

MENTALLY ILL AND RETARDED, TUBERCULAR, BLIND, AND DEAF

CHAPTER 219

H. B. No. 886

(Delayed Bills Committee)
(Stallman, Gackle, Leahy, Haugland)

COORDINATING COMMITTEE ON MENTAL RETARDATION

AN ACT

To create a coordinating committee on mental retardation, providing for the membership and officers thereof, and prescribing its powers, duties, and responsibilities.

Be It Enacted by the Legislative Assembly of the State of North Dakota:

§ 1. Coordinating Committee on Mental Retardation.)

There is hereby created and shall be maintained a state coordinating committee on mental retardation consisting of one or more representatives of each of the following departments, divisions, institutions, and organizations designated by the head of such agency or organization:

1. Office of superintendent of public instruction;
2. Public welfare department;
3. Health department;
4. Grafton state school;
5. Division of vocational rehabilitation;
6. A nonvoting consultant representing the North Dakota Association for Retarded Children.

Such committee shall select its own officers who shall serve for a term of one year commencing on July first of each year. Meetings shall be held at the call of the chairman or upon notice in writing signed by not less than three members of the committee. Representatives of four of the above agencies shall constitute a quorum and a majority of such quorum shall have authority to act upon any matter coming before the committee. Members of the committee shall receive no compensation for service upon such committee except compensation otherwise normally due them from their respective departments, divisions, institutions, or organizations. Members representing departments, divisions, or institutions of the state shall be reimbursed for their actual expenses incurred in serving upon such committee by their respective depart-

ment, division, or institution in the same manner and at the same rate provided by law for other state officials.

The committee shall have the duty and responsibility of making or providing for such studies and surveys of the needs of retarded persons in North Dakota as it may deem necessary, and shall coordinate the activities of all state departments, divisions, agencies, and institutions having responsibilities in the field of mental retardation.

Approved March 6, 1963.

CHAPTER 220

S. B. No. 59

(Morgan, Nelson, Forkner, Baker, Van Horn, Dahlund, Meidinger,
(Mutch, Miller, Mahoney, Strinden, Beck, Ringsak)

STATE SCHOOL NAME

AN ACT

To amend and reenact subsection 5 of section 25-01-01, sections 25-01-02, 25-04-01, and 25-04-03 of the North Dakota Century Code, relating to the name of the institution for the feeble-minded at Grafton, North Dakota.

Be It Enacted by the Legislative Assembly of the State of North Dakota:

§ 1. Amendment.) Subsection 5 of section 25-01-01 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

5. "State school" shall mean the Grafton state school and such portion of the state institution at San Haven that is designated for the care of the feeble-minded;

§ 2. Amendment.) Section 25-01-02 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-01-02. General Supervision Over State Hospital, State School, State Sanatorium, School for the Blind, and School for the Deaf.) The board shall have general control and management of the state hospital, the state school, the state sanatorium, school for the blind and the school for the deaf. The board shall make all bylaws, rules, and regulations, not inconsistent with the laws of this state, which are necessary for the government of such institutions, and for the admission of persons thereto and the parole and discharge of persons therefrom. The board shall be authorized to transfer patients between the Grafton state school and the state sanatorium for such purposes the board may deem necessary.

§ 3. **Amendment.)** Section 25-04-01 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-04-01. State School—Maintained—Name.) An institution for the feeble-minded shall be maintained at or near the city of Grafton in the county of Walsh. Such institution shall be known and designated as Grafton State School.

§ 4. **Amendment.)** Section 25-04-03 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-04-03. Qualifications of Superintendent.) The superintendent of the Grafton state school must be either:

1. A duly licensed physician with at least five years' experience in the field of mental health, or
2. A competent executive with at least five years' experience in hospital administration.

In the event a physician shall be appointed superintendent, he shall have power to appoint an assistant superintendent, necessary physicians, and all other employees and define their qualifications and duties; but he may name a personnel director to employ and discharge all employees except physicians. In the event an executive shall be named, he shall designate a duly licensed physician having at least five years' experience in the field of mental health as chief of medical staff and such chief of staff shall have full power to employ additional physicians, nurses, and professional assistants and shall have full power to define their qualifications and duties but all other employees shall be appointed and removed by the superintendent or a personnel director to be named by him. The salaries of all employees shall be fixed by the board within the limits of the legislative appropriations made for such purpose.

