

**HOUSE BILL NO. 369**

IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-THIRD LEGISLATURE - SECOND SESSION

**BY REPRESENTATIVES CISSNA, Gruenberg**

**Introduced: 1/12/04**

**Referred: Health, Education and Social Services, Finance**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to public health; and providing for an effective date."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 \* **Section 1.** AS 18.05 is amended by adding a new section to read:

4 **Sec. 18.05.025. Collaboration with local public health agencies.** (a) The  
5 department shall collaborate with local public health agencies to provide and  
6 implement public health services. This collaboration may include

7 (1) establishing public health information programs that promote  
8 healthful behaviors or lifestyles and that educate individuals about health issues;

9 (2) promoting efforts among public and private sector partners to  
10 develop and fund programs or initiatives that identify and ameliorate health problems;

11 (3) applying for and accepting public and private funds;

12 (4) developing and providing certification and effective training for  
13 members of the public health workforce;

14 (5) developing, adopting, and implementing public health plans  
15 through administrative regulations, formal policies, or collaborative recommendations

1 that guide or support individual and community public health efforts;

2 (6) establishing relationships with public or private sector partners  
3 within the public health system;

4 (7) identifying, assessing, preventing, and ameliorating conditions of  
5 public health significance through surveillance; epidemiological tracking, program  
6 evaluation, and monitoring; testing and screening programs; treatment; abatement of  
7 public health nuisances; administrative inspections; or other techniques;

8 (8) promoting the availability and accessibility of quality health care  
9 services through health care facilities or providers;

10 (9) promoting the availability of and access to preventive and primary  
11 health care that is not otherwise available through the private sector, including acute  
12 and episodic care, prenatal and postpartum care, child health, family planning, school  
13 health, chronic disease prevention, child and adult immunization, testing and screening  
14 services, dental health, nutrition, and health education and promotion services;

15 (10) systematically and regularly reviewing the public health system  
16 and making recommendations for improvement of the public health system to the  
17 commissioner; and

18 (11) entering into agreements necessary to carry out the purposes of  
19 this title.

20 (b) When collaborating under (a) of this section, the department shall consult  
21 and incorporate, to the maximum extent feasible, national guidelines, initiatives,  
22 programs, and recommendations relating to improvements in public health  
23 infrastructure.

24 (c) The department may enter into agreements or other arrangements with  
25 federal and local public health agencies for receipt and sharing of information  
26 regarding reportable diseases or other conditions of public health significance.

27 \* **Sec. 2.** AS 18.05.040(a) is amended to read:

28 (a) The commissioner shall adopt regulations consistent with existing law for

29 (1) the definition, reporting, and control of diseases **and other**  
30 **conditions** of public health significance; **the department shall**

31 **(A) establish, maintain, and revise a list of reportable**

1 diseases and conditions of public health significance; the list may include  
 2 diseases or conditions of humans or animals caused by exposure to toxic  
 3 substances, microorganisms, or other pathogens;

4 (B) prescribe the time, manner, and person or persons  
 5 responsible for reporting of each disease or other condition of public  
 6 health significance;

7 (C) identify and classify each reportable disease and  
 8 condition of public health significance according to its nature and the  
 9 severity of its effects on public health; and

10 (D) provide for the immediate dissemination of the list of  
 11 reportable diseases and conditions of public health significance and of  
 12 reporting requirements to health care providers in the state;

13 (2) cooperation with local boards of health and health officers;

14 (3) protection and promotion of the public health and prevention of  
 15 disability and mortality;

16 (4) the transportation of dead bodies;

17 (5) carrying out the purposes of this chapter;

18 (6) the conduct of its business and for carrying out the provisions of  
 19 laws of the United States and the state relating to public health;

20 (7) establishing the divisions and local offices and advisory groups  
 21 necessary or considered expedient to carry out or assist in carrying out a duty or power  
 22 assigned to it;

23 (8) the voluntary certification of laboratories to perform diagnostic,  
 24 quality control, or enforcement analyses or examinations based on recognized or  
 25 tentative standards of performance relating to analysis and examination of food to  
 26 include seafood, milk, water, and specimens from human beings submitted by licensed  
 27 physicians and nurses for analysis;

28 (9) the regulation of quality and purity of commercially compressed  
 29 oxygen sold for human respiration;

30 (10) the registration of midwifery birth centers, except that the  
 31 commissioner may not require the presence of a physician or nurse midwife at a birth

1 resulting from a low risk pregnancy attended by a direct-entry midwife certified in this  
2 state;

3 (11) the implementation of the authority granted under  
4 AS 18.05.025; and

5 (12) the certification of certain public health workers under  
6 AS 18.05.100.

