Bill Summary Comparison of

Health and Human Services

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| Senate File 1458, 2nd Engrossment | Senate File 1458, 1st Unofficial Engrossment |
| Article 4: Direct Care and Treatment | Article 9: Direct Care and Treatment |

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| Article 4: Direct Care and Treatment |  | Article 9: Direct Care and Treatment |
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| **Section 1 (43A.241)** requires the state to pay the employer contribution for health and dental benefits under the State Employee Group Insurance Program (SEGIP) for employees assaulted by a client or patient at the Minnesota sex offender program or a state-operated forensic services program, who are permanently physically disabled as a direct result of the assault. | Identical | **Sec. 1. Insurance contributions; former employees.** Amends § 43A.241.A 2014 law requires the commissioner of corrections to continue to make the employer contribution for insurance coverage for any former Department of Corrections employee who was a member of the Minnesota State Retirement System (MSRS) general plan who was assaulted by an inmate at a state correctional institution and was determined to be totally and permanently disabled under MSRS laws.  This article extends the law to apply to positions covered by either the MSRS correctional plan or the general state employee’s retirement plan and to former employees assaulted by either patients at institutions under control of the commissioner of human services or inmates at state prisons.  Provides that this section is effective the day following final enactment and applies to persons assaulted on or after that date. |
| **Section 2 (246.54, subd. 1)** modifies the county portion of the cost of care for the Anoka Metro Regional Treatment Center (AMRTC).  Currently, the county pays zero percent of the cost of care for the first 30 days; 20 percent for days 31 to 60; and 75 percent for over 60 days.  The proposal changes the cost of care to 20 percent for 31 days or more, provided the stay at the AMRTC is determined to be clinically appropriate for the client; and 100 percent for each day the facility determines that it is clinically appropriate to discharge the client. | Senate only section |  |
| **Section 3 (246B.01, subd. 2b)** expands the definition of “cost of care” to include Minnesota Sex Offender program aftercare services and supervision. | Senate only section |  |
| **Section 4 (246B.033**) is a new section of law requiring biennial evaluations of civilly committed sex offenders. | Senate only section |  |
| **Subdivision 1** requires the executive director of MSOP to ensure that each civilly committed sex offender is evaluated not less than once every two years. |  |  |
| **Subdivision 2** requires that a copy of the report be provided to the civilly committed sex offender and the civilly committed sex offender's attorney, with a blank petition for a reduction in custody and instructions on completing and filing the petition. |  |  |
| **Subdivision 3** suspends the duty to evaluate the civilly committed sex offender if the individual is in a correctional facility. |  |  |
| **Subdivision 4** clarifies that this section does not impair or restrict the civilly committed sex offender's right to petition for a reduction in custody.  This section is effective July 1, 2015.  The executive director is not required to begin the evaluations until January 4, 2016. |  |  |
| **Section 5 (246B.10)** requires the counties to pay either ten percent or 25 percent of the cost of care for civilly committed sex offenders who are discharged or provisionally discharged from MSOP. | Senate only section |  |
|  | House only section. Senate has statutory language in article 2, section 17 allowing the commissioner to establish enhanced rates for high-intensity residential treatment services; this language affects CARE programs. | Sec. 4. Closure of facility prohibited. Prohibits the commissioner from closing, or otherwise terminating services at, the CARE program in Fergus Falls earlier than July 1, 2019. |