

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

March 15, 2022

1:33 p.m.

**MEMBERS PRESENT**

Senator David Wilson, Chair  
Senator Shelley Hughes, Vice Chair  
Senator Mia Costello  
Senator Lora Reinbold  
Senator Tom Begich

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

SENATE BILL NO. 124

"An Act relating to admission to and detention at a subacute mental health facility; establishing a definition for 'subacute mental health facility'; establishing a definition for 'crisis residential center'; relating to the definitions for 'crisis stabilization center'; relating to the administration of psychotropic medication in a crisis situation; relating to licensed facilities; and providing for an effective date."

- HEARD & HELD

SENATE BILL NO. 211

"An Act relating to the Alaska Police Standards Council; relating to the Department of Public Safety; relating to the duties of the attorney general; establishing the Missing and Murdered Indigenous Women, Girls, and Two-Spirit Persons Review Commission; requiring a report on investigative resources for cases of missing and murdered indigenous women, girls, and two-spirit persons; and providing for an effective date."

- BILL HEARING CANCELED

**PREVIOUS COMMITTEE ACTION**

BILL: SB 124

SHORT TITLE: MENTAL HEALTH FACILITIES & MEDS

SPONSOR(s): RULES BY REQUEST OF THE GOVERNOR

04/12/21	(S)	READ THE FIRST TIME - REFERRALS
04/12/21	(S)	HSS, FIN
04/27/21	(S)	HSS AT 1:30 PM BUTROVICH 205
04/27/21	(S)	Heard & Held
04/27/21	(S)	MINUTE(HSS)
04/29/21	(S)	HSS AT 1:30 PM BUTROVICH 205
04/29/21	(S)	-- MEETING CANCELED --
05/04/21	(S)	HSS AT 1:30 PM BUTROVICH 205
05/04/21	(S)	Heard & Held
05/04/21	(S)	MINUTE(HSS)
05/05/21	(S)	JUD REFERRAL ADDED AFTER HSS
05/06/21	(S)	HSS AT 1:30 PM BUTROVICH 205
05/06/21	(S)	<Bill Hearing Canceled>
03/08/22	(S)	HSS AT 1:30 PM BUTROVICH 205
03/08/22	(S)	Heard & Held
03/08/22	(S)	MINUTE(HSS)
03/15/22	(S)	HSS AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

HEATHER CARPENTER, Healthcare Policy Advisor  
Office of the Commissioner  
Department of Health and Social Services (DHSS)  
Juneau, Alaska  
**POSITION STATEMENT:** Answered questions on SB 124.

RENEE MCFARLAND, Deputy Public Defender  
Appellate Division  
Alaska Public Defender Agency  
Department of Administration  
Anchorage, Alaska  
**POSITION STATEMENT:** Answered questions on SB 124.

NANCY MEADE, General Counsel  
Office of the Administrative Director  
Alaska Court System  
Anchorage, Alaska  
**POSITION STATEMENT:** Answered questions on SB 124.

STEVEN BOOKMAN, Senior Assistant Attorney General  
Human Services Section  
Civil Division  
Department of Law  
Anchorage, Alaska  
**POSITION STATEMENT:** Answered questions on SB 124.

## **ACTION NARRATIVE**

[1:33:17 PM](#)

**CHAIR DAVID WILSON** called the Senate Health and Social Services Standing Committee meeting to order at 1:33 p.m. Present at the call to order were Senators Costello, Reinbold, Hughes, Begich, and Chair Wilson.

### **SB 124-MENTAL HEALTH FACILITIES & MEDS**

[1:34:00 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 124 "An Act relating to admission to and detention at a subacute mental health facility; establishing a definition for 'subacute mental health facility'; establishing a definition for 'crisis residential center'; relating to the definitions for 'crisis stabilization center'; relating to the administration of psychotropic medication in a crisis situation; relating to licensed facilities; and providing for an effective date."

[SB 124 was previously heard on 4/27/21, 5/4/21, 5/6/21, and 3/8/22.]