7 \* **Sec. 3.** AS 18.05.070 is amended by adding a new paragraph to read:

8 (4) "local public health agency" means an organization in the state that  
9 is operated by a local government, including a local public health district, officer, or  
10 board, or a tribal health officer, board, or agency, that principally acts to protect or  
11 preserve public health.

12 \* **Sec. 4.** AS 18.05 is amended by adding new sections to read:

13 **Article 2. Public Health Workforce.**

14 **Sec. 18.05.100. Certification of the public health workforce.** (a) The  
15 department shall establish and administer a mandatory public health certification  
16 program for individuals employed in the public health workforce, as specified by the  
17 department. The certification program shall be designed to develop knowledge, skills,  
18 and abilities in relevant and contemporary public health practice areas and may be  
19 based on

20 (1) basic, core, or technical competencies and corresponding  
21 curriculum for public health workers; or

22 (2) professional codes for public health professionals.

23 (b) The department may directly, or in conjunction with educational  
24 institutions or others within the public health system, make available to the public  
25 continuing education programs or other tools for training individuals who are  
26 employed or intend to be employed in the field of public health. The department may  
27 charge a reasonable fee for these training programs.

28 **Sec. 18.05.110. Performance evaluation.** To improve public health, the  
29 department may evaluate performance related to public health infrastructure and  
30 capacity, processes, and outcomes at the state and local levels. In consultation with  
31 relevant entities within the public health system, the department may seek to establish

1 and implement performance standards, measures, and processes for quality or  
 2 performance improvement that are accessible, affordable, and nonpunitive. The  
 3 department may adopt and administer performance measurements within the public  
 4 health system as a means of improving the quality of state and local public health  
 5 practice and improving system accountability.

6 **Sec. 18.05.120. Accreditation of state or local public health agencies.** The  
 7 department may participate in a voluntary national accreditation program for public  
 8 health agencies that is based on the ability of agencies to provide essential public  
 9 health services and functions. The department may also develop a voluntary  
 10 accreditation program for local public health agencies or public or private sector  
 11 partners that may be based on, but not limited to, the national accreditation program.

12 **Sec. 18.05.130. Incentives and evaluations.** (a) The department may set  
 13 incentives to promote implementation of standards relating to the public health  
 14 workforce performance evaluation and accreditation, including

- 15 (1) organizational accountability awards;
- 16 (2) recognition for public health agencies or their contractors or  
 17 volunteers; and
- 18 (3) other development initiatives, including financial benefits.

19 (b) The department shall adopt and administer standards for evaluating  
 20 workforce development, performance evaluation and accreditation standards.

### 21 **Article 3. Public Health Plan; Advisory Council.**

22 **Sec. 18.05.200. Comprehensive public health plan.** (a) To promote the  
 23 provision of essential public health services and functions, the department shall  
 24 develop a comprehensive, statewide public health plan that assesses and sets priorities  
 25 for the public health system. The plan

- 26 (1) shall be developed in consultation with the public health advisory  
 27 council established under AS 18.05.210 and other representatives from public and  
 28 private sector partners within the public health system;
- 29 (2) must assess and set priorities for the statewide public health  
 30 system;
- 31 (3) may include available surveillance data or other available relevant

1 public health information as well as subject-specific public health plans or national  
2 guidelines or recommendations concerning public health outcomes or improvements;

3 (4) must identify areas needing greater resource allocation to provide  
4 essential public health services and functions;

5 (5) must incorporate goals and priorities of public health plans  
6 developed by local public health agencies; and

7 (6) shall be reviewed and modified annually.

