

Introduced: 2/14/72
Referred: Health, Welfare &
Education and Finance

1 IN THE HOUSE

BY BANFIELD

2 HOUSE BILL NO. 630

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act adopting the Uniform Alcoholism and Intoxica-
7 tion Treatment Act."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 47 is amended by adding a new chapter to read:

10 CHAPTER 37. UNIFORM ALCOHOLISM AND INTOXICATION TREATMENT ACT.

11 Sec. 47.37.010. DECLARATION OF POLICY. It is the policy of the
12 state that alcoholics and intoxicated persons should not be criminally
13 prosecuted for their consumption of alcoholic beverages and that they
14 should be afforded a continuum of treatment so they may lead normal lives
15 as productive members of society.

16 Sec. 47.37.020. DIVISION OF ALCOHOLISM, A division of alcoholism
17 is established in the department. The division shall be headed by
18 a director appointed by the commissioner. The director shall be a
19 qualified professional who has training and experience in the organiza-
20 tion and administration of treatment services for persons with medical-
21 social problems.

22 Sec. 47.37.030. POWERS OF DIVISION. The division may

23 (1) plan, establish, and maintain treatment programs as
24 appropriate;

25 (2) make contracts necessary or incidental to the performance
26 of its duties and the execution of its powers, including contracts with
27 public and private agencies, organizations, and individuals, to pay them
28 for services rendered or furnished to alcoholics or intoxicated persons;

29 (3) solicit and accept for use a gift of money or property

1 or a grant of money, services, or property from the federal government,
2 the state, or a political subdivision of it or a private source, and do
3 all things necessary to cooperate with the federal government or any
4 of its agencies in making an application for a grant;

5 (4) administer or supervise the administration of the pro-
6 visions relating to alcoholics and intoxicated persons of any state
7 plan submitted for federal funding under federal health, welfare, or
8 treatment legislation;

9 (5) coordinate its activities and cooperate with alcoholism
10 programs in this and other states, and make contracts and other joint
11 or cooperative arrangements with state, local, or private agencies for
12 the treatment of alcoholics and intoxicated persons and for the common
13 advancement of alcoholism programs in this and other states;

14 (6) keep records and engage in research and the gathering
15 of relevant statistics;

16 (7) do other acts necessary to implement the authority ex-
17 pressly granted to it;

18 (8) acquire, hold, or dispose of real property or any
19 interest in it, and construct, lease, or otherwise provide treatment
20 facilities for alcoholics and intoxicated persons.

21 Sec. 47.37.040. DUTIES OF DIVISION. The division shall

22 (1) develop, encourage, and foster statewide, regional, and
23 local plans and programs for the prevention of alcoholism and treatment
24 of alcoholics and intoxicated persons in cooperation with public and
25 private agencies, organizations, and individuals, and provide technical
26 assistance and consultation services for these purposes;

27 (2) coordinate the efforts and enlist the assistance of all
28 public and private agencies, organizations, and individuals interested
29 in prevention of alcoholism and treatment of alcoholics and intoxicated

1 persons;

2 (3) cooperate with the state board of parole in establishing
3 and conducting programs to provide treatment for alcoholics and intoxi-
4 cated persons in or on parole from penal institutions;

5 (4) cooperate with the Department of Education, school
6 boards, schools, police departments, courts, and other public and pri-
7 vate agencies, organizations and individuals in establishing programs
8 for the prevention of alcoholism and treatment of alcoholics and
9 intoxicated persons, and preparing curriculum materials for use at all
10 levels of school education;

11 (5) prepare, publish, evaluate, and disseminate educational
12 material dealing with the nature and effects of alcohol;

13 (6) develop and implement, as an integral part of treatment
14 programs, an educational program for use in the treatment of alcoholics
15 and intoxicated persons which includes the dissemination of information
16 concerning the nature and effects of alcohol;

17 (7) organize and foster training programs for all persons
18 engaged in treatment of alcoholics and intoxicated persons;

19 (8) sponsor and encourage research into the causes and nature
20 of alcoholism and treatment of alcoholics and intoxicated persons, and
21 serve as a clearing house for information relating to alcoholism;

