

Original sponsors: Josephson, Thomas and Young

Introduced: 4/3/72  
Referred: Rules

1 IN THE SENATE

BY THE HEALTH, WELFARE AND  
EDUCATION COMMITTEE

2 2d CS FOR SENATE BILL NO. 318

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  
15 lives as productive members of society.

16 Sec. 47.37.020. OFFICE OF ALCOHOLISM. An office of alcoholism  
17 is established in the department. The office shall be headed by a  
18 coordinator appointed by the commissioner. The coordinator 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. The coordinator is in the classified service.

22 Sec. 47.37.030. POWERS OF OFFICE. The office 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  
17 expressly 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; however, the office  
21 shall encourage local initiative, involvement and financial participa-  
22 tion under grants-in-aid whenever possible in preference to the con-  
23 struction or operation of facilities directly by the office.

24 Sec. 47.37.040. DUTIES OF OFFICE. The office shall

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

1 (2) coordinate the efforts and enlist the assistance of all  
2 public and private agencies, organizations, and individuals interested  
3 in prevention of alcoholism and treatment of alcoholics and intoxicated  
4 persons;

5 (3) cooperate with the division of corrections in establish-  
6 ing and conducting programs to provide treatment for alcoholics and  
7 intoxicated persons in or on parole from penal institutions;

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

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

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

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

22 (8) sponsor and encourage research into the causes and  
23 nature of alcoholism and treatment of alcoholics and intoxicated persons,  
24 and serve as a clearinghouse for information relating to alcoholism;

25 (9) specify uniform methods for keeping statistical infor-  
26 mation by public and private agencies, organizations, and individuals,  
27 and collect and make available relevant statistical information, includ-  
28 ing number of persons treated, frequency of admission and readmission,  
29 and frequency and duration of treatment;

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

3 (11) review all state health, welfare, and treatment plans  
4 to be submitted for federal funding, and advise the commissioner on  
5 provisions to be included relating to alcoholism and intoxicated per-  
6 sons;

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

10 (13) utilize the support and assistance of interested persons  
11 in the community, particularly recovered alcoholics, to encourage  
12 alcoholics to voluntarily undergo treatment;

13 (14) cooperate with the Department of Public Safety and the  
14 Department of Highways in establishing and conducting programs designed  
15 to deal with the problem of persons operating motor vehicles while  
16 intoxicated;

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

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

22 (17) submit to the legislature an annual report covering the  
23 activities of the office.

24 Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE. (a)  
25 An interdepartmental coordinating committee is created, composed of the  
26 coordinator and the commissioners of health and social services, educa-  
27 tion, highways, labor and public safety. The committee shall meet at  
28 least twice annually at the call of the commissioner of health and  
29 social services who is its chairman. The committee shall provide for

1 the coordination and exchange of information on all programs relating  
2 to alcoholism, and act as a permanent liaison among state departments  
3 engaged in activities affecting alcoholics and intoxicated persons.  
4 The committee shall assist the commissioner of health and social ser-  
5 vices and the coordinator in formulating a comprehensive plan for  
6 prevention of alcoholism and for treatment of alcoholics and intoxicated  
7 persons.

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

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

13 (2) cooperate in the use of facilities and in the treatment  
14 of alcoholics and intoxicated persons;

15 (3) adopt approaches for the prevention of alcoholism and  
16 the treatment of alcoholics and intoxicated persons consistent with the  
17 policy of this chapter.

18 Sec. 47.37.060. ADVISORY BOARD ON ALCOHOLISM. There is estab-  
19 lished in the Department of Health and Social Services an advisory  
20 board on alcoholism.

21 Sec. 47.37.062. COMPOSITION. The advisory board on alcoholism  
22 consists of nine members appointed by the governor.

23 Sec. 47.37.064. QUALIFICATIONS OF BOARD MEMBERS. (a) Two  
24 members shall be persons who are licensed to practice medicine in the  
25 state, one of whom shall be certified in psychiatry by the American  
26 Board of Psychiatry and Neurology or is eligible for that certification,  
27 except that if a psychiatrist is not available, a clinical psychologist  
28 may be appointed.

29 (b) One member shall be a practicing attorney who has been

1 admitted to the practice of law by the Supreme Court of the State of  
2 Alaska.

3 (c) One member shall be a person who has evidenced an interest  
4 in the problems of alcoholism and who has knowledge of the social  
5 problems encountered in the rehabilitation of alcoholics.