Approved March 5, 1963.

CHAPTER 221

S. B. No. 116
(Longmire)

LIMITATION ON CLAIMS FOR CARE

AN ACT

To create and enact section 25-09-06.1 of the North Dakota Century Code Supplement, limiting certain claims for the costs of care at certain state institutions.

Be It Enacted by the Legislative Assembly of the State of North Dakota:

§ 1.) Section 25-09-06.1 of the North Dakota Century Code Supplement is hereby created and enacted to read as follows:

25-09-06.1. Limitation on Certain Claims.) In the event any charges for the costs of care payable by responsible relatives or their estates under the provisions of section 25-09-04 shall be reduced or eliminated in accordance with the provisions of sections 25-09-05 and 25-09-06, the state shall be forever barred from asserting a claim against such responsible relatives or their estates in excess of the amount determined payable under the provisions of sections 25-09-05 and 25-09-06 for the period that such reduced charges were in effect.

Approved March 18, 1963.

CHAPTER 222

S. B. No. 234
(Trenbeath, Mahoney)

COSTS OF CARE AT STATE INSTITUTIONS

AN ACT

To amend and reenact sections 25-09-02, 25-09-03, 25-09-04, 25-09-05, 25-09-06, 25-09-07, 25-09-09 of the North Dakota Century Code, deleting reference to tuberculosis sanatorium and to provide for payment by the state of all costs of care and treatment for persons suffering from tuberculosis or suspected of having tuberculosis.

Be It Enacted by the Legislative Assembly of the State of North Dakota:

§ 1. **Amendment.)** Section 25-09-02 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-09-02. Expenses Chargeable Against Patient or His Estate—Filing Claims—Duties of County Judge.) Except as provided in section 25-09-11, expenses for care and treatment of each patient at the state hospital or state school shall be the actual average per patient cost incurred by the state at each such institution. The board of administration shall recover quarterly from the patient if possible, or from the person who has been a patient in such institution after he has been discharged from the institution, expenses for care and treatment. If any patient is receiving social security or is a veteran who has received, who is receiving, or who is entitled to receive compensation or pension from the veterans administration, such expenses shall be a current claim against such patient and may be recovered monthly by the board of administration except that the amount of seven dollars and fifty cents shall be credited to the patient's personal account from any social security money received. Claims for expenses incurred by the state for care and treatment of a patient at the state hospital or state school may be filed against the estate of such patient after his death, at any time prior to final distribution thereof, by the board of administration in the same manner and with the same effect as claims of general creditors are filed against estates of decedents. Every county judge shall forward to the board of administration a list of the names of all persons whose estates have been entered for probate or heirship proceedings in his respective county court together with the legatees, devisees, and heirs at law of such estates within thirty days after the filing of the original certificate of any probate or heirship proceedings. The board of administration shall provide all county judges with forms for the purpose of carrying out the provisions of this section.

§ 2. Amendment.) Section 25-09-03 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-09-03. Expenses Chargeable Against Guardianship Estate of Patient — Restrictions.) Except as provided in section 25-09-11 the expenses incurred by the state for the care and treatment of any patient at the state hospital or state school shall be charged against the guardianship estate of such patient, if he has such an estate, subject to the following restrictions:

1. No part of such estate shall be taken for such purpose if the patient has dependents within the United States dependent upon the estate for support and the taking of all or a portion of such estate would result in undue hardship to such dependents;

2. No real property belonging to such estate shall be sold during the lifetime of the patient except for the maintenance and support of his or her dependents, unless it is shown that the sale of such property will not result in undue hardship to such dependents, and in either such event, it shall be sold only upon the order of the county court having jurisdiction of the estate, with the consent of the board of administration; and
3. No personal property belonging to such estate shall be sold within five years from the date upon which the patient was sent to the institution unless such property is ordered sold by the county court having jurisdiction of the estate for the reason that such property is likely to deteriorate in value during the time herein specified.

If any real or personal property is sold pursuant to the provisions of this section, the county court shall order the proceeds of the sale to be invested safely for the benefit of the patient or to be used for the support and maintenance of his dependents, or used to pay the costs of care and treatment of the patient.