22 (9) specify uniform methods for keeping statistical informa-
23 tion by public and private agencies, organizations, and individuals, and
24 collect and make available relevant statistical information, including
25 number of persons treated, frequency of admission and readmission, and
26 frequency and duration of treatment;

27 (10) advise the governor in the preparation of a comprehen-
28 sive plan for treatment of alcoholics and intoxicated persons;

29 (11) review all state health, welfare, and treatment plans

1 to be submitted for federal funding, and advise the governor on pro-
2 visions to be included relating to alcoholism and intoxicated persons;

3 (12) assist in the development of, and cooperate with,
4 alcohol education and treatment programs for employees of state and
5 local governments and businesses and industries in the state;

6 (13) utilize the support and assistance of interested persons
7 in the community, particularly recovered alcoholics, to encourage
8 alcoholics to voluntarily undergo treatment;

9 (14) cooperate with the Department of Public Safety and the
10 Department of Highways in establishing and conducting programs designed
11 to deal with the problem of persons operating motor vehicles while
12 intoxicated;

13 (15) encourage hospitals and other appropriate health
14 facilities to admit without discrimination alcoholics and intoxicated
15 persons and to provide them with adequate and appropriate treatment;

16 (16) encourage all health and disability insurance programs
17 to include alcoholism as a covered illness;

18 (17) submit to the governor an annual report covering the
19 activities of the division.

20 Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE. (a)
21 An interdepartmental coordinating committee is created, composed of
22 the director and the commissioners of health and social services, edu-
23 cation, highways, and public safety. The committee shall meet at least
24 twice annually at the call of the commissioner of health and social
25 services who is its chairman. The committee shall provide for the co-
26 ordination and exchange of information on all programs relating to
27 alcoholism, and act as a permanent liaison among state departments
28 engaged in activities affecting alcoholics and intoxicated persons.
29 The committee shall assist the commissioner of health and social services

1 and the director in formulating a comprehensive plan for prevention of
2 alcoholism and for treatment of alcoholics and intoxicated persons.

3 (b) In exercising its coordinating functions, the committee shall
4 assure that the appropriate state agencies

5 (1) provide all necessary medical, social, treatment, and
6 educational services for alcoholics and intoxicated persons and for the
7 prevention of alcoholism, without unnecessary duplication of services;

8 (2) cooperate in the use of facilities and in the treatment
9 of alcoholics and intoxicated persons;

10 (3) adopt approaches for the prevention of alcoholism and the
11 treatment of alcoholics and intoxicated persons consistent with the
12 policy of this chapter.

13 Sec. 47.37.060. CITIZENS ADVISORY COUNCIL ON ALCOHOLISM. (a)
14 The governor shall appoint a citizens advisory council on alcoholism
15 composed of 15 members. The members shall serve for overlapping terms
16 of five years each; however the initial appointments shall be three
17 members for one year, three members for two years, three members for
18 three years, three members for four years, and three members for five
19 years. Members shall have professional, research, or personal interests
20 in alcoholism problems. The council shall meet at least once every
21 three months and report on its activities and make recommendations to
22 the director at least once a year.

23 (b) The council shall advise the director on policies, goals, and
24 the operation of the alcoholism program and on other matters the
25 director refers to it, and shall encourage public understanding and
26 support of the alcoholism program.

27 (c) Members of the council serve without compensation but shall
28 receive reimbursement for travel expenses and per diem as provided for
29 other boards and commissions.

1 Sec. 47.37.070. COMPREHENSIVE PROGRAM FOR TREATMENT; REGIONAL
2 FACILITIES. (a) The division shall establish a comprehensive and
3 coordinated program for the treatment of alcoholics and intoxicated
4 persons. Subject to the approval of the commissioner, the director
5 may divide the state into appropriate regions to conduct the program
6 and establish standards for the development of the program on the
7 regional level. In establishing the regions, consideration shall be
8 given to the city and borough lines and population concentrations.

9 (b) The program of the division shall include

10 (1) emergency treatment provided by a facility affiliated
11 with or part of the medical service of a general hospital;

12 (2) inpatient treatment;

13 (3) intermediate treatment; and

14 (4) outpatient and followup treatment.

15 (c) The division shall provide adequate and appropriate treatment
16 for alcoholics and intoxicated persons admitted under secs. 100 - 130
17 of this chapter. No treatment may be provided at a correctional
18 institution other than for inmates.

