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Offered: 4/3/78  
Referred: Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2 CS FOR HOUSE BILL NO. 472

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to services and commitment procedures  
7 for mentally ill persons; and providing for an effec-  
8 tive date."

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

10 \* Section 1. AS 47.30 is amended by adding new sections to read:

11 ARTICLE 6. MENTAL HEALTH PROGRAM.

12 Sec. 47.30.655. PURPOSE. The purpose of this major revision of  
13 Alaska civil commitment statutes is to more adequately protect the legal  
14 rights of persons suffering from mental illness. The legislature has  
15 attempted to balance the individual's constitutional right to physical  
16 liberty and the state's interest in (1) protecting society from persons  
17 who are dangerous to others; and (2) protecting persons who are dan-  
18 gerous to themselves, by providing due process safeguards at all stages  
19 of commitment proceedings. In addition, the following principles of  
20 modern mental health care have guided this revision:

21 (1) that persons be given every opportunity to accept volun-  
22 tary treatment before involvement with the judicial system;

23 (2) that persons be treated in the least restrictive alter-  
24 native environment consistent with their treatment needs;

25 (3) that treatment occur as promptly as possible and as close  
26 to the individual's home as possible;

27 (4) that a system of mental health community facilities and  
28 supports be available;

29 (5) that patients be informed of their legal rights and be

1 informed of and allowed to participate in their treatment program as  
2 much as possible.

3 Sec. 47.30.660. POWERS AND DUTIES OF DEPARTMENT. The department  
4 is the mental health authority of the state and shall

5 (1) administer a comprehensive program for the prevention of  
6 mental illness and the care and treatment of the mentally ill, including  
7 inpatient and outpatient care and treatment and the procurement of  
8 services of specialists or other persons on a contractual or other  
9 basis;

10 (2) take the actions and undertake the obligations which are  
11 necessary to participate in federal grants-in-aid programs and accept  
12 federal or other financial aid from whatever sources for the study,  
13 examination, care, and treatment of the mentally ill;

14 (3) administer secs. 655 - 915 of this chapter;

15 (4) designate, operate, and maintain treatment facilities  
16 equipped and qualified to provide inpatient and outpatient care and  
17 treatment for the mentally ill;

18 (5) provide for the placement of mentally ill patients in  
19 designated treatment facilities;

20 (6) enter into arrangements with the United States Public  
21 Health Service for the care or treatment of the mentally ill in facili-  
22 ties of the Public Health Service in the state or in another state;

23 (7) enter into contracts with treatment facilities for the  
24 custody and care or treatment of the mentally ill;

25 (8) enter into contracts which incorporate safeguards consis-  
26 tent with secs. 655 - 915 of this chapter and the preservation of the  
27 civil rights of the patients with another state for the custody and care  
28 or treatment of patients previously committed from this state under 48  
29 U.S.C., sec. 46 et seq., and P.L. 830, 84th Congress, 2nd Session, 70

1 Stat. 709;

2 (9) prescribe the form of applications, records, reports,  
3 requests for release, and consents to medical/psychological treatment  
4 required by secs. 655 - 915 of this chapter;

5 (10) require reports from the head of a treatment facility  
6 concerning the care of patients;

7 (11) visit each treatment facility at least annually to review  
8 methods of care or treatment for patients;

9 (12) investigate complaints made by a patient or an interested  
10 party on behalf of a patient;

11 (13) delegate upon mutual agreement to another officer or  
12 agency of it, or a political subdivision of this state, or a treatment  
13 facility designated, any of the duties and powers imposed upon it by  
14 secs. 655 - 915 of this chapter; and

15 (14) promulgate regulations to implement the provisions of  
16 secs. 655 - 915 of this chapter.

17 Sec. 47.30.665. PRAYER TREATMENT. The provisions of this chapter  
18 shall not be construed to deny treatment by spiritual means through  
19 prayer in accordance with the tenets and practices of a church or denom-  
20 ination to any person detained for evaluation or treatment who desires  
21 that treatment, or to a minor if his parent or guardian desires that  
22 treatment.