8 (b) The plan required under (a) of this section must include the following  
9 elements:

10 (1) identification and quantification of existing public health problems,  
11 disparities, or threats at the state and local levels;

12 (2) identification of existing public health resources at the state and  
13 local levels;

14 (3) declaration of the goals of the plan;

15 (4) identification of specific recommendations for meeting these goals;

16 (5) explanation for giving priority to one or more conditions of public  
17 health significance;

18 (6) a detailed description of strategies to develop and promote  
19 culturally and linguistically appropriate services;

20 (7) development of an information infrastructure that supports essential  
21 public health services and functions;

22 (8) a detailed description of the programs and activities that will be  
23 pursued to address existing public health problems, disparities, or threats;

24 (9) a detailed description of how public health services will be  
25 integrated and public health resources shared to optimize the efficiency and  
26 effectiveness of the public health system;

27 (10) a detailed description of how the plan will support local public  
28 health agencies in achieving the goals of their local public health plans;

29 (11) an estimation of costs of implementing the plan;

30 (12) a timeline for implementing various elements of the plan;

31 (13) a strategy for coordinating service delivery within the public

1 health system;

2 (14) measurable indicators of effectiveness and success;

3 (15) recommendations for legislative or regulatory amendments;

4 (16) a five-year planning period, subject to annual revisions and five-  
5 year renewals.

6 (c) Local public health agencies may prepare a local public health plan  
7 consistent with the comprehensive public health plan required under (a) of this  
8 section; local public health plans may

9 (1) examine data about health status and risk factors in the local  
10 community;

11 (2) assess the capacity and performance of the local public health  
12 system;

13 (3) identify goals and strategies for improving the health of the local  
14 community;

15 (4) describe how representatives of the local community engage in  
16 developing and implementing the plan; and

17 (5) address how local public health agencies coordinate with the  
18 department and others within the state public health system to accomplish goals and  
19 priorities identified in the comprehensive public health plan.

20 (d) The department shall provide technical assistance to local public health  
21 agencies that request assistance and shall otherwise work with local public health  
22 agencies to implement the plan required under (a) of this section.

23 (e) The department shall provide a copy of the comprehensive public health  
24 plan required under (a) of this section to the governor, local public health agencies,  
25 and, upon request, other public and private agencies.

26 **Sec. 18.05.210. Public health advisory council.** (a) There is established a  
27 public health advisory council, which shall advise the department and the governor on  
28 all matters related to the public health system, including the development of the  
29 comprehensive public health plan required under AS 18.05.200. The council shall be  
30 made up of 15 members appointed by the governor, after consultation with state and  
31 local public health agencies. The members shall be appointed for staggered terms of

1 four years. A vacancy in an unexpired term shall be filled by appointment by the  
2 governor for the remainder of the term.

3 (b) The council must include at least one representative each of the  
4 department, local public health agencies, tribal public health agencies in the state, and  
5 other state or local governing bodies relating to environmental protection, insurance,  
6 education, labor, health care facilities, health care providers, health insurers, and the  
7 general public. The council shall elect from its members a chair who serves as chair at  
8 the pleasure of the council.

9 (c) The council may create subcouncils to serve as forums for addressing  
10 specific areas or needs concerning the public health system.

11 (d) Council members receive no compensation for their services on the  
12 council but are entitled to per diem and travel expenses authorized for members of  
13 boards and commissions under AS 39.20.180.

14 (e) The department shall adequately fund and provide staff for the council in  
15 order to enable the council's operations.

16 (f) The council shall meet at least twice each year.

17 \* **Sec. 5.** AS 18.15 is amended by adding new sections to read:

18 **Article 6B. Diseases and Conditions of Public Health Significance;**

19 **Contagious Diseases; Nuisances.**

20 **Sec. 18.15.400. Surveillance activities.** (a) The department and local public  
21 health agencies shall collect, analyze, and maintain databases on diseases and  
22 conditions of public health significance related to

23 (1) risk factors;

24 (2) morbidity and mortality rates;

25 (3) community indicators; and

26 (4) other data necessary to provide public health services.

27 (b) Information obtained under (a) of this section is confidential and may be  
28 used only for the purpose for which it was acquired, except when the information  
29 obtained under (a) of this section cannot be traced to an individual, in which case, the  
30 information may be used for any purpose related to improving public health services.

31 **Sec. 18.15.410. Reporting requirements.** (a) The department shall maintain



1 a system of reporting and may establish a statewide system for electronic reporting of  
2 all cases of individuals who harbor or have harbored a disease or condition of public  
3 health significance. The system shall be designed to ensure data security and  
4 compatibility with other state, local, tribal, and federal public health reporting systems  
5 to the extent feasible.

