

SENATE

STATE OF MINNESOTA

NINETY-FOURTH SESSION

S.F. No. 626

(SENATE AUTHORS: RASMUSSEN, Hoffman, Fateh and Abeler)		
DATE	D-PG	OFFICIAL STATUS
01/27/2025	179	Introduction and first reading Referred to Human Services
02/03/2025	238a	Comm report: To pass as amended and re-refer to State and Local Government

1.1

A bill for an act

1.2

relating to direct care and treatment; establishing a commissioner and the

1.3

Department of Direct Care and Treatment; repealing the direct care and treatment

1.4

executive board; establishing the Advisory Council on Direct Care and Treatment;

1.5

repealing an advisory committee; amending Minnesota Statutes 2024, sections

1.6

10.65, subdivision 2; 15.01; 15.06, subdivision 1; 15A.0815, subdivision 2;

1.7

15A.082, subdivisions 1, 3, 7; 43A.08, subdivisions 1, 1a; 245.021; 245.073;

1.8

246.13, subdivision 1; 246B.01, by adding a subdivision; 246C.01; 246C.015,

1.9

subdivision 3, by adding a subdivision; 246C.02, subdivision 1; 246C.04,

1.10

subdivisions 2, 3; 246C.07, subdivisions 1, 2, 8; 246C.09, subdivision 3; 246C.091,

1.11

subdivisions 2, 3, 4; 252.021, by adding a subdivision; 252.50, subdivision 5;

1.12

253.195, by adding a subdivision; 253B.02, subdivisions 3, 4c, by adding a

1.13

subdivision; 253B.03, subdivision 7; 253B.041, subdivision 4; 253B.09, subdivision

1.14

3a; 253B.18, subdivision 6; 253B.19, subdivision 2; 253B.20, subdivision 2;

1.15

253D.02, subdivision 3, by adding a subdivision; 254B.05, subdivision 4; 256.045,

1.16

subdivisions 6, 7, by adding a subdivision; 256G.09, subdivision 3; 352.91,

1.17

subdivisions 2a, 3c, 3d, 4a; 524.3-801; 611.57, subdivision 2; proposing coding

1.18

for new law in Minnesota Statutes, chapter 246C; repealing Minnesota Statutes

1.19

2024, sections 246B.01, subdivision 2; 246C.015, subdivisions 2, 5a, 6; 246C.06,

1.20

subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10; 246C.07, subdivisions 4, 5; 246C.08;

1.21

252.021, subdivision 2; 253.195, subdivision 2; 253B.02, subdivision 7b; 253D.02,

1.22

subdivision 7a; 254B.01, subdivision 15; 256.045, subdivision 1a; 256G.02,

1.23

subdivision 5a; Laws 2024, chapter 79, article 1, section 20; Laws 2024, chapter

1.24

125, article 5, sections 40; 41; Laws 2024, chapter 127, article 50, sections 40; 41.

1.25

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

1.26

ARTICLE 1

1.27

COMMISSIONER OF DIRECT CARE AND TREATMENT

1.28

Section 1. Minnesota Statutes 2024, section 10.65, subdivision 2, is amended to read:

1.29

Subd. 2. **Definitions.** As used in this section, the following terms have the meanings

1.30

given:

(1) "agency" means the Department of Administration; Department of Agriculture; Department of Children, Youth, and Families; Department of Commerce; Department of Corrections; Department of Direct Care and Treatment; Department of Education; Department of Employment and Economic Development; Department of Health; Office of Higher Education; Housing Finance Agency; Department of Human Rights; Department of Human Services; Department of Information Technology Services; Department of Iron Range Resources and Rehabilitation; Department of Labor and Industry; Minnesota Management and Budget; Bureau of Mediation Services; Department of Military Affairs; Metropolitan Council; Department of Natural Resources; Pollution Control Agency; Department of Public Safety; Department of Revenue; Department of Transportation; Department of Veterans Affairs; ~~Direct Care and Treatment~~; Gambling Control Board; Racing Commission; the Minnesota Lottery; the Animal Health Board; the Public Utilities Commission; and the Board of Water and Soil Resources;

(2) "consultation" means the direct and interactive involvement of the Minnesota Tribal governments in the development of policy on matters that have Tribal implications. Consultation is the proactive, affirmative process of identifying and seeking input from appropriate Tribal governments and considering their interest as a necessary and integral part of the decision-making process. This definition adds to statutorily mandated notification procedures. During a consultation, the burden is on the agency to show that it has made a good faith effort to elicit feedback. Consultation is a formal engagement between agency officials and the governing body or bodies of an individual Minnesota Tribal government that the agency or an individual Tribal government may initiate. Formal meetings or communication between top agency officials and the governing body of a Minnesota Tribal government is a necessary element of consultation;

(3) "matters that have Tribal implications" means rules, legislative proposals, policy statements, or other actions that have substantial direct effects on one or more Minnesota Tribal governments, or on the distribution of power and responsibilities between the state and Minnesota Tribal governments;

(4) "Minnesota Tribal governments" means the federally recognized Indian Tribes located in Minnesota including: Bois Forte Band; Fond Du Lac Band; Grand Portage Band; Leech Lake Band; Mille Lacs Band; White Earth Band; Red Lake Nation; Lower Sioux Indian Community; Prairie Island Indian Community; Shakopee Mdewakanton Sioux Community; and Upper Sioux Community; and

(5) "timely and meaningful" means done or occurring at a favorable or useful time that allows the result of consultation to be included in the agency's decision-making process for a matter that has Tribal implications.

Sec. 2. Minnesota Statutes 2024, section 15.01, is amended to read:

15.01 DEPARTMENTS OF THE STATE.

The following agencies are designated as the departments of the state government: the Department of Administration; the Department of Agriculture; the Department of Children, Youth, and Families; the Department of Commerce; the Department of Corrections; the Department of Direct Care and Treatment; the Department of Education; the Department of Employment and Economic Development; the Department of Health; the Department of Human Rights; the Department of Human Services; the Department of Information Technology Services; the Department of Iron Range Resources and Rehabilitation; the Department of Labor and Industry; the Department of Management and Budget; the Department of Military Affairs; the Department of Natural Resources; the Department of Public Safety; the Department of Revenue; the Department of Transportation; the Department of Veterans Affairs; and their successor departments.

Sec. 3. Minnesota Statutes 2024, section 15.06, subdivision 1, is amended to read:

Subdivision 1. **Applicability.** This section applies to the following departments or agencies: the Departments of Administration; Agriculture; Children, Youth, and Families; Commerce; Corrections; Direct Care and Treatment; Education; Employment and Economic Development; Health; Human Rights; Human Services; Iron Range Resources and Rehabilitation; Labor and Industry; Management and Budget; Natural Resources; Public Safety; Revenue; Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies; the Department of Information Technology Services; the Bureau of Mediation Services; and their successor departments and agencies. The heads of the foregoing departments or agencies are "commissioners."

Sec. 4. Minnesota Statutes 2024, section 246C.01, is amended to read:

246C.01 TITLE.

This chapter may be cited as the "Department of Direct Care and Treatment Act."

4.1 Sec. 5. Minnesota Statutes 2024, section 246C.015, subdivision 3, is amended to read:

4.2 Subd. 3. **Commissioner.** "Commissioner" means the commissioner of ~~human services~~
4.3 direct care and treatment.

4.4 Sec. 6. Minnesota Statutes 2024, section 246C.015, is amended by adding a subdivision
4.5 to read:

4.6 Subd. 5b. **Department.** "Department" means the Department of Direct Care and
4.7 Treatment.

4.8 Sec. 7. Minnesota Statutes 2024, section 246C.02, subdivision 1, is amended to read:

4.9 Subdivision 1. **Establishment.** The Department of Direct Care and Treatment is created
4.10 as an agency headed by an executive board established.

4.11 Sec. 8. Minnesota Statutes 2024, section 246C.04, subdivision 2, is amended to read:

4.12 Subd. 2. **Transfer of custody of civilly committed persons.** The commissioner of
4.13 human services shall continue to exercise all authority and responsibility for and retain
4.14 custody of persons subject to civil commitment under chapter 253B or 253D until July 1,
4.15 2025. Effective July 1, 2025, custody of persons subject to civil commitment under chapter
4.16 253B or 253D and in the custody of the commissioner of human services as of that date is
4.17 hereby transferred to the ~~executive board~~ commissioner without any further act or proceeding.
4.18 Authority and responsibility for the commitment of such persons is transferred to the
4.19 ~~executive board~~ commissioner July 1, 2025.

4.20 Sec. 9. Minnesota Statutes 2024, section 246C.04, subdivision 3, is amended to read:

4.21 Subd. 3. **Control of direct care and treatment.** The commissioner of human services
4.22 shall continue to exercise all authorities and responsibilities under this chapter and chapters
4.23 13, 245, 246, 246B, 252, 253, 253B, 253C, 253D, 254A, 254B, and 256, with reference to
4.24 any state-operated service, program, or facility subject to transfer under Laws 2024, chapter
4.25 79; Laws 2024, chapter 125, article 5; and Laws 2024, chapter 127, article 50, until July 1,
4.26 2025. Effective July 1, 2025, the powers and duties vested in or imposed upon the
4.27 commissioner of human services with reference to any state-operated service, program, or
4.28 facility are hereby transferred to, vested in, and imposed upon the ~~executive board~~
4.29 commissioner according to this chapter and applicable state law. Effective July 1, 2025, the
4.30 ~~executive board~~ commissioner has the exclusive power of administration and management
4.31 of all state hospitals for persons with a developmental disability, mental illness, or substance

5.1 use disorder. Effective July 1, 2025, the ~~executive board~~ commissioner has the power and
5.2 authority to determine all matters relating to the development of all of the foregoing
5.3 institutions and of such other institutions vested in the ~~executive board~~ commissioner.
5.4 Effective July 1, 2025, the powers, functions, and authority vested in the commissioner of
5.5 human services relative to such state institutions are transferred to the ~~executive board~~
5.6 commissioner according to this chapter and applicable state law.

5.7 Sec. 10. Minnesota Statutes 2024, section 246C.07, subdivision 1, is amended to read:

5.8 Subdivision 1. **Generally.** (a) The ~~executive board~~ commissioner must operate the
5.9 ~~agency department~~ according to this chapter and applicable state and federal law. The overall
5.10 management and control of the ~~agency department~~ is vested in the ~~executive board~~
5.11 commissioner in accordance with this chapter.

5.12 ~~(b) The executive board must appoint a chief executive officer according to section~~
5.13 ~~246C.08. The chief executive officer is responsible for the administrative and operational~~
5.14 ~~duties of Direct Care and Treatment in accordance with this chapter.~~

5.15 ~~(e) (b)~~ The ~~executive board~~ commissioner may delegate duties imposed by this chapter
5.16 and under applicable state and federal law as deemed appropriate by the ~~board~~ commissioner
5.17 and in accordance with this chapter. Any delegation of a specified statutory duty or power
5.18 to an employee of the Department of Direct Care and Treatment ~~other than the chief executive~~
5.19 ~~officer~~ must be made by written order and filed with the secretary of state. ~~Only the chief~~
5.20 ~~executive officer shall have the powers and duties of the executive board as specified in~~
5.21 ~~section 246C.08.~~

5.22 Sec. 11. Minnesota Statutes 2024, section 246C.07, subdivision 2, is amended to read:

5.23 Subd. 2. **Principles.** The ~~executive board~~ commissioner, in undertaking ~~its~~ the
5.24 commissioner's duties and responsibilities and within the Department of Direct Care and
5.25 Treatment resources, shall act according to the following principles:

5.26 (1) prevent the waste or unnecessary spending of public money;

5.27 (2) use innovative fiscal and human resource practices to manage the state's resources
5.28 and operate the ~~agency department~~ as efficiently as possible;

5.29 (3) coordinate Department of Direct Care and Treatment activities wherever appropriate
5.30 with the activities of other governmental agencies;

(4) use technology where appropriate to increase ~~agency~~ department productivity, improve customer service, increase public access to information about government, and increase public participation in the business of government; and

(5) utilize constructive and cooperative labor management practices to the extent otherwise required by chapter 43A or 179A.