§ 3. Amendment.) Section 25-09-04 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-09-04. Responsible Relatives Shall Pay for Care and Treatment—Definition.) In the event of the patients' inability to pay for the costs of care and treatment, responsible relatives of such patients at the state hospital or state school shall pay to the board of administration quarterly, such costs as the board may determine reasonable for the care and treatment of patients at each institution. For purposes of this chapter and title 25 of this code "responsible relatives" shall mean the patient's spouse, father, mother or children.

§ 4. Amendment.) Section 25-09-05 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-09-05. Inability to Pay All or Part of Expenses.) The patient, his responsible relatives, or the executor, administrator, or guardian may make application to the board of administration to pay less than the costs or none of the costs incurred by the state for the patient's care and treatment at the state hospital or state school. Such application shall be accompanied by proof of the patient's or his estate's or responsible relatives' or their estates' inability to pay. Upon receipt of such application the board shall direct the county mental health board of the county from which the patient was admitted in the case of a patient at the state hospital or

the state school, to determine whether the patient or his responsible relatives or their estates are able to pay all, a portion, or none of the expenses incurred by the state for such patient's care and treatment. The board of administration shall approve, reject, or amend the determination made by the county mental health board. The determination made by the board of administration may be appealed to the district court of Burleigh County or the district court of the county of residence of the patient or his responsible relatives.

§ 5. Amendment.) Section 25-09-06 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-09-06. Application for Review of Ability to Pay.) Any patient at the state hospital or state school or any responsible relative or their executors, administrators or guardians, may make application to the board of administration not more often than once each calendar year for a review of the determination made by the board in regard to the ability of such persons or their estates to pay costs of care and treatment. Such application and review shall be treated in the same manner as an original application by such persons for a determination of their inability to pay costs of care and treatment. Upon such review, the board may reaffirm or alter the previous determination and shall have authority to make such redetermination retroactive. In addition the board on its own motion may review the ability of the patient, or his responsible relatives, or their estates, to pay for costs of care and treatment.

§ 6. Amendment.) Section 25-09-07 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-09-07. State's Attorneys to Bring Action for Expenses.) Upon the request of the board of administration to the various state's attorneys, in regard to expenses incurred by the state of North Dakota for the care and treatment of a patient at the state hospital or state school the respective state's attorneys shall bring an action against the patient or his estate, or his responsible relatives or their estates, for the payment of the amount due the state.

§ 7. Amendment.) Section 25-09-09 of the North Dakota Century Code is hereby amended and reenacted to read as follows:

25-09-09. Statutes of Limitations Not Bar to Recovery.) No statute of limitations or similar statute shall bar the right of recovery for the expense incurred by the state for care and

treatment at the state hospital or state school from the patient or his estate, but this section shall not apply to claims that may be otherwise barred by law prior to July 1, 1961.

§ 8. Care and Treatment of Tuberculosis Patients or Suspects Provided Without Charge by State.) Care and treatment provided by the state of North Dakota for persons suffering from tuberculosis, including diagnosis, tests, studies and analyses for the discovery of tuberculosis at the North Dakota state tuberculosis sanatorium shall be available without cost or charge to anyone who is suffering from tuberculosis or is suspected of having tuberculosis. Any such person who volunteers to assume and pay for the cost of such care and treatment or for the cost of such diagnosis, tests, studies or analyses shall be permitted to do so; but no state, county or other public official shall request or require such payment or make or cause to be made any inquiry or investigation for the purpose of determining the ability of such person or of his legally responsible relatives to pay therefor. This article shall in no way bar freedom of the individual to seek treatment from a physician or in an institution of his choice at his own expense.

§ 9. State Has Prior Claim on Patient Benefits.) Notwithstanding any provision in this Act contained, the state of North Dakota shall have prior claim on benefits accruing to patients for care and treatment of tuberculosis including diagnosis, tests, studies, and analyses under entitlement by the Federal Government, medical or hospital insurance contracts, workmen's compensation or the medical care and disability provisions of programs under the supervision of the public welfare board of North Dakota.