6 (d) One member shall be a public health nurse.

7 (e) One member shall be a representative of the liquor industry.

8 (f) One member shall be a member of Alcoholics Anonymous.

9 (g) One member shall be from the public at large.

10 (h) One member shall be a social worker.

11 Sec. 47.37.066. TERM OF OFFICE. (a) The members of the board  
12 initially appointed under sec. 64(a) of this chapter serve a term of  
13 four years.

14 (b) The member initially appointed under sec. 64(b) of this  
15 chapter serves a term of three years.

16 (c) The member initially appointed under sec. 64(c) of this  
17 chapter serves a term of two years.

18 (d) The members initially appointed under sec. 64(d) - (h) of  
19 this chapter serve a term of four years. Subsequent terms for all  
20 board members are for four years.

21 (e) A vacancy occurring in the membership of the board shall be  
22 filled by appointment of the governor for the unexpired portion of the  
23 vacated term.

24 (f) Board members serve at the pleasure of the governor.

25 Sec. 47.37.067. COMPENSATION, PER DIEM, OR EXPENSES. Members of  
26 the advisory board on alcoholism are not entitled to a salary, but are  
27 entitled to per diem, reimbursement for travel and other expenses  
28 authorized by law for other boards.

29 Sec. 47.37.068. DUTIES. The board shall act in an advisory

1 capacity to the commissioner in the following matters:

2 (1) special problems affecting mental health which alcoholism  
3 may present;

4 (2) educational and research activities conducted by the  
5 office in respect to the problems presented by alcoholism;

6 (3) social problems which affect rehabilitation of alcoholics;

7 (4) legal processes which affect the treatment and rehabili-  
8 tation of alcoholics;

9 (5) a program of public relations concerning the problem of  
10 alcoholism conducted by a department of the state government or by an  
11 organized group whose purpose is the rehabilitation of alcoholics.

12 Sec. 47.37.069. ALCOHOLISM PROGRAM COORDINATOR. The alcoholism  
13 program coordinator shall carry out the development and implementation  
14 of a comprehensive program dealing with the treatment, research, and  
15 education of alcoholic problems as they affect the state.

16 Sec. 47.37.070. COMPREHENSIVE PROGRAM FOR TREATMENT; REGIONAL  
17 FACILITIES. (a) The office shall establish a comprehensive and  
18 coordinated program for the treatment of alcoholics and intoxicated  
19 persons. Subject to the approval of the commissioner, the coordinator  
20 may divide the state into appropriate regions to conduct the program  
21 and establish standards for the development of the program on the  
22 regional level. In establishing the regions, consideration shall be  
23 given to the city and borough lines and population concentrations and  
24 when feasible, programs shall be established with maximum local com-  
25 munity involvement.

26 (b) The program of the office shall include

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

29 (2) inpatient treatment;

1 (3) intermediate treatment; and

2 (4) outpatient and followup treatment.

3 (c) The office shall provide adequate and appropriate treatment  
4 for alcoholics and intoxicated persons admitted under secs. 100 - 130  
5 of this chapter within the limits of available state and federal funds.  
6 No treatment may be provided at a correctional institution other than  
7 for inmates.

8 (d) The office shall maintain, supervise, and control all facili-  
9 ties operated by its subject to the regulations of the department. The  
10 administrator of each facility shall make an annual report of its  
11 activities to the coordinator in the form and manner the coordinator  
12 specifies.

13 (e) If possible, the office shall coordinate the activities of  
14 the program with all appropriate public and private resources.

15 (f) The coordinator shall prepare, publish, and distribute  
16 annually a list of all approved public and private treatment facilities.

17 (g) The office may contract for the use of any facility as an  
18 approved public treatment facility if the coordinator, subject to the  
19 regulations of the department, considers this an effective and economi-  
20 cal course to follow.

21 Sec. 47.37.080. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a)  
22 The office shall establish standards for facilities before their  
23 approval as a public or private treatment facility, and fix the fees  
24 to be charged for the required inspections of those facilities. The  
25 standards shall concern only the health conditions to be met and  
26 standards of treatment to be afforded patients.

27 (b) The office shall inspect, on a regular basis, approved  
28 public and private treatment facilities at reasonable times and in a  
29 reasonable manner.

1 (c) The office shall maintain a list of approved public and  
2 private treatment facilities.