Sec. 12. Minnesota Statutes 2024, section 246C.07, subdivision 8, is amended to read:

Subd. 8. **Biennial estimates; suggestions for legislation.** ~~The executive board~~ commissioner shall prepare, for the use of the legislature, biennial estimates of appropriations necessary or expedient to be made for the support of the institutions and for extraordinary and special expenditures for buildings and other improvements. ~~The executive board~~ commissioner shall make suggestions relative to legislation for the benefit of the institutions. ~~The executive board~~ commissioner shall report the estimates and suggestions to the legislature on or before November 15 in each even-numbered year. ~~A designee of the executive board~~ The commissioner on request shall appear before any legislative committee and furnish any required information in regard to the condition of any such institution.

Sec. 13. **[246C.075] ADVISORY COUNCIL ON DIRECT CARE AND TREATMENT.**

Subdivision 1. Establishment. An Advisory Council on Direct Care and Treatment is established.

Subd. 2. Membership. (a) The Advisory Council on Direct Care and Treatment must consist of no more than 15 members appointed as provided in section 15.0597. The advisory council must include:

(1) one member who is a licensed physician with experience serving behavioral health patients or a licensed psychiatrist, appointed by the commissioner;

(2) two members with executive management experience at a hospital or health care system, or experience serving on the board of a hospital or health care system, appointed by the commissioner;

(3) three members, each appointed by the commissioner, who have experience working:

(i) in the delivery of behavioral health services;

(ii) in care coordination;

(iii) in traditional healing practices;

(iv) as a licensed health care professional;

7.1 (v) within health care administration; or

7.2 (vi) with residential services;

7.3 (4) one member appointed by the Association of Counties;

7.4 (5) one member who has an active role as a union representative representing staff at

7.5 the Department of Direct Care and Treatment appointed by joint representatives of the

7.6 following unions: American Federation of State, County, and Municipal Employees

7.7 (AFSCME); Minnesota Association of Professional Employees (MAPE); Minnesota Nurses

7.8 Association (MNA); Middle Management Association (MMA); and State Residential

7.9 Schools Education Association (SRSEA);

7.10 (6) one member appointed by the National Alliance on Mental Illness Minnesota;

7.11 (7) two members representing people with lived experience being served by state-operated

7.12 treatment programs or their families, appointed by the commissioner; and

7.13 (8) up to four additional members appointed by the commissioner reflecting community

7.14 interests or perspectives the commissioner deems valuable.

7.15 (b) Membership on the advisory council must include representation from outside the

7.16 seven-county metropolitan area, as defined in section 473.121, subdivision 2.

7.17 (c) Appointing authorities under paragraph (a) must make initial appointments by

7.18 September 1, 2025.

7.19 Subd. 3. **Terms; compensation; removal; vacancies; expiration.** (a) The membership

7.20 terms, compensation, removal of members, and filling of vacancies of members are as

7.21 provided in section 15.059, except that council members shall not receive a per diem.

7.22 (b) The advisory council does not expire.

7.23 Subd. 4. **Meetings.** (a) The members of the advisory council shall elect a chair from

7.24 among their membership at the first meeting and annually thereafter or upon a vacancy in

7.25 the chair. The advisory council shall meet at the call of the commissioner, the call of the

7.26 chair, or upon the call of a majority of members.

7.27 (b) The first meeting of the advisory council must be held no later than September 15,

7.28 2025.

7.29 Subd. 5. **Duties.** The advisory council shall advise the commissioner regarding the

7.30 operations of the Department of Direct Care and Treatment, the clinical standards of care

7.31 for patients and clients of state-operated programs, and provide recommendations to the

7.32 commissioner for improving the department's role in the state's mental health care system.

8.1 Sec. 14. Minnesota Statutes 2024, section 246C.09, subdivision 3, is amended to read:

8.2 Subd. 3. **Duties.** The executive medical director shall:

8.3 (1) oversee the clinical provision of inpatient mental health services provided in the
8.4 state's regional treatment centers;

8.5 (2) recruit and retain psychiatrists to serve on the ~~Direct Care and Treatment~~ department
8.6 medical staff established in subdivision 4;

8.7 (3) consult with the ~~executive board, the chief executive officer, commissioner~~ and
8.8 community mental health center directors to develop standards for treatment and care of
8.9 patients in state-operated service programs;

8.10 (4) develop and oversee a continuing education program for members of the medical
8.11 staff; and

8.12 (5) participate and cooperate in the development and maintenance of a quality assurance
8.13 program for state-operated services that assures that residents receive continuous quality
8.14 inpatient, outpatient, and postdischarge care.

8.15 Sec. 15. Minnesota Statutes 2024, section 246C.091, subdivision 2, is amended to read:

8.16 Subd. 2. **Facilities management account.** A facilities management account is created
8.17 in the special revenue fund of the state treasury. Beginning July 1, 2025, money in the
8.18 account is appropriated to the commissioner of direct care and treatment ~~executive board~~
8.19 and may be used to maintain buildings, acquire facilities, renovate existing buildings, or
8.20 acquire land for the design and construction of buildings for ~~Direct Care and Treatment~~
8.21 department use. Money received for maintaining state property under control of the ~~executive~~
8.22 ~~board~~ commissioner may be deposited into this account.

8.23 Sec. 16. Minnesota Statutes 2024, section 246C.091, subdivision 3, is amended to read:

8.24 Subd. 3. **Direct care and treatment systems account.** (a) The direct care and treatment
8.25 systems account is created in the special revenue fund of the state treasury. Beginning July
8.26 1, 2025, money in the account is appropriated to the commissioner of direct care and
8.27 treatment ~~executive board~~ and may be used for security systems and information technology
8.28 projects, services, and support under the control of the ~~executive board~~ commissioner.

8.29 (b) The commissioner of human services shall transfer all money allocated to the direct
8.30 care and treatment systems projects under section 256.014 to the direct care and treatment
8.31 systems account under this section by June 30, 2026.

Sec. 17. Minnesota Statutes 2024, section 246C.091, subdivision 4, is amended to read:

Subd. 4. **Cemetery maintenance account.** The cemetery maintenance account is created in the special revenue fund of the state treasury. Money in the account is appropriated to the ~~executive board~~ commissioner of direct care and treatment for the maintenance of cemeteries under control of the ~~executive board~~ commissioner. Money allocated to ~~Direct Care and Treatment~~ department cemeteries may be transferred to this account.

Sec. 18. **INITIAL APPOINTMENT OF COMMISSIONER OF DIRECT CARE AND TREATMENT.**

The initial appointment of a commissioner of direct care and treatment or initial designation of a temporary commissioner of direct care and treatment by the governor under Minnesota Statutes, section 15.06, must be made by July 1, 2025. Notwithstanding Minnesota Statutes, section 15.066, subdivision 2, clause (4), the initial appointment of a commissioner of direct care and treatment or initial designation of a temporary commissioner of direct care and treatment is effective no earlier than July 1, 2025.

Sec. 19. **DISSOLUTION OF THE DIRECT CARE AND TREATMENT EXECUTIVE BOARD.**

Subdivision 1. **Dissolution of executive board.** Upon the effective date of this section, the direct care and treatment executive board under Minnesota Statutes, section 246C.06, is dissolved.

Subd. 2. **Transfer of duties.** (a) Any authorities and responsibilities that were vested in the executive board prior to July 1, 2025, are transferred to the commissioner of human services. Minnesota Statutes, section 15.039, applies to the transfer of responsibilities from the direct care and treatment executive board to the commissioner of human services between the effective date of this section and July 1, 2025.

(b) Minnesota Statutes, section 246C.04, governs the transfer of authority and responsibility on July 1, 2025, from the commissioner of human services to the commissioner of direct care and treatment.

Sec. 20. **REVISOR INSTRUCTION.**

(a) The revisor of statutes shall change the term "Direct Care and Treatment" to "the Department of Direct Care and Treatment" and "agency" to "department" wherever the terms appear in respect to the governmental entity with programmatic direction and fiscal control over state-operated services, programs, or facilities under Minnesota Statutes, chapter

10.1 246C. The revisor may make technical and other necessary changes to sentence structure
10.2 to preserve the meaning of the text.

10.3 (b) The revisor of statutes shall change the term "executive board" to "commissioner"
10.4 and "Direct Care and Treatment executive board" to "commissioner of direct care and
10.5 treatment" wherever the terms appear in respect to the head of the governmental entity with
10.6 programmatic direction and fiscal control over state-operated services, programs, or facilities
10.7 under Minnesota Statutes, chapter 246C. The revisor may make technical and other necessary
10.8 changes to sentence structure to preserve the meaning of the text.

10.9 (c) The revisor of statutes shall change the term "chief executive officer" to
10.10 "commissioner" and "Direct Care and Treatment chief executive officer" to "commissioner
10.11 of direct care and treatment" wherever the terms appear in respect to the individual
10.12 responsible for the administrative and operational management of the governmental entity
10.13 with programmatic direction and fiscal control over state-operated services, programs, or
10.14 facilities under Minnesota Statutes, chapter 246C. The revisor may make technical and other
10.15 necessary changes to sentence structure to preserve the meaning of the text.

10.16 Sec. 21. **REVISOR INSTRUCTION.**

10.17 The revisor of statutes, in consultation with the House Research Department; the Office
10.18 of Senate Counsel, Research and Fiscal Analysis; the Department of Human Services; and
10.19 the Department of Direct Care and Treatment, shall make necessary cross-reference changes
10.20 to conform with this act. The revisor may make technical and other necessary changes to
10.21 sentence structure to preserve the meaning of the text. The revisor may alter the coding in
10.22 this act to incorporate statutory changes made by other law in the 2025 regular legislative
10.23 session.

10.24 Sec. 22. **REVISOR INSTRUCTION.**

10.25 The revisor of statutes shall renumber Minnesota Statutes, section 246C.06, subdivision
10.26 11, as Minnesota Statutes, section 246C.07, subdivision 4a, and correct all cross-references.

10.27 Sec. 23. **REPEALER.**

10.28 (a) Minnesota Statutes 2024, sections 246C.015, subdivisions 2, 5a, and 6; 246C.06,
10.29 subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10; 246C.07, subdivisions 4 and 5; and 246C.08,
10.30 are repealed.

10.31 (b) Laws 2024, chapter 79, article 1, section 20, is repealed.

11.1 (c) Laws 2024, chapter 125, article 5, sections 40; and 41; and Laws 2024, chapter 127,
11.2 article 50, sections 40; and 41, are repealed retroactive to July 1, 2024.