[1:35:59 PM](#)

SENATOR REINBOLD referred to page 1, line 9, to paragraph (1), which read, (1) the arresting officer believes in good faith that the person is suffering from an acute behavioral health crisis; and". She said that it sounds vague.

[1:36:43 PM](#)

At ease

[1:37:28 PM](#)

CHAIR WILSON reconvened the meeting. He recalled that Commissioner Cockrell had testified that the Alaska State Troopers (AST) and other law enforcement agencies provide mental health or behavioral health training. He offered his view that this provision means that the officer had training applicable to this situation.

[1:38:00 PM](#)

HEATHER CARPENTER, Healthcare Policy Advisor, Office of the Commissioner, Department of Health and Social Services (DHSS), Juneau, Alaska, agreed that Commissioner Cockrell stated that officers receive that training.

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SENATOR REINBOLD said this raises a major red flag in this bill. She stated that the bill should have clear, measurable identifiers. She asked her to identify the mental health professional referred to in Section 4.

MS. CARPENTER reminded members that the first ten sections were conforming edits, so the underlying statutes that were passed in 2020 were not changed. She indicated that a mental health professional would be one at an evaluation facility as defined in AS 47.30.915. She related that she previously provided members with a "cheat sheet" for their reference. She read the definition.

[1:39:39 PM](#)

At ease

[1:42:55 PM](#)

CHAIR WILSON reconvened the meeting and asked Senator Reinbold to restate her question.

[1:45:45 PM](#)

SENATOR REINBOLD referred to page 2, line 12, and asked for the definition of "mental health professional."

[1:45:55 PM](#)

MS. CARPENTER stated that the definition was in AS 47.30.915 (13), which is the definition section for the involuntary commitment statutes. She read:

(13) "mental health professional" means a psychiatrist or physician who is licensed by the State Medical Board to practice in this state or is employed by the federal government; a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners; a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners; an advanced practice registered nurse or a registered nurse with a master's degree in psychiatric nursing, licensed by the State Board of Nursing; a marital and family therapist licensed by the Board of Marital and Family Therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; and a person who

(A) has a master's degree in the field of mental health;

(B) has at least 12 months of post-masters working experience in the field of mental illness; and

(C) is working under the supervision of a type of licensee listed in this paragraph;

[1:47:10 PM](#)

SENATOR REINBOLD referred to page 3, lines 27-31, to language being deleted from the bill. She read:

[A PSYCHIATRIST OR PHYSICIAN WHO IS LICENSED TO PRACTICE IN THIS STATE OR EMPLOYED BY THE FEDERAL GOVERNMENT, OR A CLINICAL PSYCHOLOGIST LICENSED BY THE STATE BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS]

SENATOR REINBOLD expressed concern that it seemed as though the administration was watering down who was allowed to do this.

MS. CARPENTER offered her view that this was not watering it down. All those eliminated individuals were listed in the definition of "mental health professional." She said that stating a "police officer" or "health officer" will streamline it in statute and cross-reference it to the definition of a "mental health professional."

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SENATOR REINBOLD asked if deleting the language was making the definition broader, but she maintained her belief that it was watering it down.

MS. CARPENTER said that the language is not deleted because those types of professionals were found in the definition of "a mental health professional." Instead of listing all provider types, she said the overarching "mental health professional" was used, and the definition included the professionals found in that definition.

[1:49:05 PM](#)

SENATOR REINBOLD restated that it doesn't make sense to her why those terms are being deleted. She said she did not want a "health officer" making those decisions; that someone who is trained and educated should do so.

[1:50:11 PM](#)

CHAIR WILSON stated that it might be helpful to discuss the process for involuntary commitment.

[1:50:32 PM](#)

SENATOR HUGHES said she understood Senator Reinbold's concern and wants to ensure the psychiatrist or highly trained people are involved. She referred to the definition of "mental health professional" and noted that psychiatrists, physicians, and clinical psychologists are listed.

SENATOR REINBOLD said her question was directed to the department.

[1:51:16 PM](#)

CHAIR WILSON noted that it might be helpful for members to know that the professionals are not being removed from the process but the terms are being deleted and redefined in the section Ms. Carpenter just read.