23 ARTICLE 6A. VOLUNTARY ADMISSION FOR TREATMENT.

24 Sec. 47.30.670. STANDARDS FOR VOLUNTARY ADMISSION. A person 14  
25 years of age or older may be voluntarily admitted to a treatment facil-  
26 ity if he is suffering from mental illness and he voluntarily signs the  
27 admission papers.

28 Sec. 47.30.675. NOTICE OF RIGHTS. (a) Upon application for  
29 voluntary admission a person shall be given a copy of the following

1 documents which shall be explained to him as necessary:

2 (1) notice of rights as set out in secs. 825 - 855 of this  
3 chapter and an explanation of any document served upon him; and

4 (2) notice that should he desire to leave at a time when the  
5 treatment facility determines that he is mentally ill and as a result is  
6 likely to cause serious harm to himself or others or is gravely dis-  
7 abled, the facility could initiate commitment proceedings against him.

8 (b) If the applicant for voluntary admission does not understand  
9 English, the explanation shall be given in a language he understands.

10 Sec. 47.30.680. DISCHARGE OF VOLUNTARY PATIENTS. The professional  
11 person in charge of the treatment facility or his designee shall dis-  
12 charge any patient who no longer meets the standards established in sec.  
13 670 of this chapter.

14 Sec. 47.30.685. NOTICE OF INTENT TO LEAVE FACILITY; COMMITMENT. A  
15 voluntary patient who is 14 years of age or older and who desires to  
16 leave a treatment facility must submit to the facility a written notice  
17 of intent to leave on a form provided to him by the facility. Upon  
18 immediate investigation, the professional person in charge of the treat-  
19 ment facility or a designated mental health professional shall evaluate  
20 the patient in writing and discharge the patient immediately or give him  
21 written notice that involuntary commitment proceedings will be initiated  
22 against him. The treatment facility may detain the patient for no more  
23 than 48 hours after receipt of the patient's notice of intent to leave  
24 in order to initiate involuntary commitment proceedings.

25 Sec. 47.30.690. VOLUNTARY ADMISSION OF MINORS UNDER 14 YEARS OF  
26 AGE. A minor under 14 years of age may be admitted voluntarily if his  
27 parent or guardian signs the voluntary admission papers and the facility  
28 agrees that he is suffering from a mental illness.

29 Sec. 47.30.695. NOTICE OF REQUEST FOR RELEASE OF MINORS UNDER 14

1 YEARS OF AGE FROM VOLUNTARY DETENTION AND COMMITMENT. The parent or  
2 guardian of any minor who is less than 14 years of age may request and  
3 obtain immediate release of the minor at any time.

4 ARTICLE 6B. INVOLUNTARY ADMISSION FOR TREATMENT.

5 Sec. 47.30.700. INITIATION OF INVOLUNTARY COMMITMENT PROCEDURES.

6 (a) Upon petition of any adult person, a judge may issue an ex parte  
7 order orally, or in writing, within 48 hours of the petition stating  
8 that there is probable cause to believe a person is mentally ill and  
9 that condition causes the person to be gravely disabled or to present a  
10 likelihood of serious harm to himself or others. The court shall pro-  
11 vide findings on which the conclusion is based, appoint an attorney to  
12 represent the respondent, and may direct that a peace officer take the  
13 person into custody and deliver him to the nearest designated appro-  
14 priate facility for emergency examination and treatment. The ex parte  
15 order shall be provided to the respondent and made a part of the re-  
16 spondent's clinical record.

17 (b) The petition required in (a) of this section shall allege that  
18 the respondent is reasonably believed to present a likelihood of serious  
19 harm to himself or others or is gravely disabled as a result of mental  
20 illness and shall specify the factual information on which that belief  
21 is based including the names and addresses of all persons known to the  
22 petitioner who have knowledge of those facts through personal observa-  
23 tion.

