

Introduced: 3/15/72  
Referred: Health, Welfare &  
Education; Finance

1 IN THE SENATE

BY THE HEALTH, WELFARE &  
EDUCATION COMMITTEE

2 SENATE BILL NO. 378

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act creating the Alaska Narcotic Drug Abuse and  
7 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 38. ALASKA NARCOTIC DRUG TREATMENT ACT.

11 Sec. 47.38.010. DECLARATION OF POLICY, It is the policy of the  
12 state that narcotic drug addicts be afforded a continuum of treatment  
13 so they may lead normal lives as productive members of society.

14 Sec. 47.38.020. DIVISION OF NARCOTIC DRUG ABUSE AND TREATMENT.  
15 A division of narcotic drug abuse and treatment is established in the  
16 department. The division shall be headed by a director appointed by  
17 the commissioner. The director shall be a qualified professional who  
18 has training and experience in the organization and administration of  
19 treatment services for persons with medical-social problems.

20 Sec. 47.38.030. POWERS OF DIVISION. The division may

21 (1) plan, establish, and maintain treatment programs as  
22 appropriate;

23 (2) make contracts necessary or incidental to the performance  
24 of its duties and the execution of its powers, including contracts  
25 with public and private agencies, organizations, and individuals, to pay  
26 them for services rendered or furnished to narcotic drug addicts;

27 (3) solicit and accept for use a gift of money or property  
28 or a grant of money, services, or property from the federal government,  
29 the state, or a political subdivision of it or a private source, and do

1 all things necessary to cooperate with the federal government or any  
2 of its agencies in making an application for a grant;

3 (4) administer or supervise the administration of the pro-  
4 visions of any state plan relating to narcotic drug addicts submitted  
5 for federal funding under federal health, welfare, or treatment legis-  
6 lation;

7 (5) coordinate its activities and cooperate with drug  
8 treatment and rehabilitation programs in this and other states, and  
9 make contracts and other joint or cooperative arrangements with state,  
0 local, or private agencies for the treatment of narcotic drug addicts  
11 and for the common advancement of narcotic drug treatment and rehabili-  
12 tation programs in this and other states;

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

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

17 (8) acquire, hold, or dispose of real property or any  
18 interest in it, and construct, lease, or otherwise provide treatment  
19 facilities for narcotic drug addicts.

20 Sec. 47.38.040. DUTIES OF DIVISION. The division shall

21 (1) develop, encourage, and foster statewide, regional, and  
22 local plans and programs for the prevention of narcotic drug addiction  
23 and treatment of narcotic drug addicts in cooperation with public and  
24 private agencies, organizations, and individuals, and provide technical  
25 assistance and consultation services for these purposes;

26 (2) coordinate the efforts and enlist the assistance of all  
27 public and private agencies, organizations, and individuals interested  
28 in prevention of narcotic drug addiction;

29 (3) cooperate with the state board of parole in establishing

1 and conducting programs to provide treatment for narcotic drug addicts,  
2 in or on parole from penal institutions;

3 (4) cooperate with the Department of Education, school  
4 boards, schools, police departments, courts, and other public and  
5 private agencies, organizations and individuals in establishing programs  
6 for the prevention of narcotic drug addiction and the treatment of  
7 narcotic drug addicts, and preparing curriculum materials for use at  
8 all levels of school education;

9 (5) prepare, publish, evaluate, and disseminate educational  
10 material dealing with the nature and effects of narcotic drugs;

11 (6) develop and implement, as an integral part of treatment  
12 programs, an educational program for use in the treatment of narcotic  
13 drug addicts which includes the dissemination of information concerning  
14 the nature and effects of narcotic drugs;

15 (7) organize and foster training programs for all persons  
16 engaged in treatment of narcotic drug addicts;

17 (8) sponsor and encourage research into the causes and nature  
18 of narcotic drug addiction and treatment of narcotic drug addicts, and  
19 serve as a clearing house for information relating to narcotic drugs;

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

25 (10) advise the governor in the preparation of a comprehen-  
26 sive plan for treatment of narcotic drug addicts;

27 (11) review all state health, welfare, and treatment plans  
28 to be submitted for federal funding, and advise the governor on  
29 provisions to be included relating to narcotic drug addicts;

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

4 (13) utilize the support and assistance of interested persons  
5 in the community, particularly rehabilitated narcotic drug addicts, to  
6 encourage narcotic drug addicts to voluntarily undergo treatment;

