

CHAPTER 251 — H.F.No. 606

An act relating to civil commitment; clarifying the definition of person mentally ill and dangerous to the public; clarifying the commissioner's duty to review the correspondence rights of patients; providing for informal admissions of persons under 16 years of age; providing for special emergency admissions of chemically dependent persons; clarifying the role of examiners in certain instances; providing for involuntary return to a facility after revocation of provisional discharges; providing for 60-day hearings for persons committed as mentally ill and dangerous; changing the time limitation on certain special review board petitions; authorizing the commissioner to accept admissions to regional centers from the Indian Health Service; amending Minnesota Statutes 1982, sections 253B.02, subdivisions 5, 13, 17, and 18; 253B.03, subdivisions 2 and 6; 253B.04, subdivision 1; 253B.05, subdivision 2, and by adding a subdivision; 253B.06; 253B.07, subdivisions 1, 3, and 4; 253B.12, subdivision 1; 253B.13, subdivision 1; 253B.15, subdivisions 5, 6, and 7; 253B.18, subdivisions 2, 3, 5, and 13; 253B.19, subdivision 5; 253B.22, subdivision 1; 253B.23, by adding a subdivision; and Laws 1982, chapter 581, section 26; proposing new law coded in Minnesota Statutes, chapter 253B.

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

Section 1. Minnesota Statutes 1982, section 253B.02, subdivision 5, is amended to read:

Subd. 5. **DESIGNATED AGENCY.** "Designated agency" means an agency selected by the county board to provide the social services required under this chapter.

Sec. 2. Minnesota Statutes 1982, section 253B.02, subdivision 13, is amended to read:

Subd. 13. **MENTALLY ILL PERSON.** "Mentally ill person" means any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which (a) is manifested by instances of grossly disturbed behavior or faulty perceptions; and (b) poses a substantial likelihood of physical harm to himself or others as demonstrated by (i) a recent attempt or threat to physically harm himself or others, or (ii) a failure to provide necessary food, clothing, shelter or medical care for himself, as a result of the impairment. This impairment excludes (a) epilepsy, (b) mental retardation, (c) brief periods of intoxication caused by alcohol or drugs, or (d) dependence upon or addiction to any alcohol or drugs.

Sec. 3. Minnesota Statutes 1982, section 253B.02, subdivision 17, is amended to read:

Subd. 17. **PERSON MENTALLY ILL AND DANGEROUS TO THE PUBLIC.** A "person mentally ill and dangerous to the public" is a person (a)

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

who is mentally ill; and (b) who as a result of that mental illness presents a clear danger to the safety of others as demonstrated by the facts that (i) the person has engaged in an overt act causing or attempting to cause serious physical harm to another and (ii) there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another. A person diagnosed committed as having a psychopathic personality as defined in section 526.09 is also a person subject to the provisions of this chapter that apply to persons mentally ill and dangerous to the public.

Sec. 4. Minnesota Statutes 1982, section 253B.02, subdivision 18, is amended to read:

Subd. 18. **REGIONAL CENTER.** "Regional center" means any state operated facility for mentally ill, mentally retarded or chemically dependent persons which is under the direct administrative authority of the commissioner of public welfare.

Sec. 5. Minnesota Statutes 1982, section 253B.03, subdivision 2, is amended to read:

Subd. 2. **CORRESPONDENCE.** A patient has the right to correspond freely without censorship. The head of the treatment facility may restrict correspondence if he determines that the medical welfare of the patient requires it. The For patients in regional facilities, that determination may be reviewed by the commissioner. Any limitation imposed on the exercise of a patient's correspondence rights and the reason for it shall be made a part of the clinical record of the patient. Any communication which is not delivered to a patient shall be immediately returned to the sender.

Sec. 6. Minnesota Statutes 1982, section 253B.03, subdivision 6, is amended to read:

Subd. 6. **CONSENT FOR MEDICAL PROCEDURE.** A patient has the right to prior consent to any medical or surgical treatment, other than the treatment of mental illness, mental retardation or chemical dependency. The following procedures shall be used to obtain consent for any treatment necessary to preserve the life or health of any committed patient:

- (1) The consent of a competent adult patient for the treatment is sufficient.
- (2) If the patient is subject to guardianship or conservatorship which includes the provision of medical care, the consent of the guardian or conservator for the treatment is sufficient.
- (3) If the head of the treatment facility determines that the patient is not competent to consent to the treatment and the patient has not been adjudicated incompetent, consent for the surgery shall be obtained from the nearest proper relative. For this purpose, the following persons are proper relatives, in the order listed: the patient's spouse, parent, adult child, or adult sibling. If the nearest

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

proper relatives cannot be located or refuse to consent to the procedure, the head of the treatment facility or an interested person may petition the committing court for approval for the treatment or may petition an appropriate court for the appointment of a guardian or conservator. The determination that the patient is not competent, and the reasons for the determination, shall be documented in the patient's clinical record.

