

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 lives
15 as productive members of society. In addition, it is desirable that all
16 or part of the costs attendant to this Act should be borne by the excise
17 tax on alcoholic beverages without necessarily limiting the costs of the
18 treatment programs to the amounts generated by those tax revenues.

19 Sec. 47.37.020. OFFICE OF ALCOHOLISM. An office of alcoholism
20 is established in the department. The office shall be headed by a
21 coordinator appointed by the commissioner. The coordinator shall be a
22 qualified professional who has training and experience in the organiza-
23 tion and administration of treatment services for persons with medical-
24 social problems.

25 Sec. 47.37.030. POWERS OF OFFICE. The office may

26 (1) plan, establish, and maintain treatment programs as
27 appropriate;

28 (2) make contracts necessary or incidental to the performance
29 of its duties and the execution of its powers, including contracts with

1 public and private agencies, organizations, and individuals, to pay them
2 for services rendered or furnished to alcoholics or intoxicated persons;

3 (3) solicit and accept for use a gift of money or property
4 or a grant of money, services, or property from the federal government,
5 the state, or a political subdivision of it or a private source, and do
6 all things necessary to cooperate with the federal government or any
7 of its agencies in making an application for a grant;

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

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

17 (6) keep records and engage in research and the gathering
18 of relevant statistics;

19 (7) do other acts necessary to implement the authority
20 expressly granted to it;

21 (8) acquire, hold, or dispose of real property or any
22 interest in it, and construct, lease, or otherwise provide treatment
23 facilities for alcoholics and intoxicated persons; however, the office
24 shall encourage local initiative, involvement and financial participa-
25 tion under grants-in-aid whenever possible in preference to the con-
26 struction or operation of facilities directly by the office.

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

28 (1) develop, encourage, and foster statewide, regional, and
29 local plans and programs for the prevention of alcoholism and treatment

1 of alcoholics and intoxicated persons in cooperation with public and
2 private agencies, organizations, and individuals, and provide technical
3 assistance and consultation services for these purposes;

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

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

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

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

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

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

25 (8) sponsor and encourage research into the causes and
26 nature of alcoholism and treatment of alcoholics and intoxicated persons
27 and serve as a clearinghouse for information relating to alcoholism;

28 (9) specify uniform methods for keeping statistical infor-
29 mation by public and private agencies, organizations, and individuals,

1 and collect and make available relevant statistical information, includ-
2 ing number of persons treated, frequency of admission and readmission,
3 and frequency and duration of treatment;

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

6 (11) review all state health, welfare, and treatment plans
7 to be submitted for federal funding, and advise the commissioner on pro-
8 visions to be included relating to alcoholism and intoxicated persons;

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

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

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

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

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

24 (17) submit to the legislature an annual report covering the
25 activities of the office.

26 Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE. (a)

27 An interdepartmental coordinating committee is created, composed of the
28 coordinator and the commissioners of health and social services, educa-
29 tion, highways, labor and public safety. The committee shall meet at

1 least twice annually at the call of the commissioner of health and
2 social services who is its chairman. The committee shall provide for the
3 coordination and exchange of information on all programs relating to
4 alcoholism, and act as a permanent liaison among state departments
5 engaged in activities affecting alcoholics and intoxicated persons. The
6 committee shall assist the commissioner of health and social services
7 and the coordinator in formulating a comprehensive plan for prevention of
8 alcoholism and for treatment of alcoholics and intoxicated persons.

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

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

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

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

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

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

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

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

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

14 (f) The coordinator shall prepare, publish, and distribute
15 annually a list of all approved public and private treatment
16 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 eco-
20 nomical course to follow.

21 Sec. 47.37.080. PUBLIC AND PRIVATE TREATMENT FACILITIES.

22 (a) 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
29 a 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 43.60.010(a)(3) is amended to read:

15 (3) other liquors having a content of more than 21 per cent
16 alcohol by volume at the rate of \$4.50 [\$4] a gallon.

17 * Sec. 3. The additional excise tax levied on liquors in sec. 2 of this
18 Act is to partly defray the cost of administering the Uniform
19 Alcoholism and Intoxication Treatment Act.

20 * Sec. 4. AS 11.45.032, AS 44.29.030 - 44.29.090, and AS 47.30.500(3)
21 are repealed.

22 * Sec. 5. Because the provisions in this Act relating to the Advisory
23 Board on Alcoholism (AS 47.37.060 - 47.37.069) are identical to the provi-
24 sions in AS 44.29.030 - 44.29.090 which are repealed in sec. 4 of this Act,
25 nothing in this Act requires the appointment of a new board.
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