3 (d) Each approved public and private treatment facility shall  
4 file with the office on request, data, statistics, schedules, and  
5 information which the office reasonably requires. An approved public  
6 or private treatment facility that without good cause fails to furnish  
7 any data, statistics, schedules, or information as requested, or files  
8 fraudulent returns of them, shall be removed from the list of approved  
9 treatment facilities.

10 (e) The coordinator, after holding a hearing under the provisions  
11 of the Administrative Procedure Act (AS 44.62), may suspend, revoke,  
12 limit, restrict, or refuse to grant an approval for a treatment facili-  
13 ty, for failure to meet its standards.

14 (f) Upon petition of the office and after a hearing held upon  
15 reasonable notice to the facility, the district court may issue a war-  
16 rant to an officer or employee of the office authorizing him to enter  
17 and inspect at reasonable times, and examine the books and accounts of  
18 an approved public or private treatment facility refusing to consent to  
19 inspection or examination by the office or which the office has reason-  
20 able cause to believe is operating in violation of this chapter.

21 Sec. 47.37.090. ACCEPTANCE FOR TREATMENT. The coordinator shall  
22 promulgate regulations for the admission of persons into the treatment  
23 program, considering available treatment resources and facilities, for  
24 the purpose of early and effective treatment of alcoholics and intoxi-  
25 cated persons. In establishing the regulations the coordinator shall be  
26 guided by the following standards:

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

29 (2) a patient shall be initially assigned or transferred to

1 outpatient or intermediate treatment, unless he is found to require  
2 inpatient treatment;

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

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

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

11 Sec. 47.37.100. VOLUNTARY TREATMENT OF ALCOHOLICS. (a) An  
12 alcoholic may voluntarily apply for treatment directly to an approved  
13 public treatment facility.

14 (b) Subject to regulations promulgated by the coordinator, the  
15 administrator in charge of an approved public treatment facility may  
16 determine who shall be admitted for treatment. If a person is refused  
17 admission to an approved public treatment facility, the administrator  
18 shall, if possible, refer the person to another approved public treat-  
19 ment facility.

20 (c) When a patient receiving inpatient care leaves an approved  
21 public treatment facility, he shall be encouraged to consent to appro-  
22 priate outpatient or intermediate treatment. If it appears to the  
23 administrator in charge of the treatment facility that the patient is  
24 an alcoholic who requires help, the office shall arrange for assistance  
25 in obtaining supportive services and residential facilities.

26 Sec. 47.37.110. TREATMENT AND SERVICES FOR INTOXICATED PERSONS  
27 AND PERSONS INCAPACITATED BY ALCOHOL. (a) An intoxicated person may  
28 come voluntarily to an approved public treatment facility for emergency  
29 treatment. A person who appears to be intoxicated in a public place

1 and to be in need of help, if he consents, may be assisted by a peace  
2 officer or the emergency service patrol to his home, an approved public  
3 treatment facility, an approved private treatment facility, or another  
4 appropriate health facility.

5 (b) A person who appears to be incapacitated by alcohol shall be  
6 taken into protective custody by a peace officer or a member of the  
7 emergency service patrol and immediately brought to an approved public  
8 treatment facility for emergency treatment. If no approved public  
9 treatment facility is readily available he shall be taken to an  
10 emergency medical service customarily used for incapacitated persons.  
11 The peace officer or a member of the emergency service patrol, in  
12 detaining the person and in taking him to an approved public treatment  
13 facility, is taking him into protective custody and he shall make every  
14 reasonable effort to protect his health and safety. In taking the  
15 person into protective custody, the detaining officer may take reason-  
16 able steps to protect himself. Protective custody does not constitute  
17 an arrest under this section and no entry or other record shall be made  
18 to indicate that the person has been arrested or charged with a crime.

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

24 (d) No person who, after medical examination, is found to be  
25 incapacitated by alcohol at the time of his admission or to have  
26 become incapacitated at any time after his admission, may be detained  
27 at a facility after he is no longer incapacitated by alcohol. No person  
28 may be detained at a facility if he remains incapacitated by alcohol  
29 for more than 48 hours after admission as a patient, unless he is

1 committed under sec. 120 of this chapter. A person may consent to  
2 remain in the facility as long as the physician in charge considers  
3 it appropriate.

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

8 (f) If a patient is admitted to an approved public treatment  
9 facility, his family or next of kin shall be promptly notified. If an  
10 adult patient who is not incapacitated requests that there be no noti-  
11 fication of next of kin, his request shall be granted.