(4) Consent for a medical procedure upon a minor shall be governed by other provisions of law relating to the provision of treatment to minors to treatment of any minor patient shall be secured in accordance with sections 144.341 to 144.346, except that a minor 16 years of age or older may give valid consent for hospitalization, routine diagnostic evaluation, and emergency or short-term acute care.

(5) In the case of an emergency and when the persons ordinarily qualified to give consent cannot be located, the head of the treatment facility may give consent.

No person who consents to treatment pursuant to the provisions of this subdivision shall be civilly or criminally liable for the performance or the manner of performing the treatment. No person shall be liable for performing treatment without consent if consent was given pursuant to this subdivision. This provision shall not affect any other liability which may result from the manner in which the treatment is performed.

Sec. 7. Minnesota Statutes 1982, section 253B.04, subdivision 1, is amended to read:

Subdivision 1. **ADMISSION.** Informal admission by consent is preferred over involuntary commitment. Any person 16 years of age or older may request to be admitted to a treatment facility as an informal patient for observation, evaluation, diagnosis, care and treatment without making formal written application. Any person under the age of 16 years may be admitted as an informal patient with the consent of a parent or legal guardian if it is determined by independent examination that there is reasonable evidence that (a) the proposed patient is mentally ill, mentally retarded, or chemically dependent; and (b) the proposed patient is suitable for treatment. The head of the treatment facility shall not arbitrarily ~~withhold consent~~ refuse any person seeking admission as an informal patient.

Sec. 8. Minnesota Statutes 1982, section 253B.05, subdivision 2, is amended to read:

Subd. 2. **PEACE OR HEALTH OFFICER HOLD.** (a) A peace or health officer may take a person into custody and transport him to a licensed physician or treatment facility if the officer has reason to believe that the person is mentally ill, or mentally retarded or ~~chemically dependent~~ and in imminent danger of injuring himself or others if not immediately restrained. A peace or

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

health officer or a person working under such officer's supervision, may take a person who is believed to be chemically dependent or is intoxicated in public into custody and transport him to a treatment facility. If the person is intoxicated in public or is believed to be chemically dependent and is not endangering himself or any person or property, the peace or health officer may transport the person to his home. Application for admission of the person to a treatment facility shall be made by the peace or health officer. The application shall contain a statement given by the peace or health officer specifying the reasons for and circumstances under which the person was taken into custody. A copy of the statement shall be made available to the person taken into custody.

(b) A person may be admitted to a treatment facility for emergency care and treatment under this subdivision with the consent of the head of the facility if under the following circumstances: a written statement is made by the medical officer on duty at the facility that after preliminary examination the person has symptoms of mental illness, or mental retardation or chemical dependency and appears to be in imminent danger of harming himself or others; or, a written statement is made by the institution program director or his designee on duty at the facility that after preliminary examination the person has symptoms of chemical dependency and appears to be in imminent danger of harming himself or others or is intoxicated in public.

Sec. 9. Minnesota Statutes 1982, section 253B.05, is amended by adding a subdivision to read:

Subd. 2a. TRANSPORTATION. Insofar as it is practicable, a peace officer who provides transportation for a person placed in a facility under subdivision 1 may not be in uniform and may not use a vehicle visibly marked as a law enforcement vehicle.

Sec. 10. Minnesota Statutes 1982, section 253B.06, is amended to read:

253B.06 MEDICAL EXAMINATION.

Subdivision 1. MENTALLY ILL AND MENTALLY RETARDED PERSONS. The head of a treatment facility shall arrange to have every patient hospitalized as mentally ill or mentally retarded pursuant to section 253B.04 or 253B.05 examined by a physician as soon as possible but no more than 48 hours following the time of admission. The physician shall be knowledgeable and trained in the diagnosis of the alleged disability related to the need for admission as a mentally ill or mentally retarded person.