19 (d) The division shall maintain, supervise, and control all
20 facilities operated by it subject to the regulations of the department.
21 The administrator of each facility shall make an annual report of its
22 activities to the director in the form and manner the director specifies.

23 (e) If possible, the division shall coordinate the activities of
24 the program with all appropriate public and private resources;

25 (f) The director shall prepare, publish, and distribute annually
26 a list of all approved public and private treatment facilities.

27 (g) The division may contract for the use of any facility as an
28 approved public treatment facility if the director, subject to the
29 regulations of the department, considers this an effective and economical

1 course to follow.

2 Sec. 47.37.080. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a)
3 The division shall establish standards for facilities prior to their
4 approval as a public or private treatment facility, and fix the fees
5 to be charged for the required inspections of those facilities. The
6 standards shall concern only the health conditions to be met and
7 standards of treatment to be afforded patients.

8 (b) The division shall inspect, on a regular basis, approved
9 public and private treatment facilities at reasonable times and in a
10 reasonable manner.

11 (c) The division shall maintain a list of approved public and
12 private treatment facilities.

13 (d) Each approved public and private treatment facility shall
14 file with the division on request, data, statistics, schedules, and
15 information which the division reasonably requires. An approved public
16 or private treatment facility that without good cause fails to furnish
17 any data, statistics, schedules, or information as requested, or files
18 fraudulent returns of them, shall be removed from the list of approved
19 treatment facilities.

20 (e) The director, after holding a hearing under the provisions of
21 the Administrative Procedure Act (AS 44.62), may suspend, revoke, limit,
22 restrict, or refuse to grant an approval for a treatment facility, for
23 failure to meet its standards.

24 (f) Upon petition of the division and after a hearing held upon
25 reasonable notice to the facility, the district court may issue a
26 warrant to an officer or employee of the division authorizing him to
27 enter and inspect at reasonable times, and examine the books and accounts
28 of an approved public or private treatment facility refusing to consent
29 to inspection or examination by the division or which the division has

1 reasonable cause to believe is operating in violation of this chapter.

2 Sec. 47.37.090. ACCEPTANCE FOR TREATMENT. The director shall
3 promulgate regulations for the admission of persons into the treatment
4 program, considering available treatment resources and facilities, for
5 the purpose of early and effective treatment of alcoholics and intoxi-
6 cated persons. In establishing the regulations the director shall be
7 guided by the following standards:

8 (1) if possible a patient shall be treated on a voluntary
9 rather than an involuntary basis;

10 (2) a patient shall be initially assigned or transferred to
11 outpatient or intermediate treatment, unless he is found to require
12 inpatient treatment;

13 (3) a person shall not be denied treatment solely because he
14 has withdrawn from treatment against medical advice on a prior occasion
15 or because he has relapsed after earlier treatment;

16 (4) an individualized treatment plan shall be prepared and
17 maintained on a current basis for each patient;

18 (5) provision shall be made for a continuum of coordinated
19 treatment services, so that a person who leaves a facility or a form of
20 treatment will utilize other appropriate treatment and facilities.

21 Sec. 47.37.100. VOLUNTARY TREATMENT OF ALCOHOLICS. (a) An
22 alcoholic may voluntarily apply for treatment directly to an approved
23 public treatment facility. If the proposed patient is a minor or an
24 incapacitated person, then a parent, legal guardian, or other legal
25 representative may submit the application.

26 (b) Subject to regulations promulgated by the director, the
27 administrator in charge of an approved public treatment facility may
28 determine who shall be admitted for treatment. If a person is refused
29 admission to an approved public treatment facility, the administrator

1 shall, if possible, refer the person to another approved public treat-
2 ment facility.

3 (c) If a patient receiving inpatient care leaves an approved
4 public treatment facility, he shall be encouraged to consent to appro-
5 priate outpatient or intermediate treatment. If it appears to the
6 administrator in charge of the treatment facility that the patient is
7 an alcoholic who requires help, the division shall arrange for assistance
8 in obtaining supportive services and residential facilities.