§ 10. Declaration of Legislative Intent.) It is hereby declared that it is the intent of the legislative assembly, as follows:

It is the policy of the state of North Dakota to treat persons having tuberculosis in a communicable and contagious stage as dangerous to the health and welfare of the citizens of the state. It is also the policy of the state to declare that all cases of tuberculosis in a communicable or contagious stage should be isolated in a state institution or licensed hospital, or at home if such home isolation meets the approval of the local health officer. To this end, it is declared that isolation provisions to achieve isolation of such communicable or contagious tuberculous persons should be accomplished to the fullest extent regardless of such person's ability to pay. It is further declared that such persons with communicable or contagious tuberculosis shall be given full opportunity to enter isolation

voluntarily. In order to prevent effectively the spread of this disease it is necessary that the state:

1. Further the discovery, care, supervision and treatment of persons having tuberculosis in a communicable or contagious stage.
2. Encourage the use of all available public and private facilities to that end.
3. Regard this tuberculosis program as one of public health and one to be dealt with according to public health requirements rather than those of indigency.

Approved March 22, 1963.

CHAPTER 223

H. B. No. 580

(Stallman, Haugland, Miller, Burvee, Haugen)

REDUCTION IN CLAIMS FOR CARE

AN ACT

To create and enact section 25-09-11 of the North Dakota Century Code, providing for the reduction of and limitations upon claims for the expense of care and treatment at the Grafton state school.

Be It Enacted by the Legislative Assembly of the State of North Dakota:

§ 1.) Section 25-09-11 of the North Dakota Century Code is hereby created and enacted to read as follows:

25-09-11. Reductions in Claims Against Responsible Relatives for Patients at State School.) Commencing with the effective date of this section, and at the beginning of each calendar year thereafter, the superintendent of public instruction shall certify to the board of administration the average annual per-pupil cost of education in the public schools of the state for the most recent school year for which statistics are available. The board of administration shall prorate such average annual per-pupil cost of education over the calendar year and shall deduct such cost from the expenses of care and treatment provided in and chargeable to each patient at the state school under section 25-09-02 or to responsible relatives of such patient under sections 25-09-04 and 25-09-06. Such deduction shall continue for a period of fifteen years after the date of the first admission of each patient to the state school or until the patient reaches his twenty-first birthday, whichever shall first occur. During such period the responsible relatives, or their respective estates shall not be liable for

more than a sum equal to seven hundred and fifty dollars, less the prorated average per-pupil costs of education. At no time shall the claims by the state to the responsible relatives or their estates be reduced below two hundred and forty dollars annually, with the exception that such claims for care and treatment at the state school may be further reduced in accordance with the provisions of sections 25-09-05 and 25-09-06. After the passage of the above-mentioned fifteen-year period, or after such patient reaches his twenty-first birthday, whichever shall first occur, claims against responsible relatives shall be terminated against said responsible relatives but actual costs of care and treatment shall accrue against the estate of the responsible relatives from this date.

Claims against the estates of responsible relatives for the care and treatment of patients at the state school shall not exceed an amount equal to that portion of the value of the estate which would pass to the patient under the intestacy laws of this state had the responsible relative died intestate during the life of the patient, but this limitation shall not bar additional or subsequent claims against any patient or any patient's estate regardless of the source of the property constituting such estate. Claims against the responsible relatives, or their estates, shall be retroactive to time of admission of the patient to the state school, in accordance with the above provision.

Parents with more than one patient in the state school shall pay as full payment for their children in the state school as follows:

1. Second child admitted to the state school, fifty percent of the regular charge assessed against the first patient;
2. Third child admitted to the state school, twenty-five percent of the regular charge assessed the first patient;
3. Fourth and successive children admitted to the state school, no charge.

Such claims may be further reduced as provided by sections 25-09-05 and 25-09-06.

No statute of limitations or similar statute shall bar the right of recovery for the expense incurred by the state for care and treatment at the state school from the patient or his estate and responsible relatives or their estates, but this section shall not apply to claims that may be otherwise barred by law prior to July 1, 1963.

Approved March 21, 1963.

CHAPTER 224

S. B. No. 224

(Miller, Redlin, Kisse, Mahoney, Longmire, Foss)

INTERSTATE MENTAL HEALTH COMPACT

AN ACT

To provide for an interstate compact on mental health, assuring care and treatment of mentally ill persons in any member state, permitting the transfer of patients, and providing for after care services for mental patients released from the state hospital in any member state.

Be it Enacted by the Legislative Assembly of the State of North Dakota:

§ 1. Enactment of Interstate Compact on Mental Health.)