Subd. 2. CHEMICALLY DEPENDENT PERSONS. Patients hospitalized as chemically dependent pursuant to sections 253B.04 or 253B.05 shall also be examined within 48 hours of admission. At a minimum, the examination shall consist of a physical evaluation by facility staff according to procedures established by a physician and an evaluation by staff knowledgeable and trained

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

in the diagnosis of the alleged disability related to the need for admission as a chemically dependent person.

Subd. 3. **DISCHARGE.** At the end of a 48-hour period, any patient admitted pursuant to section 253B.05 shall be discharged if an examination has not been held or if the examiner or evaluation staff person fails to notify the head of the treatment facility in writing that in his opinion the patient is apparently in need of care, treatment, and evaluation as a mentally ill, mentally retarded, or chemically dependent person.

Sec. 11. Minnesota Statutes 1982, section 253B.07, subdivision 1, is amended to read:

Subdivision 1. **PRE-PETITION SCREENING.** (a) Prior to filing a petition for commitment of a proposed patient, a ~~prospective petitioner~~ an interested person shall apply to the designated agency in the county of the proposed patient's residence or presence for conduct of a preliminary investigation. The designated agency shall appoint a screening team to conduct an investigation which shall include:

(i) a personal interview with the proposed patient and other individuals who appear to have knowledge of the condition of the proposed patient. If the proposed patient is not interviewed, reasons must be documented;

(ii) identification and investigation of specific alleged conduct which is the basis for application; and

(iii) identification, exploration, and listing of the reasons for rejecting or recommending alternatives to involuntary placement.

(b) In conducting the investigation required by this subdivision, the screening team shall have access to all relevant medical records of proposed patients currently in treatment facilities. Data collected pursuant to this clause shall be considered private data on individuals.

(c) When the pre-petition screening team recommends commitment, a written report shall be sent to the county attorney for the county in which the petition is to be filed.

(d) The pre-petition screening team shall refuse to support a petition if the investigation does not disclose evidence sufficient to support commitment. Notice of the pre-petition screening team's decision shall be provided to the prospective petitioner.

(e) If the interested person wishes to proceed with a petition contrary to the recommendation of the pre-petition screening team, application may be made directly to the county attorney, who may determine whether or not to proceed with the petition. Notice of the county attorney's determination shall be provided to the interested party.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

(f) If a court petitions for commitment pursuant to the rules of criminal procedure, the pre-petition investigation required by this section shall be completed within seven days after the filing of the petition.

Sec. 12. Minnesota Statutes 1982, section 253B.07, subdivision 3, is amended to read:

Subd. 3. **EXAMINERS.** After a petition has been filed, the probate court shall appoint an examiner. Prior to the hearing, the court shall inform the proposed patient that he is entitled to an independent second examination. At the proposed patient's request, the court shall appoint a second examiner of the patient's choosing to be paid for by the county at a rate of compensation fixed by the court.

Sec. 13. Minnesota Statutes 1982, section 253B.07, subdivision 4, is amended to read:

Subd. 4. **PRE-HEARING EXAMINATION; NOTICE AND SUMMONS PROCEDURE.** A summons to appear for a pre-hearing examination and the commitment hearing shall be served upon the proposed patient. A plain language notice of the proceedings and notice of the filing of the petition, a copy of the petition, a copy of the ~~physician's~~ examiner's supporting statement, and the order for examination and a copy of the pre-petition screening report shall be given to the proposed patient, his counsel, the petitioner, any interested person, and any other persons as the court directs. All papers shall be served personally on the proposed patient. Unless otherwise ordered by the court, the notice shall be served on the proposed patient by a nonuniformed person.

Sec. 14. Minnesota Statutes 1982, section 253B.12, subdivision 1, is amended to read:

Subdivision 1. **REPORT.** Prior to the termination of the initial commitment order or final discharge of the patient, the head of the facility shall file a written report with the committing court with a copy to the patient and his counsel, setting forth in detailed narrative form at least the following:

- (1) the diagnosis of the patient with the supporting data;
- (2) the anticipated discharge date;
- (3) an individualized treatment plan;
- (4) a detailed description of the discharge planning process with suggested after care plan;
- (5) whether the patient is in need of further care and treatment with evidence to support the response;
- (6) whether any further care and treatment must be provided in a treatment facility with evidence to support the response;

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

(7) whether in his opinion the patient must continue to be committed to a treatment facility; and

(8) whether in his opinion the patient satisfies the statutory requirement for continued commitment, with documentation to support the opinion.

