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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-THIRD SESSION

H. F. No. 824

01/25/2023 Authored by Curran, Becker-Finn, Huot, Tabke, Moller and others
The bill was read for the first time and referred to the Committee on Public Safety Finance and Policy

1.1 A bill for an act
1.2 relating to corrections; providing for different discharge plans from county jails;
1.3 providing for county reentry coordination programs; appropriating money;
1.4 amending Minnesota Statutes 2022, sections 241.021, subdivision 1d; 641.15,
1.5 subdivision 2; 641.155.

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

1.7 Section 1. Minnesota Statutes 2022, section 241.021, subdivision 1d, is amended to read:

1.8 Subd. 1d. Public notice of restriction, revocation, or suspension. If the license of a
1.9 facility under this section is revoked or suspended, or use of the facility is restricted for any
1.10 reason under a conditional license order, or a correction order is issued to a facility, the
1.11 commissioner shall post the facility, the status of the facility's license, and the reason for
1.12 the correction order, restriction, revocation, or suspension publicly and on the department's
1.13 website.

1.14 Sec. 2. Minnesota Statutes 2022, section 641.15, subdivision 2, is amended to read:

1.15 Subd. 2. Medical aid. Except as provided in section 466.101, the county board shall
1.16 pay the costs of medical services provided to prisoners pursuant to this section. The amount
1.17 paid by the county board for a medical service shall not exceed the maximum allowed
1.18 medical assistance payment rate for the service, as determined by the commissioner of
1.19 human services. In the absence of a health or medical insurance or health plan that has a
1.20 contractual obligation with the provider or the prisoner, medical providers shall charge no
1.21 higher than the rate negotiated between the county and the provider. In the absence of an
1.22 agreement between the county and the provider, the provider may not charge an amount
1.23 that exceeds the maximum allowed medical assistance payment rate for the service, as

2.1 determined by the commissioner of human services. The county is entitled to reimbursement
 2.2 from the prisoner for payment of medical bills to the extent that the prisoner to whom the
 2.3 medical aid was provided has the ability to pay the bills. The prisoner shall, at a minimum,
 2.4 incur co-payment obligations for health care services provided by a county correctional
 2.5 facility. The county board shall determine the co-payment amount. Notwithstanding any
 2.6 law to the contrary, the co-payment shall be deducted from any of the prisoner's funds held
 2.7 by the county, to the extent possible. If there is a disagreement between the county and a
 2.8 prisoner concerning the prisoner's ability to pay, the court with jurisdiction over the defendant
 2.9 shall determine the extent, if any, of the prisoner's ability to pay for the medical services.
 2.10 If a prisoner is covered by health or medical insurance or other health plan when medical
 2.11 services are provided, the medical provider shall bill that health or medical insurance or
 2.12 other plan. If the county providing the medical services for a prisoner that has coverage
 2.13 under health or medical insurance or other plan, that county has a right of subrogation to
 2.14 be reimbursed by the insurance carrier for all sums spent by it for medical services to the
 2.15 prisoner that are covered by the policy of insurance or health plan, in accordance with the
 2.16 benefits, limitations, exclusions, provider restrictions, and other provisions of the policy or
 2.17 health plan. The county may maintain an action to enforce this subrogation right. The county
 2.18 does not have a right of subrogation against the medical assistance program. The county
 2.19 shall not charge prisoners for telephone calls to MNsure navigators, the Minnesota Warmline,
 2.20 a mental health provider, or calls for the purpose of providing case management or mental
 2.21 health services as defined in section 245.462 to prisoners.

2.22 Sec. 3. Minnesota Statutes 2022, section 641.155, is amended to read:

2.23 **~~641.155 DISCHARGE PLANS; OFFENDERS WITH SERIOUS AND PERSISTENT~~**
 2.24 **~~MENTAL ILLNESS.~~**

2.25 Subdivision 1. **Discharge plans.** The commissioner of corrections shall develop and
 2.26 distribute a model discharge planning process for every offender with a serious and persistent
 2.27 mental illness, as defined in section 245.462, subdivision 20, paragraph (c), who has been
 2.28 convicted and sentenced to serve three or more months and is being released from a county
 2.29 jail or county regional jail. The commissioner may specify different model discharge plans
 2.30 for prisoners who have been detained pretrial and prisoners who have been sentenced to
 2.31 jail. The commissioner must consult best practices and the most current correctional health
 2.32 care standards from national accrediting organizations. The commissioner must review and
 2.33 update the model process as needed.

3.1 Subd. 2. Discharge plans for people with serious and persistent mental illnesses. An
3.2 ~~offender~~ A person with a serious and persistent mental illness, as defined in section 245.462,
3.3 subdivision 20, paragraph (c), who has been convicted and sentenced to serve three or more
3.4 months and is being released from a county jail or county regional jail shall be referred to
3.5 the appropriate staff in the county human services department at least 60 days before being
3.6 released. The county human services department ~~may carry out provisions of the model~~
3.7 ~~discharge planning process such as~~ must complete a discharge plan with the prisoner no
3.8 less than 14 days before release including:

3.9 (1) providing assistance in filling out an application for medical assistance or
3.10 MinnesotaCare;

3.11 (2) making a referral for case management as outlined under section 245.467, subdivision
3.12 4;

3.13 (3) providing assistance in obtaining a state photo identification;

3.14 (4) securing a timely appointment with a psychiatrist or other appropriate community
3.15 mental health providers; and

3.16 (5) providing prescriptions for a 30-day supply of all necessary medications.

3.17 Subd. 3. Reentry coordination programs. (a) A county may establish a program to
3.18 provide services and assist prisoners with reentering the community. Reentry services may
3.19 include but are not limited to:

3.20 (1) providing assistance in meeting the basic needs of the prisoner immediately after
3.21 release including but not limited to provisions for transportation, clothing, food, and shelter;

3.22 (2) providing assistance in filling out an application for medical assistance or
3.23 MinnesotaCare;

3.24 (3) providing assistance in obtaining a state photo identification;

3.25 (4) providing assistance in obtaining prescriptions for all necessary medications;

3.26 (5) coordinating services with the local county services agency or the social services
3.27 agency in the county where the prisoner is a resident; and

3.28 (6) coordinating services with a community mental health or substance use disorder
3.29 provider.

4.1 Sec. 4. **APPROPRIATION.**

4.2 \$..... in fiscal year 2024 is appropriated from the general fund to the commissioner of
4.3 corrections for counties to establish or maintain jail reentry coordination programs. The
4.4 commissioner shall develop a request for proposal for counties to establish or maintain
4.5 reentry programs. The commissioner must disburse 50 percent of the funding to counties
4.6 outside the metropolitan area.