

## STATE OF MINNESOTA

## SEVENTY-SECOND SESSION - 1982

## SIXTY-SIXTH DAY

SAINT PAUL, MINNESOTA, THURSDAY, JANUARY 28, 1982

The House of Representatives convened at 2:00 p.m. and was called to order by Harry A. Sieben, Jr., Speaker of the House.

Prayer was offered by Father William Hough, St. Anthony of Padua, Minneapolis, Minnesota.

The roll was called and the following members were present:

Aasness	Esau	Kalis	Nysether	Sherwood
Ainley	Evans	Kelly	O'Connor	Sieben, M.
Anderson, B.	Ewald	Knickerbocker	Ogren	Simoneau
Anderson, G.	Fjoslien	Kostohryz	Olsen	Skoglund
Anderson, I.	Frerichs	Kvam	Onnen	Stadum
Battaglia	Greenfield	Laidig	Osthoff	Staten
Begich	Gruenes	Lehto	Otis	Stowell
Berkelman	Gustafson	Lemen	Peterson, B.	Stumpf
Blatz	Halberg	Levi	Peterson, D.	Swiggum
Brandl	Hanson	Long	Piepho	Swanson
Brinkman	Harens	Ludeman	Pogemiller	Tomlinson
Byrne	Hauge	Luknic	Redalen	Valan
Carlson, D.	Haukoos	Mann	Reding	Valento
Carlson, L.	Heap	Marsh	Rees	Vanasek
Clark, J.	Heinitz	McCarron	Reif	Voss
Clark, K.	Himle	McDonald	Rice	Weaver
Clawson	Hoberg	McEachern	Rodriguez, F.	Welch
Dahlvang	Hokanson	Mehrkens	Rose	Welker
Dean	Hokr	Metzen	Rothenberg	Wenzel
Dempsey	Jacobs	Minne	Samuelson	Wieser
Den Ouden	Jennings	Munger	Sarna	Wigley
Drew	Johnson, C.	Nelsen, B.	Schafer	Wynia
Eken	Johnson, D.	Nelson, K.	Schoenfeld	Zubay
Elioff	Jude	Niehaus	Schreiber	Spkr. Sieben, H.
Ellingson	Kahn	Norton	Shea	
Erickson	Kaley	Novak	Sherman	

A quorum was present.

Anderson, R.; Forsythe; Murphy; Rodriguez, C.; Searles and Vellenga were excused.

The Chief Clerk proceeded to read the Journals of the preceding days. Clawson moved that further reading of the Journals

be dispensed with and that the Journals be approved as corrected by the Chief Clerk. The motion prevailed.

#### REPORTS OF CHIEF CLERK

Pursuant to Rules of the House, printed copies of H. F. No. 1693 and S. F. No. 1015 have been placed in the members' files.

#### REPORTS OF STANDING COMMITTEES

Nelson from the Committee on Energy to which was referred:

H. F. No. 1208, A bill for an act relating to energy; providing for the lease of potential hydropower sites by the state or political subdivisions; amending Minnesota Statutes 1980, Sections 272.02, Subdivision 1, and by adding a subdivision; 273.19, by adding a subdivision; and proposing new law coded in Minnesota Statutes, Chapter 116H.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. Minnesota Statutes 1980, Section 105.482, Subdivision 1, is amended to read:

Subdivision 1. [PURPOSE.] The public health, safety, and welfare is promoted by the orderly repair and restoration of dams serving the public interest and by the use of existing dams and potential dam sites for hydroelectric or hydromechanical power generation wherever that use is economically justified and environmentally sound. In furtherance of this objective, it is the purpose of this section to facilitate the repair and restoration of dams owned by the state and local governmental units and to investigate and analyze hydroelectric or hydromechanical generating capability of publicly owned dams and potential dam sites.

Sec. 2. Minnesota Statutes 1980, Section 105.482, is amended by adding a subdivision to read:

Subd. 8. [HYDROPOWER GENERATION POLICY; LEASING OF DAMS AND DAM SITES.] Consistent with laws relating to dam construction, reconstruction, repair, and maintenance, the legislature finds that the public health, safety, and welfare of the state is also promoted by the use of state waters to produce hydroelectric or hydromechanical power. Further, the legislature finds that the leasing of existing dams and potential dam sites primarily for such power generation is a valid public purpose. A local governmental unit, or the commissioner of natural resources with the approval of the

state executive council, may lease dams, dam sites, and hydro-electric or hydromechanical power generation plants owned by the respective government to an individual, a corporation, an organization, or other legal entity upon such terms and conditions as the local governmental unit or the commissioner may negotiate for a period not to exceed 50 years.

Sec. 3. Minnesota Statutes 1980, Section 105.482, is amended by adding a subdivision to read:

*Subd. 9. [CONTENTS OF LEASE.] A lease for the development or redevelopment of a hydropower site may contain, but need not be limited to, the following provisions:*

*(a) Length of the lease, subject to negotiations between the parties but generally not more than 50 years, and conditions for extension, modification, or termination;*

*(b) Provisions for a performance bond on the developer, or, certification that the equipment and its installation have a design life at least as long as the lease;*

*(c) Provisions to assure adequate maintenance and safety in the impoundment structures, if any;*

*(d) Provisions for quarterly or annual payment by the developer, as negotiated by the parties, including the option of in-kind payment through the provision of electricity to the leasing entity.*

Sec. 4. Minnesota Statutes 1980, Section 272.02, Subdivision 1, is amended to read:

Subdivision 1. Except as provided in other subdivisions of this section or in section 272.025 or section 273.13, subdivisions 17, 17b, 17c or 17d, all property described in this section to the extent herein limited shall be exempt from taxation:

- (1) All public burying grounds;
- (2) All public schoolhouses;
- (3) All public hospitals;
- (4) All academies, colleges, and universities, and all seminaries of learning;
- (5) All churches, church property, and houses of worship;
- (6) Institutions of purely public charity except property assessed pursuant to section 273.13, subdivisions 17, 17b, 17c or 17d;

(7) All public property exclusively used for any public purpose, *including property held and leased by the state or a local governmental unit for use primarily in producing hydroelectric or hydromechanical power pursuant to sections 1 to 3;*

(8) All natural cheese held in storage for aging by the original Minnesota manufacturer;

(9) (a) Class 2 property of every household of the value of \$100, maintained in the principal place of residence of the owner thereof. The county auditor shall deduct such exemption from the total valuation of such property as equalized by the revenue commissioner assessed to such household, and extend the levy of taxes upon the remainder only. The term "household" as used in this section is defined to be a domestic establishment maintained either (1) by two or more persons living together within the same house or place of abode, subsisting in common and constituting a domestic or family relationship, or (2) by one person.

(b) During the period of his active service and for six months after his discharge therefrom, no member of the armed forces of the United States shall lose status of a householder under paragraph (a) which he had immediately prior to becoming a member of the armed forces.

In case there is an assessment against more than one member of a household the \$100 exemption shall be divided among the members assessed in the proportion that the assessed value of the Class 2 property of each bears to the total assessed value of the Class 2 property of all the members assessed. The Class 2 property of each household claimed to be exempt shall be limited to property in one taxing district, except in those cases where a single domestic establishment is maintained in two or more adjoining districts.

Bonds and certificates of indebtedness hereafter issued by the state of Minnesota, or by any county or city of the state, or any town, or any common or independent school district of the state, or any governmental board of the state, or any county or city thereof, shall hereafter be exempt from taxation; provided, that nothing herein contained shall be construed as exempting such bonds from the payment of a tax thereon, as provided for by section 291.01, when any of such bonds constitute, in whole or in part, any inheritance or bequest, taken or received by any person or corporation.

(10) Farm machinery manufactured prior to 1930, which is used only for display purposes as a collectors item;

(11) The taxpayer shall be exempted with respect to, all agricultural products, inventories, stocks of merchandise of all sorts, all materials, parts and supplies, furniture and equipment,

manufacturers material, manufactured articles including the inventories of manufacturers, wholesalers, retailers and contractors; and the furnishings of a room or apartment in a hotel, rooming house, tourist court, motel or trailer camp, tools and machinery which by law are considered as personal property, and the property described in section 272.03, subdivision 1, clause (c), except personal property which is part of an electric generating, transmission, or distribution system or a pipeline system transporting or distributing water, gas, or petroleum products or mains and pipes used in the distribution of steam or hot or chilled water for heating or cooling buildings and structures. Railroad docks and wharves which are part of the operating property of a railroad company as defined in section 270.80 are not exempt.

(12) Containers of a kind customarily in the possession of the consumer during the consumption of commodities, the sale of which are subject to tax under the provisions of the excise tax imposed by Extra Session Laws 1967, Chapter 32;

(13) All livestock, poultry, all horses, mules and other animals used exclusively for agricultural purposes;

(14) All agricultural tools, implements and machinery used by the owners in any agricultural pursuit.

(15) Real and personal property used primarily for the abatement and control of air, water, or land pollution to the extent that it is so used, other than real property used primarily as a solid waste disposal site.

Any taxpayer requesting exemption of all or a portion of any equipment or device, or part thereof, operated primarily for the control or abatement of air or water pollution shall file an application with the commissioner of revenue. Any such equipment or device shall meet standards, regulations or criteria prescribed by the Minnesota Pollution Control Agency, and must be installed or operated in accordance with a permit or order issued by that agency. The Minnesota Pollution Control Agency shall upon request of the commissioner furnish information or advice to the commissioner. If the commissioner determines that property qualifies for exemption, he shall issue an order exempting such property from taxation. Any such equipment or device shall continue to be exempt from taxation as long as the permit issued by the Minnesota Pollution Control Agency remains in effect.

(16) Wetlands. For purposes of this subdivision, "wetlands" means land which is mostly under water, produces little if any income, and has no use except for wildlife or water conservation purposes. "Wetlands" shall be land preserved in its natural condition, drainage of which would be feasible and practical and would provide land suitable for the production of livestock, dairy

animals, poultry, fruit, vegetables, forage and grains, except wild rice. "Wetlands" shall include adjacent land which is not suitable for agricultural purposes due to the presence of the wetlands. Exemption of wetlands from taxation pursuant to this section shall not grant the public any additional or greater right of access to the wetlands or diminish any right of ownership to the wetlands.

(17) Native prairie. The commissioner of the department of natural resources shall determine lands in the state which are native prairie and shall notify the county assessor of each county in which the lands are located. Upon receipt of an application for the exemption and credit provided in this clause and section 273.116 for lands for which the assessor has no determination from the commissioner of natural resources, the assessor shall refer the application to the commissioner of natural resources who shall determine within 30 days whether the land is native prairie and notify the county assessor of his decision. Exemption of native prairie pursuant to this clause shall not grant the public any additional or greater right of access to the native prairie or diminish any right of ownership to it.

*(18) Real and personal property used or to be used primarily for the production of hydroelectric or hydromechanical power on a site leased from the state or a local governmental unit pursuant to the provisions of sections 1 to 3.*

Sec. 5. Minnesota Statutes 1980, Section 272.02, is amended by adding a subdivision to read:

*Subd. 6. [SMALL HYDROPOWER SITES.] Notwithstanding the provisions of subdivision 5, real and personal property used or to be used primarily for the production of hydroelectric or hydromechanical power and leased from the state or a local governmental unit pursuant to sections 1 to 3 shall be exempt from taxation or payments in lieu of taxes, except the payments provided in sections 2 and 3.*

Sec. 6. Minnesota Statutes 1980, Section 273.19, is amended by adding a subdivision to read:

*Subd. 5. [SMALL HYDROPOWER SITES.] Notwithstanding the provisions of this section, real and personal property used or to be used primarily for the production of hydroelectric or hydromechanical power and leased from the state or a local governmental unit pursuant to sections 1 to 3 shall be exempted from taxation or payments in lieu of taxes, except the payments provided in sections 2 and 3.*

Sec. 7. [EFFECTIVE DATE.]

*This act is effective the day following final enactment."*

Further, amend the title as follows:

Page 1, line 3, delete "potential"

Page 1, line 3, delete "political" and insert "local governmental units"

Page 1, line 4, delete "subdivisions"

Page 1, line 5, after "Sections" insert "105.482, Subdivision 1, and by adding subdivisions;"

Page 1, line 6, delete "; and" and insert a period

Page 1, delete lines 7 and 8

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Taxes.

The report was adopted.

Vanasek from the Committee on Criminal Justice to which was referred:

H. F. No. 1250, A bill for an act relating to children; amending the definitions of shelter care facility and secure detention facility; extending the time limit for detaining children who may be dependent or neglected children; defining the privilege doctrine to exempt child abuse or neglect proceedings; creating an exception for chemical dependency personnel in a proceeding or investigation for child abuse or neglect; changing the disposition provision for children found to be neglected or dependent; changing the definition of sexual abuse in the reporting maltreatment of minors law; including attorneys and clergy to persons mandated to report child abuse and neglect; requiring persons who report child abuse or neglect to share all relevant information to the authorities authorized to receive and investigate the report; requiring the local welfare agency and police department to destroy records seven years after the date of final entry in the case record; amending Minnesota Statutes 1980, Sections 254A.09; 260.015, Subdivisions 16 and 17; 260.171, Subdivisions 2, 4, 5 and 6; 260.172, Subdivision 1; 260.191, Subdivision 1; 626.556, Subdivisions 2, 3, 7, 8 and 11; repealing Minnesota Statutes 1980, Section 260.015, Subdivision 15.

Reported the same back with the following amendments:

Page 1, delete section 1

Page 4, line 17, strike ", the" and insert "*in a*"

Page 4, line 18, strike "where" and insert a comma and strike "is"

Page 4, strike line 19

Page 4, line 20, strike "child to the facility or secure" and insert "*shall be promptly transported to the facility in a manner approved by the facility or by securing*"

Page 4, line 35, after "notified" insert "; and

(f) *any instructions required by section 6"*

Page 4, after line 35, insert:

"Sec. 6. Minnesota Statutes 1980, Section 260.171, is amended by adding a subdivision to read:

*Subd. 5a. [SHELTER CARE; NOTICE TO PARENT.] When a child is to be placed in a shelter care facility, the person taking the child into custody or the court shall determine whether or not, in consideration of the health, safety and welfare of the child, the child's parent, guardian, or custodian should be notified of the facility's location. This determination shall be included in the report required by subdivision 5, along with instructions to the shelter care facility to notify or withhold notification if the parent, custodian, or guardian has not been notified."*

Page 5, line 2, before "When" insert "(a)"

Page 5, line 3, delete the new language

Page 5, after line 14, insert:

*"(b) When a child has been delivered to a shelter care facility, the supervisor of the facility shall deliver to the court a signed report acknowledging receipt of the child stating the time of the child's arrival. The supervisor of the facility shall ascertain from the report of the person who has taken the child into custody whether the child's parent, guardian or custodian has been notified of the placement of the child at the shelter care facility and its location, and the supervisor shall follow any instructions concerning notification contained in that report."*

Pages 5 to 10, delete sections 9 to 15

Renumber the sections

Amend the title as follows:

Page 1, line 5, delete "defining the"

Page 1, delete lines 6 to 19

Page 1, line 20, delete "the case record;"

Page 1, line 21, delete "254A.09;"

Page 1, line 22, delete "and" and insert a comma and after "6" insert ", and by adding a subdivision"

Page 1, line 23, delete "260.191, Subdivision 1; 626.556,"

Page 1, line 24, delete "Subdivisions 2, 3, 7, 8 and 11;"

With the recommendation that when so amended the bill pass.

The report was adopted.

Swanson from the Committee on Health and Welfare to which was referred:

H. F. No. 1499, A bill for an act relating to the hospitalization and commitment of persons who are mentally ill, mentally ill and dangerous, mentally deficient, or inebriate; providing for informal hospitalization by consent, involuntary emergency hospitalization and for involuntary commitment by civil judicial procedures; providing for rights of persons hospitalized under voluntary, emergency or involuntary judicial procedures; requiring pre-petition screening prior to filing a petition for commitment; providing for commitment hearings and procedures in conformance with due process; requiring a final hearing within 60 days before final determination of commitment; providing for commitment for determinate periods; providing for provisional discharge and partial hospitalization; requiring special review boards for mentally ill and dangerous and psychopathic personalities; establishing review boards for civilly committed persons; providing penalties; proposing new law coded in Minnesota Statutes, Chapter 253A; repealing Minnesota Statutes 1980, Sections 253A.01 to 253A.21.

Reported the same back with the following amendments:

Delete everything after the enacting clause and insert:

"Section 1. [253A.30] [CITATION.]