7 (14) cooperate with the Department of Public Safety and the  
8 Department of Highways in establishing and conducting programs designed  
9 to deal with the problem of persons operating motor vehicles while  
10 under the influence of narcotic drugs;

11 (15) encourage hospitals and other appropriate health  
12 facilities to admit narcotic drug addicts without discrimination  
13 and to provide them with adequate and appropriate treatment;

14 (16) encourage all health and disability insurance programs  
15 to include narcotic drug addiction as a covered illness;

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

18 Sec. 47.38.050. INTERDEPARTMENTAL COORDINATING COMMITTEE. (a)  
19 An interdepartmental coordinating committee is created, composed of the  
20 director and the commissioners of health and social services, education,  
21 highways, and public safety. The committee shall meet at least twice  
22 annually at the call of the commissioner of health and social services  
23 who is its chairman. The committee shall provide for the coordination  
24 and exchange of information on all programs relating to narcotic drugs,  
25 and act as a permanent liaison among state departments engaged in acti-  
26 vities affecting narcotic drug addicts. The committee shall assist the  
27 commissioner of health and social services and the director in  
28 formulating a comprehensive plan for prevention of narcotic drug addic-  
29 tion and for treatment of narcotic drug addicts.

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

3 (1) provide all necessary medical, social, treatment, and  
4 educational services for narcotic drug addicts and for the prevention  
5 of narcotic drug abuse, without unnecessary duplication of services;

6 (2) cooperate in the use of facilities and in the treatment  
7 of narcotic drug addicts;

8 (3) adopt approaches for the prevention of narcotic drug  
9 addiction and the treatment of narcotic drug addicts consistent with  
10 the policy of this chapter.

11 Sec. 47.38.060. CITIZENS ADVISORY COUNCIL ON NARCOTIC DRUG ABUSE.

12 (a) The governor shall appoint a citizens advisory council on nar-  
13 cotic drug abuse composed of 15 members. The members shall serve for  
14 overlapping terms of five years each; however, the initial appointments  
15 shall be three members for one year, three members for two years,  
16 three members for three years, three members for four years, and three  
17 members for five years. Members shall have professional, research, or  
18 personal interests in drug problems. The council shall meet at least  
19 once every three months and report on its activities and make recom-  
20 mendations to the director at least once a year.

21 (b) The council shall advise the director on policies, goals,  
22 and the operation of the narcotic drug abuse program and on other  
23 matters the director refers to it, and shall encourage public under-  
24 standing and support of the narcotic drug abuse program.

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

28 Sec. 47.38.070. COMPREHENSIVE PROGRAM FOR TREATMENT; REGIONAL  
29 FACILITIES. (a) The division shall establish a comprehensive and

1 coordinated program for the treatment of narcotic drug addicts.  
2 Subject to the approval of the commissioner, the director may divide  
3 the state into appropriate regions to conduct the program and establish  
4 standards for the development of the program on the regional level.  
5 In establishing the regions, consideration shall be given to the city  
6 and borough lines and population concentrations.

7 (b) The program of the division shall include

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

10 (2) inpatient treatment;

11 (3) intermediate treatment; and

12 (4) outpatient and followup treatment.

13 (c) The division shall provide adequate and appropriate treatment  
14 for narcotic drug addicts admitted under secs. 100 - 130 of this  
15 chapter. No treatment may be provided at a correctional institution  
16 other than for inmates.

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

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

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

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

29 Sec. 47.38.080. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a)

1 The division shall establish standards for facilities before their  
2 approval as a public or private treatment facility, and fix the fees  
3 to be charged for the required inspections of those facilities. The  
4 standards shall concern only the health conditions to be met and  
5 standards of treatment to be afforded patients.

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

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

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

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

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

1           Sec. 47.38.090. ACCEPTANCE FOR TREATMENT. The director shall  
2 promulgate regulations for the admission of persons into the treatment  
3 program, considering available treatment resources and facilities, for  
4 the purpose of early and effective treatment of narcotic drug addicts.  
5 In establishing the regulations the director shall be guided by the  
6 following standards:

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

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

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

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

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

20           Sec. 47.38.100. VOLUNTARY TREATMENT OF NARCOTIC DRUG ADDICTS.

21           (a) A narcotic drug addict may voluntarily apply for treatment directly  
22 to an approved public treatment facility. If the proposed patient is a  
23 minor or an incapacitated person, a parent, legal guardian, or other  
24 legal representative may submit the application.