24 Sec. 47.30.705. EMERGENCY DETENTION FOR EVALUATION. A peace  
25 officer who has reasonable cause to believe that a person is gravely  
26 disabled or is suffering from mental illness and is likely to cause  
27 serious harm to himself or others of such an immediate nature that  
28 considerations of safety do not allow initiation of involuntary commit-  
29 ment procedures set out in sec. 700 of this chapter, may cause the

1 person to be taken into custody and delivered to a treatment facility.  
2 Upon arrival at the treatment facility, the peace officer shall complete  
3 an application for examination of the person in custody and be inter-  
4 viewed by a mental health professional at the facility.

5 Sec. 47.30.710. EXAMINATION. (a) A patient who is delivered  
6 under sec. 700 or 705 of this chapter for emergency examination and  
7 treatment to a treatment facility shall be thoroughly examined and  
8 evaluated as to his mental and physical condition by a mental health  
9 professional and by a physician within 24 hours after arrival at the  
10 facility.

11 (b) If the mental health professional who performs the emergency  
12 examination has reason to believe that the patient is (1) mentally ill  
13 and that condition causes the person to be gravely disabled or to pre-  
14 sent a likelihood of serious harm to himself or others, and (2) is in  
15 need of care or treatment, the mental health professional may hospi-  
16 talize him on an emergency basis. If a judicial order has not been  
17 obtained under sec. 700 of this chapter, the mental health professional  
18 shall apply for an ex parte order authorizing hospitalization for emer-  
19 gency treatment.

20 Sec. 47.30.715. ACCEPTANCE OF ORDER. When a facility receives a  
21 proper order for evaluation, it must accept the order and the person for  
22 an evaluation period not to exceed 72 hours. The facility shall  
23 promptly notify the court of the date and time of the respondent's  
24 arrival. The court shall set a date, time and place for a probable  
25 cause hearing, to be held if needed within 72 hours after the respon-  
26 dent's arrival, and the court shall notify the facility, the respondent,  
27 his attorney, and the prosecuting attorney of the hearing arrangements.  
28 Evaluation personnel, where used, shall similarly notify the court of  
29 the date and time when they first met with the respondent.

1           Sec. 47.30.720. RELEASE BEFORE EXPIRATION OF 72-HOUR PERIOD. If  
2 at any time in the course of the 72-hour period the mental health pro-  
3 fessionals conducting the evaluation determine that the respondent does  
4 not meet the standards for commitment specified in sec. 700 of this  
5 chapter, the respondent shall be discharged from the facility or the  
6 place of evaluation by evaluation personnel and the petitioner and the  
7 court so notified.

8           Sec. 47.30.725. COMMITMENT PROCEEDING RIGHTS; NOTIFICATION. (a)  
9 When a person is detained for evaluation under this chapter, he shall be  
10 immediately notified orally and in writing of his rights under this sec-  
11 tion. Notification shall be in a language understood by the respondent.  
12 His guardian, if any, and if the respondent requests, an adult desig-  
13 nated by the respondent, shall also be notified of the respondent's  
14 rights under this section.

15           (b) Unless a person is released or voluntarily admits himself for  
16 treatment within 72 hours of his arrival at the facility (or the begin-  
17 ning of his meetings with evaluation personnel), and notice of the  
18 release or voluntary admission is filed with the court, he is entitled  
19 to a court hearing to be set for no later than the end of that 72-hour  
20 period to determine whether there is probable cause to detain him after  
21 the 72 hours have expired for up to an additional 14 days on the grounds  
22 that he is gravely disabled or mentally ill and as a result presents a  
23 likelihood of serious harm to himself or others.

24           (c) The respondent has a right to communicate immediately, at the  
25 department's expense, with his guardian, if any, or an adult designated  
26 by the respondent and the attorney designated in the ex parte order, or  
27 any attorney of the respondent's choice.

28           (d) The respondent has the right to present evidence and to cross-  
29 examine witnesses who testify against him at the hearing.