*Sections 1 to 27 may be cited as the "Minnesota Hospitalization and Commitment Act of 1982."*

Sec. 2. [253A.35] [DEFINITIONS.]

*Subdivision 1. [DEFINITIONS.] For purposes of sections 1 to 27, the terms defined in this section have the meanings given them.*

*Subd. 2. [PATIENT.] "Patient" means any person who is hospitalized or committed under sections 1 to 27.*

*Subd. 3. [MENTALLY ILL PERSON.] "Mentally ill person" means any person who has a severe impairment of mental or emotional processes, impaired ability to perceive reality or to reason or understand, which impairment is manifested by instances of grossly disturbed behavior or faulty perceptions. This impairment does not include (a) epilepsy, (b) mental retardation, (c) brief periods of intoxication caused by substances such as alcohol or drugs, or (d) dependence upon or addiction to any substance such as alcohol or drugs. The proposed patient's recent conduct as a result of mental illness must pose a substantial likelihood of physical harm to himself or others, in that either (i) there has been a recent attempt or threat to physically harm himself or others, or (ii) the person has failed to provide necessary food, clothing, shelter or medical care for himself.*

*Subd. 4. [A PERSON MENTALLY ILL AND DANGEROUS TO THE PUBLIC.] A "person mentally ill and dangerous to the public" is a person who is mentally ill and who as a result of that mental illness presents a clear danger to the safety of others. To establish that this clear danger exists, the court must find that the person has engaged in a recent overt act causing or attempting to cause serious physical harm to another and that there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another.*

*Subd. 5. [MENTALLY RETARDED PERSON.] "Mentally retarded person" means any person who has been diagnosed as having significantly subaverage intellectual functioning existing concurrently with demonstrated deficits in adaptive behavior. The person must be so deficient in daily living skills, self-control or the conduct of his affairs and social relations that commitment to a treatment facility is necessary for his own welfare or the protection of society. It must be shown (i) that he is unable and has not cared for his own needs for food, clothing, shelter, safety or medical care or (ii) that he has failed to protect himself from exploitation from others or (iii) that he has attempted to seriously physically harm himself or others.*

*Subd. 6. [CHEMICALLY DEPENDENT PERSON.] "Chemically dependent person" means any person determined as being incapable of managing himself or his affairs by reason of the habitual and excessive use of intoxicating liquors, narcotics, or other drugs. The proposed patient's recent conduct must pose a substantial likelihood of serious physical harm to himself or others, in that (i) there has been a recent attempt or threat to seriously physically harm himself or others, or (ii)*

there is evidence of recent serious physical problems as a result of habitual and excessive use of intoxicating liquors, narcotics or other drugs, or (iii) there exists failure to provide necessary food, clothing, shelter or medical care for himself.

Subd. 7. [EXAMINER.] "Examiner" means a licensed physician or a licensed consulting psychologist, either of whom shall be knowledgeable and trained in the diagnosis and treatment of the alleged impairment.

Subd. 8. [LICENSED PHYSICIAN.] "Licensed physician" means a person licensed under the laws of Minnesota to practice medicine or a medical officer of the government of the United States while in Minnesota in performance of his official duties.

Subd. 9. [TREATMENT FACILITY.] "Treatment facility" means a public or private hospital, community mental health center, or other institution or part thereof qualified to provide care and treatment for mentally ill, mentally retarded, or chemically dependent persons.

Subd. 10. [HEAD OF THE TREATMENT FACILITY.] "Head of the treatment facility" means the physician or other professional or his designee who is charged with overall responsibility for the professional program of care and treatment of the facility.

Subd. 11. [COMMISSIONER.] "Commissioner" means the commissioner of public welfare or his designees.

Subd. 12. [EMERGENCY TREATMENT.] "Emergency treatment" means the treatment of a patient under the provisions of section 5 which is necessary to protect the patient or others from immediate harm.

Subd. 13. [INTERESTED PERSON.] "Interested person" means an interested responsible adult, including but not limited to a public official, the legal guardian, spouse, parent, legal counsel, adult child, or next of kin of a person allegedly mentally ill, mentally retarded, or chemically dependent. The term shall include the proposed patient and may include a person designated by the proposed patient.

Subd. 14. [PEACE OFFICER.] "Peace officer" means a sheriff, or municipal or other local police officer, or a state highway patrol officer when engaged in the authorized duties of his office.

Subd. 15. [HEALTH OFFICER.] "Health officer" means a licensed physician, licensed consulting psychologist, psychiatric social worker, or psychiatric or public health nurse and formally

*designated members of the pre-petition screening unit established to carry out the duties of section 7, subdivision 1.*

**Subd. 16. [LICENSED CONSULTING PSYCHOLOGIST.]** *"Licensed consulting psychologist" means a person as defined by section 148.91, subdivision 4.*

**Subd. 17. [COMMITTING COURT.]** *"Committing court" means probate court.*

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

**Subd. 19. [DESIGNATED AGENCY.]** *"Designated agency" means an agency selected by the county board to provide the services under this chapter.*

### **Sec. 3. [253A.40] [RIGHTS OF PATIENTS.]**

**Subdivision 1. [RESTRAINTS.]** *Restraints shall not be applied to a patient unless the head of the treatment facility or a member of the medical staff determines that they are necessary for the safety of the patient or others. Each use of a restraint and reason therefor shall be made part of the clinical record of the patient under the signature of the head of the treatment facility.*

**Subd. 2. [CORRESPONDENCE.]** *Any patient may correspond by sealed mail or otherwise, freely without censorship. Correspondence rights may be restricted by the head of the treatment facility only if he determines that the medical welfare of the patient so requires. The determination may be reviewed by the commissioner. Any mail or other communication which is not delivered to the patient for whom it is intended shall be immediately returned to the sender. Any limitation imposed by the head of the treatment facility on the exercise of a patient's correspondence rights and the reason for such limitation shall be made a part of the clinical record of the patient.*

**Subd. 3. [VISITORS AND PHONE CALLS.]** *Subject to the general rules of the treatment facility and subject to the determination by the head of the treatment facility that it is necessary for the medical welfare of the patient to impose restrictions, every patient shall be entitled to receive visitors and make phone calls except that the head of the treatment facility may impose restrictions on the visits and phone calls only if he finds restrictions are necessary for the medical welfare of the patient. Any limitation imposed on the exercise of the patient's visitation and*

phone call rights and the reason for the limitation shall be made a part of the clinical record of the patient. The patient's personal physician, spiritual advisor and attorney shall be permitted to visit or call the patient at all reasonable times, and the patient shall not be denied the right to continue the practice of his religion in accordance with its tenets during his confinement.

**Subd. 4. [PERIODIC ASSESSMENT.]** *The head of a treatment facility shall have the physical and mental condition of every patient assessed as frequently as necessary, but not less often than annually.*

**Subd. 5. [CONSENT FOR MEDICAL PROCEDURE.]** (a) *The following procedures apply to the obtaining of consent for any surgical or other medical procedure necessary to preserve the life or health of any committed patient, other than procedures relating to the treatment of mental illness, mental retardation or chemical dependency.*

(b) *The consent of an adult patient for such procedure shall be obtained and shall be sufficient, unless the patient has been adjudicated legally incompetent or unless the head of the treatment facility determines that the patient is not competent to give a knowing and informed consent.*

(c) *If the patient is subject to guardianship or conservatorship and the authority of the guardian or conservator includes the provision of medical care, the consent of the guardian or conservator for such procedure shall be obtained and is sufficient.*

(d) *If the head of the treatment facility determines that the patient is not competent to consent to the procedure and the patient has not been adjudicated incompetent, the determination, with reasons for the determination, shall be documented in the patient's chart. In such a case, consent for the surgery shall be obtained from the nearest proper relative. For this purpose, the following persons are considered proper relatives, in the order listed: the patient's spouse, parent, adult child, or sibling. If the nearest proper relatives cannot be located or refuse to consent to the procedure, the head of the treatment facility or another interested person may petition the committing court for approval for the surgical procedure or may petition an appropriate court for the appointment of a guardian or conservator. In the case of an emergency, when the nearest relatives cannot be located, the head of the treatment facility may give consent.*

(e) *Consent for a medical procedure upon a minor shall be governed by other provisions of law relating to the provision of medical services to minors. 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.*

(f) No person who consents to the performance of a surgical operation pursuant to the provisions of this subdivision shall be civilly or criminally liable for the performance or the manner of performing the operation. No person who acts within the scope of the authority conferred by the consent in the course of discharging his official duties shall be civilly or criminally liable for the performance of the operation, but this provision shall not affect any liability which he may incur as a consequence of the manner in which the operation is performed.

Subd. 6. [PROGRAM PLAN.] Every person committed or otherwise receiving services under sections 1 to 27 shall be entitled to receive proper care and treatment, best adapted, according to contemporary professional standards, to rendering further custody, institutionalization, or other services unnecessary. To this end the head of the treatment facility shall devise or cause to be devised for each person a written program plan which shall describe in behavioral terms the case problems, and the precise goals, including the expected period of time for treatment, and the specific measures to be employed. Each plan shall be reviewed at not less than quarterly intervals to determine progress toward the goals, and to modify the program plan as necessary. The program plan shall be devised and reviewed in each instance with the designated agency and with the patient. The facility medical record shall attest to the program plan review. If the designated agency or the patient does not so participate in the planning and review, the facility medical record shall include reasons for non-participation and the plans for future involvement.

For regional centers, the department of public welfare shall monitor the aforementioned program plan and review process to insure compliance with the provisions of this subdivision.

Subd. 7. [MEDICAL RECORDS.] Every person admitted under sections 1 to 27 and every person with respect to whom a petition for commitment has been filed under this chapter, shall, notwithstanding the provisions of Minnesota Statutes, Section 144.335, Subdivision 2, have complete access to all medical records relevant to commitment proceedings.

#### Sec. 4. [253A.50] [INFORMAL ADMISSION PROCEDURES FOR MENTALLY ILL, MENTALLY RETARDED, AND CHEMICALLY DEPENDENT PERSONS.]

Subdivision 1. [MENTAL ILLNESS; RETARDATION.] Informal admission by consent is preferred over involuntary commitment. Any person, if he so requests and the head of the treatment facility consents, may be admitted to a treatment facility as an informal patient for observation, evaluation, diagnosis, care and treatment for mental illness or mental retardation, without making formal written application. Consent for such admission shall not be arbitrarily withheld. Each patient

admitted under this section shall be informed in writing at the time of his admission that he has a right to leave the facility within 12 hours of his request, unless held under another provision of sections 1 to 27.

**Subd. 2. [CHEMICAL DEPENDENCY.]** Any person desiring to receive care and treatment at a treatment facility as a chemcially dependent person may be admitted to the treatment facility upon his application. If the person requests to leave the treatment facility, the request shall be submitted in writing to the head of the treatment facility. If the person in writing demands his release, the head of the treatment facility may detain the person for three days, exclusive of Saturdays, Sundays and legal holidays, after the date of the demand for release. If the head of the treatment facility deems the release not to be for the best interest of the person, his family, or the public, he shall petition for the commitment of the person as provided in section 7.

**Subd. 3. [AGE OF CONSENT.]** Any person 16 years of age or older shall be of sufficient age to apply for and consent to informal admission under this section, and such a person may not be informally admitted under this section without his consent.

**Sec. 5. [253A.51] [EMERGENCY HOSPITALIZATION OF MENTALLY ILL, MENTALLY RETARDED AND CHEMICALLY DEPENDENT.]**

**Subdivision 1. [EMERGENCY HOLD; STATEMENT.]** Any person may be admitted or held for emergency care and treatment in a treatment facility with the consent of the head of the treatment facility upon a written statement by an examiner that he has examined the person not more than 15 days prior to the person's admission, that he is of the opinion, for stated reasons, that the person is mentally ill, mentally retarded or chemically dependent, and is in imminent danger of causing injury to himself or others if not immediately restrained, and that an order of the court cannot be obtained in time to prevent such anticipated injury.

The statement shall be sufficient authority for a peace or health officer to transport a patient to a treatment facility. The examiner's reasons for the emergency hold shall be stated in behavioral terms and not in conclusory language. The stated reasons must be of sufficient specificity to provide an adequate record for review. A copy of the statement shall be personally served on the patient immediately upon hospitalization and inception of the 72 hour hold period. A copy of the statement shall be maintained by the treatment facility holding the patient.

*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, mentally retarded or chemically dependent and in imminent danger of injuring himself or others if not immediately restrained. Application for admission of the person to a treatment facility shall be made by the peace or health officer and the application shall contain a statement given by the peace or health officer stating the circumstances under which the person was taken into custody and the reasons therefor. A copy of the statement shall be made available to the person taken into custody. The person may be admitted to a treatment facility for emergency care and treatment pursuant to this subdivision with the consent of the head of the facility if 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, mental retardation or chemical dependency and appears to be in imminent danger of harming himself or others.*

*(b) A peace or health officer or a person working under the officer's supervision, may take a person who is intoxicated in public into custody and transport him to a licensed hospital, mental health center facility or a person on the staff of a state licensed or approved program equipped to treat drug dependent persons. Provided, if the person is not endangering himself or any other person or property the peace or health officer may transport the person to his home.*

*Application for admission of an intoxicated person to a hospital, mental health center or other state licensed or approved program equipped to treat chemically dependent persons shall be made by the peace or health officer, or a person working under the officer's supervision taking the person into custody, and the application shall contain a statement given by the peace or health officer stating the circumstances under which the person was taken into custody and the reasons therefor. The person may be admitted to a program or facility specified in this provision for emergency care and treatment with the consent of the institution program director or head of the facility.*

*Subd. 3. [DURATION OF HOLD.] Any person held pursuant to this section may be held up to 72 hours after admission, exclusive of Saturdays, Sundays, and legal holidays, unless a petition for the commitment of the person has been filed in the probate court of the county of residence or of the county wherein the facility is located and the court issues an order pursuant to section 7, subdivision 6. If the head of the facility believes that commitment is required and no other petition has been filed, he shall file a petition for the commitment of the person. Upon motion of the hospitalized person the venue of the petition shall be changed to the probate court of the county of the person's residence, if he be a resident of the state of Minnesota.*

*Subd. 4. [CHANGE OF LEGAL STATUS.] Any person admitted pursuant to this section shall be changed to the informal status provided by section 4 upon his request in writing and with the consent of the head of the treatment facility.*

**Sec. 6. [253A.52] [RIGHTS OF PATIENTS ADMITTED UNDER INFORMAL OR EMERGENCY PROCEDURES.]**

*Subdivision 1. [PATIENT'S RIGHT TO COMMUNICATION AND NOTICE THEREOF IN CASES OF INFORMAL OR EMERGENCY ADMISSIONS.] (a) From the time of his admission any patient admitted under the provisions of section 4 or 5 may communicate by all reasonable means with a reasonable number of persons at reasonable hours of the day and night, and may consult privately with an attorney, personal physician and at least one member of his family.*

*(b) Any patient admitted under the provisions of section 4 shall be informed in writing of his right to leave the treatment facility as provided in section 4 subject to other provisions of sections 1 to 27, and of his right to communicate as specified in clause (a).*

*(c) Any patient admitted under the provisions of section 5, subdivisions 1 and 2, shall be informed of his right to communicate as specified in clause (a), and of his right to discharge and change of venue under section 5, subdivision 3.*

*(d) The head of the treatment facility shall assist any patient in making and presenting written requests for discharge and change of venue.*

**Subd. 2. [MEDICAL EXAMINATION OF PERSONS ADMITTED OTHER THAN BY JUDICIAL PROCEDURE.] (a) The head of a treatment facility shall arrange to have every patient hospitalized pursuant to section 4 or 5 examined by a physician forthwith, but in no event more than 48 hours following the date of admission.**

*(b) At the end of such period any patient admitted pursuant to section 5 shall be discharged if an examination has not been held or if upon examination the examiner 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. 7. [253A.53] [JUDICIAL COMMITMENT OF MENTALLY ILL, MENTALLY RETARDED OR CHEMICALLY DEPENDENT PERSONS.]**

*Subdivision 1. [PRE-PETITION SCREENING.] (a) Prior to filing a petition for commitment of a proposed patient*

pursuant to subdivision 7, a prospective petitioner shall apply to the designated agency in the county of the proposed patient's settlement or presence for conduct of a preliminary investigation.