11.3 Sec. 24. **EFFECTIVE DATE.**

11.4 This article is effective the day following final enactment.

11.5 **ARTICLE 2**

11.6 **CONFORMING CHANGES**

11.7 Section 1. Minnesota Statutes 2024, section 15A.0815, subdivision 2, is amended to read:

11.8 Subd. 2. **Agency head salaries.** The salary for a position listed in this subdivision shall
11.9 be determined by the Compensation Council under section 15A.082. The commissioner of
11.10 management and budget must publish the salaries on the department's website. This
11.11 subdivision applies to the following positions:

11.12 Commissioner of administration;

11.13 Commissioner of agriculture;

11.14 Commissioner of education;

11.15 Commissioner of children, youth, and families;

11.16 Commissioner of commerce;

11.17 Commissioner of corrections;

11.18 Commissioner of health;

11.19 Commissioner, Minnesota Office of Higher Education;

11.20 Commissioner, Minnesota IT Services;

11.21 Commissioner, Housing Finance Agency;

11.22 Commissioner of human rights;

11.23 Commissioner of human services;

11.24 Commissioner of labor and industry;

11.25 Commissioner of management and budget;

11.26 Commissioner of natural resources;

11.27 Commissioner, Pollution Control Agency;

11.28 Commissioner of public safety;

- 12.1 Commissioner of revenue;
- 12.2 Commissioner of employment and economic development;
- 12.3 Commissioner of transportation;
- 12.4 Commissioner of veterans affairs;
- 12.5 Commissioner of direct care and treatment;
- 12.6 Executive director of the Gambling Control Board;
- 12.7 Executive director of the Minnesota State Lottery;
- 12.8 Executive director of the Office of Cannabis Management;
- 12.9 Commissioner of Iron Range resources and rehabilitation;
- 12.10 Commissioner, Bureau of Mediation Services;
- 12.11 Ombudsman for mental health and developmental disabilities;
- 12.12 Ombudsperson for corrections;
- 12.13 Chair, Metropolitan Council;
- 12.14 Chair, Metropolitan Airports Commission;
- 12.15 School trust lands director;
- 12.16 Executive director of pari-mutuel racing;
- 12.17 Commissioner, Public Utilities Commission;
- 12.18 ~~Chief Executive Officer, Direct Care and Treatment;~~ and
- 12.19 Director of the Office of Emergency Medical Services.
- 12.20 Sec. 2. Minnesota Statutes 2024, section 15A.082, subdivision 1, is amended to read:
- 12.21 Subdivision 1. **Creation.** A Compensation Council is created each odd-numbered year
- 12.22 to establish the compensation of constitutional officers and the heads of state and metropolitan
- 12.23 agencies identified in section 15A.0815, and to assist the legislature in establishing the
- 12.24 compensation of justices of the supreme court and judges of the court of appeals and district
- 12.25 court, ~~and to determine the daily compensation for voting members of the Direct Care and~~
- 12.26 ~~Treatment executive board.~~

13.1 Sec. 3. Minnesota Statutes 2024, section 15A.082, subdivision 3, is amended to read:

13.2 Subd. 3. **Submission of recommendations and determination.** (a) By April 1 in each
13.3 odd-numbered year, the Compensation Council shall submit to the speaker of the house and
13.4 the president of the senate salary recommendations for justices of the supreme court, and
13.5 judges of the court of appeals and district court. The recommended salaries take effect on
13.6 July 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
13.7 the council recommends thereafter, unless the legislature by law provides otherwise. The
13.8 salary recommendations take effect if an appropriation of money to pay the recommended
13.9 salaries is enacted after the recommendations are submitted and before their effective date.
13.10 Recommendations may be expressly modified or rejected.

13.11 (b) By April 1 in each odd-numbered year, the Compensation Council must prescribe
13.12 salaries for constitutional officers, and for the agency and metropolitan agency heads
13.13 identified in section 15A.0815. The prescribed salary for each office must take effect July
13.14 1 of that year and July 1 of the subsequent even-numbered year and at whatever interval
13.15 the council determines thereafter, unless the legislature by law provides otherwise. An
13.16 appropriation by the legislature to fund the relevant office, branch, or agency of an amount
13.17 sufficient to pay the salaries prescribed by the council constitutes a prescription by law as
13.18 provided in the Minnesota Constitution, article V, sections 4 and 5.

13.19 ~~(c) By April 1 in each odd-numbered year, the Compensation Council must prescribe~~
13.20 ~~daily compensation for voting members of the Direct Care and Treatment executive board.~~
13.21 ~~The recommended daily compensation takes effect on July 1 of that year and July 1 of the~~
13.22 ~~subsequent even-numbered year and at whatever interval the council recommends thereafter,~~
13.23 ~~unless the legislature by law provides otherwise.~~

13.24 Sec. 4. Minnesota Statutes 2024, section 15A.082, subdivision 7, is amended to read:

13.25 Subd. 7. **No ex parte communications.** Members may not have any communication
13.26 with a constitutional officer, a head of a state agency, or a member of the judiciary, ~~or a~~
13.27 ~~member of the Direct Care and Treatment executive board~~ during the period after the first
13.28 meeting is convened under this section and the date the prescribed and recommended salaries
13.29 ~~and daily compensation~~ are submitted under subdivision 3.

13.30 Sec. 5. Minnesota Statutes 2024, section 43A.08, subdivision 1, is amended to read:

13.31 Subdivision 1. **Unclassified positions.** Unclassified positions are held by employees
13.32 who are:

- 14.1 (1) chosen by election or appointed to fill an elective office;
- 14.2 (2) heads of agencies required by law to be appointed by the governor or other elective
14.3 officers, and the executive or administrative heads of departments, bureaus, divisions, and
14.4 institutions specifically established by law in the unclassified service;
- 14.5 (3) deputy and assistant agency heads and one confidential secretary in the agencies
14.6 listed in subdivision 1a;
- 14.7 (4) the confidential secretary to each of the elective officers of this state and, for the
14.8 secretary of state and state auditor, an additional deputy, clerk, or employee;
- 14.9 (5) intermittent help employed by the commissioner of public safety to assist in the
14.10 issuance of vehicle licenses;
- 14.11 (6) employees in the offices of the governor and of the lieutenant governor and one
14.12 confidential employee for the governor in the Office of the Adjutant General;
- 14.13 (7) employees of the Washington, D.C., office of the state of Minnesota;
- 14.14 (8) employees of the legislature and of legislative committees or commissions; provided
14.15 that employees of the Legislative Audit Commission, except for the legislative auditor, the
14.16 deputy legislative auditors, and their confidential secretaries, shall be employees in the
14.17 classified service;
- 14.18 (9) presidents, vice-presidents, deans, other managers and professionals in academic
14.19 and academic support programs, administrative or service faculty, teachers, research
14.20 assistants, and student employees eligible under terms of the federal Economic Opportunity
14.21 Act work study program in the Perpich Center for Arts Education and the Minnesota State
14.22 Colleges and Universities, but not the custodial, clerical, or maintenance employees, or any
14.23 professional or managerial employee performing duties in connection with the business
14.24 administration of these institutions;
- 14.25 (10) officers and enlisted persons in the National Guard;
- 14.26 (11) attorneys, legal assistants, and three confidential employees appointed by the attorney
14.27 general or employed with the attorney general's authorization;
- 14.28 (12) judges and all employees of the judicial branch, referees, receivers, jurors, and
14.29 notaries public, except referees and adjusters employed by the Department of Labor and
14.30 Industry;
- 14.31 (13) members of the State Patrol; provided that selection and appointment of State Patrol
14.32 troopers must be made in accordance with applicable laws governing the classified service;

(14) examination monitors and intermittent training instructors employed by the Departments of Management and Budget and Commerce and by professional examining boards and intermittent staff employed by the technical colleges for the administration of practical skills tests and for the staging of instructional demonstrations;

(15) student workers;

(16) executive directors or executive secretaries appointed by and reporting to any policy-making board or commission established by statute;

(17) employees unclassified pursuant to other statutory authority;

(18) intermittent help employed by the commissioner of agriculture to perform duties relating to pesticides, fertilizer, and seed regulation; and

(19) the administrators and the deputy administrators at the State Academies for the Deaf and the Blind; ~~and.~~

~~(20) the chief executive officer of Direct Care and Treatment.~~

Sec. 6. Minnesota Statutes 2024, section 43A.08, subdivision 1a, is amended to read:

Subd. 1a. **Additional unclassified positions.** Appointing authorities for the following agencies may designate additional unclassified positions according to this subdivision: the Departments of Administration; Agriculture; Children, Youth, and Families; Commerce; Corrections; Direct Care and Treatment; Education; Employment and Economic Development; Explore Minnesota Tourism; Management and Budget; Health; Human Rights; Human Services; Labor and Industry; Natural Resources; Public Safety; Revenue; Transportation; and Veterans Affairs; the Housing Finance and Pollution Control Agencies; the State Lottery; the State Board of Investment; the Office of Administrative Hearings; the Department of Information Technology Services; the Offices of the Attorney General, Secretary of State, and State Auditor; the Minnesota State Colleges and Universities; the Minnesota Office of Higher Education; the Perpich Center for Arts Education; ~~Direct Care and Treatment~~; the Minnesota Zoological Board; and the Office of Emergency Medical Services.

A position designated by an appointing authority according to this subdivision must meet the following standards and criteria:

(1) the designation of the position would not be contrary to other law relating specifically to that agency;

(2) the person occupying the position would report directly to the agency head or deputy agency head and would be designated as part of the agency head's management team;

(3) the duties of the position would involve significant discretion and substantial involvement in the development, interpretation, and implementation of agency policy;

(4) the duties of the position would not require primarily personnel, accounting, or other technical expertise where continuity in the position would be important;

(5) there would be a need for the person occupying the position to be accountable to, loyal to, and compatible with, the governor and the agency head, the employing statutory board or commission, or the employing constitutional officer;

(6) the position would be at the level of division or bureau director or assistant to the agency head; and

(7) the commissioner has approved the designation as being consistent with the standards and criteria in this subdivision.

Sec. 7. Minnesota Statutes 2024, section 245.021, is amended to read:

245.021 DEFINITIONS DEFINITION.

(a) For the purposes of this chapter, the ~~definitions~~ definition in this section ~~have~~ has the ~~meanings~~ meaning given ~~them~~.

(b) "Commissioner" means the commissioner of human services.

~~(c) "Executive board" has the meaning given in section 246C.015.~~

Sec. 8. Minnesota Statutes 2024, section 245.073, is amended to read:

245.073 TECHNICAL TRAINING; COMMUNITY-BASED PROGRAMS.

(a) In conjunction with the discharge of persons from regional treatment centers and their admission to state-operated and privately operated community-based programs, the commissioner may provide technical training assistance to the community-based programs. The commissioner may apply for and accept money from any source including reimbursement charges from the community-based programs for reasonable costs of training. Money received must be deposited in the general fund and is appropriated annually to the commissioner of human services for training under this section.

(b) The commissioner must coordinate with the ~~executive board~~ commissioner of direct care and treatment to provide technical training assistance to community-based programs under this section and section 246C.11, subdivision 5.

17.1 Sec. 9. Minnesota Statutes 2024, section 246.13, subdivision 1, is amended to read:

17.2 Subdivision 1. ~~Executive board~~ **Record responsibilities.** (a) ~~The chief executive officer~~
17.3 ~~or~~ A designee of the commissioner shall have, accessible only by consent of the ~~executive~~
17.4 ~~board~~ commissioner or on the order of a judge or court of record, a record showing:

17.5 (1) the residence, sex, age, nativity, occupation, civil condition, and date of entrance or
17.6 commitment of every person, in the state-operated services facilities as defined under section
17.7 246C.02 under exclusive control of the ~~executive board~~ commissioner;

17.8 (2) the date of discharge of any such person and whether such discharge was final;

17.9 (3) the condition of the person when the person left the state-operated services facility;

17.10 (4) the vulnerable adult abuse prevention associated with the person; and

17.11 (5) the date and cause of any death of such person.

17.12 (b) The record in paragraph (a) must state every transfer of a person from one
17.13 state-operated services facility to another, naming each state-operated services facility. The
17.14 head of each facility or a designee must provide this transfer information to the ~~executive~~
17.15 ~~board~~ commissioner, along with other obtainable facts as the ~~executive board~~ commissioner
17.16 requests.

17.17 (c) The head of the state-operated services facility or designee shall inform the ~~executive~~
17.18 ~~board~~ commissioner of any discharge, transfer, or death of a person in that facility within
17.19 ten days of the date of discharge, transfer, or death in a manner determined by the ~~executive~~
17.20 ~~board~~ commissioner.