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

Article I. The party states find that the proper and expeditious treatment of the mentally ill and mentally deficient can be facilitated by cooperative action, to the benefit of the patients, their families, and society as a whole. Further, the party states find that the necessity of and desirability for furnishing such care and treatment bears no primary relation to the residence or citizenship of the patient but that, on the contrary, the controlling factors of community safety and humanitarianism require that facilities and services be made available for all who are in need of them. Consequently, it is the purpose of this compact and of the party states to provide the necessary legal basis for the institutionalization or other appropriate care and treatment of the mentally ill and mentally deficient under a system that recognizes the paramount importance of patient welfare and to establish the responsibilities of the party states in terms of such welfare.

Article II. As used in this compact:

1. "Sending state" shall mean a party from which a patient is transported pursuant to the provisions of the compact or from which it is contemplated that a patient may be so sent.
2. "Receiving state" shall mean a party state to which a patient is transported pursuant to the provisions of the compact or to which it is contemplated that a patient may be so sent.
3. "Institution" shall mean any hospital or other facility maintained by a party state or political subdivision

thereof for the care and treatment of mental illness or mental deficiency.

4. "Patient" shall mean any person subject to or eligible as determined by the laws of the sending state, for institutionalization or other care, treatment, or supervision pursuant to the provisions of this compact.
5. "After-care" shall mean care, treatment and services provided a patient, as defined herein, on convalescent status or conditional release.
6. "Mental illness" shall mean mental disease to such extent that a person so afflicted requires care and treatment for his own welfare, or the welfare of others, or of the community.
7. "Mental deficiency" shall mean mental deficiency as defined by appropriate clinical authorities to such extent that a person so afflicted is incapable of managing himself and his affairs, but shall not include mental illness as defined herein.
8. "State" shall mean any state, territory or possession of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

Article III.

1. Whenever a person physically present in any party state shall be in need of institutionalization by reason of mental illness or mental deficiency, he shall be eligible for care and treatment in an institution in that state irrespective of his residence, settlement or citizenship qualifications.
2. The provisions of paragraph 1 of this article to the contrary notwithstanding, any patient may be transferred to an institution in another state whenever there are factors based upon clinical determinations indicating that the care and treatment of said patient would be facilitated or improved thereby. Any such institutionalization may be for the entire period of care and treatment or for any portion or portions thereof. The factors referred to in this paragraph shall include the patient's full record with due regard for the location of the patient's family, character of the illness and probable duration thereof, and such other factors as shall be considered appropriate.
3. No state shall be obliged to receive any patient pursuant to the provisions of paragraph 2 of this article unless the sending state has given advance notice of its intention to send the patient; furnished all available medical and other pertinent records concerning the patient; given the qualified medical or other appropriate clinical

authorities of the receiving state an opportunity to examine the patient if said authorities so wish; and unless the receiving state shall agree to accept the patient.

4. In the event that the laws of the receiving state establish a system of priorities for the admission of patients, an interstate patient under this compact shall receive the same priority as a local patient and shall be taken in the same order and at the same time that he would be taken if he were a local patient.
5. Pursuant to this compact, the determination as to the suitable place of institutionalization for a patient may be reviewed at any time and such further transfer of the patient may be made as seems likely to be in the best interest of the patient.

Article IV.

1. Whenever, pursuant to the laws of the state in which a patient is physically present, it shall be determined that the patient should receive after-care or supervision, such care or supervision may be provided in a receiving state. If the medical or other appropriate clinical authorities having responsibility for the care and treatment of the patient in the sending state shall have reason to believe that after-care in another state would be in the best interest of the patient and would not jeopardize the public safety, they shall request the appropriate authorities in the receiving state to investigate the desirability of affording the patient such after-care in said receiving state, and such investigation shall be made with all reasonable speed. The request for investigation shall be accompanied by complete information concerning the patient's intended place of residence and the identity of the person in whose charge it is proposed to place the patient, the complete medical history of the patient, and such other documents as may be pertinent.
2. If the medical or other appropriate clinical authorities having responsibility for the care and treatment of the patient in the sending state and the appropriate authorities in the receiving state find that the best interest of the patient would be served thereby, and if the public safety would not be jeopardized thereby, the patient may receive after-care or supervision in the receiving state.
3. In supervising, treating, or caring for a patient on after-care pursuant to the terms of this article, a receiving state shall employ the same standards of visitation, examination, care, and treatment that it employs for similar local patients.

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

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

Article VII.

