

32 "The rules and regulations promulgated under the provisions of
 33 this chapter shall not be effective until approved by the chemical
 34 technology review board and submitted to the departmental rules re-
 35 view committee as provided in chapter seventeen A (17A) of the
 36 Code."

37 6. By striking from section two hundred six point three (206.3),
 38 Code 1966, all of lines forty (40) through fifty (50) and inserting
 39 in lieu thereof the following:

40 "(5) The date of manufacture of products found by the chemical
 41 technology review board to be subject to deterioration because of
 42 age."

1 SEC. 8. There is hereby appropriated from the general fund of the
 2 state, for the fiscal year beginning July 1, 1970 and ending June 30,
 3 1971, the sum of ten thousand (10,000) dollars, or so much thereof as
 4 may be necessary, for the payment of actual and necessary expenses
 5 of the members of the chemical technology review board, its employees
 6 and the advisory committee and for defraying other expenses relating
 7 to the responsibilities of said board.

Approved May 10, 1970.

CHAPTER 1097

MENTAL HEALTH COMPACT

H. F. 282

AN ACT to insert in the Code the full text of the interstate compact on mental health,
 to which Iowa is presently a party state.

Be It Enacted by the General Assembly of the State of Iowa:

1 SECTION 1. Section two hundred eighteen A point one (218A.1),
 2 Code 1966, is hereby repealed and the following enacted in lieu
 3 thereof:

4 "The interstate compact on mental health is hereby enacted into
 5 law and entered into by this state with all other states legally join-
 6 ing therein in the form substantially as follows:

7 The contracting states solemnly agree that:

8 ARTICLE I

9 The party states find that the proper and expeditious treatment
 10 of the mentally ill and mentally deficient can be facilitated by co-
 11 operative action, to the benefit of the patients, their families, and
 12 society as a whole. Further, the party states find that the necessity
 13 of and desirability for furnishing such care and treatment bears no
 14 primary relation to the residence or citizenship of the patient but
 15 that, on the contrary, the controlling factors of community safety
 16 and humanitarianism require that facilities and services be made
 17 available for all who are in need of them. Consequently, it is the pur-
 18 pose of this compact and of the party states to provide the necessary
 19 legal basis for the institutionalization or other appropriate care and
 20 treatment of the mentally ill and mentally deficient under a system
 21 that recognizes the paramount importance of patient welfare and to

22 establish the responsibilities of the party states in terms of such
23 welfare.

24 ARTICLE II

25 As used in this compact:

26 (a) "Sending state" shall mean a party state from which a patient
27 is transported pursuant to the provisions of the compact or from
28 which it is contemplated that a patient may be so sent.

29 (b) "Receiving state" shall mean a party state to which a patient
30 is transported pursuant to the provisions of the compact or to which
31 it is contemplated that a patient may be so sent.

32 (c) "Institution" shall mean any hospital or other facility main-
33 tained by a party state or political subdivision thereof for the care
34 and treatment of mental illness or mental deficiency.

35 (d) "Patient" shall mean any person subject to or eligible as
36 determined by the laws of the sending state, for institutionalization
37 or other care, treatment, or supervision pursuant to the provisions
38 of this compact.

39 (e) "After-care" shall mean care, treatment and services provided a
40 patient, as defined herein, on convalescent status or conditional release.

41 (f) "Mental illness" shall mean mental disease to such extent
42 that a person so afflicted requires care and treatment for his own
43 welfare, or the welfare of others, or of the community.

44 (g) "Mental deficiency" shall mean mental deficiency as defined
45 by appropriate clinical authorities to such extent that a person so
46 afflicted is incapable of managing himself and his affairs, but shall
47 not include mental illness as defined herein.

48 (h) "State" shall mean any state, territory or possession of
49 the United States, the District of Columbia, and the Commonwealth
50 of Puerto Rico.

51 ARTICLE III

52 (a) Whenever a person physically present in any party state shall
53 be in need of institutionalization by reason of mental illness or men-
54 tal deficiency, he shall be eligible for care and treatment in an in-
55 stitution in that state irrespective of his residence, settlement or
56 citizenship qualifications.

57 (b) The provisions of paragraph (a) of this article to the con-
58 trary notwithstanding, any patient may be transferred to an insti-
59 tution in another state whenever there are factors based upon clin-
60 ical determinations indicating that the care and treatment of said
61 patient would be facilitated or improved thereby. Any such insti-
62 tutionalization may be for the entire period of care and treatment or
63 for any portion or portions thereof. The factors referred to in this
64 paragraph shall include the patient's full record with due regard for
65 the location of the patient's family, character of the illness and
66 probable duration thereof, and such other factors as shall be con-
67 sidered appropriate.