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

1 ment facility.

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

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

17 Sec. 47.38.110. TREATMENT AND SERVICES FOR NARCOTIC DRUG ADDICTS.

18 (a) A narcotic drug addict may come voluntarily to an approved public  
19 treatment facility for emergency treatment. A person who appears to  
20 be under the influence of narcotic drugs in a public place and to be  
21 in need of help, if he consents, may be assisted by a peace officer  
22 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 narcotic drugs  
26 shall be taken into protective custody by a peace officer or a member of  
27 the emergency service patrol and immediately brought to an approved  
28 public treatment facility for emergency treatment. If no approved pub-  
29 lic 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 may 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  
13 patient or referred to another health facility. The approved public  
14 treatment facility who refers him shall arrange for his transportation.

15 (d) No person who, after medical examination, is found to be  
16 incapacitated by narcotic drugs 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 narcotic drugs. No  
19 person may be detained at a facility if he remains incapacitated by  
20 narcotic drugs for more than 48 hours after admission as a patient,  
21 unless he is committed under sec. 120 of this chapter. A person may  
22 consent to remain in the facility as long as the physician in charge  
23 considers it 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. 47.38.120. EMERGENCY COMMITMENT. (a) A narcotic drug  
11 addict who (1) has threatened, attempted to inflict, or inflicted physi-  
12 cal harm on another or is likely to inflict physical harm on another  
13 unless committed, or (2) is incapacitated by narcotic drugs, may be  
14 committed to an approved public treatment facility for emergency  
15 treatment. A refusal to undergo treatment does not constitute evidence  
16 of lack of judgment as to the need for treatment.

17 (b) The certifying physician, spouse, guardian, or relative of  
18 the 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 applica-  
21 tion shall state facts to support the need for emergency treatment and  
22 be 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

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.  
15 130 of this chapter has been filed within the five days and the  
16 administrator in charge of an approved public treatment facility finds  
17 that grounds for emergency commitment still exist, he may detain the  
18 person until the petition has been heard and determined, but no longer  
19 than 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. 47.38.130. INVOLUNTARY COMMITMENT OF NARCOTIC DRUG ADDICTS.

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

1 allege that the person is a narcotic drug addict and that he (1) has  
2 threatened, attempted to inflict, or inflicted physical harm on another  
3 and that unless committed is likely to inflict physical harm on another;  
4 or (2) is incapacitated by narcotic drugs. A refusal to undergo  
5 treatment does not constitute evidence of lack of judgment as to the  
6 need for treatment. The petition shall be accompanied by a certificate  
7 of a licensed physician who has examined the person within two days  
8 before submission of the petition, unless the person whose commitment  
9 is sought has refused to submit to a medical examination, in which case  
10 the fact of refusal shall be alleged in the petition. The certificate  
11 shall set out the physician's findings in support of the allegations  
12 of the petition. A physician employed by the admitting facility or  
13 the division is not eligible to be the certifying physician for purposes  
14 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. 47.38.140. HEARING ON PETITION FOR INVOLUNTARY COMMITMENT  
27 OF NARCOTIC DRUG ADDICTS. (a) At the hearing required under sec. 130(b)  
28 of this chapter, the court shall hear all relevant testimony, including,  
29 if 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, before the expiration of the period,  
24 obtains a court order for his recommitment upon the grounds set out  
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 a narcotic drug addict  
27 likely to inflict physical harm on another, the division shall apply  
28 for recommitment if after examination it is determined that the likeli-  
29 hood still 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  
3 shall be discharged at the expiration of that period unless the divi-  
4 sion, before expiration of the period, obtains a court order on the  
5 grounds set out in sec. 130(a) of this chapter for recommitment for a  
6 further period not to exceed 90 days. If a person has been committed  
7 because he is a narcotic drug addict likely to inflict physical harm  
8 on another, the division shall apply for recommitment if after examina-  
9 tion it is determined that the likelihood still exists. No more than  
10 two recommitment orders may be permitted under (c) and (d) of this  
11 section.