17.21 (d) The ~~executive board~~ commissioner shall maintain an adequate system of records and
17.22 statistics for all basic record forms, including patient personal records and medical record
17.23 forms. The use and maintenance of such records must be consistent throughout all
17.24 state-operated services facilities.

17.25 Sec. 10. Minnesota Statutes 2024, section 246B.01, is amended by adding a subdivision
17.26 to read:

17.27 Subd. 2e. **Commissioner.** "Commissioner" means the commissioner of direct care and
17.28 treatment.

17.29 Sec. 11. Minnesota Statutes 2024, section 252.021, is amended by adding a subdivision
17.30 to read:

17.31 Subd. 4. **Commissioner.** "Commissioner" means the commissioner of human services.

18.1 Sec. 12. Minnesota Statutes 2024, section 252.50, subdivision 5, is amended to read:

18.2 Subd. 5. **Location of programs.** (a) In determining the location of state-operated,
18.3 community-based programs, the needs of the individual client shall be paramount. The
18.4 ~~executive board~~ commissioner of direct care and treatment shall also take into account:

18.5 (1) prioritization of beds in state-operated, community-based programs for individuals
18.6 with complex behavioral needs that cannot be met by private community-based providers;

18.7 (2) choices made by individuals who chose to move to a more integrated setting, and
18.8 shall coordinate with the lead agency to ensure that appropriate person-centered transition
18.9 plans are created;

18.10 (3) the personal preferences of the persons being served and their families as determined
18.11 by Minnesota Rules, parts 9525.0004 to 9525.0036;

18.12 (4) the location of the support services established by the individual service plans of the
18.13 persons being served;

18.14 (5) the appropriate grouping of the persons served;

18.15 (6) the availability of qualified staff;

18.16 (7) the need for state-operated, community-based programs in the geographical region
18.17 of the state; and

18.18 (8) a reasonable commuting distance from a regional treatment center or the residences
18.19 of the program staff.

18.20 (b) The ~~executive board~~ commissioner of direct care and treatment must locate
18.21 state-operated, community-based programs in coordination with the commissioner of human
18.22 services according to section 252.28.

18.23 Sec. 13. Minnesota Statutes 2024, section 253.195, is amended by adding a subdivision
18.24 to read:

18.25 Subd. 2a. **Commissioner.** "Commissioner" means the commissioner of direct care and
18.26 treatment.

18.27 Sec. 14. Minnesota Statutes 2024, section 253B.02, is amended by adding a subdivision
18.28 to read:

18.29 Subd. 2a. **Commissioner.** "Commissioner" means the commissioner of direct care and
18.30 treatment.

19.1 Sec. 15. Minnesota Statutes 2024, section 253B.02, subdivision 3, is amended to read:

19.2 Subd. 3. **Commissioner of human services.** "Commissioner of human services" means
19.3 the commissioner of human services or the commissioner's designee.

19.4 Sec. 16. Minnesota Statutes 2024, section 253B.02, subdivision 4c, is amended to read:

19.5 Subd. 4c. **County of financial responsibility.** (a) "County of financial responsibility"
19.6 has the meaning specified in chapter 256G. This definition does not require that the person
19.7 qualifies for or receives any other form of financial, medical, or social service assistance
19.8 in addition to the services under this chapter. Disputes about the county of financial
19.9 responsibility shall be submitted for determination to the ~~executive board~~ commissioner
19.10 through the commissioner of human services in the manner prescribed in section 256G.09.

19.11 (b) For purposes of proper venue for filing a petition pursuant to section 253B.064,
19.12 subdivision 1, paragraph (a); 253B.07, subdivision 1, paragraph (a); or 253D.07, where the
19.13 designated agency of a county has determined that it is the county of financial responsibility,
19.14 then that county is the county of financial responsibility until a different determination is
19.15 made by the appropriate county agencies or the commissioner of human services pursuant
19.16 to chapter 256G.

19.17 Sec. 17. Minnesota Statutes 2024, section 253B.03, subdivision 7, is amended to read:

19.18 Subd. 7. **Treatment plan.** A patient receiving services under this chapter has the right
19.19 to receive proper care and treatment, best adapted, according to contemporary professional
19.20 standards, to rendering further supervision unnecessary. The treatment facility, state-operated
19.21 treatment program, or community-based treatment program shall devise a written treatment
19.22 plan for each patient which describes in behavioral terms the case problems, the precise
19.23 goals, including the expected period of time for treatment, and the specific measures to be
19.24 employed. The development and review of treatment plans must be conducted as required
19.25 under the license or certification of the treatment facility, state-operated treatment program,
19.26 or community-based treatment program. If there are no review requirements under the
19.27 license or certification, the treatment plan must be reviewed quarterly. The treatment plan
19.28 shall be devised and reviewed with the designated agency and with the patient. The clinical
19.29 record shall reflect the treatment plan review. If the designated agency or the patient does
19.30 not participate in the planning and review, the clinical record shall include reasons for
19.31 nonparticipation and the plans for future involvement. The commissioner of human services
19.32 shall monitor the treatment plan and review process for state-operated treatment programs
19.33 to ensure compliance with the provisions of this subdivision.

20.1 Sec. 18. Minnesota Statutes 2024, section 253B.041, subdivision 4, is amended to read:

20.2 Subd. 4. **Evaluation.** Counties may, but are not required to, provide engagement services.
20.3 The commissioner of human services may conduct a pilot project evaluating the impact of
20.4 engagement services in decreasing commitments, increasing engagement in treatment, and
20.5 other measures.

20.6 Sec. 19. Minnesota Statutes 2024, section 253B.09, subdivision 3a, is amended to read:

20.7 Subd. 3a. **Reporting judicial commitments; private treatment program or**
20.8 **facility.** Notwithstanding section 253B.23, subdivision 9, when a court commits a patient
20.9 to a non-state-operated treatment facility or program, the court shall report the commitment
20.10 to the commissioner of human services through the supreme court information system for
20.11 purposes of providing commitment information for firearm background checks under section
20.12 246C.15. If the patient is committed to a state-operated treatment program, the court shall
20.13 send a copy of the commitment order to the commissioner of human services and the
20.14 ~~executive board~~ commissioner.

20.15 Sec. 20. Minnesota Statutes 2024, section 253B.18, subdivision 6, is amended to read:

20.16 Subd. 6. **Transfer.** (a) A patient who is a person who has a mental illness and is
20.17 dangerous to the public shall not be transferred out of a secure treatment facility unless it
20.18 appears to the satisfaction of the ~~executive board~~ commissioner, after a hearing and favorable
20.19 recommendation by a majority of the special review board, that the transfer is appropriate.
20.20 Transfer may be to another state-operated treatment program. In those instances where a
20.21 commitment also exists to the Department of Corrections, transfer may be to a facility
20.22 designated by the commissioner of corrections.

20.23 (b) The following factors must be considered in determining whether a transfer is
20.24 appropriate:

20.25 (1) the person's clinical progress and present treatment needs;

20.26 (2) the need for security to accomplish continuing treatment;

20.27 (3) the need for continued institutionalization;

20.28 (4) which facility can best meet the person's needs; and

20.29 (5) whether transfer can be accomplished with a reasonable degree of safety for the
20.30 public.

21.1 (c) If a committed person has been transferred out of a secure treatment facility pursuant
21.2 to this subdivision, that committed person may voluntarily return to a secure treatment
21.3 facility for a period of up to 60 days with the consent of the head of the treatment facility.

21.4 (d) If the committed person is not returned to the original, nonsecure transfer facility
21.5 within 60 days of being readmitted to a secure treatment facility, the transfer is revoked and
21.6 the committed person must remain in a secure treatment facility. The committed person
21.7 must immediately be notified in writing of the revocation.

21.8 (e) Within 15 days of receiving notice of the revocation, the committed person may
21.9 petition the special review board for a review of the revocation. The special review board
21.10 shall review the circumstances of the revocation and shall recommend to the commissioner
21.11 whether or not the revocation should be upheld. The special review board may also
21.12 recommend a new transfer at the time of the revocation hearing.

21.13 (f) No action by the special review board is required if the transfer has not been revoked
21.14 and the committed person is returned to the original, nonsecure transfer facility with no
21.15 substantive change to the conditions of the transfer ordered under this subdivision.

21.16 (g) The head of the treatment facility may revoke a transfer made under this subdivision
21.17 and require a committed person to return to a secure treatment facility if:

21.18 (1) remaining in a nonsecure setting does not provide a reasonable degree of safety to
21.19 the committed person or others; or

21.20 (2) the committed person has regressed clinically and the facility to which the committed
21.21 person was transferred does not meet the committed person's needs.

21.22 (h) Upon the revocation of the transfer, the committed person must be immediately
21.23 returned to a secure treatment facility. A report documenting the reasons for revocation
21.24 must be issued by the head of the treatment facility within seven days after the committed
21.25 person is returned to the secure treatment facility. Advance notice to the committed person
21.26 of the revocation is not required.

21.27 (i) The committed person must be provided a copy of the revocation report and informed,
21.28 orally and in writing, of the rights of a committed person under this section. The revocation
21.29 report must be served upon the committed person, the committed person's counsel, and the
21.30 designated agency. The report must outline the specific reasons for the revocation, including
21.31 but not limited to the specific facts upon which the revocation is based.

21.32 (j) If a committed person's transfer is revoked, the committed person may re-petition for
21.33 transfer according to subdivision 5.

(k) A committed person aggrieved by a transfer revocation decision may petition the special review board within seven business days after receipt of the revocation report for a review of the revocation. The matter must be scheduled within 30 days. The special review board shall review the circumstances leading to the revocation and, after considering the factors in paragraph (b), shall recommend to the commissioner whether or not the revocation shall be upheld. The special review board may also recommend a new transfer out of a secure treatment facility at the time of the revocation hearing.

Sec. 21. Minnesota Statutes 2024, section 253B.19, subdivision 2, is amended to read:

Subd. 2. **Petition; hearing.** (a) A patient committed as a person who has a mental illness and is dangerous to the public under section 253B.18, or the county attorney of the county from which the patient was committed or the county of financial responsibility, may petition the judicial appeal panel for a rehearing and reconsideration of a decision by the commissioner under section 253B.18, subdivision 5. The judicial appeal panel must not consider petitions for relief other than those considered by the ~~executive board~~ commissioner from which the appeal is taken. The petition must be filed with the supreme court within 30 days after the decision of the ~~executive board~~ commissioner is signed. The hearing must be held within 45 days of the filing of the petition unless an extension is granted for good cause.

(b) For an appeal under paragraph (a), the supreme court shall refer the petition to the chief judge of the judicial appeal panel. The chief judge shall notify the patient, the county attorney of the county of commitment, the designated agency, the ~~executive board~~ commissioner, the head of the facility or program to which the patient was committed, any interested person, and other persons the chief judge designates, of the time and place of the hearing on the petition. The notice shall be given at least 14 days prior to the date of the hearing.

(c) Any person may oppose the petition. The patient, the patient's counsel, the county attorney of the committing county or the county of financial responsibility, and the ~~executive board~~ commissioner shall participate as parties to the proceeding pending before the judicial appeal panel and shall, except when the patient is committed solely as a person who has a mental illness and is dangerous to the public, no later than 20 days before the hearing on the petition, inform the judicial appeal panel and the opposing party in writing whether they support or oppose the petition and provide a summary of facts in support of their position. The judicial appeal panel may appoint court 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 proceedings. The patient, the patient's counsel, and the county attorney of the committing county or the county of financial responsibility have the right to be present and may present and cross-examine all witnesses and offer a factual and legal basis in support of their positions. The petitioning party seeking discharge or provisional discharge bears the burden of going forward with the evidence, which means presenting a prima facie case with competent evidence to show that the person is entitled to the requested relief. If the petitioning party has met this burden, the party opposing discharge or provisional discharge bears the burden of proof by clear and convincing evidence that the discharge or provisional discharge should be denied. A party seeking transfer under section 253B.18, subdivision 6, must establish by a preponderance of the evidence that the transfer is appropriate.