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

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

19 Sec. 47.37.120. EMERGENCY COMMITMENT. (a) An intoxicated person  
20 who (1) has threatened, attempted to inflict, or inflicted physical  
21 harm on another or is likely to inflict physical harm on another unless  
22 committed, or (2) is incapacitated by alcohol, may be committed to an  
23 approved public treatment facility for emergency treatment. A refusal  
24 to undergo treatment does not constitute evidence of lack of judgment  
25 as to the need for treatment.

26 (b) The certifying physician, spouse, guardian, or relative of the  
27 person to be committed, or any other responsible person, may make a  
28 written application for commitment under this section, directed to the  
29 administrator of the approved public treatment facility. The

1 application shall state facts to support the need for emergency treat-  
2 ment and be accompanied by a physician's certificate supporting the  
3 need for emergency treatment and stating that the physician has examined  
4 the person sought to be committed within two days before the certifi-  
5 cate's date.

6 (c) Upon approval of the application by the administrator in  
7 charge of the facility, the person may be brought to the facility by a  
8 peace officer, a health officer, a member of the emergency service  
9 patrol, the applicant for commitment, the patient's spouse, the  
10 patient's guardian, or any other interested person. The person shall  
11 be retained at the facility to which he was admitted, or transferred  
12 to another appropriate public or private treatment facility, until  
13 discharged under (e) of this section. However, no person may be detained  
14 under this section for more than 48 hours unless a district or superior  
15 court judge has reviewed and approved the commitment application.

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

19 (e) When on the advice of his medical staff the administrator  
20 determines that the grounds for commitment no longer exist, he shall  
21 discharge a person committed under this section. No person committed  
22 under this section may be detained in a treatment facility for more  
23 than five days. If a petition for involuntary commitment under sec.  
24 130 of this chapter has been filed within the five days and the adminis-  
25 trator in charge of an approved public treatment facility finds that  
26 grounds for emergency commitment still exist, he may detain the person  
27 until the petition has been heard and determined, but no longer than  
28 10 days after filing the petition.

29 (f) A copy of the written application for commitment and of the

1 physician's certificate, and a written explanation of the person's  
2 right to legal counsel, shall be given to the person within 24 hours  
3 after commitment by the administrator, who shall provide a reasonable  
4 opportunity for the person to consult with legal counsel.

5 Sec. 47.37.130. INVOLUNTARY COMMITMENT OF ALCOHOLICS. (a) After  
6 a hearing initiated by petition of his spouse or guardian, a relative,  
7 the certifying physician, or the administrator in charge of an approved  
8 public treatment facility, a person may be committed to the custody of  
9 the office by the superior court. The petition shall allege that the  
10 person is an alcoholic who habitually lacks self-control in using  
11 alcoholic beverages and that he (1) has threatened, attempted to  
12 inflict, or inflicted physical harm on another and that unless com-  
13 mitted is likely to inflict physical harm on another; or (2) is incapa-  
14 citated by alcohol. A refusal to undergo treatment does not constitute  
15 evidence of lack of judgment as to the need for treatment. The petition  
16 shall be accompanied by a certificate of a licensed physician who has  
17 examined the person within two days before submission of the petition,  
18 unless the person whose commitment is sought has refused to submit to  
19 a medical examination, in which case the fact of refusal shall be  
20 alleged in the petition. The certificate shall set out the physician's  
21 findings in support of the allegations of the petition.

22 (b) After the petition is filed, the court shall fix a date for  
23 a hearing no later than 10 days after the date the petition was filed.  
24 A copy of the petition and of the notice of the hearing, including  
25 the date fixed by the court, shall be served on (1) the petitioner;  
26 (2) the person whose commitment is sought; (3) the next of kin of the  
27 person whose commitment is sought; (4) the administrator in charge of  
28 the approved public treatment facility in which the committed person  
29 has been committed for emergency care, and any other person the court

1 considers appropriate. A copy of the petition and certificate shall  
2 be delivered to each person notified.

3 (c) If, not less than two days before the date fixed for the  
4 hearing, the person sought to be committed or his counsel or advisor  
5 files a written request with the superior court, the court shall  
6 summon and impanel a jury of six adult residents of the judicial dis-  
7 trict in which the court officiates, preferably from the court's jury  
8 list or the last voters list, if available, to hear and consider  
9 evidence concerning the condition of the person sought to be committed.