1 (e) The respondent has the right to be free of the effects of  
2 medication and other forms of treatment to the maximum extent possible  
3 before the probable cause hearing; however, the facility or evaluation  
4 personnel shall be able to treat him with medication under prescription  
5 by a licensed physician or a less restrictive alternative of his pre-  
6 ference if, in the opinion of a licensed physician and another mental  
7 health professional, these treatments are necessary to

8 (1) prevent bodily harm to the respondent or others;

9 (2) prevent such deterioration of the respondent's mental  
10 condition that subsequent treatment might not enable him to recover; or

11 (3) allow the respondent to prepare for and participate in  
12 the proceedings.

13 Sec. 47.30.730. PROCEDURE FOR 14-DAY COMMITMENT; PETITION FOR  
14 COMMITMENT. (a) In the course of the 72-hour evaluation period, a  
15 petition for commitment to a treatment facility may be filed in court.  
16 The petition must be signed by two mental health professionals who have  
17 examined the respondent. The petition must

18 (1) allege the facts and specific behavior of the respondent  
19 showing that the respondent is mentally ill and as a result is likely to  
20 cause harm to himself or others or is gravely disabled;

21 (2) allege that the evaluation staff has considered but has  
22 not found that there are any less restrictive alternatives available  
23 that would adequately protect the respondent or others; or, if a less  
24 restrictive involuntary form of treatment is sought, specify the treat-  
25 ment and the basis for supporting it;

26 (3) allege with respect to a gravely disabled respondent that  
27 there is reason to believe that the respondent's mental condition could  
28 be improved by the course of treatment sought;

29 (4) allege that a specified treatment facility or less

1 restrictive alternative that is appropriate to the respondent's condi-  
2 tion has agreed to accept the respondent;

3 (5) allege that the respondent has been advised of the need  
4 for, but has not accepted, voluntary treatment, and request that the  
5 court commit the respondent to the specified treatment facility or less  
6 restrictive alternative for a period not to exceed 14 days;

7 (6) list the prospective witnesses who will testify in sup-  
8 port of commitment or involuntary treatment.

9 (b) A copy of the petition shall be served on the respondent, his  
10 attorney, and his guardian, if any, before the probable cause hearing.

11 Sec. 47.30.735. PROBABLE CAUSE HEARING. (a) Upon receipt of a  
12 proper petition for commitment, the court shall hold a probable cause  
13 hearing at the date and time previously specified according to proce-  
14 dures set out in sec. 715 of this chapter.

15 (b) The hearing shall be conducted in a physical setting least  
16 likely to have a harmful effect on the mental or physical health of the  
17 respondent, within practical limits. At the hearing, in addition to  
18 other rights specified in this chapter, the respondent has the right

19 (1) to be present at the hearing;

20 (2) to view and copy all petitions and reports in the court  
21 file of his case;

22 (3) to have the hearing open or closed to the public as he  
23 elects;

24 (4) to be proceeded against according to the rules of evi-  
25 dence applicable to civil proceedings;

26 (5) to have an interpreter if he does not understand English;

27 (6) to present evidence on his behalf;

28 (7) to cross-examine witnesses who testify against him;

29 (8) to remain silent.

1 (c) At the conclusion of the hearing the court may commit the re-  
2 spondent to a treatment facility for no more than 14 days if it finds,  
3 by clear and convincing evidence, that the allegations required in sec.  
4 730(a) of this chapter are true.

5 (d) If the court finds that there is a viable less restrictive  
6 alternative available and that the respondent has been advised of and  
7 refused voluntary treatment through the alternative, the court may order  
8 the less restrictive alternative treatment for no more than 14 days.

9 (e) The court shall specifically state to the person committed,  
10 and give the person written notice, that if commitment or other invol-  
11 untary treatment beyond the 14 days is to be sought, the person shall  
12 have the right to a full hearing or jury trial.