(b) Each designated agency shall provide for a pre-petition screening process to include the following:

(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 for the failure to interview must be documented;

(ii) exploration of all suitable alternatives to commitment available to the proposed patient. Where no suitable alternatives are available, identification of the type of alternative to commitment, if any, which would be suitable;

(iii) identification and listing the reasons for rejecting or recommending each alternative to involuntary placement; and

(iv) identification and investigation of specific alleged conduct which is the basis for application.

(c) In conducting the investigation required by this subdivision, the pre-petition screening team shall, with respect to proposed patients currently in treatment facilities, have access to all relevant medical records. Data collected pursuant to this clause shall be considered private data within the meaning of sections 15.1611 to 15.1699.

(d) Where the pre-petition screening team recommends commitment, a report of the pre-petition investigation shall be transmitted in written form to the county attorney for the county in which the petition is to be filed. When requested to do so, the county attorney shall assist in drafting the petition for commitment.

(e) Upon completion of the investigation, the pre-petition screening team shall refuse to support a petition if the proposed patient is willing to enter treatment voluntarily or if it appears that the clinical evidence does not warrant commitment.

(f) Where an 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, in the exercise of his sound discretion, determine whether or not to proceed with the petition. Notice of the county attorney's determination shall be provided to the interested party.

(g) Where the court, in a criminal proceeding, petitions for commitment pursuant to the rules of criminal procedure, the preliminary investigation required by this section need not be completed prior to the filing of the petition. Such investigation must be completed, however, within seven days after the filing of the petition.

**Subd. 2. [THE PETITION.]** Any interested person may file in the probate court of the county of the proposed patient's settlement or presence a petition for commitment of a proposed patient, setting forth the name and address of the proposed patient, the name and address of his nearest relatives, and the reasons for the petition. The petition must contain factual descriptions of the proposed patient's recent behavior; including a description of the behavior, where it occurred, and over what period of time it occurred. Each factual allegation must be supported by observations of witnesses who are named in the petition. Petitions shall contain factual statements in behavioral terms and shall not contain judgmental or conclusory statements. The petition shall be accompanied by a written statement by a licensed physician or licensed consulting psychologist, either of whom shall be knowledgeable and trained in the diagnosis and treatment of the impairment alleged in the petition, stating that he has examined the proposed patient within the 15 days preceding the filing of the petition and is of the opinion that the proposed patient is suffering a designated mental disorder or impairment and should be committed to a treatment facility. Where a petitioner has been unable to secure a written statement from an examiner, the petition shall be accompanied by documentation that a reasonable effort has been made to secure the supporting statement.

**Subd. 3. [EXAMINERS.]** After a petition has been filed under subdivision 2, the probate court shall appoint an examiner, knowledgeable and trained in the diagnosis and treatment of the mental impairment alleged in the petition, and shall at the patient's request appoint a second examiner of the patient's choosing to be paid for by the county at a rate of compensation to be fixed by the court.

**Subd. 4. [PRE-HEARING EXAMINATION; NOTICE AND SUMMONS PROCEDURE.]** A summons to appear for pre-hearing examination and 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 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, one other interested person, and such other persons as the court directs. All papers shall be served personally on the proposed patient and unless otherwise ordered by the court such notice shall be served on the proposed patient by a non-uniformed person.

**Subd. 5. [PRE-HEARING EXAMINATION; REPORT.]**

*The examination shall be held at a treatment facility or such other suitable place as the court shall determine is not likely to have a harmful effect on the health of the proposed patient. No persons other than the proposed patient's counsel shall be present during the examination unless authorized by the examiner. The court shall require the examiner to file with the court, prior to the hearing two copies of his report as to the condition of the proposed patient and his need for commitment for treatment. The examiner's report shall be filed with the probate court no less than 48 hours before the hearing and copies shall be sent to the proposed patient and his attorney.*

**Subd. 6. [APPREHEND AND HOLD ORDERS.]**

*When there has been either a particularized showing by the petitioner that serious imminent physical harm is likely unless the proposed patient is apprehended or when the proposed patient has not voluntarily appeared for the examination or hearing pursuant to summons issued under subdivision 4, the court may direct a health or peace officer or any other person to take the proposed patient into custody and transport him to a public treatment facility or private treatment facility consenting to receive him, for observation, evaluation, diagnosis, emergency treatment, care, and if necessary, confinement. The order of the court may be executed on any day and at any time thereof, by the use of all necessary means including the imposition of necessary restraint upon the person of the proposed patient. Unless otherwise ordered by the court, a peace officer taking the proposed patient into custody pursuant to this subdivision shall not be in uniform and shall not use a motor vehicle visibly marked as a police vehicle.*

**Subd. 7. [PROBABLE CAUSE HEARING.]**

*(a) No person may be held pursuant to subdivision 6 for longer than 72 hours exclusive of Saturdays, Sundays, and legal holidays, unless the court holds a preliminary hearing and determines that probable cause exists to continue to hold the person.*

*(b) The proposed patient, his counsel, the petitioner, the county attorney, one other interested person and such other persons as the court directs shall be given at least 24 hours written notice of the time, date and place of the preliminary hearing. The notice shall inform the proposed patient of the alleged grounds for confinement. The proposed patient shall be represented at the preliminary hearing by counsel, either retained or appointed.*

*(c) Hearsay evidence, including written reports, may be relied upon at the preliminary hearing, if the court finds the evidence to be reliable. The court may order the continued holding of the proposed patient if it finds, by a preponderance of the evidence, that there is imminent danger that the patient may cause serious physical harm to himself or others if not confined.*

**Subd. 8. [TIME FOR COMMITMENT HEARING.]** *The court shall fix a time and place for the hearing on the commitment petition which shall be held within 14 days from the date of the filing of the petition. For good cause shown, the court may extend the time of hearing up to an additional 30 days. When any proposed patient has not had a hearing on a petition filed for his commitment within 14 days from the date of filing of the petition, or within the extended time, the proceedings shall be dismissed. The proposed patient, or the head of the treatment facility in which the patient is held, may demand in writing at any time that the hearing be held immediately. Unless the hearing is thereafter held within five days of the date of such demand, exclusive of Saturdays, Sundays and legal holidays, the petition shall be automatically discharged if the patient is being held in a hospital or other institution pursuant to court order. For good cause shown, the court may extend the time of hearing on demand up to an additional ten days.*

**Subd. 9. [NOTICE OF HEARING.]** *The proposed patient, his counsel, the petitioner, one other interested person, and such other persons as the court directs shall be given at least five days' notice by the court that a hearing will be held and at least two days' notice of the time and date of the hearing, except that any person may waive notice. Notice to the proposed patient may be waived by patient's counsel. If the proposed patient has no settlement in this state, the commissioner shall be notified by the court of the proceedings.*

**Subd. 10. [RIGHT TO ATTEND AND TESTIFY.]** *All persons to whom notice has been given pursuant to subdivision 9 may attend the hearing and, except for the proposed patient's legal counsel, may testify. The court shall notify all such persons of their right to attend the hearing and to testify.*

**Subd. 11. [WITNESSES.]** *The proposed patient and the petitioner may present and cross-examine witnesses, including examiners, at the hearing and the court may in its discretion receive the testimony of any other person. Opinions of court-appointed examiners shall not be admitted into evidence unless the examiner is present to testify, except by agreement of the parties.*

**Subd. 12. [ABSENCE PERMITTED.]** *The court in its discretion may permit the proposed patient to waive his right to attend the hearing if the court determines that the waiver is freely given. All waivers shall be on the record. The court may exclude from the hearing any person not necessary for the conduct of the proceedings except those persons to whom notice was given pursuant to subdivision 9 and any other persons requested to be present by the proposed patient. At the time of the hearing the patient shall not be so under the influence or so suffer the effects of drugs, medication, or other treatment as to be hampered in preparing for or participating in the proceedings. When in the*

*opinion of the licensed physician or licensed consulting psychologist attending the patient the discontinuance of drugs, medication, or other treatment is not in the best interest of the patient, the court at the time of the hearing, shall be presented a record of all drugs, medication or other treatment which the patient has received during the 48 hours immediately prior to the hearing.*

*Subd. 13. [PLACE OF HEARING.] The hearing shall be conducted in a manner consistent with orderly procedure. The hearing shall be held at a court room which may be at a treatment facility.*

*Subd. 14. [RECORD REQUIRED.] In all proceedings the court shall keep accurate minutes containing, among other appropriate materials, notations of appearances at the hearing, including witnesses, motions made and the disposition thereof, and all waivers of rights made by the parties. The court shall have taken and preserved an accurate stenographic record or tape recording of the proceedings.*

*Subd. 15. [FINDINGS.] (a) In all cases the court shall find the facts specifically, state separately its conclusions of law thereon, and direct the entry of an appropriate judgment. Where commitment is ordered, the findings of fact and conclusions of law shall specifically include the proposed patient's conduct which is a basis for determining that each of the requisites of section 2 is met.*

*(b) If commitment is ordered, the findings shall also include a listing of less restrictive alternatives considered and rejected by the court and the reasons for rejecting each alternative.*

*Subd. 16. [EVIDENCE.] The court shall hear any relevant testimony and shall receive all relevant evidence which may be offered at the hearing. The court shall not be bound by the evidence presented by the examiners but shall make its determination upon the entire record pursuant to the rules of evidence.*

## **Sec. 8. [253A.54] [RIGHT TO COUNSEL.]**

*In all proceedings the county attorney may appear and represent the petitioner or shall appear and represent the petitioner upon the request of the judge of probate court, subject to the prosecutorial discretion permitted by section 7, subdivision 1, clause (f). The petitioner shall be notified of his right to request that the county attorney appear. The proposed patient shall have the right to be represented by counsel, and if neither the proposed patient nor others provide counsel, the court at the time when the petition is filed shall appoint counsel to represent the proposed patient. Counsel shall consult with the proposed patient prior to the hearing and shall be given adequate time to prepare therefor. Counsel appointed or retained to represent a proposed*

*patient shall continue to represent the patient throughout any proceedings held pursuant to sections 1 to 27, unless and until the court releases counsel pursuant to the request of counsel or the patient or until the patient furnishes his own counsel who makes a formal appearance in the proceeding. In this, as in all proceedings relative to commitment, counsel's role shall be to function as a vigorous advocate on behalf of his client. Counsel shall have the full right of subpoena.*

**Sec. 9. [253A.55] [COMMITMENT OF MENTALLY ILL, MENTALLY RETARDED AND CHEMICALLY DEPENDENT PERSONS; STANDARD OF PROOF AND DURATION OF INITIAL COMMITMENT.]**

*(a) If upon completion of the hearing, the court finds by clear and convincing evidence that the proposed patient is a mentally ill, mentally retarded, or chemically dependent person within the meaning of section 2, the court, after careful consideration of all reasonable alternative dispositions appropriate to the proposed patient's disability, shall commit such patient to a public treatment facility or to a private treatment facility consenting to receive him.*

*(b) For persons committed as mentally ill or mentally retarded, initial commitment shall be for a period of time not to exceed 60 days and there shall be a review of the commitment at the end of 60 days in accord with provisions of section 15.*

*(c) For persons committed as chemically dependent, the initial commitment shall be for a period of time not to exceed 45 days. Any subsequent commitment, within the 24 month period that begins with the day of a final discharge from commitment, shall be for a period of time not to exceed 60 days. There shall be a review of this second commitment at the end of 60 days in accord with the provisions of section 15. Commitment proceedings initiated two years or more after a previous final discharge may, after a review by the court of all relevant facts concerning the previous commitment and present circumstances, be treated by the committing court as a petition for initial commitment, subject to petitioner's right to present competent evidence as to why the petition should not be treated as a petition for initial commitment.*

**Sec. 10. [253A.56] [RELEASE BEFORE COMMITMENT.]**

*(a) After the commitment hearing and before a commitment order has been issued, the court may release a proposed patient to the custody of any individual or agency upon such conditions guaranteeing the care and treatment of such patient; but no per-*

son against whom a criminal proceeding is pending shall be so released.

(b) The court, on its own motion or upon the petition of any person, and after a hearing upon the notice as it directs, may revoke any release and commit the proposed patient in such manner as provided in sections 1 to 27.

#### Sec. 11. [253A.57] [SEALING OF RECORDS.]

Upon petition by a person who has been the subject of a judicial commitment proceeding, the probate court for the county in which the petitioner resides shall consider the sealing of all judicial records of the commitment proceedings initiated against the petitioner. The court may seal the commitment records if it finds that access to the records creates undue hardship for the petitioner. All hearings held in proceedings under this section shall be held in closed court. The files and records of the court in proceedings under this section shall not be open to inspection by any person except the petitioner, or to other persons only upon order by the court.

#### Sec. 12. [253A.58] [COMMITMENT PROCEDURES.]

##### Subdivision 1. [ADMINISTRATIVE REQUIREMENTS.]

(a) Whenever a person is committed under sections 1 to 27, the court shall issue a warrant in duplicate, committing the patient to the custody of the head of the treatment facility and the patient shall be transported to the treatment facility as provided in subdivision 2.

(b) Upon delivery of a patient committed under sections 1 to 27, to the designated treatment facility, the head of the facility shall retain the duplicate warrant and endorse his receipt upon the original warrant, which shall be filed in the court of commitment. After such delivery the patient shall be under the control and custody of the head of the designated facility.

(c) A copy of the petition for commitment, a copy of the court's findings of fact and conclusions of law, a copy of the court order committing the patient, a copy of the report of the examiners, and a copy of the pre-petition report shall accompany the patient to the facility receiving the person.

(d) The court shall determine the nature and extent of the patient's property and the nature and extent of the property of the persons upon whom liability for the patient's care and support is imposed by law. One copy of findings shall be filed with the court and, in the case of persons committed to regional facilities, another copy shall be transmitted to the commissioner.

*Subd. 2. [TRANSPORTATION.] (a) Whenever an individual is about to be placed in a treatment facility under the terms of sections 1 to 27, the court may by order:*

*(i) Authorize the designated agency or treatment facility personnel to transport the individual to the designated facility if the head of the designated agency or treatment facility has advised the court that such personnel are available for the purpose.*

*(ii) Authorize an interested or any other responsible person to transport the individual to the designated facility.*

*(iii) Authorize a peace officer to transport the individual to the designated facility. Unless otherwise ordered by the court, the peace officer shall not be in uniform and shall use a motor vehicle not visibly marked as a police vehicle.*

*(b) In addition to the persons ordered by the court to transport the patient, the patient may be accompanied by one or more interested persons.*

*(c) Whenever a patient being committed under sections 1 to 27 requests a change of venue as provided in sections 1 to 27, or whenever a hearing is to be held for adjudication of a patient's status pursuant to section 22, the transportation of said patient to the hearing shall be provided by the commissioner.*

*Subd. 3. [PLACES OF TEMPORARY CONFINEMENT.]*

*(a) Except when ordered by the court pursuant to a finding of necessity to protect the life of the proposed patient or others, no person apprehended, detained, or admitted as mentally ill, mentally retarded, or chemically dependent under any provision of sections 1 to 27 shall be confined in jail or in any penal or correctional institution, except pursuant to chapters 242 or 244.*

*(b) Each county or a group of counties or other political subdivisions shall maintain or provide by contract a facility for confinement of persons held temporarily for observation, evaluation, diagnosis, treatment, and care, and when the confinement is provided at a regional center the commissioner shall charge the responsible county, and shall be paid, at a rate based on the commissioner's determination of the average per capita cost of all maintenance, treatment and expense, other than that paid from the Minnesota state building fund, for persons hospitalized pursuant to section 5, subdivision 2 and section 7, subdivision 6 at all of the regional centers for the mentally ill during the fiscal year previous to the period for which billing is being made.*

*(c) A facility for confinement may consist of all or a portion of a hospital, licensed nursing home, licensed foster home,*

or other facility, but shall not be part of a facility used primarily for the detention of individuals charged with or convicted of penal offenses.

(d) The designated agency shall take reasonable measures, including provision for medical treatment, as may be necessary to assure proper care and treatment of a person temporarily detained pursuant to this section.

**Subd. 4. [NOTICE OF ADMISSION TO TREATMENT FACILITY.]** Whenever a patient has been admitted to a treatment facility under the provisions of sections 9 and 23, the head of the facility shall notify forthwith the patient's spouse or parent, if the patient was not admitted upon the petition of the spouse or parent, and the county of the patient's legal settlement if the county may bear a portion of the cost of hospitalization. If the patient was admitted upon the petition of a spouse or parent the head of the treatment facility shall notify an interested person other than the petitioner.

