SENATE
STATE OF MINNESOTA
NINETY-THIRD SESSION

S.F. No. 4460

(SENATE AUTHORS: MANN and Abeler)

DATE	D-PG	OFFICIAL STATUS
02/29/2024	11858	Introduction and first reading Referred to Human Services
04/11/2024	13607a	Comm report: To pass as amended and re-refer to Judiciary and Public Safety Joint rule 2.03, referred to Rules and Administration
	13654	Author added Abeler See SF5335, HF5247

A bill for an act

relating to behavioral health; modifying civil commitment priority admission requirements; specifying that a prisoner in a correctional facility is not responsible for co-payments for mental health medications; allowing for reimbursement of county co-payment expenses; appropriating money; amending Minnesota Statutes 2023 Supplement, sections 253B.10, subdivision 1; 641.15, subdivision 2.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2023 Supplement, section 253B.10, subdivision 1, is amended to read:

Subdivision 1. **Administrative requirements.** (a) When a person is committed, the court shall issue a warrant or an order committing the patient to the custody of the head of the treatment facility, state-operated treatment program, or community-based treatment program. The warrant or order shall state that the patient meets the statutory criteria for civil commitment.

(b) ~~The commissioner shall prioritize patients being admitted from jail or a correctional institution who are~~ A person committed to the commissioner must be prioritized for admission to a medically appropriate state-operated treatment program based on the decisions of physicians in the executive medical director's office, using a priority admissions framework. The framework must account for a range of factors for priority admission, including but not limited to:

(1) ~~ordered confined in a state-operated treatment program for an examination under Minnesota Rules of Criminal Procedure, rules 20.01, subdivision 4, paragraph (a), and 20.02, subdivision 2~~ the length of time the person has been on a waiting list for admission to a state-operated treatment program;

(2) ~~under civil commitment for competency treatment and continuing supervision under Minnesota Rules of Criminal Procedure, rule 20.01, subdivision 7~~ the intensity of the treatment the person needs, based on medical acuity;

(3) ~~found not guilty by reason of mental illness under Minnesota Rules of Criminal Procedure, rule 20.02, subdivision 8, and under civil commitment or are ordered to be detained in a state-operated treatment program pending completion of the civil commitment proceedings; or~~ the person's provisional discharge status;

(4) ~~committed under this chapter to the commissioner after dismissal of the patient's criminal charges.~~ the person's safety and safety of others in the person's current environment;

(5) constitutional or due process violations that may result without priority admission;

(6) whether the person has access to necessary treatment in a program that is not a state-operated treatment program;

(7) negative impacts of an admission delay on the facility referring the individual for treatment; and

(8) any relevant federal prioritization requirements.

~~Patients described in this paragraph must be admitted to a state-operated treatment program within 48 hours. The commitment must be ordered by the court as provided in section 253B.09, subdivision 1, paragraph (d).~~

(c) Upon the arrival of a patient at the designated treatment facility, state-operated treatment program, or community-based treatment program, the head of the facility or program shall retain the duplicate of the warrant and endorse receipt upon the original warrant or acknowledge receipt of the order. The endorsed receipt or acknowledgment must be filed in the court of commitment. After arrival, the patient shall be under the control and custody of the head of the facility or program.

(d) Copies of the petition for commitment, the court's findings of fact and conclusions of law, the court order committing the patient, the report of the court examiners, and the prepetition report, and any medical and behavioral information available shall be provided at the time of admission of a patient to the designated treatment facility or program to which the patient is committed. Upon a patient's referral to the commissioner of human services for admission pursuant to subdivision 1, paragraph (b), any inpatient hospital, treatment facility, jail, or correctional facility that has provided care or supervision to the patient in the previous two years shall, when requested by the treatment facility or commissioner, provide copies of the patient's medical and behavioral records to the Department of Human

Services for purposes of preadmission planning. This information shall be provided by the head of the treatment facility to treatment facility staff in a consistent and timely manner and pursuant to all applicable laws.