Sec. 15. Minnesota Statutes 1982, section 253B.13, subdivision 1, is amended to read:

Subdivision 1. **MENTALLY ILL PERSONS.** If at the conclusion of a hearing held pursuant to section 253B.12, it is found that the criteria for continued commitment have been satisfied, the court shall determine the probable length of commitment necessary. No period of commitment shall exceed this length of time or 12 months, whichever is less.

At the conclusion of the prescribed period, commitment may not be continued unless a new petition is filed pursuant to section 253B.07 and hearing and determination made on it. Notwithstanding the provisions of section 253B.09, subdivision 5, ~~clause (b),~~ the initial commitment period under the new petition shall be the probable length of commitment necessary or 12 months, whichever is less. The standard of proof at the hearing on the new petition shall be the standard specified in section 253B.12, subdivision 4.

Sec. 16. Minnesota Statutes 1982, section 253B.15, subdivision 5, is amended to read:

Subd. 5. **RETURN TO FACILITY.** The head of the treatment facility may apply to the committing court for an order directing that the patient be returned to the facility. The court may order the patient returned to the facility prior to a review hearing only upon finding that immediate return to the facility is necessary to avoid serious, imminent harm to the patient or others. If a voluntary return is not arranged, the head of the treatment facility may request a health officer, a welfare officer, or a peace officer to return the patient to the treatment facility from which he was released or to any other treatment facility which consents to receive him. If necessary, the head of the treatment facility may request the committing court to direct a health or peace officer in the county where the patient is located to return the patient to the treatment facility or to another treatment facility which consents to receive him. The expense of returning the patient to a treatment facility shall be paid by the commissioner unless paid by the patient or his relatives.

Sec. 17. Minnesota Statutes 1982, section 253B.15, subdivision 6, is amended to read:

Subd. 6. **EXCEPTION.** During the first 60 days of a provisional discharge, the head of the treatment facility, upon finding that either of the conditions set forth in subdivision 4 2 exists, may revoke the provisional discharge without being subject to the provisions of subdivisions 2 to 5.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Sec. 18. Minnesota Statutes 1982, section 253B.15, subdivision 7, is amended to read:

Subd. 7. **EXTENSION OF PROVISIONAL DISCHARGE.** (a) A provisional discharge may be extended only in those circumstances where the patient has not achieved the goals set forth in the provisional discharge plan or continues to need the supervision or assistance provided by an extension of the provisional discharge. In determining whether the provisional discharge is to be extended, the head of the facility shall consider the willingness and ability of the patient to voluntarily obtain needed care and treatment.

(b) The designated agency shall recommend extension of a provisional discharge only after a preliminary conference with the patient and other appropriate persons. The patient shall be given the opportunity to object or make suggestions for alternatives to extension.

(c) Any recommendation for extension shall be made in writing to the head of the facility and to the patient at least 30 days prior to the expiration of the provisional discharge. The written recommendation submitted shall include: the specific grounds for recommending the extension, the date of the preliminary conference and results, the anniversary date of the provisional discharge, the termination date of the provisional discharge, and the proposed length of extension. If the grounds for recommending the extension occur less than 30 days before its expiration, the written recommendation shall occur as soon as practicable.

(d) The head of the facility shall issue a written decision regarding extension within five days after receiving the recommendation from the designated agency.

(e) ~~In no event shall any provisional discharge, revocation, or extension extend the term of the commitment beyond the period provided for in the order issued pursuant to section 253B.09 or 253B.13.~~

Sec. 19. Minnesota Statutes 1982, section 253B.18, subdivision 2, is amended to read:

Subd. 2. **REVIEW; HEARING.** ~~There shall be a review of commitment at the end of 60 days. A written treatment report shall be filed with the committing court within 60 days after commitment. The court, prior to making a final determination with regard to a person initially committed as mentally ill and dangerous to the public, shall hold a hearing. The hearing shall be held within 14 days of the court's receipt of the written treatment report, if one is filed, or within 90 days of the date of initial commitment, whichever is earlier, unless otherwise agreed by the parties.~~ If the court finds that the patient qualifies for commitment as mentally ill, but not as mentally ill and dangerous to the public, the court may commit the person as a mentally ill person and the person shall be deemed not to have been found to be dangerous to the public for

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

the purposes of subdivisions 4 to 15. If no written review statement is filed within 60 days or if the statement describes the committed person as not in need of further institutional care and treatment, a further hearing shall be held by the committing court within 14 days after the court's receipt of the statement. The committing court shall then make the final determination. Failure of the treatment facility to provide the required report at the end of the 60-day period shall not result in automatic discharge of the patient.