**Subd. 5. [PRIVATE HOSPITALIZATION.]** Patients or other responsible persons are required to pay the necessary hospital charges for patients committed or transferred to private hospitals or institutions.

**Sec. 13. [253A.59] [TRANSFER TO INFORMAL STATUS.]**

At any time prior to the expiration of the 60-day period a patient who has not been committed as mentally ill and dangerous to the public or as a psychopathic personality may be transferred to informal status upon his application in writing with the consent of the head of the facility. Upon such transfer the head of the treatment facility shall immediately notify the court in writing and upon receipt of the same the court shall terminate the proceedings.

**Sec. 14. [253A.60] [SIXTY-DAY REPORT FOR PERSONS COMMITTED AS MENTALLY ILL, MENTALLY RETARDED, OR CHEMICALLY DEPENDENT.]**

Whenever a patient is committed to a treatment facility pursuant to section 9, it shall be for not more than 60 days and the patient shall be held at the facility during the period for observation, evaluation, diagnosis, treatment, and care. Every patient admitted to a facility under section 9 shall be examined by at least one examiner as soon as practicable after admission. Within 60 days from the date of the commitment order, the head of the facility shall file a written statement with the court issuing said order, and a copy thereof with the patient and the patient's attorney, setting forth in detailed narrative form at least the following: (1) the diagnosis of the patient with supporting data; (2) the anticipated discharge date; (3) an in-

dividualized 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 the care and treatment must be provided in a hospital or other treatment facility with evidence to support the response; (7) whether in his opinion the patient must be committed to a treatment facility; (8) whether in his opinion the patient continues to satisfy the statutory requirement for commitment as set forth in section 2, with documentation of the factual data to support the opinion.

**Sec. 15. [253A.61] [SIXTY-DAY REVIEW; HEARING.]**

**Subdivision 1. [BASIS FOR DISCHARGE.]** *If no written statement is filed within 60 days or if the written statement describes the patient as not in need of further institutional care and treatment, the proceedings shall be terminated by the court and the patient shall be discharged from the treatment facility.*

**Subd. 2. [WEIGHT GIVEN TO REPORT.]** *If the written statement required by section 14 describes the patient as being in need of further care and treatment in a treatment facility, the court shall consider that finding in making its final determination under this section.*

**Subd. 3. [HEARING; STANDARD OF PROOF.]** *The probate court shall not make a final determination of commitment unless a hearing is held and the court finds by clear and convincing evidence that (1) the person continues to be mentally ill, mentally retarded or chemically dependent within the meaning of section 2; (2) involuntary commitment is necessary for the protection of the patient or others; and (3) there is no less restrictive alternative to involuntary commitment.*

**Subd. 4. [TIME FOR HEARING.]** *The hearing shall be held within 14 days after receipt by the court of the statement of the head of the treatment facility. The court may continue the hearing for good cause shown.*

**Subd. 5. [NOTICE.]** *The patient, his counsel, the petitioner, and such other persons as the court directs shall be given at least five days notice by the court of the time and place of the hearing.*

**Subd. 6. [WAIVER.]** *A patient, after consultation with his attorney, may waive the hearing. The waiver must be submitted to the probate court and must be in writing and signed by both the patient and his attorney.*

**Subd. 7. [EXAMINATION.]** *The court shall inform the patient that he is entitled to an independent examination by an examiner, who may be chosen by the patient and shall be appointed in accordance with provisions of section 7, subdivision 3.*

*Subd. 8. [RECORD REQUIRED.] Where commitment is ordered the findings of fact and conclusions of law shall specifically state the conduct of the proposed patient which is the basis for the final determination, that the statutory criteria of section 2 continue to be met, and that less restrictive alternatives have been considered and rejected by the court. Reasons for rejecting each alternative shall be stated. A copy of the final order for commitment shall be forwarded to the head of the treatment facility.*

**Sec. 16. [253A.62] [DURATION OF COMMITMENT.]**

*Subdivision 1. [MENTALLY ILL PERSONS.] If at the conclusion of a hearing held pursuant to section 15, it is found that a person continues to be mentally ill within the meaning of section 2, the court shall order commitment of the person for a period not to exceed 16 months. Commitment may be continued only if a new petition is filed in accordance with section 7 and hearing and determination made thereon.*

*Subd. 2. [MENTALLY RETARDED PERSONS.] If at the conclusion of a hearing held pursuant to section 15, it is found that a person continues to be mentally retarded within the meaning of section 2, the court shall order commitment of the person for a period not to exceed one year from the date on which the order is issued. Annual renewal of that commitment shall be required as follows:*

*(a) Thirty days prior to the expiration of the annual commitment period the head of the treatment facility shall file a written statement with the court and a copy thereof with the commissioner and the patient's attorney, setting forth findings as to the condition of the patient; a diagnosis of the patient; whether the patient is in need of further care and treatment; whether the care and treatment, if any, must be provided in a treatment facility and if so what type or whether the patient should be moved to some less restrictive setting.*

*(b) If no written statement is filed within the required time or if the written statement describes the patient as not in need of further institutional care and treatment, the proceedings shall be terminated by the court and the patient shall be discharged from the facility.*

*(c) If the written statement describes the patient as being in need of further institutional care and treatment, the court shall consider that finding in making its final determination.*

*(d) In addition, the committing court may examine the patient's records to determine if the patient has a need for further institutional care and treatment. The court may also request the patient to appear and make other pertinent inquiries with respect to the patient's present need for confinement.*

(e) *If the court finds that the patient is not in need of further institutional care and treatment, the court shall recommend discharge to the head of the treatment facility who shall issue an order for discharge of the patient.*

(f) *If the court finds that that patient is in need of further institutional care and treatment, the court shall issue an order renewing the patient's commitment for an additional one year period.*

**Subd. 3. [CHEMICALLY DEPENDENT PERSONS.]** *If at the conclusion of a hearing held pursuant to section 15, it is found that a person continues to be chemically dependent within the meaning of section 2, the court shall order commitment of the person for a period of time not to exceed one year from the date of order.*

**Sec. 17. [253A.63] [TRANSFER OF PERSONS COMMITTED AS MENTALLY ILL, MENTALLY RETARDED, OR CHEMICALLY DEPENDENT.]**

*The commissioner may transfer any patient who is committed by the probate court under section 9 from one regional center or institution to any regional center or other institution under his jurisdiction which is capable of providing the patient proper care and treatment. Whenever a patient is transferred from one treatment facility to another written notice shall be given to the probate court if the patient was committed under sections 1 to 27, and to his parent or spouse or, if none be known, to an interested person, and the designated agency.*

**Sec. 18. [253A.64] [PROVISIONAL DISCHARGE OF MENTALLY ILL, MENTALLY RETARDED, AND CHEMICALLY DEPENDENT PERSONS.]**

**Subdivision 1. [PROVISIONAL DISCHARGE.]** (a) *The head of a treatment facility may provisionally discharge any patient committed under sections 1 to 27, that is, discharge the patient without discharging the commitment, unless the patient was found by the committing court to be mentally ill and dangerous to the public or to have a psychopathic personality.*

(b) *The patient may be placed on provisional discharge as described in this subdivision during the 60-day examination period, but will be subject to sections 1 to 27 unless the discharge is made absolute during the 60-day period.*

(c) *Each patient released on provisional discharge shall have an after care plan developed which specifies the expected period of provisional discharge, the precise goals for the granting of a final discharge, and conditions or restrictions on the patient during the period of the provisional discharge.*

*The aftercare plan shall be reviewed on a quarterly basis by the patient, designated agency and other appropriate persons. The aftercare plan shall contain the grounds upon which a provisional discharge may be revoked. The provisional discharge shall terminate on the date specified in the plan unless specific action is taken to revoke or extend it.*

**Subd. 2. [REVOCATION OF PROVISIONAL DISCHARGE.]** (a) *The head of the facility may revoke a provisional discharge if any of the following occur:*

(i) *The patient has departed from the conditions of the provisional discharge plan, and is in need of confinement.*

(ii) *The patient is exhibiting forms of behavior which require institutional care.*

(iii) *The patient is in imminent danger of causing injury to himself or others.*

*When the possibility of revocation becomes apparent, the supervisory agency shall notify the patient and all participants in the plan, and every effort shall be made to prevent revocation.*

(b) *Prior to revoking a provisional discharge, in non-emergency situations, the head of the facility shall receive a report from the designated agency documenting the specific facts upon which the revocation recommendation is based. Where possible, the report should include specific facts with respect to witnesses, dates and locations and should also include whether there are reasonable and viable alternatives to re-institutionalization. Within 48 hours of receiving the report, the head of the facility shall decide whether or not to revoke the provisional discharge. If a determination is made that revocation is appropriate, the head of the facility shall notify the court, the patient, the patient's attorney, the designated agency and other appropriate persons.*

(c) *If the head of the facility determines that an emergency exists, he may revoke the provisional discharge and, either orally or in writing, order that the patient be immediately returned to the hospital. In such cases, a revocation report, which documents the specific facts upon which revocation is based, shall be requested of the designated agency.*

(d) *Subsequent to any revocation, the patient must be provided a copy of the revocation report and informed in writing of his rights under sections 1 to 27.*

(e) *Upon revocation of a provisional discharge or if a patient is absent without authorization, the head of a facility may request the patient to return to the treatment facility voluntarily, and, when necessary, the court shall direct a health or peace of-*

ficer in the county where the patient is located to return the patient to the facility or to such other facility as consents to receive him for further care and treatment in such manner as provided in sections 1 to 27.

The expense of returning the patient to a hospital shall be paid for by the commissioner unless paid for by the patient or his relatives.

(f) During the first 60 days of a provisional discharge, the head of a facility may order re-institutionalization without being subject to the procedures set forth in clauses (a) to (d):

(g) Any patient aggrieved by a revocation decision made under this section may request a review of that revocation by notifying the head of the facility within 48 hours of receiving a copy of the revocation report, excluding Saturday, Sunday and holidays. Upon receipt of such a request, the head of the hospital shall file with the committing court a petition for review of the revocation. The court shall hold a hearing on the petition and may order continued hospitalization or a return to provisional discharge status.

Subd. 3. [VOLUNTARY RETURN.] A patient on provisional discharge under this section may request return to inpatient status as an informal patient. The patient may be transferred to informal inpatient status with the consent of the head of the treatment facility. If the request for readmission as an informal patient is not granted, the patient shall be informed that voluntary readmission will result in automatic revocation of the provisional discharge, without regard to the provisions of subdivision 2.

Subd. 4. [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 con-

*ference and results, the anniversary date of the provisional discharge, the termination date of the provisional discharge and the proposed length of extension.*

*(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 9 or 16.*

**Subd. 5. [EXPIRATION OF PROVISIONAL DISCHARGE.]** *(a) At the end of the period specified in the provisional discharge or any extension of the provisional discharge and, in any event, at the end of the time period designated in the commitment order, the patient's discharge shall become absolute.*

*(b) If, while on provisional discharge or extended provisional discharge, a patient is discharged as provided in section 20, the discharge shall be absolute.*

*(c) Notice of the expiration of the provisional discharge shall be given by the head of the treatment facility to the committing court, the commissioner, and the designated agency.*

#### **Sec. 19. [253A.65] [PARTIAL HOSPITALIZATION.]**

*The head of a treatment facility may place any patient committed pursuant to sections 1 to 27 on a status of partial hospitalization. The status shall allow the patient to be absent from the facility for certain fixed periods of time. The head of the facility may terminate the status at any time.*

#### **Sec. 20. [253A.66] [DISCHARGE OF PERSONS COMMITTED AS MENTALLY ILL, MENTALLY RETARDED AND CHEMICALLY DEPENDENT.]**

*The head of a treatment facility shall discharge any patient admitted as mentally ill, mentally retarded or chemically dependent when certified by him to be no longer in need of institutional care and treatment, and in any event, at the conclusion of any period of time specified in the commitment order.*

#### **Sec. 21. [253A.67] [NOTIFICATION OF DISCHARGE.]**

*(a) The head of any facility, prior to the discharge or provisional discharge of any committed person, shall notify the designated agency and the patient's spouse, of it there be no spouse, then an adult child, or if there be none, the next of*

kin of the patient, of the proposed discharge. The notice shall be sent to the last known address of the patient's next of kin by certified mail with return receipt. The notice shall include the following: (1) the proposed date of discharge or provisional discharge; (2) the date, time and place of the meeting of the staff who have been treating the patient to discuss discharge and discharge planning; (3) that the patient will be present at the meeting; (4) that the next of kin may attend the designated staff meeting and present any information relevant to the discharge of the patient. The notice shall be sent to the next of kin at least one week prior to the date designated for the meeting.

**Sec. 22. [253A.68] [JUDICIAL DETERMINATION OF NEED FOR INSTITUTIONALIZATION.]**

*Subdivision 1. [PETITION.] Any interested person including the patient himself may petition the court of commitment or the court to which venue has been transferred for an order adjudicating that any patient, except one committed as a psychopathic personality or mentally ill and dangerous under section 23, is not now in need of continued institutionalization or for an order adjudicating that an individual is not now mentally ill, mentally retarded, or chemically dependent, or for such other order as the court may deem just and equitable.*

*Subd. 2. [NOTICE OF HEARING.] Upon the filing of the petition the court shall fix the time and place for the hearing thereof, ten days' notice of which shall be given to the county attorney, the patient, his legal counsel, the head of the facility in which the patient resides, and such other persons and in a manner as the court directs. Any person may oppose the petition.*

*Subd. 3. [EXAMINERS.] The court may appoint an examiner knowledgeable and trained in the diagnosis and treatment of mental impairments and, at the patient's request, shall appoint a second examiner of the patient's choosing to be paid for by the county at a rate of compensation to be fixed by the court.*

*Subd. 4. [EVIDENCE.] The patient, the petitioner and the county attorney shall be entitled to be present and cross-examine witnesses including any examiners. The court shall hear any relevant testimony and shall receive all relevant evidence which may be offered at the hearing.*

*Subd. 5. [ORDER.] Upon proof of the allegations of the petition, the court shall enter an order adjudicating that the patient is not now in need of continued institutionalization and upon proper proof thereof shall order that an individual is not now mentally ill, mentally retarded, or chemically dependent, or may enter any other order as the court may deem equitable and just.*

*Subd. 6. [COUNTY ATTORNEY.] The county attorney shall attend the hearing and shall oppose the restoration of the patient in the probate court and in the appellate courts, if he deems it for the best interest of the public.*

*Subd. 7. [COPY.] A copy of said order shall be mailed to the head of the facility where the patient was last confined. The head of the facility, upon receipt thereof, shall then comply with such order.*

*Subd. 8. [ATTORNEY GENERAL.] The attorney general shall represent the commissioner in the proceedings.*

*Subd. 9. [RIGHT TO COUNSEL.] In all proceedings the patient shall be afforded an opportunity to be represented by counsel, and if neither the patient nor others provide counsel the court shall appoint counsel to represent the patient.*

**Sec. 23. [253A.69] [ADMISSION, TRANSFER, AND DISCHARGE PROCEDURES FOR PERSONS MENTALLY ILL AND DANGEROUS TO THE PUBLIC.]**

*Subdivision 1. [JUDICIAL COMMITMENT OF PERSONS MENTALLY ILL AND DANGEROUS TO THE PUBLIC.] A person may be committed as mentally ill and dangerous to a treatment facility upon court order in accord with the procedures outlined in sections 7 and 8. If upon completion of the hearing, the court finds by clear and convincing evidence that the proposed patient is mentally ill and dangerous to the public within the meaning of section 2, subdivision 4, it shall commit such person to the Minnesota Security Hospital, or to a regional center designated by the commissioner or to a private treatment facility consenting to receive him.*

*Subd. 2. [PROCEDURE.] Commitment under this section shall be carried out in accord with the provisions of section 12.*

*Subd. 3. [REVIEW.] There shall be a review of commitment at the end of 60 days. If no written statement is filed within 60 days or if the written statement describes the patient as not in need of further institutional care and treatment, the person shall not be automatically discharged, but a further hearing shall be held by the committing court within 14 days after the court's receipt of such statement. The committing court shall then make the final determination.*

*Subd. 4. [INDETERMINATE COMMITMENT.] At the hearing held pursuant to subdivision 3, the court may order commitment of the proposed patient for an indeterminate period of time. Subsequent to this final determination that a patient is mentally ill and dangerous or a psychopathic personality, the patient shall be transferred, provisionally discharged, dis-*

charged, or have his commitment status altered only as provided in this section.