13 Sec. 47.30.740. PROCEDURE FOR 90-DAY COMMITMENT FOLLOWING 14-DAY  
14 COMMITMENT. (a) At any time during the respondent's 14-day commitment,  
15 the professional person in charge of the treatment facility to which the  
16 person has been confined, or his professional designee, may file with  
17 the court a petition for 90-day commitment of that person. The petition  
18 must include all material required under sec. 730(a) of this chapter  
19 except that references to "14 days" shall be read as "90 days"; and

20 (1) allege that the respondent has threatened, attempted, or  
21 inflicted serious bodily harm upon himself or another since his accep-  
22 tance for evaluation, or that he was committed initially as a result of  
23 conduct in which he attempted or inflicted serious bodily harm upon  
24 himself or another, or that he continues to be gravely disabled;

25 (2) allege that the respondent has received appropriate and  
26 adequate care and treatment during his 14-day commitment;

27 (3) be verified by the professional person in charge of the  
28 facility providing treatment during the 14-day commitment, or his pro-  
29 fessional designee.

1 (b) The court shall have copies of the petition for 90-day commit-  
2 ment served upon the respondent, his attorney, and his guardian, if any.  
3 The petition for 90-day commitment and proofs of service shall be filed  
4 with the clerk of the court, and a date for hearing shall be set, by the  
5 end of the next judicial day, for no later than five judicial days from  
6 the date of filing of the petition. The clerk shall notify the respon-  
7 dent, his attorney, and the petitioner of the hearing date at least  
8 three judicial days in advance of the hearing.

9 Sec. 47.30.745. 90-DAY COMMITMENT HEARING RIGHTS. (a) A person  
10 subject to a petition for 90-day commitment has, in addition to the  
11 rights specified elsewhere in this chapter, or otherwise applicable, the  
12 rights enumerated in this section. Written notice of these rights shall  
13 be served on the respondent, his attorney, his guardian, if any, and an  
14 adult designated by the respondent at the time the petition for 90-day  
15 commitment is served. An attempt shall be made by oral explanation to  
16 insure that the respondent understands the rights enumerated in the  
17 notice. If the respondent does not understand English, the explanation  
18 shall be given in a language he understands.

19 (b) Unless the respondent is released or voluntarily admits him-  
20 self following the filing of a petition for 90-day commitment and before  
21 the hearing, he is entitled to a judicial hearing within five judicial  
22 days of the filing of the petition as set out in sec. 740(b) of this  
23 chapter to determine whether the allegations required in sec. 740(a) of  
24 this chapter are true.

25 (c) The respondent is entitled to a jury trial upon request filed  
26 with the court if the request is made at least two judicial days before  
27 the hearing. If the respondent requests a jury trial, the hearing may  
28 be continued for no more than 10 calendar days. The jury shall consist  
29 of six persons.

1 (d) If a jury trial is not requested, the court may still continue  
2 the hearing at the respondent's request for no more than 10 calendar  
3 days.

4 (e) The respondent has a right to retain an independent licensed  
5 physician or other mental health professional to examine him and to  
6 testify on his behalf. Upon request by an indigent respondent, the  
7 court shall appoint an independent licensed physician or other mental  
8 health professional to examine him and testify on his behalf. The court  
9 shall give consideration to an indigent respondent's request for a  
10 specific physician or mental health professional. A motion for the  
11 appointment may be filed in court at any reasonable time before the  
12 hearing and shall be acted upon promptly. Reasonable fees and expenses  
13 for such expert examiners shall be determined by the rules of court.

14 (f) The proceeding shall in all respects be in accord with con-  
15 stitutional guarantees of due process and, except as specifically pro-  
16 vided in this chapter, the rules of evidence and procedure in civil  
17 proceedings.

18 (g) Until the court issues a final decision, the respondent shall  
19 continue to be treated at the treatment facility unless the petition for  
20 90-day commitment is withdrawn. If no decision has been made within 20  
21 days of filing of the petition, not including extensions of time due to  
22 jury trial or other requests by the respondent, he shall be released.

23 Sec. 47.30.750. CONDUCT OF HEARING. The hearing shall be con-  
24 ducted in the same manner, and with the same rights for the respondent,  
25 as set out in sec. 735(b) of this chapter.