10 Sec. 47.37.140. HEARING ON PETITION FOR INVOLUNTARY COMMITMENT  
11 OF ALCOHOLICS. (a) At the hearing required under sec. 130(b) of this  
12 chapter, the court or the jury, if requested under sec. 130(c) of this  
13 chapter, shall hear all relevant testimony, including, if possible,  
14 the testimony of at least one licensed physician who has examined the  
15 person whose commitment is sought. The person whose commitment is  
16 sought shall be present unless the court believes that his presence  
17 is likely to be injurious to him, in which case the court shall appoint  
18 a guardian ad litem to represent him throughout the proceeding. The  
19 court may examine the person in open court, or if advisable, examine  
20 him out of court. If the person has refused to be examined by a  
21 licensed physician, he shall be given an opportunity to request examina-  
22 tion by a court-appointed licensed physician. If he fails to request  
23 a medical examination and there is sufficient evidence to believe that  
24 the allegations of the petition are true, or if the court believes that  
25 more medical evidence is necessary, the court may issue a temporary  
26 order committing him to the office for a period of not more than five  
27 days for purposes of a diagnostic examination.

28 (b) If after hearing all relevant evidence, including the results  
29 of any diagnostic examination by the office, the court or the jury

1 finds that grounds for involuntary commitment have been clearly estab-  
2 lished, the court shall issue an order of commitment to the office.  
3 No court may order the commitment of a person unless it determines that  
4 the office is able to provide adequate and appropriate treatment for  
5 him.

6 (c) A person committed under secs. 130 - 140 of this chapter  
7 shall remain in the custody of the office for treatment for a period  
8 of up to 30 days. At the end of the 30-day period, he shall be dis-  
9 charged automatically unless the office, before the expiration of the  
10 period, obtains a court order for his recommitment upon the grounds  
11 set out in sec. 130(a) of this chapter for a further period of up to  
12 90 days. If a person has been committed because he is an alcoholic  
13 likely to inflict physical harm on another, the office shall apply for  
14 recommitment if after examination it is determined that the likelihood  
15 still exists.

16 (d) A person recommitted under (c) of this section who has not  
17 been discharged by the office before the end of the 90-day period  
18 shall be discharged at the expiration of that period unless the office,  
19 before expiration of the period, obtains a court order on the grounds  
20 set out in sec. 130(a) of this chapter for recommitment for a further  
21 period not to exceed 90 days. If a person has been committed because  
22 he is an alcoholic likely to inflict physical harm on another, the  
23 office shall apply for recommitment if after examination it is deter-  
24 mined that the likelihood still exists. No more than two recommitment  
25 orders may be permitted under (c) and (d) of this section.

26 (e) Upon the filing of a petition for recommitment under (c) or  
27 (d) of this section, the court shall fix a date for hearing no later  
28 than 10 days after the date the petition was filed. A copy of the  
29 petition and of the notice of hearing, including the date fixed by the

1 court, shall be served on (1) the petitioner; (2) the person whose com-  
2 mitment is sought; (3) the next of kin of the person whose commitment  
3 is sought; (4) the original petitioner under sec. 130(a) of this  
4 chapter, if different from the petitioner for recommitment; (5) any  
5 other person the court considers appropriate. Sec. 120(c) of this  
6 chapter applies to hearings for recommitment under this section. At  
7 the hearing the court or the jury shall proceed as provided in (a)  
8 of this section.

9 (f) The office shall provide adequate and appropriate treatment  
10 for a person in its custody. The office may transfer a person in its  
11 custody from one approved public treatment facility to another if the  
12 transfer is medically advisable.

13 (g) A person committed to the custody of the office for treatment  
14 shall be discharged at any time before the end of the period for which  
15 he has been committed if either of the following conditions are met:

16 (1) when an alcoholic committed on the grounds of likelihood  
17 of infliction of physical harm on another is no longer considered an  
18 alcoholic or the likelihood of his infliction of physical harm no longer  
19 exists; or

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

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

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

26 (h) The court shall inform the person whose commitment or recom-  
27 mitment is sought of his right to contest the application, be repre-  
28 sented by counsel at every stage of the proceedings relating to his  
29 commitment and recommitment, to have counsel appointed by the court

1 or provided by the court, if he is unable to obtain counsel, and to a  
2 jury trial, if requested, as specified in sec. 130(c) of this chapter.  
3 If the court believes that the person needs the assistance of counsel,  
4 the court shall require, by appointment if necessary, counsel for him  
5 regardless of his objection. The person whose commitment or recom-  
6 mitment is sought shall be informed of his right to be examined by a  
7 licensed physician of his choice. If the person is unable to obtain  
8 a licensed physician and requests examination by a physician, the court  
9 shall employ a licensed physician for the examination.