9 (d) If a patient leaves an approved public treatment facility, with
10 or against the advice of the administrator in charge of the facility,
11 the division shall make reasonable provisions for his transportation
12 to another facility or to his home. If he has no home he shall be
13 assisted in obtaining shelter. If he is a minor or an incompetent
14 person the request for discharge from an inpatient facility shall be
15 made by a parent, legal guardian, or other legal representative or by
16 the minor or incompetent if he was the original applicant.

17 Sec. 47.37.110. TREATMENT AND SERVICES FOR INTOXICATED PERSONS
18 AND PERSONS INCAPACITATED BY ALCOHOL. (a) An intoxicated person may
19 come voluntarily to an approved public treatment facility for emergency
20 treatment. A person who appears to be intoxicated in a public place
21 and to be in need of help, if he consents, may be assisted by a peace
22 officer or the emergency service patrol to his home, an approved public
23 treatment facility, an approved private treatment facility, or another
24 appropriate health facility.

25 (b) A person who appears to be incapacitated by alcohol shall be
26 taken into protective custody by a peace officer or a member of the
27 emergency service patrol and immediately brought to an approved public
28 treatment facility for emergency treatment. If no approved public
29 treatment facility is readily available he shall be taken to an

1 emergency medical service customarily used for incapacitated persons.
2 The peace officer or a member of the emergency service patrol, in
3 detaining the person and in taking him to an approved public treatment
4 facility, is taking him into protective custody and he shall make every
5 reasonable effort to protect his health and safety. In taking the
6 person into protective custody, the detaining officer may take reasonable
7 steps to protect himself. Protective custody does not constitute an
8 arrest under this section and no entry or other record shall be made
9 to indicate that the person has been arrested or charged with a crime.

10 (c) A person who voluntarily appears or is brought to an approved
11 public treatment facility shall be examined by a licensed physician as
12 soon as possible. After the examination, he may be admitted as a patient
13 or referred to another health facility. The approved public treatment
14 facility who refers him shall arrange for his transportation.

15 (d) No person who, after medical examination, is found to be
16 incapacitated by alcohol at the time of his admission or to have
17 become incapacitated at any time after his admission, may be detained
18 at a facility after he is no longer incapacitated by alcohol. No person
19 may be detained at a facility if he remains incapacitated by alcohol
20 for more than 48 hours after admission as a patient, unless he is
21 committed under sec. 120 of this chapter. A person may consent to re-
22 main in the facility as long as the physician in charge considers it
23 appropriate.

24 (e) A person who is not admitted to an approved public treatment
25 facility, is not referred to another health facility, and has no funds,
26 may be taken to his home, if any. If he has no home, the approved
27 public treatment facility shall assist him in obtaining shelter.

28 (f) If a patient is admitted to an approved public treatment
29 facility, his family or next of kin shall be promptly notified. If an

1 adult patient who is not incapacitated requests that there be no notifi-
2 cation of next of kin, his request shall be granted.

3 (g) Peace officers or members of the emergency service patrol who
4 comply with this section are acting in the course of their official
5 duty and are not criminally or civilly liable for it.

6 (h) If the physician in charge of the approved public treatment
7 facility determines it is for the patient's benefit, an attempt shall
8 be made to encourage the patient to submit to further diagnosis and
9 appropriate voluntary treatment.

10 Sec. 47.37.120. EMERGENCY COMMITMENT. (a) An intoxicated person
11 who (1) has threatened, attempted to inflict, or inflicted physical
12 harm on another or is likely to inflict physical harm on another unless
13 committed, or (2) is incapacitated by alcohol, may be committed to an
14 approved public treatment facility for emergency treatment. A refusal
15 to undergo treatment does not constitute evidence of lack of judgment
16 as to the need for treatment.

17 (b) The certifying physician, spouse, guardian, or relative of the
18 person to be committed, or any other responsible person, may make a
19 written application for commitment under this section, directed to the
20 administrator of the approved public treatment facility. The application
21 shall state facts to support the need for emergency treatment and be
22 accompanied by a physician's certificate supporting the need for
23 emergency treatment and stating that the physician has examined the
24 person sought to be committed within two days before the certificate's
25 date. A physician employed by the admitting facility or the division
26 is not eligible to be the certifying physician for purposes of this
27 section.

