

Section 1. Proceedings of village council legalized. The proceedings of any village heretofore had in vacating any street or alley in which the notice was published for only one week, instead of two weeks as required by Minnesota Statutes section 412.851, are hereby legalized and validated.

Sec. 2. Pending actions not affected. The provisions of this act shall not affect any action or proceeding now pending or which shall be commenced within three months after its passage, in any of the courts of this state involving the validity of such proceedings.

Approved April 19, 1955.

CHAPTER 527—S. F. No. 1135

An act relating to old age assistance; amending Minnesota Statutes 1953, Section 256.16.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. Minnesota Statutes 1953, Section 256.16, is amended to read:

256.16 Applicant, requirements to obtain aid. Old age assistance may be granted to an applicant who:

- (1) Has attained the age of 65 years;
- (2) Is a United States citizen, or has resided continuously in the United States for over 25 years;
- (3) *Has resided in the state for one year immediately preceding the application for old age assistance;*
- (4) Is not, because of physical or mental condition, in need of continued institutional care and such care is reasonably available to him.

Approved April 19, 1955.

CHAPTER 528—S. F. No. 1136

An act relating to the medical policy directional committee of mental health and amending Minnesota Statutes 1953, Section 246.017, Subdivision 2.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. Minnesota Statutes 1953, Section 246.017, Subdivision 2, is amended to read:

Subd. 2. **Medical policy directional committee on mental health.** The commissioner of public welfare shall create and establish a medical policy directional committee on mental health composed of five members who are experts in their various fields of medicine or related sciences. Not more than one member shall be selected from any one field of medicine or related sciences which shall include the field of psychiatry, neurology, physiology, biochemistry, internal medicine, pediatrics, pharmacology, and psychology.

One member shall be appointed whose term shall expire July 1, 1954, and his successors thereafter shall be appointed for a period of three years; two members shall be appointed whose terms expire on July 1, 1955, and their successors shall be appointed whose terms expire on July 1, 1955, and their successors shall be appointed for a term of three years; two members shall be appointed whose terms shall expire on July 1, 1956, and their successors thereafter shall be appointed for a term of three years.

The committee will meet at least *six times each year* at such times and in such places as the *commissioner of public welfare* may determine. He may call such additional meetings from time to time as he may deem necessary not exceeding a maximum of 50 meetings in any one year. Each member will receive the sum of \$50 per day for time actually spent in transacting the business of the board and shall be reimbursed for expenses actually incurred in the performance of their official duties.

The committee shall advise the commissioner of public welfare as to all phases of professional standards including patient care, training of personnel, establishment of treatment programs, obtaining adequate staff, establishment of medical and statistical records and operation of practices in order that they be compatible with professional requirements. The committee shall advise the commissioner of public welfare in approval and guidance of research projects and distribution of research funds. They shall assist him in establishing and maintaining the best possible practices in all mental institutions.

The commissioner of public welfare shall appoint a licensed physician to *serve as medical director* to assist him in establishing and maintaining the medical policies formulated by committee *and other medical policies of the department of public welfare*. Such physician shall have the rights and quali-

fications and serve upon the conditions prescribed by section 246.02 for the appointment of certain officers.

Approved April 19, 1955.

CHAPTER 529—S. F. No. 1138

An act relating to the commitment and provisional discharge of mentally ill, senile, or inebriate persons, and amending Minnesota Statutes 1953, Section 525.753, Subdivision 1.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. Minnesota Statutes 1953, Section 525.753, Subdivision 1, is amended to read:

525.753 Commitment. Subdivision 1. **Details.** If the patient is found to be mentally ill, senile, or inebriate, the court shall make a finding that commitment to an institution for the care of mentally ill, senile, or inebriate person is necessary for the welfare and protection of the patient or society. *Within 60 days of such a finding, the chief medical officer of the institution shall be required to file a certificate with the committing court and a copy with the commissioner of public welfare setting forth the condition of the patient, his diagnosis and his findings as to whether or not the patient is in need of further institutional care and treatment. If such certificate describes the patient as being in need of further institutional care and treatment, the patient shall remain under commitment and subject to all the laws, rules, and regulations pertaining to such institutions. If the certificate describes the patient as not in need of further institutional care and treatment, the patient shall be discharged from the hospital and such discharge shall operate to restore the patient to capacity. During the 60 day period the patient may be placed out on a provisional discharge as provided in subdivision 4. But unless such discharge is made absolute before the end of the 60 day period patient shall remain under commitment and subject to all the laws, rules and regulations pertaining to patients committed to the state mental hospitals.* The court shall issue to the sheriff, or any other person, a warrant, in duplicate, committing the patient to the custody of the superintendent of the proper state hospital, or to the superintendent or keeper of any private licensed institution for the care of mentally ill, senile, or inebriate persons. Patients committed to private institutions are required to pay the necessary hospital charge in such private institution. If the patient is entitled to care by the veterans administration or other agency of the United