

February 13, 1969

HOUSE FILE 282

Social Services, *Pass 3-11, Pass 1-12-70, adopted 1-17*  
*Sen. " " 1-20, Pass 2-4*

By LIPSKY and HUFF

Passed House, Date *1-15-70* Passed Senate, Date *2-13-70*

Vote: Ayes *96* Nays *0* Vote: Ayes *42* Nays *0*

Approved *2-20-70*

## A BILL FOR

1 An Act to insert in the Code the full text of the interstate  
2 compact on mental health, to which Iowa is presently a  
3 party state.

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

5 Section 1. Section two hundred eighteen A point one  
6 (218A.1), Code 1966, is hereby repealed and the following en-  
7 acted in lieu thereof:

8 "The interstate compact on mental health is hereby enacted  
9 into law and entered into by this state with all other states  
10 legally joining therein in the form substantially as follows:

11 The contracting states solemnly agree that:

### 12 Article I

13 The party states find that the proper and expeditious  
14 treatment of the mentally ill and mentally deficient can be  
15 facilitated by cooperative action, to the benefit of the  
16 patients, their families, and society as a whole. Further  
17 the party states find that the necessity of and desirability  
18 for furnishing such care and treatment bears no primary re-  
19 lation to the residence or citizenship of the patient but  
20 that, on the contrary, the controlling factors of community  
21 safety and humanitarianism require that facilities and ser-  
22 vices be made available for all who are in need of them. Con-  
23 sequently, it is the purpose of this compact and of the party  
24 states to provide the necessary legal basis for the institu-  
25 tionalization or other appropriate care and treatment of the

1 mentally ill and mentally deficient under a system that rec-  
2 ognizes the paramount importance of patient welfare and to  
3 establish the responsibilities of the party states in terms  
4 of such welfare.

5 Article II

6 As used in this compact:

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

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

15 (c) "Institution" shall mean any hospital or other facil-  
16 ity maintained by a party state or political subdivision  
17 thereof for the care and treatment of mental illness or men-  
18 tal deficiency.

19 (d) "Patient" shall mean any person subject to or eligible  
20 as determined by the laws of the sending state, for institu-  
21 tionalization or other care, treatment, or supervision pur-  
22 suant to the provisions of this compact.

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

26 (f) "Mental illness" shall mean mental disease to such  
27 extent that a person so afflicted requires care and treatment  
28 for his own welfare, or the welfare of others, or of the com-  
29 munity.

30 (g) "Mental deficiency" shall mean mental deficiency as  
31 defined by appropriate clinical authorities to such extent  
32 that a person afflicted is incapable of managing himself  
33 and his affairs, but shall not include mental illness as  
34 defined herein.

35 (h) "State shall mean any state, territory or possession

1 of the United States, the District of Columbia, and the Com-  
2 monwealth of Puerto Rico.

3 Article III

4 (a) Whenever a person physically present in any party  
5 state shall be in need of institutionalization by reason of  
6 mental illness or mental deficiency, he shall be eligible  
7 for care and treatment in an institution in that state ir-  
8 respective of his residence, settlement or citizenship  
9 qualifications.

10 (b) The provisions of paragraph (a) of this article to  
11 the contrary notwithstanding, any patient may be transferred  
12 to an institution in another state whenever there are factors  
13 based upon clinical determinations indicating that the care  
14 and treatment of said patient would be facilitated or improved  
15 thereby. Any such institutionalization may be for the entire  
16 period of care and treatment or for any portion or portions  
17 thereof. The factors referred to in this paragraph shall in-  
18 clude the patient's full record with due regard for the loca-  
19 tion of the patient's family, character of the illness and  
20 probable duration thereof, and such other factors as shall  
21 be considered appropriate.

22 (c) No state shall be obligated to receive any patient pur-  
23 suant to the provisions of paragraph (d) of this article un-  
24 less the sending state has given advance notice of its in-  
25 tention to send the patient; furnished all available medical  
26 and other pertinent records concerning the patient; given the  
27 qualified medical or other appropriate clinical authorities  
28 of the receiving state an opportunity to examine the patient  
29 if said authorities so wish; and unless the receiving state  
30 shall agree to accept the patient.

