare.** The executive board may provide to court and state welfare agencies on a fee-for-service basis supervision and aftercare of patients provisionally or otherwise discharged from a state-operated services facility.

Subd. 3. **Education programs.** The executive board may promote and conduct educational programs relating to mental health to court and state welfare agencies.

Subd. 4. **Federal and other funds.** The executive board shall administer, expend, and distribute federal funds and other funds not appropriated by the legislature that are made available to the state for the mental health purposes in this section.

History: *2024 c 79 art 2 s 53*

246.60 MS 2022 [Repealed, 2024 c 79 art 10 s 5]

246.61 [Repealed, 1987 c 234 s 4]

246.611 RULES AND LICENSURE FOR STATE-OPERATED RESIDENTIAL AND DAY HABILITATION.

Each state-operated residential and day habilitation service site shall be separately licensed and movement of residents between them shall be governed by applicable rules adopted by the Direct Care and Treatment executive board.

History: *1989 c 282 art 6 s 21; 2024 c 79 art 2 s 62; art 10 s 1,3; 2024 c 125 art 5 s 38; 2024 c 127 art 50 s 38*

246.62 [Repealed, 1987 c 234 s 4]

246.63 [Repealed, 1987 c 234 s 4]

246.64 SUBSTANCE USE DISORDER SERVICE AGREEMENTS.

Subdivision 1. **Substance use disorder rates.** Notwithstanding sections 246.50, subdivision 5, and 246.511, the executive board shall establish separate rates for each substance use disorder service operated

by the executive board 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 substance use disorder 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 substance use disorder programs, reimbursement and other indirect costs related to the operation of substance use disorder 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 substance use disorder licensure by the commissioner of human services or certification for chemical dependency by the Joint Commission on Accreditation of Hospitals. Notwithstanding any other law, the executive board shall treat these costs as nonhospital department expenses.

Subd. 2. **Depreciation collections.** Depreciation collected under subdivision 1 must be credited to the general fund. Principal and interest on the bonded debt collected under subdivision 1 must be deposited in the state bond fund.

Subd. 3. **Responsibilities of executive board.** The executive board shall credit all receipts from billings for rates set in subdivision 1, except those credited according to subdivision 2, to the behavioral health fund. This money must not be used for an activity in a regional treatment center that is not a substance use disorder service or an allocation of expenditures that are included in the base for computation of the rates under subdivision 1. The executive board may expand substance use disorder services so long as expenditures are recovered by patient fees, transfer of funds, or supplementary appropriations. The executive board may expand or reduce substance use disorder staff complement as long as expenditures are recovered by patient fees, transfer of funds, or supplementary appropriations. Notwithstanding chapters 176 and 268, the executive board shall provide for the self-insurance of regional treatment center substance use disorder 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 substance use disorder 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; 2013 c 59 art 2 s 10; 2021 c 30 art 13 s 83; 2022 c 98 art 4 s 51; 2024 c 79 art 2 s 54-56; art 10 s 3*

246.65 RATES FOR STATE-OPERATED, COMMUNITY-BASED PROGRAMS.

State-operated, community-based programs that meet the definition of a facility in Minnesota Rules, part 9553.0020, subpart 19, must be reimbursed consistent with Minnesota Rules, parts 9553.0010 to 9553.0080. State-operated, community-based programs that meet the definition of vendor in section 252.41, subdivision 9, must be reimbursed consistent with the rate setting procedures in sections 252.41 to 252.46 and Minnesota Rules, parts 9525.1200 to 9525.1330. This subdivision does not operate to abridge the statutorily created pension rights of state employees or collective bargaining agreements reached pursuant to chapter 179A.