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SENATOR COSTELLO wondered if a layperson would know to go to the definition section of the statute to find the definitions pertaining to the bill section. She asked if it might be better to lay it out in statute and not worry about streamlining the language. She related that the value of law-making is to make the statutes very clear so the layperson can understand the statute's intent.

MS. CARPENTER responded that the term "mental health professional" is used extensively throughout these statutes. Thus, when a provider or peace officer reviews the statute, the same consistent term would be used throughout. She said the new term "health officer" is used because public safety, physicians, and the court use this part of the law. She explained that the definition of "peace officer" didn't align with how "peace officer" was used in the rest of the statutes. The change in Version B was to split that definition so that "peace officer" had the same meaning elsewhere in the statute. The department also created the term "health officer" by adding an emergency medical technician, paramedic, and firefighter, because of how EMS and the Mobile Crisis teams will work.

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SENATOR BEGICH referred to page 2, line 12, and asked whether "mental health professional" was in existing law.

MS. CARPENTER answered yes.

[1:56:16 PM](#)

SENATOR BEGICH asked whether the definition for "mental health professional" was in existing statute.

MS. CARPENTER answered yes.

SENATOR BEGICH referred to page 3, lines 27-31, which read:

[A PSYCHIATRIST OR PHYSICIAN WHO IS LICENSED TO PRACTICE IN THIS STATE OR EMPLOYED BY THE FEDERAL GOVERNMENT, OR A CLINICAL PSYCHOLOGIST LICENSED BY THE STATE BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS]

SENATOR BEGICH asked whether that language was still included in Section 11 of the bill.

MS. CARPENTER answered yes.

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SENATOR BEGICH related his understanding that additional professionals fall under health officers, which clarifies what was meant by the differing roles, with health officers taking on some roles ascribed to peace officers. Thus, the bill would ensure that the definitions include the professionals who take on the roles.

MS. CARPENTER agreed.

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SENATOR BEGICH recalled that members made suggestions at the last meeting, and the department responded. He said he was satisfied with the department's responses, but he lacked clarity on the resolution process.

MS. CARPENTER explained that she had been working with the committee aide. She said she would provide the department's responses to Mr. Gottstein's suggested amendments to the committee. She noted that the department was comfortable with the suggested changes but made minor changes to the medication suggestions, and Mr. Gottstein was satisfied with the changes. She said Chair Wilson could decide how to proceed.

SENATOR BEGICH responded that she described the process he had hoped would be taken.

CHAIR WILSON noted he shared some emails with members regarding the questions related to the March 15<sup>th</sup> letter.

[1:59:02 PM](#)

SENATOR HUGHES asked whether there is a statutory definition of "health officer" or if it was added to the bill.

CHAIR WILSON responded that it was in the bill. He referred to page 11, line 22, to the definition of "health officer."

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SENATOR REINBOLD paraphrased portions of Section 11, AS 47.30.705(a), inserting the definition of "health officer." She said a health officer means a state, municipal, or other local health officer, public health nurse, emergency medical technician, paramedic, firefighter, or a person authorized by the court who has probable cause to believe that a person is suffering from mental illness may cause the person to be taken into custody. She indicated that it was significant to her. She asked whether all of these people had that authority.

MS. CARPENTER answered yes; all of the people in the definition of "health officer," except for emergency medical technician, paramedic, or firefighter currently have that authority under the definition of "peace officer" in AS 47.30.915.

[2:00:56 PM](#)

SENATOR REINBOLD asked whether the bill creates new definitions and facilities.

MS. CARPENTER responded that if this bill were to pass, it would authorize these professionals to take individuals in an ex parte hold for care at the crisis stabilization centers and crisis residential center locations. She explained that these professionals were already authorized to take people for treatment at the Alaska Psychiatric Institute (API), one of the three designated evaluation and treatment center hospitals. If those facilities are unavailable, these individuals would be taken to an emergency room or jail until they can be transported to one of those facilities.

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SENATOR REINBOLD asked whether any new category of a patient can be taken to one of the new facilities or if there is anything different that can be done to these patients.