26 Sec. 47.30.755. COURT ORDER. (a) After the hearing and within  
27 the time limit specified in sec. 745 of this chapter, the court may  
28 commit the respondent to a treatment facility for no more than 90 days  
29 only if the court or jury finds by clear and convincing evidence that

1 the allegations required in sec. 740(a) of this chapter are true.

2 (b) If the court or jury finds that there is a less restrictive  
3 alternative available and that the respondent has been advised of and  
4 refused voluntary treatment through the alternative, the court may order  
5 the less restrictive alternative treatment after acceptance of the  
6 program by the respondent for a period not to exceed 90 days.

7 Sec. 47.30.760. PLACEMENT AT CLOSEST FACILITY. Treatment shall  
8 always be available at a state-operated hospital; however, if space is  
9 available and upon acceptance by another treatment facility, a respon-  
10 dent who is committed shall be placed by the court at the treatment  
11 facility closest to his home unless the court finds that

12 (1) another treatment facility in the state has a program  
13 more suited to the respondent's condition, and this interest outweighs  
14 the desirability of the respondent being closer to home;

15 (2) another treatment facility in the state is closer to the  
16 respondent's friends or relatives who could benefit him through their  
17 visits and communications; or

18 (3) the respondent wants to be further removed from his home,  
19 and the mental health professionals who sought his commitment concur in  
20 the desirability of removed placement.

21 Sec. 47.30.765. APPEAL. The respondent shall have the right to an  
22 appeal from any order of involuntary commitment. The court shall inform  
23 the respondent of this right.

24 Sec. 47.30.770. ADDITIONAL 120-DAY COMMITMENT. (a) The respon-  
25 dent shall be released from involuntary treatment at the expiration of  
26 90 days unless the professional person in charge of the treatment faci-  
27 lity, or his designee, files a petition for a 120-day commitment con-  
28 forming to the requirements of sec. 740(a) of this chapter except that  
29 all references to "14-day commitment" shall be read as "the previous

1 90-day commitment" and all references to "90-day commitment" shall be  
2 read as "120-day commitment".

3 (b) The procedures for service of the petition, notification of  
4 rights and judicial hearing shall be as set out in secs. 740 - 750 of  
5 this chapter. If the court or jury finds by clear and convincing evi-  
6 dence that the grounds for 90-day commitment as set out in sec. 755 of  
7 this chapter are present, the court may order the respondent committed  
8 for an additional treatment period not to exceed 120 days from the date  
9 on which the first 90-day treatment period would have expired.

10 (c) Successive 120-day commitments are permissible on the same  
11 ground and under the same procedures as the original 120-day commitment.  
12 No order of commitment may exceed 120 days.

13 Sec. 47.30.775. COMMITMENT OF MINORS. The provisions of secs.  
14 700 - 820 of this chapter are applicable to minors; however, all notices  
15 required to be served on the respondent in secs. 700 - 820 of this chap-  
16 ter shall also be served on the parent or guardian of respondents who  
17 are minors, and parents or guardians of minor respondents shall be  
18 notified that they may appear as parties in any commitment proceeding  
19 concerning the minor and that as parties they are entitled to retain  
20 their own attorney or have one appointed for them by the court. A minor  
21 has the same rights to waiver and informed consent as an adult under  
22 this chapter; however, he shall be represented by counsel in waiver and  
23 consent proceedings.

24 Sec. 47.30.780. EARLY DISCHARGE. The professional person in  
25 charge of a treatment facility or his designee shall at any time dis-  
26 charge a committed person on the ground that the person is no longer  
27 gravely disabled or likely to cause serious harm as a result of mental  
28 illness. A certificate to this effect shall be sent to the court which  
29 shall enter an order officially terminating the involuntary commitment.

1           Sec. 47.30.785. AUTHORIZED ABSENCES. A respondent undergoing  
2 involuntary treatment on an inpatient basis under this chapter may be  
3 given authorization to be absent from the treatment facility during  
4 times specified by the professional person in charge of the facility, or  
5 his professional designee, when an authorization to be absent is in the  
6 best interests of the respondent and he is not likely to cause harm to  
7 himself or others.