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

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

28 (g) A person committed to the custody of the division for treat-  
29 ment shall be discharged at any time before the end of the period for

1 which he has been committed if either of the following conditions are  
2 met:

3 (1) when a narcotic drug addict committed on the grounds of  
4 likelihood of infliction of physical harm on another is no longer  
5 considered a narcotic drug addict or the likelihood of his infliction  
6 of physical harm no longer exists; or

7 (2) when, in the case of a narcotic drug addict committed  
8 on the grounds of the likelihood of infliction of physical harm on  
9 another, either

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

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

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

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

29 (j) A person committed under this chapter may at any time seek

1 discharge from commitment by writ of habeas corpus under AS 12.75.

2 Sec. 47.38.150. RECORDS OF NARCOTIC DRUG ADDICTS. (a) The  
3 registration and other records of treatment facilities shall remain  
4 confidential and are privileged to the patient.

5 (b) Notwithstanding (a) of this section, the director may make  
6 available information from patients' records for purposes of research  
7 into the causes and treatment of narcotic drug addiction. No informa-  
8 tion may disclose a patients' name.

9 Sec. 47.38.160. VISITATION AND COMMUNICATION OF PATIENTS. (a)  
10 Patients in any approved treatment facility under this chapter shall be  
11 granted reasonable opportunities for adequate consultation with counsel,  
12 and for continuing contact with family and friends including the use  
13 of telephone facilities, consistent with an effective treatment program.

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

16 Sec. 47.38.170. ESTABLISHMENT OF EMERGENCY SERVICE PATROL. (a)  
17 The division and cities and boroughs may establish emergency service  
18 patrols. An emergency service patrol consists of persons trained to  
19 give assistance in public places to persons who are narcotic drug  
20 addicts. Members of an emergency service patrol shall be capable of  
21 providing first aid in emergency situations and shall be capable of  
22 transporting narcotic drug addicts to their homes and to and from  
23 public treatment facilities.

24 (b) The director shall promulgate regulations for the establish-  
25 ment, training, and conduct of emergency service patrols.

26 Sec. 47.38.180. PAYMENT FOR TREATMENT. (a) A patient in an  
27 approved treatment facility, or the person obligated to provide for the  
28 cost of treatment of a person committed under this chapter, is liable  
29 to the division for cost of maintenance and treatment of the patient

1 in accordance with rates established by the director.

2 (b) The director shall promulgate regulations governing financial  
3 ability that take into consideration the income, savings and other  
4 personal and real property of the person liable for the cost and  
5 maintenance of the patient.

6 Sec. 47.38.200. APPLICATION OF ADMINISTRATIVE PROCEDURE ACT.  
7 Except as otherwise provided in this chapter, the Administrative  
8 Procedure Act (AS 44.62) applies to and governs all administrative  
9 action taken by the director under this chapter.

10 Sec. 47.38.210. DEFINITIONS. In this chapter

11 (1) "approved private treatment facility" means a private  
12 agency meeting the standards prescribed in sec. 80(a) of this chapter  
13 and approved under sec. 80(c) of this chapter;

14 (2) "approved public treatment facility" means a treatment  
15 agency operating under the direction and control of the division or  
16 providing treatment under this chapter through a contract with the  
17 division under sec. 70(g) of this chapter and meeting the standards  
18 prescribed in sec. 80(a) of this chapter and approved under sec. 80(c)  
19 of this chapter;

20 (3) "commissioner" means the commissioner of health and  
21 social services;

22 (4) "department" means Department of Health and Social  
23 Services;

24 (5) "director" means the director of the division of  
25 narcotic drug abuse;

26 (6) "division" means the division of narcotic drug abuse  
27 and treatment within the Department of Health and Social Services;

28 (7) "drug addict" means a person physiologically dependent  
29 on narcotic drugs as defined in AS 17.10.230(13);

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

3 (9) "incapacitated by narcotic drugs" means that a person, as  
4 a result of the use of narcotic drugs, is unconscious or has his judgment  
5 otherwise so impaired that he is incapable of realizing and making a  
6 rational decision with respect to his need for treatment;

7 (10) "incompetent person" means a person who has been ad-  
8 judged incompetent by the appropriate court;

9 (11) "narcotic drug" means a drug as defined in AS 17.10.-  
10 230(13), and excludes hallucinogenic, depressant, and stimulant drugs  
11 as defined in AS 17.12.150(3);

12 (12) "treatment" means the broad range of emergency, out-  
13 patient, intermediate, and inpatient services and care which may be  
14 extended to drug addicts, including diagnostic evaluation, medical,  
15 psychiatric, psychological, and social service care, vocational rehabili-  
16 tation and career counseling.