History: *1989 c 282 art 6 s 21; 1997 c 7 art 1 s 100; 2024 c 79 art 10 s 1; 2024 c 125 art 5 s 38; 2024 c 127 art 50 s 38*

246.70 [Renumbered 246C.18, subd 5]

BLOOD-BORNE PATHOGENS; STATE-OPERATED TREATMENT PROGRAM EMPLOYEES

246.71 DEFINITIONS.

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

Subd. 2. **Blood-borne pathogens.** "Blood-borne 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 state-operated treatment program, including the Minnesota Sex Offender Program.

Subd. 4. **Employee of a state-operated treatment program or employee.** "Employee of a state-operated treatment program " or "employee" means an employee of any state-operated treatment program.

Subd. 5. **State-operated treatment program.** "State-operated treatment program" means any state-operated treatment program under the jurisdiction of the executive board, including the Minnesota Sex Offender Program, community behavioral health hospitals, crisis centers, residential facilities, outpatient services, and other community-based services under the executive board's control.

Subd. 6. **Significant exposure.** "Significant exposure" means contact likely to transmit a blood-borne 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 blood-borne pathogen, with blood, tissue, or potentially infectious body fluids.

History: *2000 c 422 s 40; 1Sp2003 c 14 art 6 s 32,33; 2024 c 79 art 2 s 57; 2024 c 108 art 5 s 1-3*

246.711 CONDITIONS FOR APPLICABILITY OF PROCEDURES.

Subdivision 1. **Request for procedures.** An employee of a state-operated treatment program 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 state-operated treatment program shall follow the procedures in sections 246.71 to 246.722 when all of the following conditions are met:

(1) a licensed physician, advanced practice registered nurse, or physician assistant determines that a significant exposure has occurred following the protocol under section 246.721;

(2) the licensed physician, advanced practice registered nurse, or physician assistant for the employee needs the patient's blood-borne 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 blood-borne pathogen; and

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

History: *2000 c 422 s 41; 2020 c 115 art 4 s 91; 2022 c 58 s 113; 2024 c 108 art 5 s 4*

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 state-operated treatment program shall inform the patient that the patient's blood-borne 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 state-operated treatment program shall inform the patient of the insurance protections in section 72A.20, subdivision 29.

(c) The state-operated treatment program 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 state-operated treatment program shall inform the patient that the state-operated treatment program will advise the employee of a state-operated treatment program of the confidentiality requirements and penalties before the employee's health care provider discloses any test results.

Subd. 2. **Information to state-operated treatment program employee.** (a) Before disclosing any information about the patient, the state-operated treatment program shall inform the employee of a state-operated treatment program 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 state-operated treatment program shall inform the employee of the insurance protections in section 72A.20, subdivision 29.

History: *2000 c 422 s 42; 2024 c 108 art 5 s 5,6*

246.713 DISCLOSURE OF POSITIVE BLOOD-BORNE PATHOGEN TEST RESULTS.

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

History: *2000 c 422 s 43; 2024 c 108 art 5 s 7*

246.714 CONSENT PROCEDURES GENERALLY.

(a) For purposes of sections 246.71 to 246.722, whenever the state-operated treatment program is required to seek consent, the state-operated treatment program 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 state-operated treatment program 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 state-operated treatment program 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 state-operated treatment program does not need consent of the patient's representative for purposes of sections 246.71 to 246.722.

History: *2000 c 422 s 44; 2024 c 108 art 5 s 8*

246.715 TESTING OF AVAILABLE BLOOD.

Subdivision 1. **Procedures with consent.** If a sample of the patient's blood is available, the state-operated treatment program shall ensure that blood is tested for blood-borne 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 blood-borne pathogens testing, the state-operated treatment program shall ensure that the blood is tested for blood-borne pathogens if the employee requests the test, provided all of the following criteria are met:

(1) the employee and state-operated treatment program have documented exposure to blood or body fluids during performance of the employee's work duties;

(2) a licensed physician, advanced practice registered nurse, or physician assistant has determined that a significant exposure has occurred under section 246.711 and has documented that blood-borne 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 blood-borne pathogens as soon as feasible;