6 (b) A person required to do so under regulations of the department adopted  
7 under AS 18.05.040(a)(1) shall report to the department or local public health agency  
8 all cases of individuals who harbor a disease or condition of public health significance.

9 (c) A veterinarian, livestock owner, veterinary diagnostic laboratory director,  
10 and other person having the care of animals shall report to the department or local  
11 public health agency animals having or suspected of having a disease or condition  
12 that may be the potential cause or indicator of a disease or condition of public health  
13 significance.

14 (d) All public agencies shall report to the department or local public health  
15 agency all cases of individuals suspected of harboring a disease or condition of public  
16 health significance.

17 **Sec. 18.15.415. Epidemiological investigations.** The department and local  
18 public health agencies may investigate diseases and conditions of public health  
19 significance through methods of epidemiological investigation. The methods may  
20 include identifying individuals who have been or may have been exposed to or  
21 affected by the disease or condition, interviewing and testing those individuals, and  
22 examining facilities or materials that may pose a threat to public health.

23 **Sec. 18.15.420. Emergency powers over facility or material.** Whenever the  
24 department reasonably believes that a facility or material may endanger the health of  
25 an individual, the department may order the evacuation, destruction, decontamination,  
26 or closure of the facility or material.

27 **Sec. 18.15.425. Counseling and referral services.** The department and local  
28 public health agencies shall collaborate to establish a voluntary, confidential  
29 counseling and referral service available to individuals exposed to or carrying a  
30 disease or condition of public health significance.

31 **Sec. 18.15.430. Testing, examination, and screening.** (a) The department

1 may establish and administer testing, examination, and screening procedures and  
2 programs to identify conditions of public health significance among individuals or the  
3 population. A screening program must include

4 (1) compulsory screening for diseases or conditions of public health  
5 significance that pose a significant risk or seriously threaten public health;

6 (2) conditional screening when necessary to achieve an important  
7 public health objective; a conditional screening program must provide that

8 (A) all individuals of a defined class are subjected to the  
9 screening, test, or examination as a condition of participating in or receiving a  
10 service or privilege; and

11 (B) if an individual refuses to undergo the screening, test, or  
12 examination, the department may prevent that individual from participating in  
13 or receiving the service or privilege;

14 (3) routine voluntary screening for conditions of public health  
15 significance; all individuals of a defined class shall be screened, tested, or examined  
16 unless an individual refuses to consent to the screening, test, or examination.

17 (b) Before conducting a test, examination, or screening procedure or program  
18 under this section, the department shall

19 (1) obtain the informed consent of the individual or legal  
20 representative of the individual being tested, examined, or screened, except as  
21 otherwise provided in this section or other state law;

22 (2) determine the availability of a valid and reliable test or examination  
23 for the condition of public health significance; scientifically sound methods of  
24 screening that have adequate predictive value shall be used;

25 (3) identify the disease or condition of public health significance that  
26 poses a threat to an individual or the public health;

27 (4) determine that the disease or condition of public health significance  
28 tested or screened for may be avoided, cured, alleviated, or made less contagious  
29 through safe and effective treatment, modifications in individual behavior, or public  
30 health interventions; and

31 (5) provide written notification to the individual or legal representative

1 of the individual being tested, examined, or screened of the nature, scope, purposes,  
2 benefits, risks, and possible results of the test, examination, or screening.

3 (c) Within five days after receiving the results of a test, examination, or  
4 screening under this section, the department shall fully inform the individual or legal  
5 representative of the individual being tested, examined, or screened of the results of  
6 the testing, examination, or screening of that individual. If the results indicate the  
7 presence of a disease or condition of public health significance, the department shall  
8 offer counseling services under AS 18.15.425 or inform the individual where  
9 counseling services are available.

10 (d) Whenever the department or local public health agency has reasonable  
11 grounds to suspect that any individual has been exposed to a contagious disease that  
12 poses a significant public health risk, as determined by the department, the department  
13 may require testing or medical examination under this section.

14 **Sec. 18.15.440. Compulsory medical treatment.** (a) A health care provider  
15 or public health agent who examines or treats an individual who has a contagious  
16 disease shall instruct the individual about

17 (1) measures for preventing reinvention and spread of the disease; and

18 (2) the need for treatment until the individual is no longer infected.