MS. CARPENTER answered that no new category of patient or respondent could be taken into custody. She referred to the language in Section 11, stating that "gravely disabled," is defined in AS 47.30.915, the definition section.

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SENATOR REINBOLD referred to page 3, line 31, to the language "who has probable cause or is or suffering from a mental illness." She offered her view that probable cause was a very low bar and more people were involved that could transport people to facilities where a broad spectrum of things could be done. She said she would like the record to reflect anyone new involved in the process and anything new that could happen in the new facilities.

MS. CARPENTER answered that the type of care provided would not change, that it would be the care that the statutes currently allow.

SENATOR REINBOLD related her understanding that the bill does not allow any new diagnosis and no new people would be involved.

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MS. CARPENTER agreed she was correct. She referred to the language she was reading in Section 11 that it is the probable cause that a person is gravely disabled or suffering from a mental illness and is likely to cause serious harm to self or others. She read, "of such immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures set out in AS 47.30.700, may cause the person to be taken into custody...." She stated that this language causes a person to be taken into custody.

[2:04:21 PM](#)

SENATOR REINBOLD asked if she was saying that nothing new will happen in the crisis residential and crisis stabilization centers.

MS. CARPENTER reiterated that there was nothing new that is not allowed under current law. She stated that the bill would add a provision that allows providers who can give crisis medication today to do so at the crisis residential and crisis stabilization centers. Thus, providers who currently give crisis medication and meet the threshold could give medication to patients at the new centers.

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CHAIR WILSON stated that this bill would allow additional capacity to treat these individuals in a less acute setting.

MS. CARPENTER agreed, adding that it would also allow individuals to obtain care much more quickly instead of being on a waitlist to receive care.

CHAIR WILSON asked her to elaborate on the reason for the bill.

MS. CARPENTER responded that the Alaska Disability Law Center sued the state because individuals in need of mental health care had to wait in the Anchorage Correctional Facility until they could receive treatment at API or one of the three designated evaluation and treatment center facilities. She related that it could be argued that their constitutional rights were being harmed because the state could not get these patients into care in a timely manner. One outcome of that settlement and the ruling by Judge Morse was that the state would find locations to perform the evaluations in other less restrictive areas. SB 124 established crisis residential centers for this reason.

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SENATOR REINBOLD asked for the status of API and who can administer psychotropic medication.

MS. CARPENTER answered that physicians, advanced nurse practitioners, and physician's assistants have the authority to prescribe crisis medications.

SENATOR REINBOLD asked her to confirm that only those three professions could administer crisis drugs and the types of drugs that could be administered.

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CHAIR WILSON pointed out that there is a difference between prescribing and administering medications. For example, a nurse can administer a medication that is prescribed by a physician, an advanced nurse practitioner, or a physician's assistant. He clarified that an entity licensed to administer the medication could do so if prescribed by one of the authorized medical professionals.

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MS. CARPENTER explained that Senator Reinbold had asked a similar question last April, and the department responded in writing on the types of crisis medication. She said it would be impossible to list all the drugs, but she provided different

categories. She pointed out that crisis medication was short-term to address the immediate crisis. She said this does not relate to long-term prescribed medication. She further noted that patients normally must consent to and agree to prescriptions. For example, patients at API must consent to medications to control their high blood pressure, which will remain the same.

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SENATOR REINBOLD related her understanding that no one would administer psychotropic medication without informed consent.

MS. CARPENTER answered that crisis medications might be the only instance without informed consent because of the crisis definition.

[2:10:12 PM](#)

SENATOR REINBOLD asked who would be responsible if someone experienced a "psychiatric episode" and was given crisis medications. She offered her belief that informed consent must be mandated.

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CHAIR WILSON suggested that the committee could discuss the procedure and process for notifications and how the court system will notify parties.

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SENATOR BEGICH asked Ms. Carpenter to clarify that SB 124 does not add any new parties who can administer crisis medication.

MS. CARPENTER answered that no new individuals would administer crisis medication.