**Subd. 5. [SPECIAL REVIEW BOARD.]** (a) There shall be established by the commissioner one special review board for persons committed as mentally ill and dangerous or psychopathic personalities. The board shall consist of three members, each of whom shall be experienced in the field of mental illness. One member of the special review board shall be a physician qualified in the diagnosis of mental illness and one member shall be an attorney. No member shall be affiliated with the department of public welfare. The special review board shall meet at least every six months and be otherwise on call of the commissioner and shall hear and consider all petitions for transfer out of the Minnesota Security Hospital, all petitions relative to discharge, provisional discharge and revocation of provisional discharge and make recommendations to the commissioner concerning the same.

(b) Each member of the special review board shall receive compensation as established by the commissioner of public welfare for time spent in discharge of his official duties. In addition to the compensation so provided, each member of the special review board shall be reimbursed for all expenses paid or incurred by him in the performance of his official duties.

**Subd. 6. [FILING OF PETITION; NOTICE OF HEARING; ATTENDANCE; ENTRY OF 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 hospital. The special review board shall be convened by the commissioner at reasonable intervals and shall hold a hearing on each petition prior to making any recommendation. Within 30 days of the filing of the petition, the probate court, the county attorney of the county of commitment, an interested person, the petitioner and his attorney, if any, shall each be given written notice by the commissioner of the time and place of the hearing before the special review board. Special review board hearings shall be considered private. Only those entitled to statutory notice of the hearing or those administratively required to attend may be present. Such persons shall also be given written notice of the making of any order by the commissioner and a copy of the order within five days after the making and entry of such order, the notice and copy thereof to be furnished by certified mail with return receipt. The commissioner shall issue orders no later than 14 days after receiving the recommendation of the special review board and no order by the commissioner shall be made effective sooner than 15 days after the making and entry of the order.

**Subd. 7. [TRANSFER.]** (a) Persons who have been found by the committing court to be dangerous to the public or a psychopathic personality shall not be transferred out of the

*Minnesota Security Hospital unless it appears to the satisfaction of the commissioner, after a hearing before and a recommendation by a majority of the special review board appointed and acting under and pursuant to this section, that such transfer is appropriate. Transfer may be to other regional centers under the commissioner's control. In those instances where a commitment also exists to the department of corrections, transfer may be to a facility designated by the commissioner of corrections.*

*(b) The following factors are to be considered in determining whether a transfer is appropriate:*

*(i) the person's clinical progress and present treatment needs;*

*(ii) the need for security to accomplish continuing treatment;*

*(iii) the need for continued hospitalization;*

*(iv) which facility can best meet the person's needs; and*

*(v) whether transfer can be accomplished with a reasonable degree of safety for the public.*

**Subd. 8. [PROVISIONAL DISCHARGE; REVOCATION OF PROVISIONAL DISCHARGE.]** *(a) Persons who have been found by the committing court to be mentally ill and dangerous or a psychopathic personality shall not be provisionally discharged unless it appears to the satisfaction of the commissioner of public welfare, after a hearing before and a recommendation by a majority of the special review board appointed and acting under and pursuant to this section, that the patient is capable of making an acceptable adjustment to open society.*

*(b) The following factors are to be considered in determining whether a provisional discharge shall be recommended: whether conditions are such as to provide a reasonable degree of protection to the public and to assist the patient in adjusting to the community; and whether the patient's course of hospitalization and present mental status indicate there is no longer a need for in-hospital treatment and supervision.*

*(c) The provisional discharge plan shall be developed, implemented and monitored by the designated agency in conjunction with the patient, the treatment facility and other appropriate persons. The designated agency shall, at least quarterly, review the plan with the patient and submit a written report to the commissioner and the treatment facility concerning the patient's status and compliance with each term of the plan.*

(d) *Provisional discharge pursuant to this section shall not automatically terminate. A full discharge shall occur only as provided in subdivision 9. The commissioner shall annually review the facts relating to the activity of a patient on provisional discharge and notify the patient that the terms of the provisional discharge shall continue unless the patient requests a change in the conditions of provisional discharge or unless the patient acts to petition the special review board for a full discharge and such discharge is granted.*

(e) *The head of the facility may revoke a provisional discharge if any of the following grounds exist:*

(i) *the patient has departed from the conditions of the provisional discharge plan;*

(ii) *the patient is exhibiting signs of a mental illness which may require in-hospital evaluation or treatment; or*

(iii) *the patient is exhibiting behavior which may be dangerous to self or others.*

(f) *In all non-emergency situations, prior to revoking a provisional discharge, the head of the facility shall receive a report from the designated agency outlining the specific reasons for recommending the revocation, including but not limited to the specific facts upon which the revocation recommendation is based. If the head of the facility determines that an emergency exists, he may revoke the provisional discharge and, either orally or in writing, order that the patient be immediately returned to the hospital. In such cases, a report documenting reasons for revocation shall be submitted by the designated agency within seven days after the patient is returned to the treatment facility.*

(g) *The patient must be provided a copy of the revocation report and informed orally and in writing of his rights under this section.*

(h) *After revocation of a provisional discharge or if the patient is absent without authorization, the head of the facility may request the patient to return to the hospital voluntarily, and when necessary may request public health personnel, welfare personnel, or a peace officer to return the patient to the hospital. The head of the facility shall inform the committing probate court of the revocation or 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 hospital or to such other hospital or public health facility as consents to receive him for further care and treatment. The expense of returning the patient to a hospital shall be paid by the commissioner unless paid by the patient or his relatives.*

(i) For the purpose of revocation, the medical director may consider the first 60 days of the provisional discharge as an extended visit and during that time may order re-hospitalization without the order being subject to the procedures outlined in clauses (e), (f), and (g).

(j) Any patient aggrieved by a revocation decision may petition the special review board within 48 hours after receipt of the revocation report, excluding Saturdays, Sundays and holidays, for a review of the revocation. The matter shall be scheduled within 30 days. The special review board shall review the circumstances leading to the revocation and shall recommend to the commissioner whether or not the revocation shall be upheld. The special review board shall also have the authority to recommend a new provisional discharge at the time of a revocation hearing.

(k) With the consent of the head of the hospital, a patient may voluntarily return from provisional discharge for a period of up to 30 days and be released from the hospital without a further review by the special review board provided that all the terms and conditions of the provisional discharge order remain unchanged.

Subd. 9. [DISCHARGE.] A person who has been found by the committing court to be mentally ill and dangerous or a psychopathic personality shall not be discharged unless it appears to the satisfaction of the commissioner of public welfare after a hearing before, and a recommendation by a majority of, the special review board appointed and acting under and pursuant to this section that the patient is capable of making an acceptable adjustment to open society.

In determining whether a discharge shall be recommended, the special review board and commissioner shall consider which specific conditions are such as to provide a reasonable degree of protection to the public and to assist the patient in adjusting to the community. If the desired conditions are found not to exist, then the discharge shall not be granted.

Subd. 10. [APPEAL PANEL.] (a) There shall be established by the supreme court an appeal panel composed of three probate judges and two alternate probate judges, all of whom shall be appointed from among the acting probate judges of the state by the chief justice of the supreme court for terms of one year each. Only three judges need hear any case. One of the regular three judges so appointed shall be designated as the chief judge of the appeal panel and that judge is hereby vested with power and authority to fix the time and place of all hearings before the panel, issue all notices, subpoena witnesses, appoint counsel for the patient, if necessary, and generally to supervise and direct the operation of the appeal panel. The chief judge shall designate any other judge or any alternate judge to act as chief

*judge in any case where the chief judge is unable to act and with the same powers and authority. No judge appointed to the appeal panel shall take part in the consideration of any case in which that judge committed the patient in the probate court. The chief justice of the supreme court shall determine the compensation of the judges serving on the appeal panel, the compensation to be in addition to their ordinary compensation as probate judges, and all compensation and expenses of the appeal panel shall be borne by the department of public welfare.*

*(b) The patient or the county attorney of the county from which the patient was committed aggrieved by the action of the commissioner with respect to transfer, discharge, provisional discharge, or revocation of provisional discharge may petition for a rehearing and reconsideration of the case before the appeal panel. The petition shall be filed with the supreme court within 30 days after the making and entry of the order of the commissioner. The supreme court shall notify the head of the treatment facility in which the patient is confined and refer the petition to the chief judge of the appeal panel. Written notice by mail shall be given to the patient, the county attorney of the county of commitment, the commissioner, the head of the treatment facility in which the patient is confined, an interested person, and such persons as the chief judge may designate, of the time and place of the hearing on such petition. The notice is to be given not less than 14 days prior to the date of the hearing, which hearing shall be within 45 days of the filing of the petition. Any person may oppose the petition. The appeal panel may appoint examiners, and may adjourn the hearing from time to time. It shall hear and receive all relevant testimony and evidence and make a record of all such proceedings. The patient and the county attorney of the committing county shall be entitled to be present and to cross-examine all witnesses. A majority of the appeal panel shall make and enter the orders as they may deem just and equitable and the orders of the appeal panel shall supersede all orders of the commissioner in the cases. The orders of the appeal panel shall be limited to the relief requested from the special review board. No order of the appeal panel granting a transfer, discharge or provisional discharge shall be made effective sooner than 15 days after the making and entry of the order.*

*(c) In all proceedings before the appeal panel the patient shall be afforded an opportunity to be represented by counsel, and if neither the patient or others provide counsel the chief judge of the appeal panel shall appoint counsel to represent the patient. The compensation of such appointed counsel shall be determined by the chief judge and the expense thereof shall be borne and paid by the department of public welfare.*

*(d) The filing with the supreme court of a petition under clause (b) shall immediately suspend the operation of any order for transfer, discharge, provisional discharge or release from custody of the patient and the patient shall not thereafter be*

*discharged or released in any manner except upon order of a majority of the appeal panel.*

*(e) A party aggrieved by an order of the appeal panel may appeal from the decision 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. [253A.70] [COMMITMENT TO AN AGENCY OF THE UNITED STATES.]**

*Subdivision 1. [ADMINISTRATIVE PROCEDURES.] If the patient is entitled to care by the veterans administration or other agency of the United States in this state, the commitment warrant shall be in triplicate, committing the patient to the joint custody of the head of the treatment facility and the institution of the veterans administration or other federal agency. If the veterans administration or other federal agency is unable or unwilling to receive the patient at the time of commitment, the patient may subsequently be transferred to it upon its request.*

*Subd. 2. [RULES AND REGULATIONS.] Any person, when admitted to an institution of the veterans administration or other federal agency within or without this state, shall be subject to the rules and regulations of the veterans administration or other federal agency, except that nothing in this section shall deprive any person of rights secured to patients of state mental hospitals by sections 1 to 27.*

*Subd. 3. [POWERS.] The chief officer of any institution operated by the veterans administration or other agency of the United States to which any person is admitted shall with respect to the person be vested with the same powers as the heads of treatment facilities within this state with respect to admission, retention of custody, transfer, parole, release, or discharge.*

*Subd. 4. [JUDGMENTS.] The judgment or order of commitment by a court of competent jurisdiction of another state or the District of Columbia, committing a person to the veterans administration or other agency of the United States for care or treatment, shall have the same force and effect as to the committed person while in this state as in the jurisdiction in which is situated the court entering the judgment or making the order. Consent is given to the application of the law of the committing state or district in respect to the authority of the chief officer of any facility of the veterans administration, or of any institution operated in this state by any other agency of the United States, to retain custody of, transfer, parole, release, or discharge the committed person.*

*Subd. 5. [TRANSFER.] Upon receipt of a certificate of the veterans administration or such other agency of the United States that facilities are available for the care or treatment of any person heretofore committed to any treatment facility and that the person is eligible for care or treatment, the head of the treatment facility may cause the transfer of the person to the veterans administration or other agency of the United States for care or treatment. Upon effecting the transfer, the committing court or proper officer thereof shall be notified thereof by the transferring agency. No person shall be transferred to the veterans administration or other agency of the United States if he be confined pursuant to conviction of any felony or misdemeanor or if he has been acquitted of the charge solely on the ground of insanity, unless prior to transfer the court or other authority originally committing the person shall enter an order for the transfer after appropriate motion and hearing.*

*Written notice of the transfer shall be given to the patient's spouse or parent, or if none be known, to some other interested person.*

*Any person transferred as provided in this section shall be deemed to be committed to the veterans administration or other agency of the United States pursuant to the original commitment.*

**Sec. 25. [253A.71] [GENERAL ADMINISTRATIVE PROCEDURES RELATIVE TO DISCHARGE.]**

*Subdivision 1. [NOTICE TO COURT.] When a committed patient is discharged, provisionally discharged, transferred to another treatment facility, released, or partially hospitalized, or when he dies, is absent without authorization, or is returned, the treatment facility having custody of the patient shall file notice thereof in the court of commitment.*

*Subd. 2. [CLOTHING.] The head of the treatment facility shall make such arrangements at the expense of the state as may be necessary to insure that no patient is discharged, provisionally discharged, or released without suitable clothing. The head of a public treatment facility shall, if necessary, provide the patient with a sufficient sum of money to secure transportation home, or to another destination of his choice, if the destination is located within a reasonable distance of the treatment facility, which sum shall be paid out of the current expense fund of the hospital or institution.*

*Subd. 3. [NOTICE TO DESIGNATED AGENCY.] The head of any treatment facility, upon the provisional discharge, partial hospitalization, or release of any patient confined under sections 1 to 27, shall notify the designated agency before the patient is to leave the facility. Whenever possible the notice shall be given at least one week before the patient is to leave the facility. The commissioner shall provide by rule the pro-*

cedure and methods whereby the patient shall be helped to receive all public assistance benefits provided by state or federal law to which his residence and circumstances entitle him. The rules shall be uniformly applied in all counties, and all counties shall provide temporary relief whenever necessary to meet the intent of this subdivision.

Subd. 4. [PLAN OF AFTER-CARE SERVICES.] Prior to the date of discharge, provisional discharge, partial hospitalization, or release of any patient confined under sections 1 to 27, the designated agency of the county of such patient's residence, in cooperation with the head of the treatment facility where the patient is confined, and the patient's physician, if notified pursuant to subdivision 6, shall establish a continuing plan of after-care services for the patient including a plan for medical and psychiatric treatment, nursing care, vocational assistance, and other aid as the patient shall need. It shall be the duty of the designated agency to provide case management services, to supervise and assist the patient in finding employment, suitable shelter, and adequate medical and psychiatric treatment, and to aid in his readjustment to the community.

Subd. 5. [CONSULTATION.] In establishing the plan for after-care services the designated agency shall engage in consultation with persons or agencies, including any public health nurse and vocational rehabilitation personnel, as is necessary to insure adequate planning and periodic review for after-care services.

Subd. 6. [NOTICE TO PHYSICIAN.] The head of the treatment facility shall notify the physician of any patient confined pursuant to sections 1 to 27 at the time of the patient's discharge, provisional discharge, partial hospitalization, or release, unless the patient shall object to the notice.

Subd. 7. [SERVICES.] A patient who has been confined under sections 1 to 27 may at any time after discharge, provisional discharge, partial hospitalization, or release, apply to the head of any public treatment facility within whose district he resides for treatment. If the head of the treatment facility determines that the applicant requires service, he may provide, under the medical supervision of a physician in the treatment facility, services related to mental illness, mental retardation or chemical dependency as are required by the applicant. The service shall be provided in regional centers under terms and conditions established by the commissioner.

## Sec. 26. [253A.72] [REVIEW BOARDS.]

Subdivision 1. [ESTABLISHMENT.] There shall be established by the commissioner for each regional center a review board of three or more persons to review the admission and re-

tention of patients hospitalized under this chapter. One of the persons shall be qualified in the diagnosis of mental illness or mental retardation and one of the persons shall be learned in the law. 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 hospital, one of the persons appointed by the commissioner shall be the commissioner of veterans affairs or his designee.

Subd. 2. [RIGHT TO APPEAR.] Each treatment facility shall be visited by the review board at least once every six months. Each patient in the hospital who so requests shall have the right to appear before the review board during such visit. A patient may at any time request the right to appear before the review board.

Subd. 3. [NOTICE.] The head of the treatment facility shall notify each patient at the time of admission by a simple written statement of the patient's right to appear before the review board and the next date when the board will visit the treatment facility. A request to appear before the board does not have to be in writing. Any employee of the treatment facility receiving such a request to appear before the board shall notify the head of the treatment facility of the request.