Sec. 20. Minnesota Statutes 1982, section 253B.18, subdivision 3, is amended to read:

Subd. 3. **INDETERMINATE COMMITMENT.** If the court finds at the hearing held pursuant to subdivision 2 that the patient continues to be mentally ill and dangerous, then the court may shall order commitment of the proposed patient for an indeterminate period of time. Subsequent to a final determination that a patient is mentally ill and dangerous to the public, the patient shall be transferred, provisionally discharged, or discharged, or have his commitment status altered only as provided in this section.

Sec. 21. Minnesota Statutes 1982, section 253B.18, subdivision 5, is amended to read:

Subd. 5. **PETITION; NOTICE OF HEARING; ATTENDANCE; ORDER.** A petition for an order of transfer, discharge, provisional discharge, or revocation of provisional discharge shall be filed with the commissioner and may be filed by the patient or by the head of the treatment facility. The special review board shall hold a hearing on each petition prior to making any recommendation. Within 45 days of the filing of the petition, the committing court, the county attorney of the county of commitment, an interested person, the petitioner and his counsel shall be given written notice by the commissioner of the time and place of the hearing before the special review board. Only those entitled to statutory notice of the hearing or those administratively required to attend may be present at the hearing. The commissioner shall issue his order no later than 14 days after receiving the recommendation of the special review board. A copy of the order shall be sent by certified mail to every person entitled to ~~attend~~ statutory notice of the hearing within five days after it is issued. No order by the commissioner shall be effective sooner than 15 days after it is issued.

Sec. 22. Minnesota Statutes 1982, section 253B.18, subdivision 13, is amended to read:

Subd. 13. **APPEAL.** Any patient aggrieved by a revocation decision or any interested person may petition the special review board within ~~48 hours~~ seven days, exclusive of Saturdays, Sundays, and legal holidays, after receipt of the revocation report for a review of the revocation. The matter shall be scheduled within 30 days. The special review board shall review the circumstances leading

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

to the revocation and shall recommend to the commissioner whether or not the revocation shall be upheld. The special review board may also recommend a new provisional discharge at the time of a revocation hearing.

Sec. 23. Minnesota Statutes 1982, section 253B.19, subdivision 5, is amended to read:

Subd. 5. **APPEAL TO SUPREME COURT.** An interested A party aggrieved by an order of the appeal panel may appeal from the decision of the appeal panel to the supreme court in the same manner as other appeals in civil actions. The filing of an appeal shall immediately suspend the operation of any order granting transfer, discharge or provisional discharge, pending the determination of the appeal.

Sec. 24. **[253B.212] COMMITMENT BY TRIBAL COURT; RED LAKE BAND OF CHIPPEWA INDIANS.**

Subdivision 1. COST OF CARE. The commissioner of public welfare may contract with and receive payment from the Indian Health Service of the United States Department of Health and Human Services for the care and treatment of those members of the Red Lake Band of Chippewa Indians who have been committed by tribal court order to the Indian Health Service for care and treatment of mental illness, mental retardation, or chemical dependency. The contract shall provide that the Indian Health Service may not transfer any person for admission to a regional center unless the commitment procedure utilized by the tribal court provided due process protections similar to those afforded by sections 253B.05 to 253B.10.

Subd. 2. EFFECT GIVEN TO TRIBAL COMMITMENT ORDER. When, under an agreement entered into pursuant to subdivision 1, the Indian Health Service applies to a regional center for admission of a person committed to the jurisdiction of the health service by the tribal court as mentally ill, mentally retarded, or chemically dependent, the commissioner may treat the patient with the consent of the Indian Health Service.

A person admitted to a regional center pursuant to this section has all the rights accorded by section 253B.03. In addition, treatment reports, prepared in accordance with the requirements of section 253B.12, subdivision 1, shall be filed with the Indian Health Service within 60 days of commencement of the patient's stay at the facility. A subsequent treatment report shall be filed with the Indian Health Service within six months of the patient's admission to the facility or prior to discharge, whichever comes first. Provisional discharge or transfer of the patient may be authorized by the head of the treatment facility only with the consent of the Indian Health Service. Discharge from the facility to the Indian Health Service may be authorized by the head of the treatment facility after notice to and consultation with the Indian Health Service.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Sec. 25. Minnesota Statutes 1982, section 253B.22, subdivision 1, is amended to read:

253B.22 REVIEW BOARDS.