Sec. 22. Minnesota Statutes 2024, section 253B.20, subdivision 2, is amended to read:

Subd. 2. **Necessities.** (a) The state-operated treatment program shall make necessary arrangements at the expense of the state to insure that no patient is discharged or provisionally discharged without suitable clothing. The head of the state-operated treatment program shall, if necessary, provide the patient with a sufficient sum of money to secure transportation home, or to another destination of the patient's choice, if the destination is located within a reasonable distance of the state-operated treatment program.

(b) The commissioner of human services shall establish procedures by rule to help the patient receive all public assistance benefits provided by state or federal law to which the patient is entitled by residence and circumstances. The rule shall be uniformly applied in all counties. All counties shall provide temporary relief whenever necessary to meet the intent of this subdivision.

(c) The commissioner of human services and the ~~executive board~~ commissioner may adopt joint rules necessary to accomplish the requirements under paragraph (b).

Sec. 23. Minnesota Statutes 2024, section 253D.02, is amended by adding a subdivision to read:

Subd. 2a. **Commissioner.** "Commissioner" means the commissioner of direct care and treatment.

Sec. 24. Minnesota Statutes 2024, section 253D.02, subdivision 3, is amended to read:

Subd. 3. **Commissioner of corrections.** "Commissioner of corrections" means the commissioner of corrections or the commissioner's designee.

24.1 Sec. 25. Minnesota Statutes 2024, section 254B.05, subdivision 4, is amended to read:

24.2 Subd. 4. **Regional treatment centers.** Regional treatment center substance use disorder
24.3 treatment units are eligible vendors. The ~~executive board~~ commissioner of direct care and
24.4 treatment may expand the capacity of substance use disorder treatment units beyond the
24.5 capacity funded by direct legislative appropriation to serve individuals who are referred for
24.6 treatment by counties and whose treatment will be paid for by funding under this chapter
24.7 or other funding sources. Notwithstanding the provisions of sections 254B.03 to 254B.04,
24.8 payment for any person committed at county request to a regional treatment center under
24.9 chapter 253B for chemical dependency treatment and determined to be ineligible under the
24.10 behavioral health fund, shall become the responsibility of the county.

24.11 Sec. 26. Minnesota Statutes 2024, section 256.045, is amended by adding a subdivision
24.12 to read:

24.13 Subd. 1b. **Commissioner.** For purposes of this section, "commissioner" means the
24.14 commissioner of human services.

24.15 Sec. 27. Minnesota Statutes 2024, section 256.045, subdivision 6, is amended to read:

24.16 Subd. 6. **Additional powers of commissioner; subpoenas.** (a) The commissioner of
24.17 human services, the commissioner of health for matters within the commissioner's jurisdiction
24.18 under subdivision 3b, or the ~~Direct Care and Treatment executive board~~ commissioner of
24.19 direct care and treatment for matters within the commissioner's jurisdiction ~~of the executive~~
24.20 ~~board~~ under subdivision 5a, may initiate a review of any action or decision of a county
24.21 agency and direct that the matter be presented to a state human services judge for a hearing
24.22 held under subdivision 3, 3a, 3b, or 4a. In all matters dealing with human services committed
24.23 by law to the discretion of the county agency, the judgment of the applicable commissioner
24.24 ~~or executive board~~ may be substituted for that of the county agency. The applicable
24.25 commissioner ~~or executive board~~ may order an independent examination when appropriate.

24.26 (b) Any party to a hearing held pursuant to subdivision 3, 3a, 3b, or 4a may request that
24.27 the applicable commissioner ~~or executive board~~ issue a subpoena to compel the attendance
24.28 of witnesses and the production of records at the hearing. A local agency may request that
24.29 the applicable commissioner ~~or executive board~~ issue a subpoena to compel the release of
24.30 information from third parties prior to a request for a hearing under section 256.046 upon
24.31 a showing of relevance to such a proceeding. The issuance, service, and enforcement of
24.32 subpoenas under this subdivision is governed by section 357.22 and the Minnesota Rules
24.33 of Civil Procedure.

25.1 (c) The commissioner of human services may issue a temporary order staying a proposed
25.2 demission by a residential facility licensed under chapter 245A:

25.3 (1) while an appeal by a recipient under subdivision 3 is pending;

25.4 (2) for the period of time necessary for the case management provider to implement the
25.5 commissioner's order; or

25.6 (3) for appeals under subdivision 3, paragraph (a), clause (11), when the individual is
25.7 seeking a temporary stay of demission on the basis that the county has not yet finalized an
25.8 alternative arrangement for a residential facility, a program, or services that will meet the
25.9 assessed needs of the individual by the effective date of the service termination, a temporary
25.10 stay of demission may be issued for no more than 30 calendar days to allow for such
25.11 arrangements to be finalized.

25.12 Sec. 28. Minnesota Statutes 2024, section 256.045, subdivision 7, is amended to read:

25.13 Subd. 7. **Judicial review.** Except for a prepaid health plan, any party who is aggrieved
25.14 by an order of the commissioner of human services; the commissioner of health; or the
25.15 commissioner of children, youth, and families in appeals within the commissioner's
25.16 jurisdiction under subdivision 3b; or the ~~Direct Care and Treatment executive board~~
25.17 commissioner of direct care and treatment in appeals within the commissioner's jurisdiction
25.18 ~~of the executive board~~ under subdivision 5a may appeal the order to the district court of the
25.19 county responsible for furnishing assistance, or, in appeals under subdivision 3b, the county
25.20 where the maltreatment occurred, by serving a written copy of a notice of appeal upon the
25.21 applicable commissioner ~~or executive board~~ and any adverse party of record within 30 days
25.22 after the date the commissioner ~~or executive board~~ issued the order, the amended order, or
25.23 order affirming the original order, and by filing the original notice and proof of service with
25.24 the court administrator of the district court. Service may be made personally or by mail;
25.25 service by mail is complete upon mailing; no filing fee shall be required by the court
25.26 administrator in appeals taken pursuant to this subdivision, with the exception of appeals
25.27 taken under subdivision 3b. The applicable commissioner ~~or executive board~~ may elect to
25.28 become a party to the proceedings in the district court. Except for appeals under subdivision
25.29 3b, any party may demand that the applicable commissioner ~~or executive board~~ furnish all
25.30 parties to the proceedings with a copy of the decision, and a transcript of any testimony,
25.31 evidence, or other supporting papers from the hearing held before the human services judge,
25.32 by serving a written demand upon the applicable commissioner ~~or executive board~~ within
25.33 30 days after service of the notice of appeal. Any party aggrieved by the failure of an adverse
25.34 party to obey an order issued by the applicable commissioner ~~or executive board~~ under

26.1 subdivision 5 or 5a may compel performance according to the order in the manner prescribed
26.2 in sections 586.01 to 586.12.

26.3 Sec. 29. Minnesota Statutes 2024, section 256G.09, subdivision 3, is amended to read:

26.4 Subd. 3. **Commissioner obligations.** (a) Except as provided in paragraph (b) for matters
26.5 under the jurisdiction of the ~~Direct Care and Treatment executive board~~ commissioner of
26.6 direct care and treatment, the commissioner shall then promptly decide any question of
26.7 financial responsibility as outlined in this chapter and make an order referring the application
26.8 to the local agency of the proper county for further action. Further action may include
26.9 reimbursement by that county of assistance that another county has provided to the applicant
26.10 under this subdivision. The commissioner shall decide disputes within 60 days of the last
26.11 county evidentiary submission and shall issue an immediate opinion.

26.12 (b) For disputes regarding financial responsibility relating to matters under the jurisdiction
26.13 of the ~~direct care and treatment executive board~~ commissioner of direct care and treatment,
26.14 the commissioner shall promptly issue an advisory opinion on any question of financial
26.15 responsibility as outlined in this chapter and recommend to the ~~executive board~~ commissioner
26.16 of direct care and treatment an order referring the application to the local agency of the
26.17 proper county for further action. Further action may include reimbursement by that county
26.18 of assistance that another county has provided to the applicant under this subdivision. The
26.19 commissioner shall provide an advisory opinion and recommended order to the ~~executive~~
26.20 ~~board~~ commissioner of direct care and treatment within 30 days of the last county evidentiary
26.21 submission. The ~~executive board~~ commissioner of direct care and treatment shall decide to
26.22 accept or reject the commissioner's advisory opinion and recommended order within 60
26.23 days of the last county evidentiary submission and shall issue an immediate opinion stating
26.24 the reasons for accepting or rejecting the commissioner's recommendation.

26.25 (c) The commissioner may make any investigation ~~if the commissioner~~ if the commissioner considers proper
26.26 before making a decision or a recommendation to the ~~executive board~~ commissioner of
26.27 direct care and treatment. The commissioner may prescribe rules ~~if the commissioner~~
26.28 considers necessary to carry out this subdivision except that the commissioner must not
26.29 create rules purporting to bind the ~~executive board's decision~~ of the commissioner of direct
26.30 care and treatment on any advisory opinion or recommended order under paragraph (b).

26.31 (d) Except as provided in paragraph (e) for matters under the jurisdiction of the ~~executive~~
26.32 ~~board~~ commissioner of direct care and treatment, the order of the commissioner binds the
26.33 local agency involved and the applicant or recipient. That agency shall comply with the

27.1 order unless reversed on appeal as provided in section 256.045, subdivision 7. The agency
27.2 shall comply with the order pending the appeal.

27.3 (e) For disputes regarding financial responsibility relating to matters under the jurisdiction
27.4 of the ~~Direct Care and Treatment executive board~~ commissioner of direct care and treatment,
27.5 the order of the ~~executive board~~ commissioner of direct care and treatment binds the local
27.6 agency involved and the applicant or recipient. That agency shall comply with the order of
27.7 the ~~executive board~~ commissioner of direct care and treatment unless the order is reversed
27.8 on appeal as provided in section 256.045, subdivision 7. The agency shall comply with the
27.9 order of the ~~executive board~~ commissioner of direct care and treatment pending the appeal.

27.10 Sec. 30. Minnesota Statutes 2024, section 352.91, subdivision 2a, is amended to read:

27.11 Subd. 2a. **Special teachers.** "Covered correctional service" also means service rendered
27.12 by a state employee as a special teacher employed by the Department of Corrections or by
27.13 the Department of Direct Care and Treatment at a security unit, provided that at least 75
27.14 percent of the employee's working time is spent in direct contact with inmates or patients
27.15 and the fact of this direct contact is certified to the executive director by the appropriate
27.16 commissioner ~~or executive board~~, unless the person elects to retain the current retirement
27.17 coverage under Laws 1996, chapter 408, article 8, section 21.

27.18 Sec. 31. Minnesota Statutes 2024, section 352.91, subdivision 3c, is amended to read:

27.19 Subd. 3c. **Nursing personnel.** (a) "Covered correctional service" means service by a
27.20 state employee in one of the employment positions at a correctional facility, in the
27.21 state-operated forensic services program, or in the Minnesota Sex Offender Program that
27.22 are specified in paragraph (b) if at least 75 percent of the employee's working time is spent
27.23 in direct contact with inmates or patients and the fact of this direct contact is certified to the
27.24 executive director by the appropriate commissioner ~~or executive board~~.

27.25 (b) The employment positions are as follows:

27.26 (1) registered nurse - senior;

27.27 (2) registered nurse;

27.28 (3) registered nurse - principal;

27.29 (4) licensed practical nurse;

27.30 (5) registered nurse advance practice; and

27.31 (6) psychiatric advance practice registered nurse.