Subd. 4. [REVIEW.] The board shall review the admission and retention of patients at its respective treatment facility. The board may examine the records of all patients admitted and may examine personally at its own instigation all patients who from the records or otherwise appear to justify reasonable doubt as to continued need of confinement in a treatment facility. The board shall report its findings to the commissioner and to the head of the treatment facility. The board may also receive reports from patients and interested persons, including but not limited to treatment facility employees, on conditions affecting the humane and dignified care of patients and the board may examine the circumstances thereof in the manner described in this subdivision.

Subd. 5. [COMPENSATION.] Each member of the review board shall receive compensation as established by the commissioner of public welfare for time spent in discharge of his official duties. In addition to the compensation so provided, each member of the review board shall be reimbursed for all expenses paid or incurred by him in the performance of his official duties.

## Sec. 27. [253A.73] [GENERAL PROVISIONS.]

Subdivision 1. [COSTS OF HEARINGS.] (a) In each proceeding under sections 1 to 27 the court shall allow and order paid to each witness subpoenaed the fees and mileage prescribed

by law; to each examiner a reasonable sum for his services and for travel; to persons, including county welfare or public health personnel, conveying the patient to the place of detention, disbursements for the travel, board, and lodging of the patient and of themselves and their authorized assistants; and to the patient's counsel, when appointed by the court, a reasonable sum for travel and for each day or portion thereof actually employed in court or actually consumed in preparing for the hearing. Upon the order the county auditor shall issue a warrant on the county treasurer for payment of the amounts allowed.

(b) When the settlement of the patient is found to be in another county, the court shall transmit to the county auditor a statement of the expenses of the taking into custody, confinement, examination, commitment, conveyance to the place of detention, and rehearing. The auditor shall transmit the statement to the auditor of the county of the patient's settlement and this claim shall be paid as other claims against that county. If the auditor to whom this claim is transmitted denies the claim, he shall transmit it, together with his objections thereto, to the commissioner, who shall determine the question of settlement and certify his findings to each auditor. If the claim is not paid within 30 days after such certification, an action may be maintained thereon in the district court of the claimant county.

(c) Whenever venue of a proceeding has been transferred under sections 1 to 27 the costs of the proceedings shall be reimbursed to the county of the patient's settlement by the state.

Subd. 2. [LEGAL RESULTS OF COMMITMENT STATUS.] (a) Except as otherwise provided in sections 1 to 27, and in sections 246.15 and 246.16, no person by reason of commitment, hospitalization, or treatment pursuant to sections 1 to 27 shall be deprived of any legal right, including but not limited to the right to dispose of property, sue and be sued, execute instruments, make purchases, enter into contractual relationships, vote, and hold a driver's license. Commitment, hospitalization, or treatment of any patient pursuant to sections 1 to 27 is not a judicial determination of legal incompetency except to the extent provided in section 3, subdivision 5.

(b) Proceedings for determination of legal incompetency and the appointment of a guardian for a person subject to hospitalization under sections 1 to 27 may be commenced before, during, or after commitment proceedings have been instituted and may be conducted jointly with the commitment proceedings. The court shall notify the head of the hospital to whom the patient is committed of a finding that the patient is incompetent.

(c) Where the person to be committed is a minor or owns property of value and it appears to the court that such person is not competent to manage his estate, the court shall appoint

*a guardian or conservator of such person's estate, either general or special as otherwise provided by law.*

*Subd. 3. [FALSE REPORTS.] Any person who willfully makes, joins in, or advises the making of any false petition or report, or knowingly or willfully makes any false representation for the purpose of causing the petition or report to be made or for the purpose of causing an individual to be improperly hospitalized under sections 1 to 27, is guilty of a gross misdemeanor. The attorney general or his designees shall conduct any prosecution for the violation of this section.*

*Subd. 4. [IMMUNITY.] All persons acting in good faith, upon either actual knowledge or information thought by them to be reliable, who act pursuant to any provision of this chapter or who procedurally or physically assist in the hospitalization of any individual, pursuant to sections 1 to 27, are not subject to any civil or criminal liability under sections 1 to 27. Any privilege otherwise existing between patient and physician or between patient and examiner is waived as to any physician or examiner who provides information with respect to a patient pursuant to any provision of this chapter.*

*Subd. 5. [HABEAS CORPUS.] Nothing in sections 1 to 27 shall be construed to abridge the right of any person to the writ of habeas corpus.*

*Subd. 6. [COURT COMMISSIONER.] The court commissioner may act for the probate judge upon a petition for the commitment of a patient when the probate judge is unable to act.*

*Subd. 7. [APPEAL.] The commissioner or any other aggrieved party may appeal to the district court from any order entered under sections 1 to 27 in the manner prescribed in section 487.39.*

*Upon perfection of the appeal, the return shall be filed forthwith. The district court shall hear the appeal within 20 days after service of the notice of appeal. This appeal shall not suspend the operation of the order appealed from until the appeal is determined, unless otherwise ordered by the district court. Notwithstanding any contrary provision in section 487.39, an appeal may be taken from the determination of a district court judge to the supreme court without leave of the supreme court.*

*Subd. 8. [RULES.] The commissioner shall establish rules not inconsistent with the provisions of sections 1 to 27 as he may find to be necessary for the proper and efficient administration thereof and shall prescribe the form of applications, records, reports, and medical certificates required by sections 1 to 27 and the information to be contained therein.*

*Subd. 9. [TRANSCRIPTS.] For purposes of taking an appeal or petition for habeas corpus or for a judicial determination of mental competency or need for hospitalization, transcripts of commitment proceedings, or portions thereof, shall be made available to the parties upon written application to the court. Upon a showing by a party that he is unable to pay the cost of such transcripts or portions thereof they shall be made available at no expense to such party.*

**Sec. 28. [REPEALER.]**

*Minnesota Statutes 1980, Sections 253A.01; 253A.02; 253A.03; 253A.04; 253A.05; 253A.06; 253A.07; 253A.075; 253A.08; 253A.09; 253A.10; 253A.11; 253A.12; 253A.14; 253A.15; 253A.16; 253A.17; 253A.18; 253A.19; 253A.20; 253A.21; 253A.22; and 253A.23, are repealed.*

**Sec. 29. [EFFECTIVE DATE.]**

*Sections 1 to 28 are effective August 1, 1982 and apply to any conduct, transaction, or proceeding within its terms which occurs after August 1, 1982; provided, however, that 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, and unless the proceedings are terminated within 12 months after August 1, 1982, they shall thereafter be governed by the provisions of sections 1 to 27."*

Delete the title and insert:

*"A bill for an act relating to the hospitalization and commitment of persons who are mentally ill, mentally ill and dangerous, mentally retarded, or chemically dependent; providing for informal hospitalization by consent, involuntary emergency hospitalization and for involuntary commitment by civil judicial procedures; providing for rights of persons hospitalized under voluntary, emergency or involuntary judicial procedures; requiring pre-petition screening; providing for commitment hearings and procedures in conformance with due process; requiring a final hearing within 60 days before final determination of commitment; providing for commitment for determinate periods; providing for provisional discharge and partial hospitalization; requiring special review boards for mentally ill and dangerous and psychopathic personalities; establishing review boards for civilly committed persons; providing penalties; proposing new law coded in Minnesota Statutes, Chapter 253A; repealing Minnesota Statutes 1980, Sections 253A.01 to 253A.23."*

With the recommendation that when so amended the bill pass and be re-referred to the Committee on Judiciary.

The report was adopted.

Mann from the Committee on Transportation to which was referred:

H. F. No. 1523, A bill for an act relating to driver licensing; requiring certain reports to be made to the commissioner of public safety; making insurance coverage inapplicable in certain instances; proposing new law coded in Minnesota Statutes, Chapters 65B and 171.

Reported the same back with the recommendation that the bill be re-referred to the Committee on Judiciary.

The report was adopted.

Brinkman from the Committee on Financial Institutions and Insurance to which was referred:

H. F. No. 1550, A bill for an act relating to the city of Big Falls; authorizing the establishment of detached banking facilities.

Reported the same back with the following amendments:

Page 1, line 11, after "facility" insert "*in the city of Big Falls*"

Page 1, line 16, after the period insert "*No detached facility shall be established under this section if there is an existing bank located within 15 miles of the location of the detached facility to be established under this section.*"

With the recommendation that when so amended the bill pass and be placed on the Consent Calendar.

The report was adopted.

Mann from the Committee on Transportation to which was referred:

H. F. No. 1554, A bill for an act relating to aeronautics; providing for the registration of certain aircraft as collector aircraft; amending Minnesota Statutes 1980, Sections 360.55, Subdivision 4; and 360.59, Subdivision 10.

Reported the same back with the following amendments:

Page 1, line 12, delete "30" and insert "35"

Page 1, line 22, strike "\$25" and insert "\$50"

Page 2, line 11, strike "\$25" and insert "\$50"

Page 3, line 26, delete "30" and insert "35"

With the recommendation that when so amended the bill pass and be placed on the Consent Calendar.

The report was adopted.

Johnson, C., from the Committee on Education to which was referred:

H. F. No. 1574, A bill for an act relating to Independent School District No. 084, Sleepy Eye; requiring revision of its certified statutory operating debt.

Reported the same back with the recommendation that the bill pass and be placed on the Consent Calendar.

The report was adopted.

Kostohryz from the Committee on General Legislation and Veterans Affairs to which was referred:

H. F. No. 1582, A bill for an act proposing an amendment to the Minnesota Constitution, to repeal Article XIII, Section 5; removing the prohibition against lotteries.

Reported the same back with the recommendation that the bill pass and be re-referred to the Committee on Rules and Legislative Administration.

The report was adopted.

Johnson, C., from the Committee on Education to which was referred:

H. F. No. 1614, A bill for an act relating to Independent School District No. 708; requiring certification of statutory operating debt.

Reported the same back with the recommendation that the bill pass and be placed on the Consent Calendar.

The report was adopted.

## SECOND READING OF HOUSE BILLS

H. F. Nos. 1250, 1550, 1554, 1574 and 1614 were read for the second time.

## INTRODUCTION AND FIRST READING OF HOUSE BILLS

The following House Files were introduced:

Gruenes introduced:

H. F. No. 1694, A bill for an act relating to the town of St. Cloud; providing for the homestead credit treatment of its property tax levy.

The bill was read for the first time and referred to the Committee on Taxes.

Vellenga, Wynia, Kaley, Schoenfeld and Schreiber introduced:

H. F. No. 1695, A bill for an act relating to taxation; providing for withholding of income tax refunds from child support debtors; amending Minnesota Statutes 1980, Section 290.50, by adding a subdivision.

The bill was read for the first time and referred to the Committee on Taxes.

McEachern; Anderson, B.; Jennings; Johnson, C., and Nelson, K., introduced:

H. F. No. 1696, A bill for an act relating to education; reducing the appropriation for the improved learning program; reducing the amount of transportation aid appropriation reductions; clarifying the duration of the transportation levy increase; amending Laws 1981, Third Special Session Chapter 2, Article II, Sections 1, 2 and 20.

The bill was read for the first time and referred to the Committee on Education.

Elioff, Battaglia, Sarna, Kaley and Begich introduced:

H. F. No. 1697, A bill for an act relating to retirement; validating a certain post retirement adjustment granted by the Virginia firefighters relief association.

The bill was read for the first time and referred to the Committee on Governmental Operations.

Kaley, Samuelson, Hokanson, Forsythe and Zubay introduced:

H. F. No. 1698, A bill for an act relating to public welfare; delaying the duty of the commissioner of administration to sell certain land and buildings; amending Laws 1981, Chapter 360, Article I, Section 2, Subdivision 5.

The bill was read for the first time and referred to the Committee on Governmental Operations.

McEachern introduced:

H. F. No. 1699, A bill for an act relating to education; requiring all public elementary and secondary schools to provide instruction in chemical dependency prevention; amending Minnesota Statutes 1980, Section 126.03; and proposing new law coded in Chapter 126.

The bill was read for the first time and referred to the Committee on Education.

Nelsen, B.; Johnson, D.; Evans; Wenzel and Samuelson introduced:

H. F. No. 1700, A bill for an act relating to the military; prohibiting entry to Camp Ripley without authorization of the adjutant general; imposing a penalty; amending Minnesota Statutes 1980, Sections 609.60 and 609.605.

The bill was read for the first time and referred to the Committee on General Legislation and Veterans Affairs.

Minne introduced:

H. F. No. 1701, A bill for an act relating to the city of Hibbing; authorizing increases in certain firefighters service pensions and survivor benefits; amending Laws 1977, Chapter 169, Section 1 and Laws 1971, Chapter 614, Section 1, Subdivision 2.

The bill was read for the first time and referred to the Committee on Governmental Operations.

Anderson, G.; Sieben, H.; Carlson, L.; Fjoslien and Nelsen, B., introduced:

H. F. No. 1702, A bill for an act relating to veterans; providing for the furnishing of chiropractic care to residents of the Minnesota veterans home; appropriating money; proposing new law coded in Minnesota Statutes, Chapter 198.

The bill was read for the first time and referred to the Committee on Health and Welfare.

Heinitz and Nelson, K., introduced:

H. F. No. 1703, A bill for an act relating to commerce; regulating certain sales of wood as fuel; requiring standard measurements and delivery ticket or sales invoices; providing exceptions; amending Minnesota Statutes 1980, Section 325E.01; and proposing new law coded in Minnesota Statutes, Chapter 239.

The bill was read for the first time and referred to the Committee on Commerce and Economic Development.

Hokanson; Sieben, M.; Rose; Clark, J., and Zubay introduced:

H. F. No. 1704, A bill for an act relating to public safety; prohibiting the sale, use, manufacture and possession of high penetration bullets; prohibiting the sale and possession of armor-piercing bullets; prescribing penalties; proposing new law coded in Minnesota Statutes, Chapter 624.

The bill was read for the first time and referred to the Committee on Criminal Justice.

Jacobs and Anderson, I., introduced:

H. F. No. 1705, A bill for an act relating to public indebtedness; providing the interest rate maximum on obligations; amending Minnesota Statutes 1980, Section 475.55, Subdivision 1.

The bill was read for the first time and referred to the Committee on Taxes.

Fjoslien and Weaver introduced:

H. F. No. 1706, A bill for an act relating to waters; removing the authority of the commissioner of natural resources to appeal certain waters inventory and classification decisions; amending Minnesota Statutes 1980, Section 105.391, Subdivision 1.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources.

Rodriguez, C., and Mann introduced:

H. F. No. 1707, A bill for an act relating to transportation; allowing certain vehicles to cross certain railroad crossings without stopping; removing the requirement for designated routes for certain buses; modifying the public transit capital grant assistance program; providing for public transit contract procedures; amending Minnesota Statutes 1980, Sections 169.28; 169.29; 169.80, Subdivisions 2 and 2a; 174.245; Laws 1981, Chapter 363, Section 55, Subdivision 1, as amended; repealing Minnesota Statutes 1980, Section 219.21.

The bill was read for the first time and referred to the Committee on Transportation.

Reding; Rodriguez, F.; Kaley and Sarna introduced:

H. F. No. 1708, A bill for an act relating to retirement; public employees retirement association and public employees police and fire fund; authorizing a modification in the payment of employee contributions to make them exempt from federal income taxation until disbursed as retirement annuities or benefits; amending Minnesota Statutes 1980, Sections 353.01, Subdivision 16; 353.27, Subdivisions 2, 7, 8, 9, 12, and by adding a subdivision; 353.28, Subdivision 1; 353.29, Subdivision 2; 353.32, Subdivisions 1, 2, 3, and 4; 353.34, Subdivisions 1, 2, and 5; 353.38; 353.65, Subdivisions 1, 2, 4, and by adding a subdivision; 353.656, Subdivision 1; Minnesota Statutes 1981 Supplement, Sections 353.27, Subdivision 4; 353.34, Subdivision 3; and 353.37, Subdivision 1.

The bill was read for the first time and referred to the Committee on Governmental Operations.

Aasness, Kelly, Rothenberg and Novak introduced:

H. F. No. 1709, A bill for an act relating to crimes; requiring mandatory jail sentences for persons convicted of driving while under the influence of alcohol or a controlled substance; prescribing penalties; amending Minnesota Statutes 1980, Section 169.121, by adding a subdivision; Minnesota Statutes 1981 Supplement, Sections 169.121, Subdivision 5; and 609.135, Subdivision 1.

The bill was read for the first time and referred to the Committee on Criminal Justice.