Subdivision 1. **ESTABLISHMENT.** The commissioner shall establish a review board of three or more persons for each regional center to review the admission and retention of patients institutionalized under this chapter. One member shall be qualified in the diagnosis of mental illness or, mental retardation, or chemical dependency, and one member shall be an attorney. The commissioner may, upon written request from the appropriate federal authority, establish a review panel for any federal treatment facility within the state to review the admission and retention of patients hospitalized under this chapter. For any review board established for a federal treatment facility, one of the persons appointed by the commissioner shall be the commissioner of veterans affairs or his designee.

Sec. 26. Minnesota Statutes 1982, section 253B.23, is amended by adding a subdivision to read:

Subd. 1a. RETURN OF PATIENT. If a patient is absent without authorization, the head of the treatment facility shall order the patient to return to the treatment facility voluntarily. The head of the treatment facility may request a health officer, a welfare officer, or a peace officer to return the patient to the treatment facility. The head of the treatment facility shall inform the committing court of the absence and the court shall direct a health or peace officer in the county where the patient is located to return the patient to the treatment facility or to another treatment facility. The expense of returning the patient to a treatment facility shall be paid by the commissioner unless paid by the patient or his relatives.

Sec. 27. Laws 1982, chapter 581, section 26, is amended to read:

Sec. 26. EFFECTIVE DATE.

This act is effective August 1, 1982 and applies to any conduct, transaction, or proceeding within its terms which occurs after August 1, 1982. A proceeding for the commitment of a person to a treatment facility commenced before August 1, 1982, is governed by the law existing at the time the proceeding was commenced; provided, however, that if the proceedings are not terminated by August 1, 1983, they shall thereafter be governed by the provisions of sections 1 to 23. Any person, other than a person committed as mentally ill and dangerous, who was committed pursuant to chapter 253A and whose term of commitment is indeterminate shall have his status reviewed pursuant to the provisions of section 12 prior to February 1, 1984.

Sec. 28. EFFECTIVE DATE.

Changes or additions are indicated by underline, deletions by ~~strikeout~~.

Sections 1 to 27 are effective the day following final enactment.

Approved June 1, 1983

CHAPTER 252 — H.F.No. 610

An act relating to financial institutions; industrial loan and thrift companies; regulated loans; enlarging the group of institutions which may utilize electronic fund transfer facilities; modifying the capital and reserve limitation on loans by industrial loan and thrift companies; permitting loan and thrifts and regulated lenders to take discount points in certain circumstances; authorizing loan and thrifts to receive savings accounts and savings deposits subject to certain prescribed conditions; regulating loan splitting; eliminating the receipt requirement for money orders; standardizing certain penalties; excepting loan and thrifts and regulated lenders from the licensing requirements for real estate brokers and salespersons; amending Minnesota Statutes 1982, sections 47.61, subdivision 4; 47.64, subdivision 1; 48.196; 53.03, subdivision 5; 53.04, subdivisions 3a and 5; 53.05; 53.07, subdivision 2; 53.10; 56.131, subdivision 3, and by adding a subdivision; 56.14; 56.19, subdivision 1; 80A.15, subdivision 1; and 82.18; repealing Minnesota Statutes 1982, section 56.19, subdivision 2.

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

Section 1. Minnesota Statutes 1982, section 47.61, subdivision 4, is amended to read:

Subd. 4. "Financial institution" means a national banking association, federal savings and loan association, or federal credit union having its main office in this state, or a bank, savings bank, savings and loan association, or credit union, industrial loan and thrift company, or regulated lender under chapter 56 established and operating under the laws of this state.

Sec. 2. Minnesota Statutes 1982, section 47.64, subdivision 1, is amended to read:

Subdivision 1. Any person establishing and maintaining an electronic financial terminal for use by one type of financial institution shall, upon written request, make its services available to any requesting financial institution of similar type on a fair, equitable and nondiscriminatory basis approved by the commissioner. A financial institution requesting use of an electronic financial terminal shall be permitted its use only if the financial institution conforms to reasonable technical operation standards which have been established by the electronic financial terminal provider as approved by the commissioner. For purposes of this subdivision, the types of financial institutions are: (a) commercial banks and mutual savings banks; (b) credit unions, industrial loan and thrift companies, and regulated lenders under chapter 56; and (c) savings and loan

Changes or additions are indicated by underline, deletions by ~~strikeout~~.