February 24, 1961.
Passed on File.

House File 595
By WALTER.

Passed House, Date..... Passed Senate, Date.....
Vote: Ayes..... Nays..... Vote: Ayes..... Nays.....
Approved.....

A BILL FOR

An Act to ratify the Interstate Compact on Mental Health with other states.

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

1 Section 1. The Interstate Compact on Mental Health is here-
2 by enacted into law and entered into by this state with all
3 other states legally joining therein in the form substantially
4 as follows:
5 The contracting states solemnly agree that:
6 ARTICLE I
7 The party states find that the proper and expeditious treat-
8 ment of the mentally ill and mentally deficient can be facili-
9 tated by cooperative action, to the benefit of the patients,
10 their families, and society as a whole. Further, the party
11 states find that the necessity of and desirability for furnish-
12 ing such care and treatment bears no primary relation to the
13 residence or citizenship of the patient but that, on the
14 contrary, the controlling factors of community safety and
15 humanitarianism require that facilities and services be made
16 available for all who are in need of them. Consequently, it
17 is the purpose of this compact and of the party states to
18 provide the necessary legal basis for the institutionalization
19 or other appropriate care and treatment of the mentally ill and
20 mentally deficient under a system that recognizes the paramount

21 importance of patient welfare and to establish the responsi-
22 bilities of the party states in terms of such welfare.

23 ARTICLE II

24 As used in this compact:

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

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

33 (c) "Institution" shall mean any hospital or other facility
34 maintained by a party state or political subdivision thereof
35 for the care and treatment of mental illness or mental defi-
36 ciency.

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

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

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

48 (g) "Mental deficiency" shall mean mental deficiency as
49 defined by appropriate clinical authorities to such extent

50 that a person so afflicted is incapable of managing himself
51 and his affairs, but shall not include mental illness as de-
52 fined herein.

53 (h) "State" shall mean any state, territory or possession of
54 the United States, the District of Columbia, and the Common-
55 wealth of Puerto Rico.

56 ARTICLE III

57 (a) Whenever a person physically present in any party state
58 shall be in need of institutionalization by reason of mental
59 illness or mental deficiency, he shall be eligible for care and
60 treatment in an institution in that state irrespective of his
61 residence, settlement or citizenship qualifications.

62 (b) The provisions of paragraph (a) of this article to the
63 contrary notwithstanding, any patient may be transferred to an
64 institution in another state whenever there are factors based
65 upon clinical determinations indicating that the care and
66 treatment of said patient would be facilitated or improved
67 thereby. Any such institutionalization may be for the entire
68 period of care and treatment or for any portion or portions
69 thereof. The factors referred to in this paragraph shall
70 include the patient's full record with due regard for the
71 location of the patient's family, character of the illness and
72 probable duration thereof, and such other factors as shall be
73 considered appropriate.

74 (c) No state shall be obliged to receive any patient pur-
75 suant to the provisions of paragraph (b) of this article unless
76 the sending state has given advance notice of its intention to
77 send the patient; furnished all available medical and other
78 pertinent records concerning the patient; give the qualified

79 medical or other appropriate clinical authorities of the
80 receiving state an opportunity to examine the patient if said
81 authorities so wish; and unless the receiving state shall agree
82 to accept the patient.

83 (d) In the event that the laws of the receiving state estab-
84 lish a system of priorities for the admission of patients, an
85 interstate patient under this compact shall receive the same
86 priority as a local patient and shall be taken in the same
87 order and at the same time that he would be taken if he were a
88 local patient.

89 (e) Pursuant to this compact, the determination as to the
90 suitable place of institutionalization for a patient may be
91 reviewed at any time and such further transfer of the patient
92 may be made as seems likely to be in the best interest of the
93 patient.