8           Sec. 47.30.790. RETURN FROM UNAUTHORIZED ABSENCE. When a re-  
9 spondent undergoing involuntary treatment on an inpatient basis under  
10 this chapter is absent from the treatment facility without, or in excess  
11 of, authorization under sec. 785 of this chapter, the professional  
12 person in charge of the facility or his professional designee may cause  
13 the respondent to be taken into custody and returned to the treatment  
14 facility.

15           Sec. 47.30.795. INVOLUNTARY OUTPATIENT CARE FOR COMMITTED PERSONS.  
16 (a) A committed person who was not originally committed to involuntary  
17 outpatient care under the provisions of this chapter may be released  
18 before the expiration of his commitment period on the condition that he  
19 receive specified outpatient treatment from a provider of outpatient  
20 care, for a length of time not to exceed the duration of his commitment  
21 period, when the professional person in charge of the treatment facility  
22 or his professional designee finds that

23           (1) security for the person or others no longer requires that  
24 he be treated on an inpatient basis;

25           (2) there is reason to believe that the person's mental con-  
26 dition would improve as a result of the specified outpatient treatment.

27           (b) A copy of the conditions for early release shall be given to  
28 the person, his attorney, his guardian, if any, the provider of out-  
29 patient care, and the court.

1 (c) If at any time during the commitment period the provider of  
2 outpatient care determines that the person can no longer be treated on  
3 an outpatient basis because he is likely to cause harm to himself or  
4 others or is gravely disabled, the provider shall give the patient oral  
5 and written notice, with copies to the patient's attorney, his guardian,  
6 if any, the court and inpatient treatment facility, that he must return  
7 to the inpatient treatment facility within 24 hours for a length of time  
8 not to exceed the duration of his commitment period. If the person  
9 fails to arrive at the treatment facility under a 24-hour notice, the  
10 facility shall cause the person to be taken into custody and transported  
11 to the facility. A peace officer shall assist the provider of out-  
12 patient care or the facility if requested.

13 (d) If the provider of outpatient care determines that the patient  
14 will require continued outpatient care after the expiration of his  
15 commitment period, the provider is entitled to initiate further commit-  
16 ment proceedings in the same manner as if the provider were the pro-  
17 fessional person in charge of a treatment facility, and the provisions  
18 of this chapter are applicable, except that provisions relating to  
19 inpatient treatment shall be read as applicable to outpatient treatment.

20 Sec. 47.30.800. CONVERSION OF INVOLUNTARY OUTPATIENT TREATMENT TO  
21 INPATIENT COMMITMENT. (a) A respondent ordered by the court under the  
22 provisions of this chapter to receive involuntary outpatient treatment  
23 may be required to undergo inpatient treatment when the provider of out-  
24 patient care finds that (1) the respondent is mentally ill and is likely  
25 to cause serious harm to himself or others or is still gravely disabled;  
26 (2) the respondent's behavior since the hearing resulting in court-  
27 ordered treatment indicates that he now needs inpatient treatment to  
28 protect himself or others; (3) there is reason to believe that the  
29 respondent's mental condition will improve as a result of inpatient

1 treatment; and (4) there is an inpatient facility appropriate to the re-  
2 spondent's need which will accept him as a patient. Treatment for these  
3 respondents shall be available at state-operated hospitals at all times.

4 (b) Upon making the findings specified in (a) of this section, the  
5 provisions of sec. 795(b) of this chapter relating to notice and sec.  
6 745 of this chapter relating to hearing are applicable.