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

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

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

17 (a) The registration and other records of treatment facilities shall  
18 remain confidential and are privileged to the patient.

19 (b) Notwithstanding (a) of this section, the coordinator may make  
20 available information from patients' records for purposes of research  
21 into the causes and treatment of alcoholism. No information may dis-  
22 close a patient's name.

23 Sec. 47.37.160. VISITATION AND COMMUNICATION OF PATIENTS. (a)

24 Patients in any approved treatment facility under this chapter shall be  
25 granted reasonable opportunities for adequate consultation with counsel,  
26 and for continuing contact with family and friends including the use  
27 of telephone facilities, consistent with an effective treatment program.

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

1           Sec. 47.37.170. ESTABLISHMENT OF EMERGENCY SERVICE PATROL. (a)  
2 The office and cities and boroughs may establish emergency service  
3 patrols. An emergency service patrol consists of persons trained to  
4 give assistance in public places to persons who are intoxicated. Mem-  
5 bers of an emergency service patrol shall be capable of providing first  
6 aid in emergency situations and shall be capable of transporting intoxi-  
7 cated persons to their homes and to and from public treatment facilities.

8           (b) The coordinator shall promulgate regulations for the establish-  
9 ment, training, and conduct of emergency service patrols.

10          Sec. 47.37.180. PAYMENT FOR TREATMENT. (a) A patient in an  
11 approved treatment facility, or the person obligated to provide for the  
12 cost of treatment of a person committed under this chapter, is liable  
13 to the office for cost of maintenance and treatment of the patient  
14 in accordance with rates established by the coordinator.

15          (b) The coordinator shall promulgate regulations governing finan-  
16 cial ability that take into consideration the income, savings and other  
17 personal and real property of the person liable for the cost and  
18 maintenance of the patient.

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

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

28          Sec. 47.37.200. APPLICATION OF ADMINISTRATIVE PROCEDURE ACT.  
29 Except as otherwise provided in this chapter, the Administrative

1 Procedure Act (AS 44.62) applies to and governs all administrative  
2 action taken by the coordinator under this chapter.

3 Sec. 47.37.210. DEFINITIONS. In this chapter

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

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

11 (3) "approved public treatment facility" means a treatment  
12 agency operating under the direction and control of the office or pro-  
13 viding treatment under this chapter through a contract with the office  
14 under sec. 70(g) of this chapter and meeting the standards prescribed  
15 in sec. 80(a) of this chapter and approved under sec. 80(c) of this  
16 chapter;

17 (4) "commissioner" means the commissioner of health and  
18 social services;

19 (5) "coordinator" means the coordinator of the office of  
20 alcoholism;

21 (6) "department" means the Department of Health and Social  
22 Services;

23 (7) "emergency service patrol" means a patrol established  
24 under sec. 170 of this chapter;

25 (8) "incapacitated by alcohol" means a person who is  
26 unconscious or has his judgment otherwise so impaired that he is  
27 incapable of realizing and making a rational decision with respect to  
28 his need for treatment, as evidenced objectively by extreme physical  
29 debilitation, physical harm or threats of harm to others or chronic

1 inability to hold regular employment;

2 (9) "incompetent person" means a person who has been  
3 adjudged incompetent by the appropriate court;

4 (10) "intoxicated person" means a person whose mental or  
5 physical functioning is substantially impaired as a result of the use  
6 of alcohol;

7 (11) "office" means the office of alcoholism within the  
8 Department of Health and Social Services;

9 (12) "treatment" means the broad range of emergency, out-  
10 patient, intermediate, and inpatient services and care which may be  
11 extended to alcoholics and intoxicated persons, including diagnostic  
12 evaluation, medical, psychiatric, psychological, and social service  
13 care, vocational rehabilitation and career counseling.

14 \* Sec. 2. AS 11.45.032, AS 44.29.030 - 44.29.090, and AS 47.30.500(3)  
15 are repealed.

16 \* Sec. 3. Because the provisions in this Act relating to the Advisory  
17 Board on Alcoholism (AS 47.37.060 - 47.37.069) are identical to the provi-  
18 sions in AS 44.29.030 - 44.29.090 which are repealed in sec. 2 of this Act,  
19 nothing in this Act requires the appointment of a new board.