19 (b) The department may require any individual who has or may have been  
20 exposed to a contagious disease that poses a significant risk or danger to others or to  
21 public health to complete an appropriate prescribed course of medication to treat the  
22 contagious disease and to follow infection control provisions for the disease.

23 **Sec. 18.15.450. Quarantine and isolation.** (a) The department may adopt  
24 regulations providing for the isolation or quarantine of an individual or group of  
25 individuals by the department. Isolations and quarantines shall

26 (1) be implemented through the least restrictive means necessary to  
27 prevent the spread of a contagious or possibly contagious disease to others and may  
28 include confinement to private homes or other private and public premises;

29 (2) provide that isolated individuals be confined separately from  
30 quarantined individuals;

31 (3) include regular monitoring to determine if the individual or group

1 of individuals continues to require isolation or quarantine;

2 (4) require that, if a quarantined individual subsequently becomes  
3 infected or is reasonably believed to have become infected with a contagious or  
4 possibly contagious disease, that individual shall immediately be removed to isolation;

5 (5) be immediately terminated when an individual no longer poses a  
6 substantial risk of transmitting a contagious or possibly contagious disease to others;

7 (6) provide for meeting the basic living needs of individuals who are  
8 isolated or quarantined, including the provision of adequate food, clothing, shelter,  
9 means of communication with those in isolation or quarantine and outside these  
10 settings, and competent medical care;

11 (7) be done in a secure and safe location and be designed to minimize  
12 the likelihood of further transmission of infection or other harms to individuals  
13 isolated and quarantined; and

14 (8) provide, to the extent possible, for the practice of cultural and  
15 religious beliefs.

16 (b) The department may authorize physicians, health care workers, or others  
17 access to individuals in isolation or quarantine as necessary to meet the needs of  
18 isolated or quarantined individuals. An individual entering isolation or quarantine  
19 premises with or without authorization of the state or local public health agency may  
20 be isolated or quarantined where needed to protect the public health.

21 (c) The department may temporarily isolate or quarantine an individual or  
22 group of individuals through a written directive if delay in imposing the isolation or  
23 quarantine would significantly jeopardize the department's ability to prevent or limit  
24 the transmission of a contagious or possibly contagious disease to others. The written  
25 directive must include

26 (1) the identity of the individual or group of individuals subject to  
27 isolation or quarantine;

28 (2) the location of the premises subject to isolation or quarantine;

29 (3) the date and time at which isolation or quarantine commences; and

30 (4) the suspected contagious disease.

31 (d) A copy of the written directive under (c) of this section shall be given to

1 the individual to be isolated or quarantined. If the written directive applies to a group  
2 of individuals and it is impractical to provide individual copies, the written directive  
3 may be posted in a conspicuous place in the isolation or quarantine premises.

4 (e) Within 10 days after issuing the written directive under (c) of this section,  
5 the department shall file a petition for a court order authorizing the continued isolation  
6 or quarantine of the individual or group of individuals.

7 (f) The department may petition a court for an order authorizing the isolation  
8 or quarantine of an individual or group of individuals without first issuing a written  
9 directive under (c) of this section. The petition must contain

10 (1) the identify of the individual or group of individuals subject to  
11 isolation or quarantine;

12 (2) the location of the premises subject to isolation or quarantine;

13 (3) the date and time at which isolation or quarantine commences;

14 (4) the suspected contagious disease;

15 (5) a statement of compliance with this section;

16 (6) a statement of the basis upon which isolation or quarantine is  
17 justified in compliance with this section;

18 (7) the sworn affidavit executed by the department or local public  
19 health agency attesting to the facts asserted in the petition, together with any further  
20 information that may be relevant and material to the court's consideration; and

21 (8) proof of service of notice to the individual or group of individuals  
22 identified in the petition under the rules of civil procedure.

23 (g) The court shall hold a hearing on a petition filed under (f) of this section  
24 within 48 hours after the petition is filed. In extraordinary circumstances and for good  
25 cause shown, the department may apply to continue the hearing date for up to five  
26 days. The court may grant the continuance giving due regard to the rights of the  
27 affected individuals, the protection of public health, the severity of the need for  
28 isolation or quarantine, and other relevant evidence.