(4) the state-operated treatment program asks the patient to consent to a test for blood-borne pathogens and the patient does not consent;

(5) the state-operated treatment program has provided the patient and the employee with all of the information required by section 246.712; and

(6) the state-operated treatment program 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 state-operated treatment program shall inform the patient whose blood was tested of the results. The state-operated treatment program 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; 2020 c 115 art 4 s 92; 2022 c 58 s 114; 2024 c 108 art 5 s 9-11*

246.716 BLOOD SAMPLE COLLECTION FOR TESTING.

Subdivision 1. **Procedures with consent.** (a) If a blood sample is not otherwise available, the state-operated treatment program shall obtain consent from the patient before collecting a blood sample for testing for blood-borne 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 state-operated treatment program shall collect a blood sample and ensure that the sample is tested for blood-borne pathogens.

(c) The state-operated treatment program 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 state-operated treatment program shall inform the patient of the test results.

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

Subd. 2. **Procedures without consent.** (a) A state-operated treatment program or an employee of a state-operated treatment program may bring a petition for a court order to require a patient to provide a blood sample for testing for blood-borne pathogens. The petition shall be filed in the district court in the county where the patient is receiving treatment from the state-operated treatment program. The state-operated treatment program 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 state-operated treatment program followed the procedures in sections 246.71 to 246.722 and attempted to obtain blood-borne pathogen test results according to those sections;

(2) a licensed physician, advanced practice registered nurse, or physician assistant 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 state-operated treatment program under section 246.721; and

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

(b) State-operated treatment programs 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 blood-borne pathogen testing if:

(1) there is probable cause to believe the employee of a state-operated treatment program 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, advanced practice registered nurse, or physician assistant for the employee of a state-operated treatment program 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; 2020 c 115 art 4 s 93; 2022 c 58 s 115; 2024 c 79 art 2 s 58; 2024 c 108 art 5 s 12,13*

246.717 NO DISCRIMINATION.

A state-operated treatment program shall not withhold care or treatment on the requirement that the patient consent to blood-borne pathogen testing under sections 246.71 to 246.722.

History: *2000 c 422 s 47; 2024 c 108 art 5 s 14*

246.718 USE OF TEST RESULTS.

Blood-borne 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 blood-borne 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 patient.

History: *2000 c 422 s 50; 2024 c 79 art 2 s 59*

246.721 PROTOCOL FOR EXPOSURE TO BLOOD-BORNE PATHOGENS.

(a) A state-operated treatment program shall follow applicable Occupational Safety and Health Administration guidelines under Code of Federal Regulations, title 29, part 1910.1030, for blood-borne pathogens.

(b) Every state-operated treatment program shall adopt and follow a postexposure protocol for employees at a state-operated treatment program 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, advanced practice registered nurse, or physician assistant 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 blood-borne pathogens has occurred, and (ii) to provide, under the

direction of a licensed physician, advanced practice registered nurse, or physician assistant, a recommendation or recommendations for follow-up treatment appropriate to the particular blood-borne 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 blood-borne 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 blood-borne pathogen regarding the likelihood of blood-borne pathogen transmission and follow-up recommendations according to the most current recommendations of the United States Public Health Service for testing and treatment;

(5) a process for providing appropriate counseling under clause (4) to the employee of a state-operated treatment program 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; 2020 c 115 art 4 s 94; 2022 c 58 s 116; 2024 c 79 art 2 s 60; 2024 c 108 art 5 s 15*

246.722 IMMUNITY.

A state-operated treatment program, licensed physician, advanced practice registered nurse, physician assistant, 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 state-operated treatment program and the testing of a blood sample from the patient for blood-borne pathogens if a good faith effort has been made to comply with sections 246.71 to 246.722.

History: *2000 c 422 s 52; 2020 c 115 art 4 s 95; 2022 c 58 s 117; 2024 c 108 art 5 s 16*