31 (d) In the event that the laws of the receiving state  
32 establish a system of priorities for the admission of patients,  
33 an interstate patient under this compact shall receive the  
34 same priority as a local patient and shall be taken in the  
35 same order and at the same time that he would be taken if

1 he were a local patient.

2 (e) Pursuant to this compact, the determination as to the  
3 suitable place of institutionalization for a patient may be  
4 reviewed at any time and such further transfer of the patient  
5 may be made as seems likely to be in the best interest of the  
6 patient.

7

#### Article IV

8 (a) Whenever, pursuant to the laws of the state in which  
9 a patient is physically present, it shall be determined that  
10 the patient should receive after-care or supervision, such  
11 care or supervision may be provided in a receiving state.  
12 If the medical or other appropriate clinical authorities  
13 having responsibility for the care and treatment of the  
14 patient in the sending state shall have reason to believe  
15 that after-care in another state would be in the best interest  
16 of the patient and would not jeopardize the public safety,  
17 they shall request the appropriate authorities in the receiv-  
18 ing state to investigate the desirability of affording the  
19 patient such after-care in said receiving state, and such in-  
20 vestigation shall be made with all reasonable speed. The re-  
21 quest for investigation shall be accompanied by complete in-  
22 formation concerning the patient's intended place of residence  
23 and the identity of the person in whose charge it is proposed  
24 to place the patient, the complete medical history of the  
25 patient, and such other documents as may be pertinent.

26 (b) If the medical or other appropriate clinical author-  
27 ities having responsibility for the care and treatment of the  
28 patient in the sending state and the appropriate authorities  
29 in the receiving state find that the best interest of the  
30 patient would be served thereby, and if the public safety  
31 would be jeopardized thereby, the patient may receive  
32 after-care or supervision in the receiving state.

33 (c) In supervising, treating, or caring for a patient on  
34 after-care pursuant to the terms of this article, a receiving  
35 state shall employ the same standards of visitation, examina-

1 tion, care, and treatment that it employs for similar local  
2 patients.

3 Article V

4 Whenever a dangerous or potentially dangerous patient  
5 escapes from an institution in any party state, that state  
6 shall promptly notify all appropriate authorities within and  
7 without the jurisdiction of the escape in a manner reasonably  
8 calculated to facilitate the speedy apprehension of the  
9 escapee. Immediately upon the apprehension and identification  
10 of any such dangerous or potentially dangerous patient, he  
11 shall be detained in the state where found pending disposition  
12 in accordance with law.

13 Article VI

14 The duly accredited officers of any state party to this  
15 compact, upon the establishment of their authority and the  
16 identity of the patient, shall be permitted to transport any  
17 patient being moved pursuant to this compact through any and  
18 all states party to this compact, without interference.

19 Article VII

20 (a) No person shall be deemed a patient of more than one  
21 institution at any given time. Completion of transfer of any  
22 patient to an institution in a receiving state shall have the  
23 effect of making the person a patient of the institution in  
24 the receiving state.

25 (b) The sending state shall pay all costs of and inci-  
26 dental to the transportation of any patient pursuant to this  
27 compact, but any two or more party states may, by making a  
28 specific agreement for that purpose, arrange for a different  
29 allocation of costs as among themselves.

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

35 (d) Nothing in this compact shall be construed to prevent

1 any party state or subdivision thereof from asserting any  
2 right against any person, agency or other entity in regard  
3 to costs for which such party state or subdivision thereof  
4 may be responsible pursuant to any provision of this compact.

5 (e) Nothing in this compact shall be construed to inval-  
6 idate any reciprocal agreement between a party state and a  
7 non-party state relating to institutionalization, care or  
8 treatment of the mentally ill or mentally deficient, or any  
9 statutory authority pursuant to which such agreements may be  
10 made.

