



Office of the Ombudsman for Mental Health and Developmental Disabilities

Summary of the 2009 Changes to the Minnesota Civil Commitment and Treatment Act

HF 1760

Sect. 87 amends 253B.02 Subd. 7, the definition of examiner, to include licensed physician assistant.

Sect. 88 amends 253B.05 Subd. 2[c] by changing the term physician assistant to licensed physician assistant. Continues to permit a licensed physician assistant to admit a person brought in to a treatment facility or to a licensed physician under the Peace and Health Officer Authority.

Both of these are effective on August 1, 2009.

SF 431

This legislation amends 253B.095 Subd. 1[d] [stay of commitment.] It adds language prohibiting the patient from giving consent to participate in a clinical drug trial while the court order is in effect unless allowed by the court.

The court may allow it if the treating psychiatrist testifies or submits an affidavit that the patient may benefit from it and that other treatment options were provided for a reasonable period of time and have been ineffective.

The court must determine the patient is competent to choose to participate, is freely choosing to participate, that the stay of commitment is not being used to coerce participation and that a reasonable person may choose to participate in the clinical trial.

This becomes effective on August 1, 2009.

SF 1096

Article 1 Sect. 43 amends 253B.08 Subd.1[b] [time for commitment hearing,] by deleting the word “discharged” and replacing it with “dismissed”. This section of the law has to do with a demand for an immediate hearing and the consequence for not holding it in the required timeline.

This will be effective Aug. 1, 2009.



SF 1887

Sect.7 amends 253B.10 Subd. 3, [Notice of Admission], to include notification to a health care agent of admission of a committed patient to a treatment facility unless the petition was done by the health care agent.

Sect. 8 amends 253B.14, [Transfer of a Committed Patient], to include a health care agent in the written notice of the transfer of a committed patient from one treatment facility to another.

Sect. 9 amends 253B.16 Subd. 2, [Notification of Discharge], to include a health care agent in the required notification of the discharge or provisional discharge of a committed patient and that a health care agent may attend and present information at the discharge planning meeting.

These are effective August 1, 2009.

HF 1301

Article 6 Sect. 6 amends 253B.141 Subd.1[b] [Report of Absence]. It deletes “through the criminal justice information system.” It still requires notification to the National Crime Information Center missing person file by the local law enforcement agency upon receiving a report that a committed patient is absent without authorization.

SF 722

Sect. 1 adds a new section to 253B which is 253B.24, [Transmittal of Data to National Instant Criminal Background Check System]. When a court commits a person as mentally ill, developmentally disabled, mentally ill and dangerous to the public [MI&D], or chemically dependent; determines a person to be incompetent to stand trial or not guilty by reason of mental illness in a criminal case or; restores a person’s ability to possess a firearm [see new process below] the court shall ensure this information is transmitted to the National Instant Criminal Background Check System.

This section is effective July 1, 2010.

This bill also amends Chapter 624.713 Subd. 1 which restricts people who have been confined or committed for mental illness, developmental disability or mentally ill and dangerous to the public from possessing a firearm.

Sect. 2 amends 624.713 Subd. 1. It deletes the restriction on possessing a firearm for persons who have been “confined” and now only addresses commitments.

Sect. 3 adds Subd. 4, Restoration of firearms eligibility to civilly committed person, petition authorized. This section allows a person committed as mentally ill, developmentally disabled, chemically dependent , or mentally ill and dangerous to the public [MI&D] to petition a court to restore his/her ability to possess a firearm.



The court may grant the relief sought if it finds; [1] the person is not likely to act in a manner that is dangerous to public safety and [2] granting the relief would not be contrary to the public interest. The court may consider evidence from a licensed medical doctor or clinical psychologist that the person is no longer suffering from the condition or disease that caused the disability or that the disease or condition has been successfully treated for a period of three consecutive years. A person committed as chemically dependent may still complete treatment and regain his/her right to possess a firearm as has been allowed in the past.

Sections 2 and 3 are effective August 1, 2009.

SF 1504

Sect. 6 amends Chapter 245.50 Subd. 5[f], [Special contracts; bordering states]. It will allow an a physician, licensed psychologist with a doctoral degree or, an advance practice registered nurse licensed in a bordering state [considered an examiner under 245.50] to initiate an emergency hold order under 253B.05 on a Minnesota resident who is in a hospital under contract with a Minnesota government entity under this section if the examiner determines the person meets criteria in 253B.05.

This does not include a physician assistant. The physician assistant was added to 253B not 245.50.

This becomes effective August 1, 2009.

This appears to be all of the legislation affecting 253B. I will know for sure when the Revisor's Office completes Table 2.

If you have questions regarding these changes you may contact Roger Schwab at 320-231-5962 or 1-800-657-3506. You may also contact Roger by email at Roger.Schwab@state.mn.us.