29 (h) The court shall grant a petition filed under (f) of this section if, by clear  
30 and convincing evidence, isolation or quarantine is shown to be reasonably necessary  
31 to prevent or limit the transmission of a contagious or possibly contagious disease to

1 others. An order authorizing isolation or quarantine may not authorize isolation or  
2 quarantine that exceed 30 days. The order must

3 (1) identify the isolated or quarantined individual or group of  
4 individuals by name or shared or similar characteristics or circumstances;

5 (2) specify factual findings warranting isolation or quarantine under  
6 this section;

7 (3) include conditions necessary to ensure that isolation or quarantine  
8 is carried out within the stated purposes and restrictions of this section; and

9 (4) be served on the affected individual or group of individuals in  
10 accordance with the rules of civil procedure.

11 (i) Before the expiration of an order issued under (h) of this section, the  
12 department may move to continue isolation or quarantine for additional periods not to  
13 exceed 30 days each. The court may grant a motion for continued isolation or  
14 quarantine for good cause.

15 (j) An isolated or quarantined individual or group of individuals may apply to  
16 a court for an order to show cause why isolation or quarantine should not be  
17 terminated. The court shall rule on the application to show cause within 48 hours after  
18 the application is filed.

19 (k) An isolated or quarantined individual or group of individuals may request  
20 a hearing in the court for remedies regarding breaches of the conditions of isolation or  
21 quarantine. A request for a hearing does not stay or enjoin an isolation or quarantine  
22 order. The court shall fix a date for hearing on the alleged matters within five days  
23 after receipt of the request except where extraordinary circumstances justify the  
24 immediate granting of relief, in which case, the court shall fix a date for hearing on the  
25 alleged matters within 24 hours after receipt of the request. The court may extend the  
26 time for a hearing under this subsection on its own motion or on motion of either  
27 party; an extension must be based on a finding of extraordinary circumstance and must  
28 give due regard to the rights of the affected individuals, the protection of public health,  
29 the severity of the need for remedies, and other evidence.

30 (l) If parties cannot personally appear before the court on a matter in a hearing  
31 under this section, proceedings may be conducted by their legal representatives and be

1 held in a location or through any means that allow all parties to fully participate. The  
2 court may order the consolidation of individual claims into group claims where

3 (1) the number of individuals affected is so large as to render  
4 individual participation impractical;

5 (2) there are questions of law or fact common to the individual claims  
6 or rights to be determined;

7 (3) the group claims or rights are typical of the affected individuals'  
8 claims or rights; and

9 (4) the entire group can be adequately represented.

10 (m) The court shall appoint counsel at governmental expense to represent an  
11 individual or group of individuals who are or are about to be isolated or quarantined  
12 under this section and who are not otherwise represented by counsel. Representation  
13 shall be afforded throughout the duration of the isolation or quarantine of the  
14 individual or group of individuals. The department shall provide adequate means of  
15 communication between a quarantined or isolated individual or group of individuals  
16 and the individual's or group's legal counsel.

17 (n) This section may not be construed to apply to isolation or quarantine of  
18 livestock, fish and other aquatic species, or any human food source.

19 **Sec. 18.15.460. Public health nuisances.** (a) A person may not create,  
20 aggravate, or allow the existence of a public health nuisance as defined by the  
21 department.

22 (b) The department may immediately and thoroughly investigate any  
23 suspected nuisance upon receiving a complaint of its existence or when there is  
24 probable cause to believe that a nuisance exists within the agency's jurisdiction.

25 (c) The department may issue an order to avoid, correct, or remove, at the  
26 owner's expense, any property or condition that the agency determines to be a  
27 nuisance. The order must specify the nature of the nuisance and the method to abate  
28 the nuisance, which may include

29 (1) closure, direction, and compulsion to evacuate, decontaminate, or  
30 cause to be decontaminated real property as needed;

31 (2) decontamination or destruction of material, goods, or conditions;

1 (3) designation of a reasonable time in which the nuisance must be  
2 abated;

3 (4) provision for the department or local public health agency to cause  
4 the nuisance to be removed or abated if a property owner or occupant does not comply  
5 with the order within the specified time;

6 (5) authorization for the department or local public health agency to  
7 remove or abate the nuisance immediately when the nuisance is found to require  
8 immediate action; the agency may pay the costs of removal or abatement and seek  
9 reimbursement for expenses from the responsible person.