#### 11 Article VIII

12 (a) Nothing in this compact shall be construed to abridge,  
13 diminish, or in any way impair the rights, duties, and re-  
14 sponsibilities of any patient's guardian on his own behalf  
15 or in respect of any patient for whom he may serve, except  
16 that where the transfer of any patient to another jurisdic-  
17 tion makes advisable the appointment of a supplemental or  
18 substitute guardian, any court of competent jurisdiction in  
19 the receiving state may make such supplemental or substitute  
20 appointment and the court which appointed the previous guard-  
21 ian shall upon being duly advised of the new appointment, and  
22 upon the satisfactory completion of such accounting and other  
23 acts as such court may by law require, relieve the previous  
24 guardian of power and responsibility to whatever extent shall  
25 be appropriate in the circumstances; provided, however, that  
26 in the case of any patient having settlement in the sending  
27 state, the court of competent jurisdiction in the sending  
28 state shall have the sole discretion to relieve a guardian  
29 appointed by it or continue his power and responsibility,  
30 whichever it shall deem advisable. The court in the receiv-  
31 ing state may, in its discretion, confirm or reappoint the  
32 person or persons previously serving as guardian in the send-  
33 ing state in lieu of making a supplemental or substitute  
34 appointment.

35 (b) The term "guardian" as used in paragraph (a) of this

1 article shall include any guardian, trustee, legal committee,  
2 conservator, or other person or agency however denominated  
3 who is charged by law with power to act for or responsibility  
4 for the person or property of a patient.

5 Article IX

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

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

19 Article X

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

30 (b) The compact administrators of the respective party  
31 states shall have power to promulgate reasonable rules and  
32 regulations to carry out more effectively the terms and pro-  
33 visions of this compact.

34 Article XI

35 The duly constituted administrative authorities of any

1 two or more party states may enter into supplementary agree-  
2 ments for the provisions of any service or facility or for  
3 the maintenance of any institution on a joint or cooperative  
4 basis whenever the states concerned shall find that such  
5 agreements will improve services, facilities, or institu-  
6 tional care and treatment in the fields of mental illness  
7 or mental deficiency. No such supplementary agreement shall  
8 be construed so as to relieve any party state of any obliga-  
9 tion which it otherwise would have under other provisions  
10 of this compact.

11 Article XII

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

16 Article XIII

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

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

29 Article XIV

30 This compact shall be liberally construed so as to effec-  
31 tuate the purposes thereof. The provisions of this compact  
32 shall be severable and if any phrase, clause, sentence or  
33 provision of this compact is declared to be contrary to the  
34 constitution of any party state or of the United States or  
35 the applicability thereof to any government, agency, person

1 or circumstance is held invalid, the validity of the remainder  
2 of this compact and the applicability thereof to any govern-  
3 ment, agency, person or circumstance shall not be affected  
4 thereby. If this compact shall be held contrary to the con-  
5 stitution of any state party thereto, the compact shall re-  
6 main in full force and effect as to the remaining states  
7 and in full force and effect as to the state affected as  
8 to all severable matters.”

#### EXPLANATION OF HOUSE FILE 282

The Sixtieth General Assembly adopted the Interstate Compact on Mental Health by reference. This bill inserts in the Code the entire text of that compact. No substantive changes in present law have been effected, but it will no longer be necessary for those who wish to determine the provisions of the compact to consult the 1958 edition of Suggested State Legislation or some other source outside the Code of Iowa.

#### FISCAL NOTE

Date prepared February 3, 1970

Requested by Senator O'Malley.

Prepared in regard to House File 282, a bill for 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.

Following is the fiscal effect in dollars of the legislative proposal as required by Rule 31:

An estimate obtained from Wayne Faupel puts the total cost of inserting the full text of the interstate compact on mental health in the Code at \$100. Since Iowa is presently in the compact, there would be no additional cost other than that now appropriated.

GERRY D. RANKIN  
Legislative Fiscal Director

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