28.1 Sec. 32. Minnesota Statutes 2024, section 352.91, subdivision 3d, is amended to read:

28.2 Subd. 3d. **Other correctional personnel.** (a) "Covered correctional service" means
28.3 service by a state employee in one of the employment positions at a correctional facility or
28.4 in the state-operated forensic services program specified in paragraph (b) if at least 75
28.5 percent of the employee's working time is spent in direct contact with inmates or patients
28.6 and the fact of this direct contact is certified to the executive director by the appropriate
28.7 commissioner ~~or executive board~~.

28.8 (b) The employment positions are:

28.9 (1) automotive mechanic;

28.10 (2) baker;

28.11 (3) central services administrative specialist, intermediate;

28.12 (4) central services administrative specialist, principal;

28.13 (5) chaplain;

28.14 (6) chief cook;

28.15 (7) clinical program therapist 1;

28.16 (8) clinical program therapist 2;

28.17 (9) clinical program therapist 3;

28.18 (10) clinical program therapist 4;

28.19 (11) cook;

28.20 (12) cook coordinator;

28.21 (13) corrections inmate program coordinator;

28.22 (14) corrections transitions program coordinator;

28.23 (15) corrections security caseworker;

28.24 (16) corrections security caseworker career;

28.25 (17) corrections teaching assistant;

28.26 (18) delivery van driver;

28.27 (19) dentist;

28.28 (20) electrician supervisor;

- 29.1 (21) general maintenance worker lead;
- 29.2 (22) general repair worker;
- 29.3 (23) library/information research services specialist;
- 29.4 (24) library/information research services specialist senior;
- 29.5 (25) library technician;
- 29.6 (26) painter lead;
- 29.7 (27) plant maintenance engineer lead;
- 29.8 (28) plumber supervisor;
- 29.9 (29) psychologist 1;
- 29.10 (30) psychologist 3;
- 29.11 (31) recreation therapist;
- 29.12 (32) recreation therapist coordinator;
- 29.13 (33) recreation program assistant;
- 29.14 (34) recreation therapist senior;
- 29.15 (35) sports medicine specialist;
- 29.16 (36) work therapy assistant;
- 29.17 (37) work therapy program coordinator; and
- 29.18 (38) work therapy technician.

29.19 Sec. 33. Minnesota Statutes 2024, section 352.91, subdivision 4a, is amended to read:

29.20 Subd. 4a. **Process for evaluating and recommending potential employment positions**
29.21 **for membership inclusion.** (a) The Department of Corrections and the Department of
29.22 Direct Care and Treatment must establish a procedure for evaluating periodic requests by
29.23 department and agency employees for qualification for recommendation by the applicable
29.24 commissioner or executive board for inclusion of the employment position in the correctional
29.25 facility or direct care and treatment facility in the correctional retirement plan and for
29.26 periodically determining employment positions that no longer qualify for continued
29.27 correctional retirement plan coverage.

29.28 (b) The procedure must provide for an evaluation of the extent of the employee's working
29.29 time spent in direct contact with patients or inmates, the extent of the physical hazard that

the employee is routinely subjected to in the course of employment, and the extent of intervention routinely expected of the employee in the event of a facility incident. The percentage of routine direct contact with inmates or patients may not be less than 75 percent.

(c) The applicable commissioner ~~or executive board~~ shall notify the employee of the determination of the appropriateness of recommending the employment position for inclusion in the correctional retirement plan, if the evaluation procedure results in a finding that the employee:

(1) routinely spends 75 percent of the employee's time in direct contact with inmates or patients; and

(2) is regularly engaged in the rehabilitation, treatment, custody, or supervision of inmates or patients.

(d) After providing the affected employee an opportunity to dispute or clarify any evaluation determinations, if the applicable commissioner ~~or executive board~~ determines that the employment position is appropriate for inclusion in the correctional retirement plan, the commissioner ~~or executive board~~ shall forward that recommendation and supporting documentation to the chair of the Legislative Commission on Pensions and Retirement, the chair of the State and Local Governmental Operations Committee of the senate, the chair of the Governmental Operations and Veterans Affairs Policy Committee of the house of representatives, and the executive director of the Legislative Commission on Pensions and Retirement in the form of the appropriate proposed legislation. The recommendation must be forwarded to the legislature before January 15 for the recommendation to be considered in that year's legislative session.

Sec. 34. Minnesota Statutes 2024, section 524.3-801, is amended to read:

524.3-801 NOTICE TO CREDITORS.

(a) Unless notice has already been given under this section, upon appointment of a general personal representative in informal proceedings or upon the filing of a petition for formal appointment of a general personal representative, notice thereof, in the form prescribed by court rule, shall be given under the direction of the court administrator by publication once a week for two successive weeks in a legal newspaper in the county wherein the proceedings are pending giving the name and address of the general personal representative and notifying creditors of the estate to present their claims within four months after the date of the court administrator's notice which is subsequently published or be forever barred, unless they are entitled to further service of notice under paragraph (b) or (c).

(b) The personal representative shall, within three months after the date of the first publication of the notice, serve a copy of the notice upon each then known and identified creditor in the manner provided in paragraph (c). If the decedent or a predeceased spouse of the decedent received assistance for which a claim could be filed under section 246.53, 256B.15, 256D.16, or 261.04, notice to the commissioner of human services or ~~Direct Care and Treatment executive board~~ the commissioner of direct care and treatment, as applicable, must be given under paragraph (d) instead of under this paragraph or paragraph (c). A creditor is "known" if: (i) the personal representative knows that the creditor has asserted a claim that arose during the decedent's life against either the decedent or the decedent's estate; (ii) the creditor has asserted a claim that arose during the decedent's life and the fact is clearly disclosed in accessible financial records known and available to the personal representative; or (iii) the claim of the creditor would be revealed by a reasonably diligent search for creditors of the decedent in accessible financial records known and available to the personal representative. Under this section, a creditor is "identified" if the personal representative's knowledge of the name and address of the creditor will permit service of notice to be made under paragraph (c).

(c) Unless the claim has already been presented to the personal representative or paid, the personal representative shall serve a copy of the notice required by paragraph (b) upon each creditor of the decedent who is then known to the personal representative and identified either by delivery of a copy of the required notice to the creditor, or by mailing a copy of the notice to the creditor by certified, registered, or ordinary first class mail addressed to the creditor at the creditor's office or place of residence.

(d)(1) Effective for decedents dying on or after July 1, 1997, if the decedent or a predeceased spouse of the decedent received assistance for which a claim could be filed under section 246.53, 256B.15, 256D.16, or 261.04, the personal representative or the attorney for the personal representative shall serve the commissioner of human services or executive board the commissioner of direct care and treatment, as applicable, with notice in the manner prescribed in paragraph (c), or electronically in a manner prescribed by the applicable commissioner or executive board, as soon as practicable after the appointment of the personal representative. The notice must state the decedent's full name, date of birth, and Social Security number and, to the extent then known after making a reasonably diligent inquiry, the full name, date of birth, and Social Security number for each of the decedent's predeceased spouses. The notice may also contain a statement that, after making a reasonably diligent inquiry, the personal representative has determined that the decedent did not have any predeceased spouses or that the personal representative has been unable to determine

32.1 one or more of the previous items of information for a predeceased spouse of the decedent.
32.2 A copy of the notice to creditors must be attached to and be a part of the notice to the
32.3 applicable commissioner or executive board.

32.4 (2) Notwithstanding a will or other instrument or law to the contrary, except as allowed
32.5 in this paragraph, no property subject to administration by the estate may be distributed by
32.6 the estate or the personal representative until 70 days after the date the notice is served on
32.7 the commissioner of human services or executive board commissioner of direct care and
32.8 treatment as provided in paragraph (c), unless the local agency consents as provided for in
32.9 clause (6). This restriction on distribution does not apply to the personal representative's
32.10 sale of real or personal property, but does apply to the net proceeds the estate receives from
32.11 these sales. The personal representative, or any person with personal knowledge of the facts,
32.12 may provide an affidavit containing the description of any real or personal property affected
32.13 by this paragraph and stating facts showing compliance with this paragraph. If the affidavit
32.14 describes real property, it may be filed or recorded in the office of the county recorder or
32.15 registrar of titles for the county where the real property is located. This paragraph does not
32.16 apply to proceedings under sections 524.3-1203 and 525.31, or when a duly authorized
32.17 agent of a county is acting as the personal representative of the estate.

32.18 (3) At any time before an order or decree is entered under section 524.3-1001 or
32.19 524.3-1002, or a closing statement is filed under section 524.3-1003, the personal
32.20 representative or the attorney for the personal representative may serve an amended notice
32.21 on the commissioner of human services or executive board commissioner of direct care and
32.22 treatment to add variations or other names of the decedent or a predeceased spouse named
32.23 in the notice, the name of a predeceased spouse omitted from the notice, to add or correct
32.24 the date of birth or Social Security number of a decedent or predeceased spouse named in
32.25 the notice, or to correct any other deficiency in a prior notice. The amended notice must
32.26 state the decedent's name, date of birth, and Social Security number, the case name, case
32.27 number, and district court in which the estate is pending, and the date the notice being
32.28 amended was served on the applicable commissioner or executive board. If the amendment
32.29 adds the name of a predeceased spouse omitted from the notice, it must also state that
32.30 spouse's full name, date of birth, and Social Security number. The amended notice must be
32.31 served on the applicable commissioner or executive board in the same manner as the original
32.32 notice. Upon service, the amended notice relates back to and is effective from the date the
32.33 notice it amends was served, and the time for filing claims arising under section 246.53,
32.34 256B.15, 256D.16 or 261.04 is extended by 60 days from the date of service of the amended
32.35 notice. Claims filed during the 60-day period are undischarged and unbarred claims, may

be prosecuted by the entities entitled to file those claims in accordance with section 524.3-1004, and the limitations in section 524.3-1006 do not apply. The personal representative or any person with personal knowledge of the facts may provide and file or record an affidavit in the same manner as provided for in clause (1).

(4) Within one year after the date an order or decree is entered under section 524.3-1001 or 524.3-1002 or a closing statement is filed under section 524.3-1003, any person who has an interest in property that was subject to administration by the estate may serve an amended notice on the commissioner of human services or ~~executive board~~ commissioner of direct care and treatment to add variations or other names of the decedent or a predeceased spouse named in the notice, the name of a predeceased spouse omitted from the notice, to add or correct the date of birth or Social Security number of a decedent or predeceased spouse named in the notice, or to correct any other deficiency in a prior notice. The amended notice must be served on the applicable commissioner or ~~executive board~~ in the same manner as the original notice and must contain the information required for amendments under clause (3). If the amendment adds the name of a predeceased spouse omitted from the notice, it must also state that spouse's full name, date of birth, and Social Security number. Upon service, the amended notice relates back to and is effective from the date the notice it amends was served. If the amended notice adds the name of an omitted predeceased spouse or adds or corrects the Social Security number or date of birth of the decedent or a predeceased spouse already named in the notice, then, notwithstanding any other laws to the contrary, claims against the decedent's estate on account of those persons resulting from the amendment and arising under section 246.53, 256B.15, 256D.16, or 261.04 are undischarged and unbarred claims, may be prosecuted by the entities entitled to file those claims in accordance with section 524.3-1004, and the limitations in section 524.3-1006 do not apply. The person filing the amendment or any other person with personal knowledge of the facts may provide and file or record an affidavit describing affected real or personal property in the same manner as clause (1).

(5) After one year from the date an order or decree is entered under section 524.3-1001 or 524.3-1002, or a closing statement is filed under section 524.3-1003, no error, omission, or defect of any kind in the notice to the commissioner of human services or ~~executive board~~ commissioner of direct care and treatment required under this paragraph or in the process of service of the notice on the applicable commissioner or ~~executive board~~, or the failure to serve the applicable commissioner or ~~executive board~~ with notice as required by this paragraph, makes any distribution of property by a personal representative void or voidable.