28 (c) Upon approval of the application by the administrator in
29 charge of the facility, the person may be brought to the facility by a

1 peace officer, a health officer, a member of the emergency service
2 patrol, the applicant for commitment, the patient's spouse, the
3 patient's guardian, or any other interested person. The person shall
4 be retained at the facility to which he was admitted, or transferred
5 to another appropriate public or private treatment facility, until
6 discharged under (e) of this section.

7 (d) The administrator in charge of an approved public treatment
8 facility may refuse an application if in his opinion the application
9 and certificate fail to sustain the grounds for commitment.

10 (e) When on the advice of his medical staff the administrator
11 determines that the grounds for commitment no longer exist, he shall
12 discharge a person committed under this section. No person committed
13 under this section may be detained in a treatment facility for more
14 than five days. If a petition for involuntary commitment under sec. 130
15 of this chapter has been filed within the five days and the administra-
16 tor in charge of an approved public treatment facility finds that
17 grounds for emergency commitment still exist, he may detain the person
18 until the petition has been heard and determined, but no longer than
19 10 days after filing the petition.

20 (f) A copy of the written application for commitment and of the
21 physician's certificate, and a written explanation of the person's
22 right to legal counsel, shall be given to the person within 24 hours
23 after commitment by the administrator, who shall provide a reasonable
24 opportunity for the person to consult with legal counsel.

25 Sec. 47.37.130. INVOLUNTARY COMMITMENT OF ALCOHOLICS. (a) After
26 a hearing initiated by petition of his spouse or guardian, a relative,
27 the certifying physician, or the administrator in charge of an approved
28 public treatment facility, a person may be committed to the custody of
29 the division by the superior court. The petition shall allege that the

1 person is an alcoholic who habitually lacks self-control in using
2 alcoholic beverages and that he (1) has threatened, attempted to
3 inflict, or inflicted physical harm on another and that unless committed
4 is likely to inflict physical harm on another; or (2) is incapacitated
5 by alcohol. A refusal to undergo treatment does not constitute evidence
6 of lack of judgment as to the need for treatment. The petition shall
7 be accompanied by a certificate of a licensed physician who has
8 examined the person within two days before submission of the petition,
9 unless the person whose commitment is sought has refused to submit to
10 a medical examination, in which case the fact of refusal shall be
11 alleged in the petition. The certificate shall set forth the physician's
12 findings in support of the allegations of the petition. A physician
13 employed by the admitting facility or the division is not eligible
14 to be the certifying physician for purposes of this section.

15 (b) After the petition is filed, the court shall fix a date for
16 a hearing no later than 10 days after the date the petition was filed.
17 A copy of the petition and of the notice of the hearing, including
18 the date fixed by the court, shall be served on (1) the petitioner;
19 (2) the person whose commitment is sought; (3) the next of kin of the
20 person whose commitment is sought; (4) a parent of the person whose
21 commitment is sought, or his legal guardian if he is a minor; (5) the
22 administrator in charge of the approved public treatment facility in
23 which the committed person has been committed for emergency care, and
24 any other person the court considers appropriate. A copy of the petition
25 and certificate shall be delivered to each person notified.

26 Sec. 47.37.140. HEARING ON PETITION FOR INVOLUNTARY COMMITMENT
27 OF ALCOHOLICS. (a) At the hearing required under sec. 130(b) of this
28 chapter, the court shall hear all relevant testimony, including, if
29 possible, the testimony of at least one licensed physician who has

1 examined the person whose commitment is sought. The person whose
2 commitment is sought shall be present unless the court believes that
3 his presence is likely to be injurious to him, in which case the court
4 shall appoint a guardian ad litem to represent him throughout the
5 proceeding. The court may examine the person in open court, or if
6 advisable, examine him out of court. If the person has refused to be
7 examined by a licensed physician, he shall be given an opportunity to
8 request examination by a court-appointed licensed physician. If he
9 fails to request a medical examination and there is sufficient evidence
10 to believe that the allegations of the petition are true, or if the
11 court believes that more medical evidence is necessary, the court may
12 issue a temporary order committing him to the division for a period of
13 not more than five days for purposes of a diagnostic examination.

14 (b) If after hearing all relevant evidence, including the results
15 of any diagnostic examination by the division, the court finds that
16 grounds for involuntary commitment have been clearly established,
17 it shall issue an order of commitment to the division. No court may
18 order the commitment of a person unless it determines that the division
19 is able to provide adequate and appropriate treatment for him.