SENATOR BEGICH recapped that the reason the bill is before the committee is that the Disability Law Center sued the state. The state worked with the litigants of recipients of care who believed that the state had failed them. The Disability Law Center (DLC) was successful, so the state is settling the lawsuit. The DLC stated on the record that SB 124 meets those conditions, but patient groups raised other considerations that could be added to the bill, beyond what the DLC agreed to. The department held formal conversations and agreed to add some of those patient considerations outlined in Mr. Gottstein's letter.

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MS. CARPENTER agreed with his summary.

SENATOR BEGICH stated that the department is effectively making a broader array and less invasive services available to those experiencing a psychotic episode or suffering a mental illness, which was the point of the Disability Law Center lawsuit.

MS. CARPENTER agreed, adding that the bill would provide more immediate care. She stated that the emergency room doctors provided a letter of support that spoke about individuals waiting in emergency rooms that have been stripped to prevent patient injuries and that have a medical professional observing until the patients could be taken into care. During this time, these patients lacked the crisis psychiatric care they needed. She recalled that Commissioner Cockrell had mentioned, during the hearing last week, that patients are handcuffed in the back of patrol vehicles while awaiting care at a facility. She stated that SB 124 would add tools to the toolbox that the state needs in the involuntary commitment statutes.

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SENATOR BEGICH asked whether the Disability Law Center would have settled with the department if it would place those suffering from psychotic episodes and mental health illnesses in a more vulnerable position.

MS. CARPENTER explained that she took part in the settlement negotiations with the Disability Law Center and the Public Defender Agency, the other party to the case. She opined that they would not have settled and Superior Court Judge Morse would not have signed off on the settlement. She said the department truly is moving in less restrictive ways, noting that Judge Morse said the state could not remedy the lawsuit by adding more beds to API as the only solution.

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SENATOR BEGICH asked if SB 124 appeared to meet the issues regarding patient rights.

[2:16:21 PM](#)

RENEE MCFARLAND, Deputy Public Defender, Appellate Division, Alaska Public Defender Agency, Department of Administration, Anchorage, Alaska, stated that she was not completely familiar with the agency's role in the settlement negotiations, but if the facilities and procedures in the bill are funded, it could remedy some of the observed issues. She stated that sometimes it doesn't actually end up working as intended. The Public Defender Agency has pointed out some provisions that may raise

constitutional concerns. However, she suggested the bill would generally help their clients. She stated that the agency supports the provisions that would prevent their clients from being held in jail and hospital emergency rooms while awaiting admission for treatment.

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SENATOR BEGICH related that the committee discussed patient issues Mr. Jim Gottstein raised at the last hearing. He said he heard from Mr. Gottstein that the bill was moving in the right direction. He asked whether the bill would address some of the concerns, and whether the public defender agency would continue monitoring SB 124 to ensure the law is enacted as intended.

MS. MCFARLAND explained that Version B addresses some of the concerns, including providing legal counsel for people experiencing a behavioral health crisis as soon as they are detained. She stated that it was not clear in the earlier version of the bill when that would occur. She related that in Version B, the Public Defender Agency would be appointed to every person being detained at a crisis residential center, just as they are appointed to everyone being held for the 72-hour evaluation in current law. She acknowledged that the sheer volume of cases makes it difficult for the agency to monitor everyone, but appointing an attorney was one of the concerns noted in the original bill. She related that she would try to address any concerns during implementation.

CHAIR WILSON asked Ms. Meade to review the court's involvement in the Title 47 hold process and the effects of SB 124, Version B.

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NANCY MEADE, General Counsel, Office of the Administrative Director, Alaska Court System, Anchorage, Alaska, stated that under AS 47.30, the court is involved in involuntary admission for treatment. As Ms. Carpenter mentioned, those held or detained involuntarily held during the initial stages are limited to certain facilities in the state. Sometimes those individuals end up in jail, which is not optimal. This bill would create a subacute level of care, something less than the current hospitals. Currently under AS 47.30, when a person is first taken to a facility, a petition is filed with the court. The court holds an ex parte hearing and makes certain findings, including that the person is gravely disabled or is suffering from mental illness and is likely to cause serious harm to self or others. If the person involved determines that it is not safe

to wait and file a petition and have the court do an assessment and issue an order within 48 hours, then the proceedings occur under AS 47.30.705, which is in Section 11 of the bill. The court would hold an ex parte hearing immediately and set a placeholder hearing. The court could authorize the hold for 72 hours and, within the 72 hours, would set a time for a subsequent hearing if the medical professionals determine that the person needed to be held longer. The current law allows that second hearing for a 30-day mental commitment.