34.1 The distributee's title to the distributed property shall be free of any claims based upon a
34.2 failure to comply with this paragraph.

34.3 (6) The local agency may consent to a personal representative's request to distribute
34.4 property subject to administration by the estate to distributees during the 70-day period after
34.5 service of notice on the applicable commissioner ~~or executive board~~. The local agency may
34.6 grant or deny the request in whole or in part and may attach conditions to its consent as it
34.7 deems appropriate. When the local agency consents to a distribution, it shall give the estate
34.8 a written certificate evidencing its consent to the early distribution of assets at no cost. The
34.9 certificate must include the name, case number, and district court in which the estate is
34.10 pending, the name of the local agency, describe the specific real or personal property to
34.11 which the consent applies, state that the local agency consents to the distribution of the
34.12 specific property described in the consent during the 70-day period following service of the
34.13 notice on the applicable commissioner ~~or executive board~~, state that the consent is
34.14 unconditional or list all of the terms and conditions of the consent, be dated, and may include
34.15 other contents as may be appropriate. The certificate must be signed by the director of the
34.16 local agency or the director's designees and is effective as of the date it is dated unless it
34.17 provides otherwise. The signature of the director or the director's designee does not require
34.18 any acknowledgment. The certificate shall be prima facie evidence of the facts it states,
34.19 may be attached to or combined with a deed or any other instrument of conveyance and,
34.20 when so attached or combined, shall constitute a single instrument. If the certificate describes
34.21 real property, it shall be accepted for recording or filing by the county recorder or registrar
34.22 of titles in the county in which the property is located. If the certificate describes real property
34.23 and is not attached to or combined with a deed or other instrument of conveyance, it shall
34.24 be accepted for recording or filing by the county recorder or registrar of titles in the county
34.25 in which the property is located. The certificate constitutes a waiver of the 70-day period
34.26 provided for in clause (2) with respect to the property it describes and is prima facie evidence
34.27 of service of notice on the applicable commissioner ~~or executive board~~. The certificate is
34.28 not a waiver or relinquishment of any claims arising under section 246.53, 256B.15, 256D.16,
34.29 or 261.04, and does not otherwise constitute a waiver of any of the personal representative's
34.30 duties under this paragraph. Distributees who receive property pursuant to a consent to an
34.31 early distribution shall remain liable to creditors of the estate as provided for by law.

34.32 (7) All affidavits provided for under this paragraph:

34.33 (i) shall be provided by persons who have personal knowledge of the facts stated in the
34.34 affidavit;

(ii) may be filed or recorded in the office of the county recorder or registrar of titles in the county in which the real property they describe is located for the purpose of establishing compliance with the requirements of this paragraph; and

(iii) are prima facie evidence of the facts stated in the affidavit.

(8) This paragraph applies to the estates of decedents dying on or after July 1, 1997. Clause (5) also applies with respect to all notices served on the commissioner of human services before July 1, 1997, under Laws 1996, chapter 451, article 2, section 55. All notices served on the commissioner of human services before July 1, 1997, pursuant to Laws 1996, chapter 451, article 2, section 55, shall be deemed to be legally sufficient for the purposes for which they were intended, notwithstanding any errors, omissions or other defects.

Sec. 35. Minnesota Statutes 2024, section 611.57, subdivision 2, is amended to read:

Subd. 2. **Membership.** (a) The Certification Advisory Committee consists of the following members:

(1) a mental health professional, as defined in section 245I.02, subdivision 27, with community behavioral health experience, appointed by the governor;

(2) a board-certified forensic psychiatrist with experience in competency evaluations, providing competency attainment services, or both, appointed by the governor;

(3) a board-certified forensic psychologist with experience in competency evaluations, providing competency attainment services, or both, appointed by the governor;

(4) the president of the Minnesota Corrections Association or a designee;

(5) the ~~direct care and treatment~~ deputy commissioner of direct care and treatment or a designee;

(6) the president of the Minnesota Association of County Social Service Administrators or a designee;

(7) the president of the Minnesota Association of Community Mental Health Providers or a designee;

(8) the president of the Minnesota Sheriffs' Association or a designee; and

(9) the executive director of the National Alliance on Mental Illness Minnesota or a designee.

(b) Members of the advisory committee serve without compensation and at the pleasure of the appointing authority. Vacancies shall be filled by the appointing authority consistent with the qualifications of the vacating member required by this subdivision.

Sec. 36. **REVISOR INSTRUCTION.**

The revisor of statutes shall renumber each provision of Minnesota Statutes listed in column A to the number listed in column B.

<u>Column A</u>	<u>Column B</u>
<u>246B.01, subdivision 2b</u>	<u>246B.01, subdivision 2f</u>
<u>246B.01, subdivision 2c</u>	<u>246B.01, subdivision 2g</u>
<u>246B.01, subdivision 2d</u>	<u>246B.01, subdivision 2h</u>

Sec. 37. **REPEALER.**

Minnesota Statutes 2024, sections 246B.01, subdivision 2; 252.021, subdivision 2; 253.195, subdivision 2; 253B.02, subdivision 7b; 253D.02, subdivision 7a; 254B.01, subdivision 15; 256.045, subdivision 1a; and 256G.02, subdivision 5a, are repealed.

Sec. 38. **EFFECTIVE DATE.**

This article is effective the day following final enactment.

APPENDIX
Article locations for S0626-1

ARTICLE 1 COMMISSIONER OF DIRECT CARE AND TREATMENT..... Page.Ln 1.26

ARTICLE 2 CONFORMING CHANGES..... Page.Ln 11.5

246B.01 MINNESOTA SEX OFFENDER PROGRAM; DEFINITIONS.

Subd. 2. **Executive board.** "Executive board" has the meaning given in section 246C.015.
246C.015 DEFINITIONS.

Subd. 2. **Chief executive officer.** "Chief executive officer" means the Direct Care and Treatment chief executive officer appointed according to section 246C.08.

Subd. 5a. **Direct Care and Treatment.** "Direct Care and Treatment" means the agency of Direct Care and Treatment established under this chapter.

Subd. 6. **Executive board.** "Executive board" means the Direct Care and Treatment executive board established under section 246C.06.

246C.06 EXECUTIVE BOARD; MEMBERSHIP; GOVERNANCE.

Subdivision 1. **Establishment.** The Direct Care and Treatment executive board is established.

Subd. 2. **Membership.** (a) The Direct Care and Treatment executive board consists of nine members with seven voting members and two nonvoting members. The seven voting members must include six members appointed by the governor with the advice and consent of the senate in accordance with paragraph (b) and the commissioner of human services or a designee. The two nonvoting members must be appointed in accordance with paragraph (c). Section 15.0597 applies to all executive board appointments except for the commissioner of human services.

(b) The executive board voting members appointed by the governor must meet the following qualifications:

(1) one member must be a licensed physician who is a psychiatrist or has experience in serving behavioral health patients;

(2) two members must have experience serving on a hospital or nonprofit board; and

(3) three members must have experience working: (i) in the delivery of behavioral health services or care coordination or in traditional healing practices; (ii) as a licensed health care professional; (iii) within health care administration; or (iv) with residential services.

(c) The executive board nonvoting members must be appointed as follows:

(1) one member appointed by the Association of Counties; and

(2) one member who has an active role as a union representative representing staff at Direct Care and Treatment appointed by joint representatives of the following unions: American Federation of State, County and Municipal Employees (AFSCME); Minnesota Association of Professional Employees (MAPE); Minnesota Nurses Association (MNA); Middle Management Association (MMA); and State Residential Schools Education Association (SRSEA).

(d) Membership on the board must include representation from outside the seven-county metropolitan area, as defined in section 473.121, subdivision 2.

(e) A voting member of the executive board must not be or must not have been within one year prior to appointment: (1) an employee of Direct Care and Treatment; (2) an employee of a county, including a county commissioner; (3) an active employee or representative of a labor union that represents employees of Direct Care and Treatment; or (4) a member of the state legislature. This paragraph does not apply to the nonvoting members or the commissioner of human services or designee.

Subd. 3. **Procedures.** Except as otherwise provided in this section, the membership terms and removal and filling of vacancies for the executive board are governed by section 15.0575.

Subd. 4. **Compensation.** (a) Notwithstanding section 15.0575, subdivision 3, paragraph (a), the nonvoting members of the executive board must not receive daily compensation for executive board activities. Nonvoting members of the executive board may receive expenses in the same manner and amount as authorized by the commissioner's plan adopted under section 43A.18, subdivision 2. Nonvoting members who, as a result of time spent attending board meetings, incur child care expenses that would not otherwise have been incurred may be reimbursed for those expenses upon board authorization.

(b) Notwithstanding section 15.0575, subdivision 3, paragraph (a), the Compensation Council under section 15A.082 must determine the compensation for voting members of the executive board per day spent on executive board activities authorized by the executive board. Voting members of the executive board may also receive the expenses in the same manner and amount as authorized

APPENDIX
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by the commissioner's plan adopted under section 43A.18, subdivision 2. Voting members who, as a result of time spent attending board meetings, incur child care expenses that would not otherwise have been incurred may be reimbursed for those expenses upon board authorization.

(c) The commissioner of management and budget must publish the daily compensation rate for voting members of the executive board determined under paragraph (b) on the Department of Management and Budget's website.

(d) Voting members of the executive board must adopt internal standards prescribing what constitutes a day spent on board activities for the purposes of making payments authorized under paragraph (b).

(e) All other requirements under section 15.0575, subdivision 3, apply to the compensation of executive board members.

Subd. 5. Acting chair; officers. (a) The governor shall designate one member from the voting membership appointed by the governor as acting chair of the executive board.

(b) At the first meeting of the executive board, the executive board must elect a chair from among the voting membership appointed by the governor.

(c) The executive board must annually elect a chair from among the voting membership appointed by the governor.

(d) The executive board must elect officers from among the voting membership appointed by the governor. The elected officers shall serve for one year.

Subd. 6. Terms. (a) Except for the commissioner of human services, executive board members must not serve more than two consecutive terms unless service beyond two consecutive terms is approved by the majority of voting members. The commissioner of human services or a designee shall serve until replaced by the governor.

(b) An executive board member may resign at any time by giving written notice to the executive board.

(c) The initial term of the member appointed under subdivision 2, paragraph (b), clause (1), is two years. The initial term of the members appointed under subdivision 2, paragraph (b), clause (2), is three years. The initial term of the members appointed under subdivision 2, paragraph (b), clause (3), and the members appointed under subdivision 2, paragraph (c), is four years.

(d) After the initial term, the term length of all appointed executive board members is four years.

Subd. 7. Conflicts of interest. Executive board members must recuse themselves from discussion of and voting on an official matter if the executive board member has a conflict of interest. A conflict of interest means an association, including a financial or personal association, that has the potential to bias or have the appearance of biasing an executive board member's decision in matters related to Direct Care and Treatment or the conduct of activities under this chapter.

Subd. 8. Meetings. The executive board must meet at least four times per fiscal year at a place and time determined by the executive board.

Subd. 9. Quorum. A majority of the voting members of the executive board constitutes a quorum. The affirmative vote of a majority of the voting members of the executive board is necessary and sufficient for action taken by the executive board.

Subd. 10. Immunity; indemnification. (a) Members of the executive board are immune from civil liability for any act or omission occurring within the scope of the performance of their duties under this chapter.

(b) When performing executive board duties or actions, members of the executive board are employees of the state for purposes of indemnification under section 3.736, subdivision 9.

246C.07 POWERS AND DUTIES OF EXECUTIVE BOARD.