20 (c) A person committed under secs. 130 - 140 of this chapter shall
21 remain in the custody of the division for treatment for a period of up
22 to 30 days. At the end of the 30-day period, he shall be discharged
23 automatically unless the division, prior to the expiration of the period,
24 obtains a court order for his recommitment upon the grounds set forth
25 in sec. 130(a) of this chapter for a further period of up to 90 days.
26 If a person has been committed because he is an alcoholic likely to
27 inflict physical harm on another, the division shall apply for recom-
28 mitment if after examination it is determined that the likelihood still
29 exists.

1 (d) A person recommitted under (c) of this section who has not
2 been discharged by the division before the end of the 90-day period shall
3 be discharged at the expiration of that period unless the division,
4 before expiration of the period, obtains a court order on the grounds
5 set forth in sec. 130(a) of this chapter for recommitment for a further
6 period not to exceed 90 days. If a person has been committed because
7 he is an alcoholic likely to inflict physical harm on another, the
8 division shall apply for recommitment if after examination it is
9 determined that the likelihood still exists. No more than two recommit-
10 ment orders may be permitted under (c) and (d) of this section.

11 (e) Upon the filing of a petition for recommitment under (c) or
12 (d) of this section, the court shall fix a date for hearing no later than
13 10 days after the date the petition was filed. A copy of the petition
14 and of the notice of hearing, including the date fixed by the court,
15 shall be served on (1) the petitioner; (2) the person whose commitment
16 is sought; (3) the next of kin of the person whose commitment is sought;
17 (4) the original petitioner under sec. 130(a) of this chapter, if
18 different from the petitioner for recommitment; (5) one of the parents
19 or the legal guardian of the person whose commitment is sought if he is
20 a minor, and any other person the court considers appropriate. At the
21 hearing the court shall proceed as provided in (a) of this section.

22 (f) The division shall provide adequate and appropriate treatment
23 for a person in its custody. The division may transfer a person in
24 its custody from one approved public treatment facility to another if
25 the transfer is medically advisable.

26 (g) A person committed to the custody of the division for treat-
27 ment shall be discharged at any time before the end of the period for
28 which he has been committed if either of the following conditions are
29 met:

1 (1) when an alcoholic committed on the grounds of likelihood
2 of infliction of physical harm on another is no longer considered an
3 alcoholic or the likelihood of his infliction of physical harm no longer
4 exists; or

5 (2) when, in the case of an alcoholic committed on the grounds
6 of the likelihood of infliction of physical harm on another, either

7 (A) further treatment will not be likely to bring about
8 significant improvement in the person's condition, or

9 (B) treatment is no longer adequate or appropriate.

10 (h) The court shall inform the person whose commitment or recom-
11 mitment is sought of his right to contest the application, be represented
12 by counsel at every stage of the proceedings relating to his commitment
13 and recommitment, and have counsel appointed by the court or provided
14 by the court, if he is unable to obtain counsel. If the court believes
15 that the person needs the assistance of counsel, the court shall
16 require, by appointment if necessary, counsel for him regardless of his
17 objection. The person whose commitment or recommitment is sought shall
18 be informed of his right to be examined by a licensed physician of his
19 choice. If the person is unable to obtain a licensed physician and
20 requests examination by a physician, the court shall employ a licensed
21 physician for the examination.

22 (i) If a private treatment facility agrees with the request of a
23 competent patient or his parent, sibling, adult child, or guardian to
24 accept the patient for treatment, the administrator of the public
25 treatment facility shall transfer him to the private treatment facility.

26 (j) A person committed under this chapter may at any time seek
27 discharge from commitment by writ of habeas corpus under AS 12.75.

28 Sec. 47.37.150. RECORDS OF ALCOHOLICS AND INTOXICATED PERSONS.

29 (a) The registration and other records of treatment facilities shall

1 remain confidential and are privileged to the patient.

2 (b) Notwithstanding (a) of this section, the director may make
3 available information from patients' records for purposes of research
4 into the causes and treatment of alcoholism. No information may dis-
5 close a patient's name.