10 (d) If the person responsible for a nuisance refuses to pay or reimburse  
11 expenses incurred by the department or local public health agency, expenses may be

12 (1) assessed against affected real property as a lien; or

13 (2) collected from rents paid on real property, under a court order  
14 obtained by the department.

15 (e) An occupant or other person who caused or permitted a nuisance to exist is  
16 liable to the owner of the premises for the amount paid by the owner or assessed  
17 against the property.

18 **Sec. 18.15.470. Administrative searches and inspections.** (a) To determine  
19 the existence of a nuisance, upon consent of the owner or custodian, a public health  
20 agent may enter property at a reasonable time to inspect, investigate, evaluate, conduct  
21 tests, or take specimens or samples for testing as may be reasonably necessary to  
22 determine compliance with a law administered by the state or local public health  
23 agency.

24 (b) If the public health agent is denied entry, the agent may seek an  
25 administrative search warrant authorizing the inspection, investigation, evaluation,  
26 testing, or taking of specimens or samples for testing.

27 (c) When a nuisance is known by the department or local public health agency  
28 to exist on the premises and the nuisance poses an immediate threat to an individual's  
29 health or to public health, a public health agent may enter the affected property  
30 without the consent of the owner or custodian and without an administrative search  
31 warrant to inspect, investigate, evaluate, conduct tests, or take specimens or samples



1 on the premises as may be reasonably necessary to abate the nuisance.

2 (d) A public health agent may enter a public place to inspect, investigate,  
3 evaluate, conduct tests, or take specimens or samples for testing as may be reasonably  
4 necessary to determine compliance with the provisions of any law administered by the  
5 state or local public health agency.

6 **Sec. 18.15.490. Penalty.** A person who knowingly violates AS 18.15.400 -  
7 18.15.490 or a regulation adopted under AS 18.05.040(a)(1) or AS 18.15.400 -  
8 18.15.490 is guilty of a class B misdemeanor. In this section, "knowingly" has the  
9 meaning given in AS 11.81.900(a).

10 \* **Sec. 6.** AS 18.15.900 is amended to read:

11 **Sec. 18.15.900. Definitions [DEFINITION].** In this chapter,

12 (1) "department" means the Department of Health and Social Services;

13 (2) **"contagious disease" means a disease caused by a living**  
14 **organism or other pathogen, including a fungus, bacterium, parasite, protozoan,**  
15 **or virus that is transmissible from individual to individual;**

16 (3) **"local public health agency" means an organization in the state**  
17 **that is operated by a local government, including a local public health district,**  
18 **officer, or board, or a tribal health officer, board, or agency that principally acts**  
19 **to protect or preserve public health;**

20 (4) **"public health agent" means an employee or agent of the**  
21 **department, a local public health agency, or the federal government who is**  
22 **performing duties within the scope and course of employment.**

23 \* **Sec. 7.** The uncodified law of the State of Alaska is amended by adding a new section to  
24 read:

25 PUBLIC HEALTH PLAN. The initial plan required under AS 18.05.200, enacted by  
26 sec. 4 of this Act, shall be developed by the department by July 1, 2005.

27 \* **Sec. 8.** The uncodified law of the State of Alaska is amended by adding a new section to  
28 read:

29 INITIAL TERMS. The terms of the members appointed to the public health advisory  
30 council established under AS 18.05.210, enacted by sec. 4 of this Act, shall be staggered so  
31 that the terms of

- 1 (1) three members are for one year;
- 2 (2) four members are for two years;
- 3 (3) four members are for three years; and
- 4 (4) four members are for four years.

5 \* **Sec. 9.** The uncodified law of the State of Alaska is amended by adding a new section to  
6 read:

7 REVISOR'S INSTRUCTION. The legislature intends AS 18.05.070, as amended by  
8 sec. 3 of this Act, to apply to all of AS 18.05, including those sections added by sec. 4 of this  
9 Act. Accordingly, the revisor of statutes is requested to renumber AS 18.05.070 as  
10 AS 18.05.900.

11 \* **Sec. 10.** This Act takes effect July 1, 2004.