Subd. 4. Creation of bylaws. The board may establish bylaws governing its operations and the operations of Direct Care and Treatment in accordance with this chapter.

Subd. 5. Performance of chief executive officer. The governor may request that the executive board review the performance of the chief executive officer at any time. Within 14 days of receipt of the request, the board must meet and conduct a performance review as specifically requested by the governor. During the performance review, a representative of the governor must be included

as a voting member of the board for the purpose of the board's discussions and decisions regarding the governor's request. The board must establish a performance improvement plan as necessary or take disciplinary or other corrective action, including dismissal. The executive board must report to the governor on action taken by the board, including an explanation if no action is deemed necessary.

246C.08 CHIEF EXECUTIVE OFFICER; SERVICE; DUTIES.

Subdivision 1. **Service.** (a) The Direct Care and Treatment chief executive officer is appointed by the executive board, in consultation with the governor, and serves at the pleasure of the executive board, with the advice and consent of the senate.

(b) The chief executive officer shall serve in the unclassified service in accordance with section 43A.08. The Compensation Council under section 15A.082 shall establish the salary of the chief executive officer.

Subd. 2. **Powers and duties.** (a) The chief executive officer's primary duty is to assist the executive board. The chief executive officer is responsible for the administrative and operational management of the agency.

(b) The chief executive officer shall have all the powers of the executive board unless the executive board directs otherwise. The chief executive officer shall have the authority to speak for the executive board and Direct Care and Treatment within and outside the agency.

(c) In the event that a vacancy occurs for any reason within the chief executive officer position, the executive medical director appointed under section 246C.09 shall immediately become the temporary chief executive officer until the executive board appoints a new chief executive officer. During this period, the executive medical director shall have all the powers and authority delegated to the chief executive officer by the board and specified in this chapter.

252.021 DEFINITION.

Subd. 2. **Executive board.** "Executive board" has the meaning given in section 246C.015.

253.195 DEFINITIONS.

Subd. 2. **Executive board.** "Executive board" has the meaning given in section 246C.015.

253B.02 DEFINITIONS.

Subd. 7b. **Executive board.** "Executive board" has the meaning given in section 246C.015.

253D.02 DEFINITIONS.

Subd. 7a. **Executive board.** "Executive board" has the meaning given under section 246C.015.

254B.01 DEFINITIONS.

Subd. 15. **Executive board.** "Executive board" has the meaning given in section 246C.015.

256.045 ADMINISTRATIVE AND JUDICIAL REVIEW OF HUMAN SERVICES MATTERS.

Subd. 1a. **Direct Care and Treatment executive board or executive board.** For purposes of this section, "Direct Care and Treatment executive board" or "executive board" means the Direct Care and Treatment executive board established under section 246C.06.

256G.02 DEFINITIONS.

Subd. 5a. **Direct Care and Treatment executive board or executive board.** "Direct Care and Treatment executive board" or "executive board" means the Direct Care and Treatment executive board established under section 246C.06.

Laws 2024, chapter 125, article 5, section 40

Sec. 40. **DIRECT CARE AND TREATMENT ADVISORY COMMITTEE.**

(a) The Direct Care and Treatment executive board under Minnesota Statutes, section 246C.07, shall establish an advisory committee to provide state legislators, counties, union representatives, the National Alliance on Mental Illness Minnesota, people being served by direct care and treatment programs, and other stakeholders the opportunity to advise the executive board regarding the operation of Direct Care and Treatment.

(b) The members of the advisory committee must be appointed as follows:

(1) one member appointed by the speaker of the house;

(2) one member appointed by the minority leader of the house of representatives;

(3) two members appointed by the senate Committee on Committees, one member representing the majority caucus and one member representing the minority caucus;

(4) one member appointed by the Association of Minnesota Counties;

(5) one member appointed by joint representatives of the American Federation of State and Municipal Employees, the Minnesota Association of Professional Employees, the Minnesota Nurses Association, the Middle Management Association, and the State Residential Schools Education Association;

(6) one member appointed by the National Alliance on Mental Illness Minnesota; and

(7) two members representing people with lived experience being served by state-operated treatment programs or their families, appointed by the governor.

(c) Appointing authorities under paragraph (b) shall make appointments by January 1, 2026.

(d) The first meeting of the advisory committee must be held no later than January 15, 2026. The members of the advisory committee shall elect a chair from among their membership at the first meeting. The advisory committee shall meet as frequently as it determines necessary.

(e) The executive board shall regularly consult with the advisory committee.

(f) The advisory committee under this section expires December 31, 2027.

Laws 2024, chapter 125, article 5, section 41

Sec. 41. **INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE OFFICER.**

Subdivision 1. **Executive board.** (a) The initial appointments of the members of the Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06, must be made by January 1, 2025.

(b) Prior to the first Compensation Council determination of the daily compensation rate for voting members of the executive board under Minnesota Statutes, section 246C.06, subdivision 4, paragraph (b), voting members of the executive board must be paid the per diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

(c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the authority and responsibilities for Direct Care and Treatment are transferred to the executive board in accordance with Minnesota Statutes, section 246C.04.

Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board must appoint as the initial chief executive officer for Direct Care and Treatment under Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and treatment division of the Department of Human Services holding that position at the time the initial appointment is made by the board. The initial appointment of the chief executive officer must be made by the executive board by July 1, 2025. The initial appointment of the chief executive officer is subject to confirmation by the senate.

(b) In its report issued April 1, 2025, the Compensation Council under Minnesota Statutes, section 15A.082, must establish the salary of the chief executive officer at an amount equal to or greater than the amount paid to the chief executive officer of the direct care and treatment division of the Department of Human Services as of the date of initial appointment. The salary of the chief

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executive officer shall become effective July 1, 2025, pursuant to Minnesota Statutes, section 15A.082, subdivision 3. Notwithstanding Minnesota Statutes, sections 15A.082 and 246C.08, subdivision 1, if the initial appointment of the chief executive officer occurs prior to the effective date of the salary specified by the Compensation Council in its April 1, 2025, report, the salary of the chief executive officer must equal the amount paid to the chief executive officer of the direct care and treatment division of the Department of Human Services as of the date of initial appointment.

Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates required under Minnesota Statutes, section 16A.10, for the direct care and treatment division for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative session that involve direct care and treatment operations, the commissioner of human services must consult with the Direct Care and Treatment executive board before submitting the budget estimates or legislative proposals. If the executive board is not appointed by the date the budget estimates must be submitted to the commissioner of management and budget, the commissioner of human services must provide the executive board with a summary of the budget estimates that were submitted.

EFFECTIVE DATE. This section is effective July 1, 2024.
Laws 2024, chapter 127, article 50, section 40

Sec. 40. **DIRECT CARE AND TREATMENT ADVISORY COMMITTEE.**

(a) The Direct Care and Treatment executive board under Minnesota Statutes, section 246C.07, shall establish an advisory committee to provide state legislators, counties, union representatives, the National Alliance on Mental Illness Minnesota, people being served by direct care and treatment programs, and other stakeholders the opportunity to advise the executive board regarding the operation of Direct Care and Treatment.

(b) The members of the advisory committee must be appointed as follows:

(1) one member appointed by the speaker of the house;

(2) one member appointed by the minority leader of the house of representatives;

(3) two members appointed by the senate Committee on Committees, one member representing the majority caucus and one member representing the minority caucus;

(4) one member appointed by the Association of Minnesota Counties;

(5) one member appointed by joint representatives of the American Federation of State and Municipal Employees, the Minnesota Association of Professional Employees, the Minnesota Nurses Association, the Middle Management Association, and the State Residential Schools Education Association;

(6) one member appointed by the National Alliance on Mental Illness Minnesota; and

(7) two members representing people with lived experience being served by state-operated treatment programs or their families, appointed by the governor.

(c) Appointing authorities under paragraph (b) shall make appointments by January 1, 2026.

(d) The first meeting of the advisory committee must be held no later than January 15, 2026. The members of the advisory committee shall elect a chair from among their membership at the first meeting. The advisory committee shall meet as frequently as it determines necessary.

(e) The executive board shall regularly consult with the advisory committee.

(f) The advisory committee under this section expires December 31, 2027.

Laws 2024, chapter 127, article 50, section 41

Sec. 41. **INITIAL APPOINTMENTS AND COMPENSATION OF THE DIRECT CARE AND TREATMENT EXECUTIVE BOARD AND CHIEF EXECUTIVE OFFICER.**

Subdivision 1. **Executive board.** (a) The initial appointments of the members of the Direct Care and Treatment executive board under Minnesota Statutes, section 246C.06, must be made by January 1, 2025.

(b) Prior to the first Compensation Council determination of the daily compensation rate for voting members of the executive board under Minnesota Statutes, section 246C.06, subdivision 4,

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paragraph (b), voting members of the executive board must be paid the per diem rate provided for in Minnesota Statutes, section 15.0575, subdivision 3, paragraph (a).

(c) The executive board is exempt from Minnesota Statutes, section 13D.01, until the authority and responsibilities for Direct Care and Treatment are transferred to the executive board in accordance with Minnesota Statutes, section 246C.04.

Subd. 2. **Chief executive officer.** (a) The Direct Care and Treatment executive board must appoint as the initial chief executive officer for Direct Care and Treatment under Minnesota Statutes, section 246C.07, the chief executive officer of the direct care and treatment division of the Department of Human Services holding that position at the time the initial appointment is made by the board. The initial appointment of the chief executive officer must be made by the executive board by July 1, 2025. The initial appointment of the chief executive officer is subject to confirmation by the senate.

(b) In its report issued April 1, 2025, the Compensation Council under Minnesota Statutes, section 15A.082, must establish the salary of the chief executive officer at an amount equal to or greater than the amount paid to the chief executive officer of the direct care and treatment division of the Department of Human Services as of the date of initial appointment. The salary of the chief executive officer shall become effective July 1, 2025, pursuant to Minnesota Statutes, section 15A.082, subdivision 3. Notwithstanding Minnesota Statutes, sections 15A.082 and 246C.08, subdivision 1, if the initial appointment of the chief executive officer occurs prior to the effective date of the salary specified by the Compensation Council in its April 1, 2025, report, the salary of the chief executive officer must equal the amount paid to the chief executive officer of the direct care and treatment division of the Department of Human Services as of the date of initial appointment.

Subd. 3. **Commissioner of human services to consult.** In preparing the budget estimates required under Minnesota Statutes, section 16A.10, for the direct care and treatment division for the 2026-2027 biennial budget and any legislative proposals for the 2025 legislative session that involve direct care and treatment operations, the commissioner of human services must consult with the Direct Care and Treatment executive board before submitting the budget estimates or legislative proposals. If the executive board is not appointed by the date the budget estimates must be submitted to the commissioner of management and budget, the commissioner of human services must provide the executive board with a summary of the budget estimates that were submitted.

EFFECTIVE DATE. This section is effective July 1, 2024.
Laws 2024, chapter 79, article 1, section 20

Sec. 20. Minnesota Statutes 2023 Supplement, section 246C.03, subdivision 2, is amended to read:

Subd. 2. **Development of Department of Direct Care and Treatment Board.** ~~(a)~~ The commissioner of human services shall prepare legislation for introduction during the 2024 legislative session, with input from stakeholders the commissioner deems necessary, proposing legislation for the creation and implementation of the Direct Care and Treatment executive board and defining the responsibilities, powers, and function of the ~~Department of Direct Care and Treatment~~ executive board.

~~(b) The Department of Direct Care and Treatment executive board shall consist of no more than five members, all appointed by the governor.~~

~~(c) An executive board member's qualifications must be appropriate for overseeing a complex behavioral health system, such as experience serving on a hospital or non-profit board, serving as a public sector labor union representative, experience in delivery of behavioral health services or care coordination, or working as a licensed health care provider, in an allied health profession, or in health care administration.~~