

(b) The commissioner, in cooperation with the commissioner of health, shall:

(1) make available to nursing facility employees training on the implementation and administration of the new case-mix system; and

(2) make available to nursing facility residents and consumers easily understandable information on the new case-mix system and the impact of the transition on nursing facility residents.

Presented to the governor March 30, 2000

Signed by the governor April 3, 2000, 2:14 p.m.

#### CHAPTER 316—S.F.No. 2634

*An act relating to civil law; civil commitment; providing for notice to certain relatives of patients receiving or hospitalized for psychiatric or mental health care; modifying consent provisions for voluntary mental health treatment for certain minors; amending Minnesota Statutes 1999 Supplement, section 253B.04, subdivision 1; proposing coding for new law in Minnesota Statutes, chapter 144.*

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

#### Section 1. **[144.334] RIGHT TO REQUEST PATIENT INFORMATION.**

Upon an oral or written request by a spouse, parent, child, or sibling for information about a patient who is being evaluated for or diagnosed with mental illness, a provider must notify the requesting individual of the right under section 144.335, subdivision 3a, paragraph (f), to have the provider request the patient's authorization to release information about the patient to a designated individual.

Sec. 2. Minnesota Statutes 1999 Supplement, section 253B.04, subdivision 1, is amended to read:

Subdivision 1. **VOLUNTARY ADMISSION AND TREATMENT.** (a) Voluntary admission is preferred over involuntary commitment and treatment. Any person 16 years of age or older may request to be admitted to a treatment facility as a voluntary 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 a patient with the consent of a parent or legal guardian if it is determined by independent examination that there is reasonable evidence that (1) the proposed patient ~~is mentally ill~~ has a mental illness, or is mentally retarded, or chemically dependent; and (2) the proposed patient is suitable for treatment. The head of the treatment facility shall not arbitrarily refuse any person seeking admission as a voluntary patient.

(b) In addition to the consent provisions of paragraph (a), a person who is 16 or 17 years of age who refuses to consent personally to admission may be admitted as a patient for mental illness or chemical dependency treatment with the consent of a

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parent or legal guardian if it is determined by an independent examination that there is reasonable evidence that the proposed patient is chemically dependent or has a mental illness and is suitable for treatment. The person conducting the examination shall notify the proposed patient and the parent or legal guardian of this determination.

Presented to the governor March 30, 2000

Signed by the governor April 3, 2000, 2:15 p.m.

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### CHAPTER 317—S.F.No. 3549

*An act relating to health; modifying the residential hospice program requirements; amending Minnesota Statutes 1998, section 144A.48, subdivision 1; repealing Minnesota Statutes 1998, section 144A.48, subdivision 6.*

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

Section 1. Minnesota Statutes 1998, section 144A.48, subdivision 1, is amended to read:

Subdivision 1. **DEFINITIONS.** For the purposes of this section, the following terms have the meanings given to them:

(1) "Core services" means physician services, registered nursing services, medical social services, pastoral care or other counseling services, and volunteer services that are provided either directly by the hospice program or through a service contract or other arrangement;

(2) "Hospice patient" means an individual who has been diagnosed as terminally ill with a probable life expectancy of under one year, as documented by the individual's attending physician, and who alone or, when unable, through the hospice patient's family has voluntarily consented to and received admission to a hospice program;

(3) "Hospice patient's family" means relatives of the hospice patient, the hospice patient's guardian, primary caregivers, or persons identified by the hospice patient as having significant personal ties;

(4) "Hospice program" means palliative and supportive care and other services provided by an interdisciplinary team under the direction of an identifiable hospice administration to terminally ill hospice patients and their families to meet the physical, nutritional, emotional, social, spiritual, and special needs experienced during the final stages of illness, dying, and bereavement, through a centrally coordinated program that ensures continuity and consistency of home and inpatient care provided directly or through an agreement;

(5) "Interdisciplinary team" means a group of qualified individuals with expertise in meeting the special needs of hospice patients and their families, including, at a minimum, those individuals who are providers of core services;

New language is indicated by underline, deletions by ~~strikeout~~.