68 (c) No state shall be obliged to receive any patient pursuant
69 to the provisions of paragraph (b) of this article unless the sending
70 state has given advance notice of its intention to send the patient;
71 furnished all available medical and other pertinent records concern-
72 ing the patient; given the qualified medical or other appropriate
73 clinical authorities of the receiving state an opportunity to examine
74 the patient if said authorities so wish; and unless the receiving state

75 shall agree to accept the patient.

76 (d) In the event that the laws of the receiving state establish
77 a system of priorities for the admission of patients, an interstate
78 patient under this compact shall receive the same priority as a local
79 patient and shall be taken in the same order and at the same time
80 that he would be taken if he were a local patient.

81 (e) Pursuant to this compact, the determination as to the suitable
82 place of institutionalization for a patient may be reviewed at any
83 time and such further transfer of the patient may be made as seems
84 likely to be in the best interest of the patient.

85 ARTICLE IV

86 (a) Whenever, pursuant to the laws of the state in which a patient
87 is physically present, it shall be determined that the patient should
88 receive after-care or supervision, such care or supervision may be
89 provided in a receiving state. If the medical or other appropriate
90 clinical authorities having responsibility for the care and treatment
91 of the patient in the sending state shall have reason to believe that
92 after-care in another state would be in the best interest of the patient
93 and would not jeopardize the public safety, they shall request the
94 appropriate authorities in the receiving state to investigate the de-
95 sirability of affording the patient such after-care in said receiving
96 state, and such investigation shall be made with all reasonable speed.
97 The request for investigation shall be accompanied by complete in-
98 formation concerning the patient's intended place of residence and
99 the identity of the person in whose charge it is proposed to place the
100 patient, the complete medical history of the patient, and such other
101 documents as may be pertinent.

102 (b) If the medical or other appropriate clinical authorities having
103 responsibility for the care and treatment of the patient in the send-
104 ing state and the appropriate authorities in the receiving state find
105 that the best interest of the patient would be served thereby, and
106 if the public safety would not be jeopardized thereby, the patient may
107 receive after-care or supervision in the receiving state.

108 (c) In supervising, treating, or caring for a patient on after-
109 care pursuant to the terms of this article, a receiving state shall
110 employ the same standards of visitation, examination, care, and
111 treatment that it employs for similar local patients.

112 ARTICLE V

113 Whenever a dangerous or potentially dangerous patient escapes
114 from an institution in any party state, that state shall promptly no-
115 tify all appropriate authorities within and without the jurisdiction of
116 the escape in a manner reasonably calculated to facilitate the speedy
117 apprehension of the escapee. Immediately upon the apprehension
118 and identification of any such dangerous or potentially dangerous
119 patient, he shall be detained in the state where found pending dis-
120 position in accordance with law.

121 ARTICLE VI

122 The duly accredited officers of any state party to this compact,
123 upon the establishment of their authority and the identity of the
124 patient, shall be permitted to transport any patient being moved
125 pursuant to this compact through any and all states party to this
126 compact, without interference.

ARTICLE VII

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128 (a) No person shall be deemed a patient of more than one institu-
129 tion at any given time. Completion of transfer of any patient to an
130 institution in a receiving state shall have the effect of making the
131 person a patient of the institution in the receiving state.

132 (b) The sending state shall pay all costs of and incidental to
133 the transportation of any patient pursuant to this compact, but any
134 two or more party states may, by making a specific agreement for
135 that purpose, arrange for a different allocation of costs as among
136 themselves.

137 (c) No provision of this compact shall be construed to alter or
138 affect any internal relationships among the departments, agencies
139 and officers of and in the government of a party state, or between a
140 a party state and its subdivisions, as to the payment of costs, or
141 responsibilities therefor.

142 (d) Nothing in this compact shall be construed to prevent any
143 party state or subdivision thereof from asserting any right against
144 any person, agency or other entity in regard to costs for which such
145 party state or subdivision thereof may be responsible pursuant to any
146 provision of this compact.

147 (e) Nothing in this compact shall be construed to invalidate any
148 reciprocal agreement between a party state and a non-party state
149 relating to institutionalization, care or treatment of the mentally
150 ill or mentally deficient, or any statutory authority pursuant to
151 which such agreements may be made.