Brinkman and Redalen introduced:

H. F. No. 1710, A bill for an act relating to commerce; petroleum products; providing specifications for fuel oil sold as kerosene; amending Minnesota Statutes 1980, Section 296.05, Subdivision 2, and by adding a subdivision.

The bill was read for the first time and referred to the Committee on Regulated Industries.

Schafer; Jennings; Anderson, B.; Olsen and McEachern introduced:

H. F. No. 1711, A bill for an act relating to education; establishing a limit on the amount of special education aid a district may receive for administrative and other similar personnel; exempting certain stations and facilities from the limit; exempting Independent School District No. 166 from the limit; suspending a rule; granting authority to adopt temporary rules; providing for permanent rules; amending Minnesota Statutes 1981 Supplement, Section 124.32, Subdivision 1.

The bill was read for the first time and referred to the Committee on Education.

Kaley and McCarron introduced:

H. F. No. 1712, A bill for an act relating to public welfare; amending the community social services act; removing certain requirements related to biennial plans and the sliding fee for child care; amending Minnesota Statutes 1980, Section 256E.09, Subdivision 4; Minnesota Statutes 1981 Supplement, Sections 245.84, Subdivision 2; and 256E.03, Subdivision 2; repealing Minnesota Statutes 1981 Supplement, Section 256E.07, Subdivisions 2 and 3.

The bill was read for the first time and referred to the Committee on Health and Welfare.

Elioff, Battaglia, Minne, Begich and Sarna introduced:

H. F. No. 1713, A bill for an act relating to St. Louis county; providing for the calculation of vacation and sick leave allowances of certain employees.

The bill was read for the first time and referred to the Committee on Local and Urban Affairs.

Nelsen, B.; Kaley; Kalis and Nysether introduced:

H. F. No. 1714, A bill for an act relating to public welfare; authorizing payment of claims for medical assistance from homestead property which is part of an estate; amending Minnesota Statutes 1981 Supplement, Sections 256B.15 and 525.145.

The bill was read for the first time and referred to the Committee on Health and Welfare.

Fjoslien; Nelson, K.; Ainley and Jude introduced:

H. F. No. 1715, A bill for an act relating to energy; definition of large facility; conservation information and education; emergency plan; local zoning of wind energy conversion systems; amending Minnesota Statutes 1980, Sections 116H.02, Subdivision 5; 394.25, Subdivision 2; and 462.357, Subdivision 1; Minnesota Statutes 1981 Supplement, Sections 116H.085; 116H.088, Subdivision 1; and 116H.09, Subdivision 1; repealing Minnesota Statutes 1980, Sections 116H.088, Subdivision 2; 116H.19, Subdivision 2; and Minnesota Statutes 1981 Supplement, Section 116H.19, Subdivision 1.

The bill was read for the first time and referred to the Committee on Energy.

Ludeman and Reif introduced:

H. F. No. 1716, A bill for an act relating to government operations; revising the public employment labor relations act; modifying the definition of "essential employee" to include state employees in the health care non-professional unit; removing constraints from the mediation and strike processes; amending Minnesota Statutes 1980, Sections 179.63, Subdivision 11; 179.64, Subdivisions 1 and 1b; 179.69, Subdivisions 1 and 3; 179.70, Subdivision 1; repealing Minnesota Statutes 1980, Section 179.64, Subdivision 1a; Minnesota Statutes 1981 Supplement, Sections 179.691 and 179.692.

The bill was read for the first time and referred to the Committee on Labor-Management Relations.

Aasness, Ogren, Mann and Niehaus introduced:

H. F. No. 1717, A bill for an act relating to agriculture; requiring the commissioner of agriculture to make certain rules relating to milk for manufacturing purposes; proposing new law coded in Minnesota Statutes, Chapter 32.

The bill was read for the first time and referred to the Committee on Agriculture.

Knickerbocker; Kostohryz; Schreiber; Carlson, L., and Levi introduced:

H. F. No. 1718, A bill for an act relating to education; authorizing transportation aid for pupils who reside one mile or more from the school attended; amending Minnesota Statutes 1981 Supplement, Section 124.223.

The bill was read for the first time and referred to the Committee on Education.

Gustafson, Berkelman, Battaglia, Munger and Jude introduced:

H. F. No. 1719, A bill for an act relating to courts; authorizing the chief judge of the sixth judicial district to fill vacancies in the office of judicial officer in St. Louis, Steele and Carlton counties; amending Minnesota Statutes 1981 Supplement, Section 487.08, Subdivision 2.

The bill was read for the first time and referred to the Committee on Judiciary.

Reding; Rodriguez, F.; Kaley and Sarna introduced:

H. F. No. 1720, A bill for an act relating to retirement; recognizing service covered by multiple retirement funds for entitlement to a disability benefit; proposing new law coded in Minnesota Statutes, Chapter 356.

The bill was read for the first time and referred to the Committee on Governmental Operations.

Fjoslien, Hoberg, Niehaus, Haukoos and Wigley introduced:

H. F. No. 1721, A bill for an act relating to state government; providing for the salary reduction of certain legislative employees; amending Minnesota Statutes 1980, Section 3.099, Subdivision 2.

The bill was read for the first time and referred to the Committee on Rules and Legislative Administration.

Minne; Johnson, C.; Ludeman and Jacobs introduced:

H. F. No. 1722, A bill for an act relating to the environment; regulating certain assessments for the environmental quality board; amending Minnesota Statutes 1981 Supplement, Section 116C.69, Subdivision 3.

The bill was read for the first time and referred to the Committee on Environment and Natural Resources.

Vellenga, Gruenes, Skoglund and Ellingson introduced:

H. F. No. 1723, A bill for an act relating to crimes; prohibiting driving a motor vehicle when impaired by alcohol; providing prima facie evidentiary standards for determining if persons were driving while impaired or under the influence of alcohol; requiring blood, breath or urine tests of surviving drivers involved in accidents; authorizing written blood sample reports; amending Minnesota Statutes 1980, Sections 169.121, Subdivisions 1, 2, 3, and 4; 169.123, Subdivisions 2, 3, 4, 6, and by adding a subdivision.

The bill was read for the first time and referred to the Committee on Judiciary.

Johnson, C., and Dempsey introduced:

H. F. No. 1724, A bill for an act relating to Independent School District No. 507, Nicollet; authorizing a transfer of funds collected by referendum levy to reduce statutory operating debt.

The bill was read for the first time and referred to the Committee on Education.

Laidig, Schoenfeld, Jennings, Wenzel and Nelsen, B., introduced:

H. F. No. 1725, A bill for an act relating to the military; increasing the minimum pay for enlisted personnel called into active service; amending Minnesota Statutes 1980, Section 192.51, Subdivision 2.

The bill was read for the first time and referred to the Committee on General Legislation and Veterans Affairs.

Elioff; Johnson, C.; Levi and McEachern introduced:

H. F. No. 1726, A bill for an act relating to education; removing the commissioner of education from the state university board and as secretary of the board; amending Minnesota Statutes 1980, Sections 136.12, Subdivision 1; and 136.13.

The bill was read for the first time and referred to the Committee on Education.

Clawson; Sieben, M.; Halberg; Jude and Dempsey introduced:

H. F. No. 1727, A bill for an act relating to courts; proposing an amendment to the Minnesota Constitution, Article VI, Sections 1, 2, 5 and 6; providing for a court of appeals; providing for election of judges; conferring certain powers and duties on the court of appeals; amending Minnesota Statutes 1980, Sections 2.724, Subdivision 2; 8.01; 10A.01, Subdivisions 5 and 19; 15.0416; 15.0417; 15.0424, Subdivisions 1, 2, 3 and 6; 15.0426; 45.07; 45.17, Subdivision 5; 97.481, Subdivision 2; 122.23, Subdivision 16c; 145.698, Subdivision 2; 145.838, Subdivision 4; 150A.08, Subdivision 2; 197.481, Subdivision 6; 210A.01, Subdivision 3; 237.39; 244.11; 260.291, Subdivision 2; 270.23; 290.48, Subdivision 6; 299F.25; 357.08; 363.072, Subdivisions 1 and 2; 373.11; 430.031, Subdivision 4; 480.01; 480.054; 480.055, Subdivision 1; 480.061, Subdivision 8; 480.19; 484.63; 487.39, Subdivisions 1 and 2; 488A.01, Subdivision 14; 488A.17, Subdivision 12; 488A.18, Subdivision 14; 488A.34, Subdivision 11; 501.35; 525.71; 574.18; 586.11; Minnesota Statutes 1981 Supplement, Sections 5.08, Subdivision 2; and 648.39, Subdivision 1; proposing new law coded as Minnesota Statutes, Chapter 480A; repealing Minnesota Statutes 1980, Sections 80A.24, Subdivision 3; 363.10; 473.597; and 525.74.

The bill was read for the first time and referred to the Committee on Judiciary.

Fjoslien, Valento, Reif, Weaver and Marsh introduced:

H. F. No. 1728, A bill for an act relating to the legislature; proposing an amendment to the Minnesota Constitution, Article IV, by adding sections, to provide for initiative and referendum; implementing the initiative and referendum process, including the manner of petitioning and voting on initiative and referendum measures and judicial review; precluding corporations from deducting as expenses the costs of ballot issue campaigns; imposing duties on certain officials; providing penalties; appropriating money; amending Minnesota Statutes 1980, Sections 10A.20, by adding a subdivision; and 645.02; Minnesota Statutes 1981 Supplement, Sections 204C.33, Subdivision 3; 204D.11, Subdivision 2; 204D.15, Subdivision 1; 290.09, Subdivision 2; and 290.21, Subdivision 3; proposing new law coded as Minnesota Statutes, Chapter 3B.

The bill was read for the first time and referred to the Committee on General Legislation and Veterans Affairs.

Ellingson introduced:

H. F. No. 1729, A bill for an act relating to highway traffic regulations; revising procedures for hearings and appeals on driver license revocations for failure to submit to chemical testing or for exceeding prescribed alcohol concentrations; amending Minnesota Statutes 1980, Section 169.123, Subdivisions 5, 5a, 6, and by adding a subdivision.

The bill was read for the first time and referred to the Committee on Judiciary.

Ellingson introduced:

H. F. No. 1730, A bill for an act relating to state departments and agencies; regulating the disposition of certain land within the capitol area; amending Minnesota Statutes 1981 Supplement, Section 15.50, Subdivision 6.

The bill was read for the first time and referred to the Committee on Governmental Operations.

Reding; Rodriguez, F.; Sarna; Kaley and Rice introduced:

H. F. No. 1731, A bill for an act relating to retirement; volunteer firefighters relief associations; fire and police state aid programs; combining various reports for purposes of qualifying for fire state aid; modifying the presumptions used in determining qualification for fire or police state aid; clarifying the duration of disqualification from receipt of fire or police state aid in the event of noncompliance with financing guidelines; clarifying the procedure for crediting service by certain probationary volunteer firefighters; clarifying a limitation on the payment of service pensions to active volunteer firefighters; amending Minnesota Statutes 1980, Sections 69.021, Subdivision 4; 69.051, Subdivision 3; 69.771, Subdivision 3; and 424A.01, by adding a subdivision; Minnesota Statutes 1981 Supplement, Sections 69.011, Subdivision 2; 69.051, Subdivision 1; 69.77, Subdivision 1; and 424A.02, Subdivision 1.

The bill was read for the first time and referred to the Committee on Governmental Operations.

Skoglund; Evans; Anderson, R.; Ogren and Eken introduced:

H. F. No. 1732, A bill for an act relating to athletics; regulating boxing activities; providing a penalty; proposing new law coded in Minnesota Statutes, Chapter 341.

The bill was read for the first time and referred to the Committee on Regulated Industries.

Evans and Anderson, R., introduced:

H. F. No. 1733, A bill for an act relating to agriculture; changing Becker, Hubbard and Otter Tail Counties from area one to area four for purposes of potato promotion; amending Minnesota Statutes 1981 Supplement, Section 30.464, Subdivision 1.

The bill was read for the first time and referred to the Committee on Agriculture.

Olsen, Jude, Ellingson and Norton introduced:

H. F. No. 1734, A bill for an act relating to courts; authorizing the continuance of the office of court referee in the second and fourth judicial districts; amending Minnesota Statutes 1981 Supplement, Section 484.70, Subdivision 1.

The bill was read for the first time and referred to the Committee on Judiciary.

Pogemiller introduced:

H. F. No. 1735, A bill for an act relating to retirement; Hennepin county supplemental retirement program; providing for a phase out of the program; authorizing current participants to withdraw from the program; providing for an increased withdrawal benefit option in certain instances; amending Laws 1969, Chapter 950, Sections 1, 2, 3, as amended, 4, as amended, 5 and 6; repealing Laws 1969, Chapter 950, Section 8.

The bill was read for the first time and referred to the Committee on Governmental Operations.

Ellingson introduced:

H. F. No. 1736, A bill for an act relating to Hennepin County; providing for the interest on and name of certain debt; regulating personnel provisions; clarifying self insurance authority; amending Laws 1965, Chapter 855, Section 4, Subdivision 1, as amended, and Section 7, Subdivisions 3, as amended, and 4, as amended; Laws 1979, Chapter 55, Section 1; and Laws 1979, Chapter 198, Article II, Section 7, Subdivisions 1 and 2.

The bill was read for the first time and referred to the Committee on Local and Urban Affairs.

Rodriguez, F.; Reding; Sarna and Rice introduced:

H. F. No. 1737, A bill for an act relating to retirement; local police and salaried firefighters relief associations; providing minimum disability benefit coverage for certain police officers and firefighters; proposing new law coded in Minnesota Statutes, Chapter 423A.

The bill was read for the first time and referred to the Committee on Governmental Operations.

Voss, Rees and Peterson, D., introduced:

H. F. No. 1738, A bill for an act relating to municipal planning and zoning; prohibiting exclusion of manufactured homes and other types of single family dwellings; amending Minnesota Statutes 1980, Section 462.357, Subdivision 1.

The bill was read for the first time and referred to the Committee on Local and Urban Affairs.

Tomlinson; Nelson, K.; Himle; Evans and Vellenga introduced:

H. F. No. 1739, A bill for an act relating to residential energy credits; extending the effective date; amending Minnesota Statutes 1981 Supplement, Section 290.06, Subdivision 14.

The bill was read for the first time and referred to the Committee on Taxes.

Ellingson and Heinitz introduced:

H. F. No. 1740, A bill for an act relating to state government; regulating the data practices of the department of economic security; amending Minnesota Statutes 1980, Section 268.12, Subdivision 12.

The bill was read for the first time and referred to the Committee on Judiciary.

Ellingson and Heinitz introduced:

H. F. No. 1741, A bill for an act relating to the collection and dissemination of data; proposing the classification of certain welfare data as nonpublic; amending Minnesota Statutes 1980, Section 15.1691, Subdivision 6; Minnesota Statutes 1981 Supplement, Sections 15.781, Subdivision 1; and 15.791, Subdivision 9.

The bill was read for the first time and referred to the Committee on Judiciary.

Clark, K.; Greenfield and Peterson, D., introduced:

H. F. No. 1742, A bill for an act relating to taxation; real property; clarifying the assessment of property owned by a neighborhood real estate trust; amending Minnesota Statutes 1980, Section 273.13, Subdivision 17d.

The bill was read for the first time and referred to the Committee on Taxes.

Brinkman, Jude and Heinritz introduced:

H. F. No. 1743, A bill for an act relating to courts; authorizing courts to obtain the presence of persons confined in state institutions for court appearances; proposing new law coded in Minnesota Statutes, Chapter 589.

The bill was read for the first time and referred to the Committee on Judiciary.

Rothenberg; Rose; Peterson, B.; Kalis and Jude introduced:

H. F. No. 1744, A bill for an act relating to crimes; providing prima facie evidentiary standards for determining if persons were driving while under the influence of alcohol; enhancing criminal penalties for persons who are convicted of more than one offense of driving while under the influence of alcohol or a controlled substance; enhancing the length of revocation of a driver's license or operating privileges for each additional offense of driving while under the influence of alcohol or a controlled substance; requiring results of preliminary screening tests be recorded on a driver's record if there is an alcohol concentration between .05 and .10; authorizing chemical tests for persons incapable of refusing to submit to tests; authorizing written blood sample reports into evidence; amending Minnesota Statutes 1980, Sections 169.121, Subdivisions 1, 2, 3, 4, and 6; 169.123, Subdivisions 2, 3, 4, and by adding a subdivision; 171.12, by adding a subdivision; and Minnesota Statutes 1981 Supplement, Section 169.121, Subdivision 5.