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MS. MEADE stated that SB 124 would allow the person to be taken to a subacute facility, crisis stabilization center, or crisis residential center. The court would hold another ex parte hearing immediately. If the court grants it, the court will notify everyone, including the public defender, guardian, and attorneys.

MS. MEADE explained that the court would set a placeholder timeframe for the medical person in charge to seek a mental commitment or to seek a lower-level subacute hold for a 7-day hold at a crisis residential center because they believe the person's mental health problems could be resolved during that timeframe. Thereafter, other proceedings could take place, perhaps during the 7-day hold. If the court orders a 7-day hold, but the medical professional believes the person needs a 30-day commitment to a hospital, a petition would be filed.

MS. MEADE highlighted that the court would be involved in the initial ex parte stage and notifies everyone and would set a time period for a potential next hearing within 72 hours.

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SENATOR REINBOLD agreed that members do not want those who need treatment held in jails or emergency rooms. She wondered who is responsible if a patient, without consent, is given psychotropic medications and has an episode. She referred to Article 10, Patient Rights. Sec. 47.30.817. She wanted to be certain that patient rights apply in the new subacute facilities.

[2:25:51 PM](#)

MS. MEADE answered yes. She referred to page 7, lines 21-31, to Sec. 47.30.709. Rights of Respondents at crisis residential centers and crisis residential centers; psychotropic medication; time. She read the language on page 7, line 29, "... the respondent has the rights identified in AS 47.30.725 and". It goes on to identify which ones apply specifically to the rights

for adults. She referred to the rights of minors at the top of page 8.

[2:26:28 PM](#)

SENATOR REINBOLD requested confirmation on the record that patient rights in AS 47.13.817 through the end of the chapter apply to the new subacute facilities.

MS. MEADE responded that her reading of page 7, line 21 through page 8, line 15, and the rights and procedures set out in Article 10 of existing law apply to the crisis residential centers and crisis stabilization centers regarding patient rights and the involuntary administration of drugs.

[2:28:06 PM](#)

SENATOR HUGHES related her understanding that parents and guardians of minors are notified when a hearing is scheduled. She wondered if parents and guardians of nonminors would be notified and if they would be notified of any outcomes of the hearings if they could not attend.

MS. MEADE answered that the respondent's guardians are notified. She directed attention to page 6, line 2 that says the court shall notify the respondent, the respondent's attorney, and the respondent's guardian. She stated that court orders are always provided and once the respondent's guardian is notified of the hearing, they are on the distribution list and receive every court order in the case. She referred to Section 16, AS 47.30.715, page 9, line 27 that requires the court to notify the respondent's guardian of the procedure for mental commitments.

[2:29:54 PM](#)

SENATOR HUGHES recapped that parents and guardians of minors and parents and guardians of nonminors are notified of any hearing and would be put on the list to receive the outcome of any order given. Thus, they would know at the 72-hour hearing that the patient would be released, sent to a 7-day residential center, or a 30-day facility. She related her understanding that it happens under current law and would continue under the bill.

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MS. MEADE responded that it was generally happening now for mental commitments, to the extent that the court can do so in a timely manner. This bill would require notice for mental commitments and for all of the hearings and holds for the subacute facilities, the crisis residential centers, and crisis

stabilization centers. She offered her view that the rights of parents and guardians are enhanced under this bill.

SENATOR HUGHES related a scenario, noting that minors often spend many hours away from their parents or guardians. She asked, if a behavioral health crisis involving a minor were to occur, would law enforcement be called to take the minor to a crisis stabilization center. She further asked whether law enforcement would be required to notify the parents or guardians that their child was taken to a crisis stabilization center. If not, the bill would need to be amended.