ARTICLE VIII

152 (a) Nothing in this compact shall be construed to abridge, dimin-
153 ish, or in any way impair the rights, duties, and responsibilities of
154 any patient's guardian on his own behalf or in respect of any patient
155 for whom he may serve, except that where the transfer of any patient
156 to another jurisdiction makes advisable the appointment of a supple-
157 mental or substitute guardian, any court of competent jurisdiction
158 in the receiving state may make such supplemental or substitute
159 appointment and the court which appointed the previous guardian
160 shall upon being duly advised of the new appointment, and upon
161 the satisfactory completion of such accounting and other acts as
162 such court may by law require, relieve the previous guardian of
163 power and responsibility to whatever extent shall be appropriate
164 in the circumstances; provided, however, that in the case of any
165 patient having settlement in the sending state, the court of competent
166 jurisdiction in the sending state shall have the sole discretion to
167 relieve a guardian appointed by it or continue his power and respon-
168 sibility, whichever it shall deem advisable. The court in the receiving
169 state may, in its discretion, confirm or reappoint the person or
170 persons previously serving as guardian in the sending state in lieu
171 of making a supplemental or substitute appointment.

172 (b) The term "guardian" as used in paragraph (a) of this article
173 shall include any guardian, trustee, legal committee, conservator,
174 or other person or agency however denominated who is charged by
175 law with power to act for or responsibility for the person or
176 property of a patient.
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ARTICLE IX

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(a) No provision of this compact except Article V shall apply to any person institutionalized while under sentence in a penal or correctional institution or while subject to trial on a criminal charge, or whose institutionalization is due to the commission of an offense for which, in the absence of mental illness or mental deficiency, said person would be subject to incarceration in a penal or correctional institution.

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(b) To every extent possible, it shall be the policy of states party to this compact that no patient shall be placed or detained in any prison, jail or lockup, but such patient shall, with all expedition, be taken to a suitable institutional facility for mental illness or mental deficiency.

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ARTICLE X

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(a) Each party state shall appoint a "compact administrator" who, on behalf of his state, shall act as general coordinator of activities under the compact in his state and who shall receive copies of all reports, correspondence, and other documents relating to any patient processed under the compact by his state either in the capacity of sending or receiving state. The compact administrator or his duly designated representative shall be the official with whom other party states shall deal in any matter relating to the compact or any patient processed thereunder.

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(b) The compact administrators of the respective party states shall have power to promulgate reasonable rules and regulations to carry out more effectively the terms and provisions of this compact.

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ARTICLE XI

The duly constituted administrative authorities of any two or more party states may enter into supplementary agreements for the provision of any service or facility or for the maintenance of any institution on a joint or cooperative basis whenever the states concerned shall find that such agreements will improve services, facilities, or institutional care and treatment in the fields of mental illness or mental deficiency. No such supplementary agreement shall be construed so as to relieve any party state of any obligation which it otherwise would have under other provisions of this compact.

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ARTICLE XII

This compact shall enter into full force and effect as to any state when enacted by it into law and such state shall thereafter be a party thereto with any and all states legally joining therein.

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ARTICLE XIII

(a) A state party to this compact may withdraw therefrom by enacting a statute repealing the same. Such withdrawal shall take effect one year after notice thereof has been communicated officially and in writing to the governors and compact administrators of all other party states. However, the withdrawal of any state shall not change the status of any patient who has been sent to said state or sent out of said state pursuant to the provisions of the compact.

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(b) Withdrawal from any agreement permitted by Article VII(b) as to costs or from any supplementary agreement made pursuant to Article XI shall be in accordance with the terms of such agreement.

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ARTICLE XIV

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This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any state party thereto, the compact shall remain in full force and effect as to the remaining states and in full force and effect as to the state affected as to all severable matters."

Approved February 20, 1970.

CHAPTER 1098

IOWA SOLDIERS HOME

H. F. 129

AN ACT relating to admission of widows and wives of members to the Iowa Soldiers Home.

Be It Enacted by the General Assembly of the State of Iowa:

1 SECTION 1. Section two hundred nineteen point four (219.4), Code
2 1966, is hereby amended by striking in lines three (3) and four (4)
3 the words "ten years" and inserting in lieu thereof the words "one
4 year".

1 SEC. 2. Section two hundred nineteen point five (219.5), Code
2 1966, is hereby amended as follows:

3 1. By striking in lines ten (10) and eleven (11) the words "ten
4 years" and inserting in lieu thereof the words "one year".

5 2. By striking in line seventeen (17) the word "ten" and inserting
6 in lieu thereof the word "three".

Approved February 2, 1970.

CHAPTER 1099

TREATMENT FOR DRUG ADDICTION

S. F. 1276

AN ACT relating to encouraging persons to seek treatment for drug addiction or dependency.

Be It Enacted by the General Assembly of the State of Iowa:

1 SECTION 1. For the purposes of this Act, unless the context clearly
2 indicates a contrary intent:

3 1. "Medical practitioner" means a physician and surgeon or osteo-