(e) Patients described in paragraph (b) must be admitted to a state-operated treatment program within 48 hours of the Office of Medical Director, under section 246.018, or a designee determining that a medically appropriate bed is available. This paragraph expires on June 30, 2025.

(f) A panel, appointed by the commissioner, consisting of members who served on the Task Force on Priority Admissions to State-Operated Treatment Programs, must review de-identified data quarterly for one year following the implementation of the priority admissions framework to ensure that the framework is implemented and applied equitably. The panel must advise the commissioner and the direct care and treatment executive board on the effectiveness of the framework and priority admissions generally. Following the panel's initial assessment and advice, a quality committee, established by the direct care and treatment executive board, must continue to review de-identified data quarterly and provide a quarterly report to the executive board on the effectiveness of the framework and priority admissions.

Sec. 2. Minnesota Statutes 2023 Supplement, section 641.15, subdivision 2, is amended to read:

Subd. 2. **Medical aid.** Except as provided in section 466.101, the county board shall pay the costs of medical services provided to prisoners pursuant to this section. The amount paid by the county board for a medical service shall not exceed the maximum allowed medical assistance payment rate for the service, as determined by the commissioner of human services. In the absence of a health or medical insurance or health plan that has a contractual obligation with the provider or the prisoner, medical providers shall charge no higher than the rate negotiated between the county and the provider. In the absence of an agreement between the county and the provider, the provider may not charge an amount that exceeds the maximum allowed medical assistance payment rate for the service, as determined by the commissioner of human services. The county is entitled to reimbursement from the prisoner for payment of medical bills to the extent that the prisoner to whom the medical aid was provided has the ability to pay the bills. The prisoner shall, at a minimum, incur co-payment obligations for health care services provided by a county correctional facility. The county board shall determine the co-payment amount. A prisoner shall not have a co-payment obligation for receiving a mental health medication in the correctional

facility. The county board may seek reimbursement for co-payment costs from the commissioner of human services. Notwithstanding any law to the contrary, the co-payment shall be deducted from any of the prisoner's funds held by the county, to the extent possible. If there is a disagreement between the county and a prisoner concerning the prisoner's ability to pay, the court with jurisdiction over the defendant shall determine the extent, if any, of the prisoner's ability to pay for the medical services. If a prisoner is covered by health or medical insurance or other health plan when medical services are provided, the medical provider shall bill that health or medical insurance or other plan. If the county providing the medical services for a prisoner that has coverage under health or medical insurance or other plan, that county has a right of subrogation to be reimbursed by the insurance carrier for all sums spent by it for medical services to the prisoner that are covered by the policy of insurance or health plan, in accordance with the benefits, limitations, exclusions, provider restrictions, and other provisions of the policy or health plan. The county may maintain an action to enforce this subrogation right. The county does not have a right of subrogation against the medical assistance program. The county shall not charge prisoners for telephone calls to MNsure navigators, the Minnesota Warmline, a mental health provider, or calls for the purpose of providing case management or mental health services as defined in section 245.462 to prisoners.

Sec. 3. **APPROPRIATION; CORRECTIONAL FACILITY MENTAL HEALTH COSTS AND SERVICES.**

$..... in fiscal year 2025 is appropriated from the general fund to the direct care and treatment executive board for services and costs for prisoners receiving mental health medications in correctional facilities. The executive board must use these funds to:

(1) pay for injectable medications or neuroleptic medications used for mental health treatment of prisoners in correctional facilities, and related billable provider costs;

(2) create a position within the Department of Direct Care and Treatment to provide education, support, and technical assistance to counties and correctional facilities on the provision of medications for mental health treatment, and assist with finding providers to deliver the mental health medications; and

(3) reimburse county boards for co-payment costs incurred for mental health medications provided in correctional facilities, pursuant to Minnesota Statutes, section 641.15, subdivision 2.