1. No person shall be deemed a patient of more than one institution at any given time. Completion of transfer of any patient to an institution in a receiving state shall have the effect of making the person a patient of the institution in the receiving state.
2. The sending state shall pay all costs of and incidental to the transportation of any patient pursuant to this compact, but any two or more party states may, by making a specific agreement for that purpose, arrange for a different allocation of costs as among themselves.
3. No provision of this compact shall be construed to alter or affect any internal relationships among the departments, agencies and officers of and in the government of a party state, or between a party state and its subdivisions, as to the payment of costs, or responsibilities therefor.
4. Nothing in this compact shall be construed to prevent any party state or subdivision thereof from asserting any right against any person, agency or other entity in regard to costs for which such party state or subdivision thereof may be responsible pursuant to any provision of this compact.
5. Nothing in this compact shall be construed to invalidate any reciprocal agreement between a party state and a non-party state relating to institutionalization, care or treatment of the mentally ill or mentally deficient, or any statutory authority pursuant to which such agreements may be made.

Article VIII.

1. Nothing in this compact shall be construed to abridge, diminish, or in any way impair the rights, duties, and responsibilities of any patient's guardian on his own behalf or in respect of any patient for whom he may serve, except that where the transfer of any patient to another jurisdiction makes advisable the appointment of a supplemental or substitute guardian, any court of competent jurisdiction in the receiving state may make such supplemental or substitute appointment and the court which appointed the previous guardian shall upon being duly advised of the new appointment, and upon the satisfactory completion of such accounting and other acts as such court may by law require, relieve the previous guardian of power and responsibility to whatever extent shall be appropriate in the circumstances; provided, however, that in the case of any patient having settlement in the sending state, the court of competent jurisdiction in the sending state shall have the sole discretion to relieve a guardian appointed by it or continue his power and responsibility, whichever it shall deem advisable. The court in the receiving state may, in its discretion, confirm or reappoint the person or persons previously serving as guardian in the sending state in lieu of making a supplemental or substitute appointment.
2. The term "guardian" as used in paragraph 1 of this article shall include any guardian, trustee, legal committee, conservator, or other person or agency however denominated who is charged by law with power to act for or responsibility for the person or property of a patient.

Article IX.

1. 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.
2. 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.

Article X.

1. 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.
2. 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.

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.

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.

Article XIII.

1. 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.
2. Withdrawal from any agreement permitted by Article VII - 2 as to costs or from any supplementary agreement made pursuant to Article XI shall be in accordance with the terms of such agreement.

Article XIV. 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.

§ 2. Compact Administrator — Powers.) Pursuant to said compact, the director of the mental health division shall be the compact administrator and who, acting jointly with like officers of other party states, shall have power to promulgate rules and regulations to carry out more effectively the terms of the compact. The compact administrator is hereby authorized, empowered and directed to cooperate with all departments, agencies and officers of and in the government of this state and its subdivisions in facilitating the proper administration of the compact of any supplementary agreement or agreements entered into by this state thereunder.

§ 3. Power to Make Supplementary Agreements—Limitation.) The compact administrator is hereby authorized and empowered to enter into supplementary agreements with appropriate officials of other states pursuant to Articles VII and XI of the compact. In the event that such supplementary agreements shall require or contemplate the use of any institution or facility of this state or require or contemplate the provision of any service by this state, no such agreement shall have force or effect until approved by the head of the department or agency under whose jurisdiction said institution or facility is operated or whose department or agency will be charged with the rendering of such service.

§ 4. Discharge of Financial Obligations.) The compact administrator, subject to the approval of the state treasurer, may make or arrange for any payments necessary to discharge any financial obligations imposed upon this state by the compact or by any supplementary agreement entered into thereunder.

§ 5. Transfer of Patients—Approval of Court.) The compact administrator is hereby directed to consult with the

immediate family of any proposed transferee and, in the case of a proposed transferee from an institution in this state to an institution in another party state, to take no final action without approval of the county court which committed such patient, or if such patient was not committed, then without approval of the county court of Stutsman County.

§ 6. Transmission of Copies of Act.) Duly authorized copies of this Act shall, upon its approval be transmitted by the secretary of state to the governor of each state, the attorney general and the Administrator of General Services of the United States, and the Council of State Governments.

§ 7. Effective Date.) This Act shall be effective July 1, 1963.

Approved March 18, 1963.