94 ARTICLE IV

95 (a) Whenever, pursuant to the laws of the state in which a
96 patient is physically present, it shall be determined that the
97 patient should receive after-care or supervision, such care or
98 supervision may be provided in a receiving state. If the
99 medical or other appropriate clinical authorities having re-
100 sponsibility for the care and treatment of the patient in the
101 sending state shall have reason to believe that after-care in
102 another state would be in the best interest of the patient and
103 would not jeopardize the public safety, they shall request the
104 appropriate authorities in the receiving state to investigate
105 the desirability of affording the patient such after-care in
106 said receiving state, and such investigation shall be made with
107 all reasonable speed. The request for investigation shall be

108 accompanied by complete information concerning the patient's
109 intended place of residence and the identity of the person in
110 whose charge it is proposed to place the patient, the complete
111 medical history of the patient, and such other documents as
112 may be pertinent.

113 (b) If the medical or other appropriate clinical authorities
114 having responsibility for the care and treatment of the patient
115 in the sending state and the appropriate authorities in the
116 receiving state find that the best interest of the patient would
117 be served thereby, and if the public safety would not be jeop-
118 ardized thereby, the patient may receive after-care or super-
119 vision in the receiving state.

120 (c) In supervising, treating, or caring for a patient on
121 after-care pursuant to the terms of this article, a receiving
122 state shall employ the same standards of visitation, examination,
123 care, and treatmnt that it employs for similar local patients.

124 ARTICLE V

125 Whenever a dangerous or potentially dangerous patient
126 escapes from an institution in any party state, that state shall
127 promptly notify all appropriate authorities within and without
128 the jurisdiction of the escape in a manner reasonably calcu-
129 lated to facilitate the speedy apprehension of the escapee.
130 Immediately upon the apprehension and identification of any
131 such dangerous or potentially dangerous patient, he shall be
132 detained in the state where found pending disposition in
133 accordance with law.

134 ARTICLE VI

135 The duly accredited officers of any state party to this
136 compact, upon the establishment of their authority and the

137 identity of the patient, shall be permitted to transport any
138 patient being moved pursuant to this compact through any and
139 all states party to this compact, without interference.

140 ARTICLE VII

141 (a) No person shall be deemed a patient of more than one
142 institution at any given time. Completion of transfer of any
143 patient to an institution in a receiving state shall have the
144 effect of making the person a patient of the institution in
145 the receiving state.

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

151 (c) No provision of this compact shall be construed to
152 alter or affect any internal relationships among the depart-
153 ments, agencies and officers of and in the government of a
154 party state, or between a party state and its subdivisions, as
155 to the payment of costs, or responsibilities therefor.

156 (d) Nothing in this compact shall be construed to prevent any
157 party state or subdivision thereof from asserting any right
158 against any person, agency or other entity in regard to costs
159 for which such party state or subdivision thereof may be re-
160 sponsible pursuant to any provision of this compact.

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

166 ARTICLE VIII

167 (a) Nothing in this compact shall be construed to abridge,
168 diminish, or in any way impair the rights, duties, and responsi-
169 bilities of any patient's guardian on his own behalf or in
170 respect of any patient for whom he may serve, except that where
171 the transfer of any patient to another judisdiction makes
172 advisable the appointment of a supplemental or substitute
173 guardian, any court of competent jurisdiction in the receiving
174 state may make such supplemental or substitute appointment and
175 the court which appointed the previous guardian shall upon
176 being duly advised of the new appointment, and upon the satis-
177 factory completion of such accounting and other acts as such
178 court may by law require, relieve the previous guardian of
179 power and responsibility to whatever extent shall be appro-
180 priate in the circumstances; provided, however, that in the case
181 of any patient having settlement in the sending state, the court
182 of competent jurisdiction in the sending state shall have the
183 sole discretion to relieve a guardian appointed by it or con-
184 tinue his power and responsibility, whichever it shall deem
185 advisable. The court in the receiving state may, in its
186 discretion, confirm or reappoint the person or persons pre-
187 viously serving as guardian in the sending state in lieu of
188 making a supplemental or substitute appointment.

189 (b) The term "guardian" as used in paragraph (a) of this
190 article shall include any guardian, trustee, legal committee,
191 conservator, or other person or agency however dentominated
192 who is charged by law with power to act for or responsibility
193 for the person or property of a patient.

194 ARTICLE IX

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

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

207 ARTICLE X

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

218 (b) The compact administrators of the respective party
219 states shall have power to promulgate reasonable rules and
220 regulations to carry out more effectively the terms and pro-
221 visions of this compact.