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MS. MEADE answered that was not a question for the court system because the court wouldn't find out about someone taken to a crisis stabilization center, a 24-hour center, until a petition is filed with the court.

SENATOR HUGHES offered her view that parents should be notified within a reasonable timeframe.

MS. CARPENTER deferred to Mr. Bookman.

[2:33:12 PM](#)

STEVEN BOOKMAN, Senior Assistant Attorney General, Human Services Section, Civil Division, Department of Law, Anchorage, Alaska, stated that Version B requires that all notices be served on the respondent and to the parents or guardian when the respondent is a minor. He related that the Alaska Court System has a form when an emergency hold occurs under AS 47.30.705. He stated that the respondent is given the form, and to the extent that the form is given to the minor, the form would be sent to the minor's parents or guardians. He said if the minor was being taken to a crisis stabilization center, this bill would require that the same notice would be sent to the minor's parents or guardian. He acknowledged that there might be logistical problems in finding the address or how to contact the parents or guardian.

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SENATOR HUGHES expressed concern that there was not a specific timeframe. She said if her child or grandchild, if she was the guardian, were going to be picked up, she would want to know. She related her understanding that the first notification was the hearing notification.

CHAIR WILSON related his understanding that two questions were comingled. He understood Senator Hughes' question related to notification when a police officer picked up a minor. He related that his experience from managing a 24-hour hold facility for juveniles was that police try to find parents or guardians. He opined that it might be challenging to put a time limit on notification as the minor may not be coherent or is under the influence of drugs or alcohol. He said the committee would try to obtain the information from the Department of Public Safety.

SENATOR HUGHES offered her view that it would be reasonable to attempt to contact parents immediately or shortly thereafter. She acknowledged that it might not be possible to guarantee to reach them. She wondered if guardians are notified when nonminors are taken to the crisis stabilization center.

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CHAIR WILSON offered his belief that once the petition to the court for an involuntary hold occurs, the courts would be required to notify the guardians.

MS. MEADE responded that as soon as a court grants an ex parte application, which happens within 24 hours, the hearing would be set several days later, and the parents and guardians receive notice, so long as the court can locate them. She said the court makes every effort to serve them.

[2:39:20 PM](#)

SENATOR HUGHES related that the policy call for the committee is whether there should be a requirement for law enforcement or crisis stabilization center staff to attempt to notify parents and guardians within the first few hours. She voiced support for such a requirement and suggested the committee give it consideration because it otherwise could be up to 24 hours before the court would reach out.

[2:40:09 PM](#)

SENATOR REINBOLD stated that the notice was important. She noted a constituent wanted to ensure that the rights of disabled psychiatric patients are protected. Her constituent expressed concern that Alaska is 30 years behind best practices. She related that Article 10 addresses patient rights, and she noted provisions within the article that address various patient rights. She related her understanding that these rights are protected in SB 124.

[2:42:49 PM](#)

CHAIR WILSON answered that was his understanding from Nancy Meade with the Alaska Court System, and Mr. Bookman with the Department of Law.

[2:42:59 PM](#)

MS. MEADE stated that under current law if someone has a mental health crisis or is believed to be gravely disabled, involuntary mental commitments under AS 47.30 were the only option. She stated that 1,880 72-hour petitions were filed with the court in 2020, which is for initial involuntary hospitalizations. There were also 235 30-day involuntary mental commitments. She related that about 1,900 people were admitted for three days, but only 235 resulted in further proceedings. She related that she reviewed prior years and the highest number of petitions filed for the 3-day hold involuntary hold was 2,500, of which 167 led to additional holdings.

[2:46:11 PM](#)

SENATOR HUGHES offered a final summation that it was helpful to hear that according to statute, an officer must determine that a person is in imminent danger of hurting self or another person before the officer can transport a person to a crisis stabilization center. She said it was also helpful to know the crisis stabilization center is less restrictive than a jail or hospital emergency room setting.

CHAIR WILSON held SB 124 in committee.

[2:47:08 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 2:47 p.m.