The bill was read for the first time and referred to the Committee on Judiciary.

Hanson, Vanasek, Voss and Wynia introduced:

H. F. No. 1745, A bill for an act relating to public safety; regulating amusement rides; requiring state safety inspections of amusement rides; requiring liability insurance covering amusement rides; providing penalties; appropriating money; proposing new law coded as Minnesota Statutes, Chapter 182A.

The bill was read for the first time and referred to the Committee on General Legislation and Veterans Affairs.

Berkelman, Gustafson, Munger, Murphy and Lehto introduced:

H. F. No. 1746, A bill for an act relating to port authorities; authorizing seaway port authorities to establish a fiscal year based on the season for international shipping through the St. Lawrence Seaway; amending Minnesota Statutes 1981 Supplement, Section 458.14.

The bill was read for the first time and referred to the Committee on Local and Urban Affairs.

Pogemiller and Long introduced:

H. F. No. 1747, A bill for an act relating to the city of Minneapolis; providing for the security for certain rehabilitation loans; amending Laws 1977, Chapter 138, Section 2.

The bill was read for the first time and referred to the Committee on Local and Urban Affairs.

Kelly, Tomlinson, Hanson, Vellenga and Reif introduced:

H. F. No. 1748, A bill for an act relating to Ramsey county; providing for the organization, powers and duties of the Saint Paul-Ramsey Medical Center commission; permitting the issuance of revenue bonds; amending Laws 1974, Chapter 435, Section 3.14, as amended.

The bill was read for the first time and referred to the Committee on Local and Urban Affairs.

Forsythe; Sarna; Marsh; Rodriguez, C., and Heinitz introduced:

H. F. No. 1749, A bill for an act relating to economic development; providing an exception to the business licensing act; amending Minnesota Statutes 1981 Supplement, Section 362.452, Subdivision 2a.

The bill was read for the first time and referred to the Committee on Governmental Operations.

Swanson introduced:

H. F. No. 1750, A bill for an act relating to education; transferring the powers necessary and incident to the management, jurisdiction and control of the community colleges to the state university board; abolishing the state board for community colleges; providing for merger of the state university system and the state community college system; requiring transfer of vocational programs in state universities and community colleges to area vocational-technical institutes; prohibiting area vocational-technical institutes from granting associate degrees unless the degree is awarded jointly with a collegiate institution; amending Minnesota Statutes 1980, Sections 136.02; 136.03; 136.065; 136.12, Subdivision 1; 136.14; 136.60; 136.621, Subdivision 1; 136.63; 136.65; 136.67; and 136.88; Minnesota Statutes 1981 Supplement, Sections 121.218; 136.80, Subdivision 1; 136.82, Subdivision 1; and 136.87, Subdivision 1; proposing new law coded in Minnesota Statutes, Chapter 136; repealing Minnesota Statutes 1980, Sections 136.602; 136.603; 136.61; 136.62; and 136.70.

The bill was read for the first time and referred to the Committee on Education.

#### MESSAGES FROM THE SENATE

The following messages were received from the Senate:

Mr. Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned:

H. F. No. 1693, A resolution memorializing the governments of the United States and the Socialist Republic of Vietnam to take all possible actions to determine the fate of persons missing in action in Southeast Asia.

PATRICK E. FLAHAVEN, Secretary of the Senate

Mr. Speaker:

I hereby announce the passage by the Senate of the following House File, herewith returned, as amended by the Senate, in which amendment the concurrence of the House is respectfully requested:

H. F. No. 1478, A bill for an act relating to congressional districts; apportioning congressional districts; amending Minnesota Statutes 1980, Sections 2.741; 2.751; 2.761; 2.771; 2.781; 2.791; 2.801; and 2.811.

PATRICK E. FLAHAVEN, Secretary of the Senate

McCarron moved that the House refuse to concur in the Senate amendments to H. F. No. 1478, that the Speaker appoint a Conference Committee of 5 members of the House, and that the House requests that a like committee be appointed by the Senate to confer on the disagreeing votes of the two Houses. The motion prevailed.

Mr. Speaker:

I hereby announce the passage by the Senate of the following Senate File, herewith transmitted:

S. F. No. 1552.

PATRICK E. FLAHAVER, Secretary of the Senate

### FIRST READING OF SENATE BILLS

S. F. No. 1552, A bill for an act relating to legislative districts; reapportioning legislative districts; amending Minnesota Statutes 1980, Sections 2.021; 2.031; and 2.711; proposing new law coded in Minnesota Statutes, Chapter 2; repealing Minnesota Statutes 1980, Sections 2.041 to 2.701 and 2.712.

The bill was read for the first time and referred to the Committee on Reapportionment and Elections.

### MOTIONS AND RESOLUTIONS

Marsh moved that the name of Laidig be added as an author on H. F. No. 1025. The motion prevailed.

Peterson, D., moved that the names of Voss, Rees and McEachern be added as authors on H. F. No. 1668. The motion prevailed.

Niehaus moved that the name of Kalis be added as an author on H. F. No. 1675. The motion prevailed.

Harens moved that the names of McEachern and Wenzel be added as authors on H. F. No. 1669. The motion prevailed.

Drew moved that the name of O'Connor be added as an author on H. F. No. 1601. The motion prevailed.

Gruenes moved that the name of Rodriguez, C., be added as an author on H. F. No. 1671. The motion prevailed.

Begich moved that H. F. No. 1583 be recalled from the Committee on Local and Urban Affairs and be re-referred to the Committee on Environment and Natural Resources. The motion prevailed.

Zubay moved that H. F. No. 1664 be recalled from the Committee on Appropriations and be re-referred to the Committee on Education. The motion prevailed.

Carlson, L., moved that H. F. No. 1326 be returned to its author. The motion prevailed.

Ogren moved that H. F. No. 1551 be returned to its author. The motion prevailed.

House Resolution No. 20 was reported to the House.

Wenzel moved that House Resolution No. 20 be now adopted.

#### HOUSE RESOLUTION NO. 20

A house resolution commemorating the 100th anniversary of the birth of President Franklin D. Roosevelt.

*Whereas*, Franklin D. Roosevelt was born on January 30, 1882; and,

*Whereas*, he was first elected President of the United States on November 8, 1932, and served from March 9, 1933, until he died on April 12, 1945; and,

*Whereas*, his administration is remembered for the "100 days" in which more major legislation was passed than ever before in the history of the country; and,

*Whereas*, Franklin D. Roosevelt fathered the innovation of the New Deal—the most far-reaching economic and social policies in the nation's history—to end a national economic depression, and also led the United States to victory in World War II; and,

*Whereas*, he was also known for his personal magnetism and dedication to the poor and unfortunate of the nation; and,

*Whereas*, he is remembered as one of the most effective presidents in the history of the United States, and is ranked and rated by American historians as the greatest President of the 20th century; and,

*Whereas*, it is appropriate to commemorate his contribution to this country on this 100th anniversary of his birth and 50th anniversary of his first election as president; *Now, Therefore*,

*Be It Resolved* by the House of Representatives of the State of Minnesota that it commemorates the life and work of Frank-

lin D. Roosevelt. It urges all Minnesotans to recall him with admiration and to emulate his life and work.

*Be It Further Resolved* that the Chief Clerk of the House of Representatives is directed to prepare an enrolled copy of this resolution, to be authenticated by his signature and that of the Speaker, and that it be presented to members of the Roosevelt family, the Minnesota Congressional delegation, and the Smithsonian Institute in Washington, D.C.

A roll call was requested and properly seconded.

Piepho moved to amend House Resolution No. 20, as follows:

Page 1, line 9, delete "and" and insert "NOW, THEREFORE"

Page 1, delete lines 10 to 24

Page 2, delete lines 1 and 2

Page 2, line 5, delete everything after the period

Page 2, delete lines 6 to 12

A roll call was requested and properly seconded.

#### CALL OF THE HOUSE

On the motion of Hanson and on the demand of 10 members, a call of the House was ordered. The following members answered to their names:

Aasness	Ewald	Kelly	O'Connor	Sieben, M.
Ainley	Fjoslien	Knickerbocker	Ogren	Simoneau
Anderson, B.	Frerichs	Kostohryz	Olsen	Skoglund
Anderson, B.	Greenfield	Kvam	Onnen	Stadum
Anderson, G.	Gruenes	Laidig	Osthoff	Staten
Battaglia	Gustafson	Lehto	Otis	Stowell
Begich	Halberg	Lemen	Peterson, B.	Stumpf
Berkelman	Hanson	Long	Peterson, D.	Sviggum
Blatz	Harens	Ludeman	Piepho	Swanson
Brandl	Hauge	Luknie	Pogemiller	Tomlinson
Brinkman	Haukoos	Mann	Redalen	Valan
Byrne	Heap	Marsh	Rees	Valento
Carlson, L.	Heinitz	McCarron	Reif	Vanasek
Clark, J.	Himle	McDonald	Rice	Voss
Clark, K.	Hoberg	McEachern	Rodriguez, F.	Weaver
Clawson	Hokanson	Mehrkins	Rose	Welch
Dahlvang	Hokr	Metzen	Rothenberg	Welker
Dean	Jacobs	Minne	Samuelson	Wenzel
Dempsey	Jennings	Munger	Sarna	Wieser
Den Ouden	Johnson, C.	Nelsen, B.	Schafer	Wigley
Drew	Johnson, D.	Nelson, K.	Schoenfeld	Wynia
Eken	Jude	Niehaus	Schreiber	Zubay
Elioff	Kahn	Norton	Shea	Spkr. Sieben, H.
Esau	Kaley	Novak	Sherman	
Evans	Kalis	Nysether	Sherwood	

Eken moved that further proceedings of the roll call be dispensed with and that the Sergeant at Arms be instructed to bring in the absentees. The motion prevailed and it was so ordered.

The question recurred on the Piepho amendment and the roll was called.

Vanasek moved that those not voting be excused from voting. The motion prevailed.

There were 34 yeas and 86 nays as follows:

Those who voted in the affirmative were:

Aasness	Frerichs	Knickerbocker	Nelsen, B.	Sherwood
Ainley	Haukoos	Kvam	Niehaus	Sviggum
Carlson, D.	Heap	Lemen	Onnen	Valan
Dean	Himle	Levi	Piepho	Valento
Den Ouden	Hoberg	Ludeman	Redalen	Welker
Esau	Jennings	McDonald	Reif	Wieser
Evans	Kaley	Mehrkens	Schafer	

Those who voted in the negative were:

Anderson, B.	Elioff	Kelly	Otis	Stadum
Anderson, G.	Ellingson	Kostohryz	Peterson, D.	Staten
Anderson, I.	Ewald	Lehto	Pogemiller	Stumpf
Battaglia	Fjoslien	Long	Reding	Swanson
Begich	Greenfield	Luknic	Rees	Tomlinson
Berkelman	Gruenes	Mann	Rice	Vanasek
Blatz	Gustafson	McCarron	Rodriguez, F.	Voss
Brandl	Hanson	McEachern	Rose	Weaver
Brinkman	Harens	Metzen	Rothenberg	Welch
Byrne	Hauge	Minne	Samuelson	Wenzel
Carlson, L.	Hokanson	Munger	Sarna	Wigley
Clark, J.	Hokr	Nelson, K.	Schoenfeld	Wynia
Clark, K.	Jacobs	Novak	Schreiber	Zubay
Clawson	Johnson, C.	Nysether	Shea	Spkr. Sieben, H.
Dahlvang	Johnson, D.	O'Connor	Sherman	
Dempsey	Jude	Ogren	Sieben, M.	
Drew	Kahn	Olsen	Simoneau	
Eken	Kalis	Osthoff	Skoglund	

The motion did not prevail and the amendment was not adopted.

Sherman moved to amend House Resolution No. 20, as follows:

Page 1, line 14, delete "the most far-reaching economic and social"

Page 1, line 15, delete "policies in the nations's history—"

Page 1, line 15, delete "end" and insert "address"

Page 1, line 21, delete "and is ranked"

Page 1, delete lines 22 and 23

A roll call was requested and properly seconded.

The question was taken on the Sherman amendment and the roll was called.

Vanasek moved that those not voting be excused from voting. The motion prevailed.

There were 49 yeas and 72 nays as follows:

Those who voted in the affirmative were:

Aasness	Frerichs	Kvam	Olsen	Sherman
Ainley	Halberg	Laidig	Onnen	Sherwood
Blatz	Haukoos	Lemen	Piepho	Stadum
Carlson, D.	Heap	Ludeman	Redalen	Sviggum
Dean	Himle	Luknic	Rees	Valan
Dempsey	Hoberg	McDonald	Reif	Valento
Den Ouden	Hokr	Mehrkens	Rose	Welker
Esau	Jennings	Nelsen, B.	Rothenberg	Wieser
Evans	Johnson, D.	Niehaus	Schafer	Wigley
Fjoslien	Knickerbocker	Nysether	Schreiber	

Those who voted in the negative were:

Anderson, B.	Eken	Kalis	Ogren	Staten
Anderson, G.	Elioff	Kelly	Osthoff	Stumpf
Anderson, I.	Ellingson	Kostohryz	Otis	Swanson
Battaglia	Ewald	Lehto	Peterson, D.	Tomlinson
Begich	Greenfield	Long	Pogemiller	Vanasek
Berkelman	Gruenes	Mann	Reding	Voss
Brandl	Gustafson	McCarron	Rice	Weaver
Brinkman	Hanson	McEachern	Rodriguez, F.	Welch
Byrne	Harens	Metzen	Samuelson	Wenzel
Carlson, L.	Hauge	Minne	Sarna	Wynia
Clark, J.	Hokanson	Munger	Schoenfeld	Zubay
Clark, K.	Jacobs	Nelson, K.	Shea	Spkr. Sieben, H.
Clawson	Johnson, C.	Norton	Sieben, M.	
Dahlvang	Jude	Novak	Simoneau	
Drew	Kahn	O'Connor	Skoglund	

The motion did not prevail and the amendment was not adopted.

Sherwood moved to amend House Resolution No. 20, as follows:

Page 2, line 6, after "his" insert "public"

The motion did not prevail and the amendment was not adopted.

The question was taken on House Resolution No. 20 and the roll was called.

McDonald moved that those not voting be excused from voting. The motion did not prevail.

Eken moved that those not voting be excused from voting. The motion prevailed.

There were 97 yeas and 23 nays as follows:

Those who voted in the affirmative were:

Anderson, B.	Esau	Kelly	O'Connor	Sieben, M.
Anderson, G.	Ewald	Knickerbocker	Ogren	Simoneau
Anderson, I.	Greenfield	Kostohryz	Olsen	Skoglund
Battaglia	Gruenes	Laidig	Osthoff	Stadum
Begich	Gustafson	Lehto	Otis	Staten
Berkelman	Hanson	Levi	Peterson, D.	Stumpf
Blatz	Harens	Long	Pogemiller	Sviggum
Brandl	Hauge	Luknic	Redalen	Swanson
Brinkman	Haukoos	Mann	Reding	Tomlinson
Byrne	Heap	McCarron	Rees	Vanasek
Carlson, D.	Himle	McEachern	Rice	Voss
Carlson, L.	Hokanson	Metzen	Rodriguez, F.	Weaver
Clark, J.	Jacobs	Minne	Rose	Welch
Clark, K.	Jennings	Munger	Rothenberg	Wenzel
Clawson	Johnson, C.	Nelsen, B.	Samuelson	Wynia
Dahlvang	Johnson, D.	Nelson, K.	Sarna	Zubay
Drew	Jude	Niehaus	Schoenfeld	Spkr. Sieben, H.
Eken	Kahn	Norton	Schreiber	
Elioff	Kaley	Novak	Shea	
Ellingson	Kalis	Nysether	Sherman	

Those who voted in the negative were:

Aasness	Evans	Lemen	Reif	Welker
Ainley	Frerichs	McDonald	Schafer	Wieser
Dean	Halberg	Mehrkens	Sherwood	Wigley
Dempsey	Hoberg	Onnen	Valan	
Den Ouden	Kvam	Piepho	Valento	

The motion prevailed and the resolution was adopted.

#### ADJOURNMENT

Eken moved that when the House adjourns today it adjourn until 2:00 p.m., Monday, February 1, 1982. The motion prevailed.

Eken moved that the House adjourn. The motion prevailed, and the Speaker declared the House stands adjourned until 2:00 p.m., Monday, February 1, 1982.

EDWARD A. BURDICK, Chief Clerk, House of Representatives