222 ARTICLE XI

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

233 ARTICLE XII

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

238 ARTICLE XIII

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

247 (b) Withdrawals from any agreement permitted by Article VII
248 (b) as to costs or from any supplementary agreement made pur-
249 suant to Article XI shall be in accordance with the terms of
250 such agreement.

251 ARTICLE XIV

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

1 Sec. 2. Pursuant to said compact, the director of mental
2 health of the board of control shall be the compact adminis-
3 trator and who, acting jointly with like officers of other
4 party states, shall have power to promulgate rules and regu-
5 lations to carry out more effectively the terms of the compact.
6 The compact administrator is hereby authorized, empowered and
7 directed to cooperate with all departments, agencies and
8 officers of and in the government of this state and its sub-
9 divisions in facilitating the proper administration of the
10 compact of any supplementary agreement or agreements entered
11 into by this state thereunder.

1 Sec. 3. The compact administrator is hereby authorized and
2 empowered to enter into supplementary agreements with appro-
3 priate officials of other states pursuant to Articles VII and XI
4 of the compact. In the event that such supplementary agreements

5 shall require or contemplate the use of any institution or
6 facility of this state or require or contemplate the provision
7 of any service by this state, no such agreement shall have force
8 or effect until approved by the head of the department or agency
9 under whose jurisdiction said institution or facility is oper-
10 ated or whose department or agency will be charged with the
11 rendering of such service.

1 Sec. 4. The compact administrator, subject to the approval
2 of the board of control of state institutions, may make or
3 arrange for any payments necessary to discharge any financial
4 obligations imposed upon this state by the compact or by any
5 supplementary agreement entered into thereunder.

1 Sec. 5. The compact administrator is hereby directed to
2 consult with the immediate family of any proposed transferee
3 and, in the case of a proposed transferee from an institution
4 in this state to an institution in another party state, to take
5 no final action without approval of the board of control of
6 state institutions.

1 Sec. 6. Duly authorized copies of this act shall, upon its
2 approval, be transmitted by the secretary of state to the
3 governor of each state, the attorney general and the Administrator
4 of General Services of the United States, and the Council of
5 State Governments.

1 Sec. 7. Effective date is July 4, 1961.

EXPLANATION OF HOUSE FILE 595

Briefly stated the purposes are:

(1) To assure that any party state will give care and treatment to any person found in that state who is in need of institutionalization by reason of mental illness or mental deficiency.

(2) To permit the transfer of such a patient to an institution in another state when clinical determinations indicate that such a transfer would be in the best interests of the patient.

(3) To provide interstate cooperative machinery for after-care or supervision of patients on convalescent status or conditional release.

(4) To authorize additional supplementary agreements between party states "for the provision of any service or facility or for the maintenance of any institution on a joint or cooperative basis" when any two or more states wish to do so.

The basic purpose of the "compact" is to humanize practices of dealing with mentally ill persons between states. To date 22 states have ratified it.*

The Interstate Compact on Mental Health consists of 14 articles, necessarily drafted in careful legal language, but with easily identifiable substantive provisions. It is in the form of a legally binding agreement among the party states, to be adhered to by uniform ratification thereof by the legislatures. Accompanying the draft compact itself is a suggested legislative enabling act for the guidance of those who may be preparing the compact for introduction in bill form. The enabling act may vary from state to state in its provisions, although the drafters highly recommend that section 1 and section 5 be enacted without substantial change in order that a simple and effective method of exchanging documents among party states may be accomplished with the Council of State Governments acting as a clearinghouse. The text of the compact itself should be inserted within the enabling act without any change or variation.

*Alaska, Arkansas, Connecticut, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Vermont and Washington.

HOUSE FILE 596

1 Amend House File 596 by striking from section 1, line 2,
2 the words "adding thereto" and inserting in lieu thereof the
3 following: "inserting after the word 'unrepresented.' in line
4 six (6)".

Filed
April 13, 1961.

adopted 4-14-61

House concurred 4-18-61

By LUCKEN.