6 Sec. 47.37.160. VISITATION AND COMMUNICATION OF PATIENTS. (a)
7 Patients in any approved treatment facility under this chapter shall be
8 granted reasonable opportunities for adequate consultation with counsel,
9 and for continuing contact with family and friends including the use
10 of telephone facilities, consistent with an effective treatment program.

11 (b) No mail or other communication to or from a patient in any
12 approved treatment facility may be intercepted, read, or censored.

13 Sec. 47.37.170. ESTABLISHMENT OF EMERGENCY SERVICE PATROL. (a)
14 The division and cities and boroughs may establish emergency service
15 patrols. An emergency service patrol consists of persons trained to
16 give assistance in public places to persons who are intoxicated. Members
17 of an emergency service patrol shall be capable of providing first aid
18 in emergency situations and shall be capable of transporting intoxicated
19 persons to their homes and to and from public treatment facilities.

20 (b) The director shall promulgate regulations for the establishment,
21 training, and conduct of emergency service patrols.

22 Sec. 47.37.180. PAYMENT FOR TREATMENT. (a) A patient in an
23 approved treatment facility, or the person obligated to provide for the
24 cost of treatment of a person committed under this chapter, is liable
25 to the division for cost of maintenance and treatment of the patient
26 in accordance with rates established by the director.

27 (b) The director shall promulgate regulations governing financial
28 ability that take into consideration the income, savings and other
29 personal and real property of the person liable for the cost and

1 maintenance of the patient.

2 Sec. 47.37.190. NONAPPLICABILITY. (a) Nothing in this chapter
3 affects a statute, ordinance, or regulation relating to (1) drunken
4 driving, driving under the influence of alcohol, or other similar
5 offenses involving alcohol and the operation of a vehicle, aircraft,
6 boat, machinery, or other equipment, or (2) the sale, purchase, dis-
7 pensation, possession, or use of alcoholic beverages at specified times
8 and places or by a particular class of persons.

9 (b) Nothing in this chapter affects AS 11.70.030, relating to the
10 defense of voluntary intoxication.

11 Sec. 47.37.200. APPLICATION OF ADMINISTRATIVE PROCEDURE ACT.
12 Except as otherwise provided in this chapter, the Administrative
13 Procedure Act (AS 44.62) applies to and governs all administrative
14 action taken by the director under this chapter.

15 Sec. 47.37.210. DEFINITIONS. In this chapter

16 (1) "alcoholic" means a person who habitually lacks self-
17 control in using alcoholic beverages, or uses alcoholic beverages to
18 the extent that his health is substantially impaired or endangered, or
19 his social or economic function is substantially disrupted;

20 (2) "approved private treatment facility" means a private
21 agency meeting the standards prescribed in sec. 80(a) of this chapter
22 and approved under sec. 80(c) of this chapter;

23 (3) "approved public treatment facility" means a treatment
24 agency operating under the direction and control of the division or
25 providing treatment under this chapter through a contract with the
26 division under sec. 70(g) of this chapter and meeting the standards
27 prescribed in sec. 80(a) of this chapter and approved under sec. 80(c)
28 of this chapter;

29 (4) "commissioner" means the commissioner of health and

1 social services;

2 (5) "department" means the Department of Health and Social
3 Services;

4 (6) "director" means the director of the division of
5 alcoholism;

6 (7) "division" means the division of alcoholism within the
7 Department of Health and Social Services;

8 (8) "emergency service patrol" means a patrol established
9 under sec. 170 of this chapter;

10 (9) "incapacitated by alcohol" means that a person, as a
11 result of the use of alcohol, is unconscious or has his judgment other-
12 wise so impaired that he is incapable of realizing and making a
13 rational decision with respect to his need for treatment;

14 (10) "incompetent person" means a person who has been adjudged
15 incompetent by the appropriate court;

16 (11) "intoxicated person" means a person whose mental or
17 physical functioning is substantially impaired as a result of the use
18 of alcohol;

19 (12) "treatment" means the broad range of emergency, outpatient,
20 intermediate, and inpatient services and care which may be extended to
21 alcoholics and intoxicated persons, including diagnostic evaluation,
22 medical, psychiatric, psychological, and social service care, vocational
23 rehabilitation and career counseling.

24 * Sec. 2. AS 11.45.032, AS 44.29.030 - 44.29.090, and AS 47.30.470 -
25 47.30.500 are repealed.