7 Sec. 47.30.805. COMPUTING PERIODS OF TIME. (a) Except as pro-  
8 vided in (b) of this section,

9 (1) computations of a 72-hour evaluation period do not in-  
10 clude Saturdays, Sundays, legal holidays, or any period of time neces-  
11 sary to transport the respondent to the treatment facility;

12 (2) a 14-day commitment period shall expire at the end of the  
13 14th day after the 72 hours following initial acceptance;

14 (3) a 90-day commitment period shall expire at the end of the  
15 90th day after the expiration of a 14-day period of treatment;

16 (4) a 120-day commitment period shall expire at the end of  
17 the 120th day, after the expiration of a 90-day period of treatment or  
18 previous 120 day period, whichever is applicable.

19 (b) When a respondent has failed to appear or absented himself  
20 contrary to any order properly made or entered under this chapter, the  
21 relevant commitment period shall be extended for a period of time equal  
22 to the respondent's absence if written notice of absence is promptly  
23 provided to the respondent's attorney and his guardian, if there is one,  
24 and if, within 24 hours after the respondent has returned to the evalu-  
25 ation or treatment facility, written notice of the corresponding exten-  
26 sion and the reason for it is given to the respondent, his attorney, and  
27 to the court.

28 Sec. 47.30.810. HABEAS CORPUS. Nothing in this chapter may be  
29 construed as limiting a person's right to a writ of habeas corpus.

1           Sec. 47.30.815. LIMITATION OF LIABILITY; PENALTY FOR FALSE APPLI-  
2           CATION. (a) A person acting in good faith upon either actual knowledge  
3           or reliable information who makes application for evaluation or treat-  
4           ment of another person under this chapter is not subject to civil or  
5           criminal liability.

6           (b) A mental health professional or peace officer who in good  
7           faith exercises his professional judgment in fulfilling an obligation or  
8           discretionary responsibility under this chapter is not subject to civil  
9           or criminal liability for his act unless it can be shown that it was  
10          done with gross negligence.

11          (c) A person who makes application for evaluation or treatment of  
12          another person without having good cause to believe that the other  
13          person is suffering from a mental illness and as a result is gravely  
14          disabled or likely to cause serious harm to himself or others, is guilty  
15          of a misdemeanor and is punishable by imprisonment for not more than one  
16          year, or by a fine of not more than \$1,000, or by both.

17          Sec. 47.30.820. RETROACTIVITY. Except as provided in this chap-  
18          ter, the provisions of this chapter do not in themselves impair any  
19          action taken in a proceeding pending under statutes in effect before  
20          October 1, 1978, nor do they apply retroactively to terminate the deten-  
21          tion of a person previously committed under statutes in effect before  
22          October 1, 1978. However, 90 days after October 1, 1978, the provisions  
23          of this chapter apply to all persons committed under statutes in effect  
24          before October 1, 1978.

25                   ARTICLE 6C. PATIENT RIGHTS.

26          Sec. 47.30.825. PATIENT RIGHTS: MEDICAL. All patients who are  
27          receiving services from a treatment facility licensed under AS 18.20.-  
28          020, have the following rights:

29                  (1) The patient, or his counsel, guardian, or the adult

1 designated in accordance with sec. 725 of this chapter if the patient is  
2 mentally incapable of participation, shall be entitled to participate in  
3 formulating his individualized treatment plan and in the evaluation  
4 process as much as possible, at minimum to the extent of requesting  
5 specific forms of therapy, inquiring why specific therapies are or are  
6 not included in his treatment program, and being informed as to his  
7 present medical and psychological condition and prognosis. The treating  
8 physician may not withhold any of this information from the patient.

9 (2) Counsel and guardian for a patient, or if there is no  
10 guardian the adult designated in accordance with sec. 725 of this chap-  
11 ter, have the right at all reasonable times to examine all records of,  
12 and plans for, the patient's treatment and to make copies, upon payment  
13 of costs if requested, of any portion of these records.

14 (3) Every patient has the right to know the name of medica-  
15 tion that he is asked to take, what its purpose is, and what side  
16 effects may occur with this medication. If the patient is incapable of  
17 understanding the purpose and side effects of the medication, the treat-  
18 ing physician or mental health professional shall explain it to the  
19 patient's counsel or guardian, or if there is no guardian the adult  
20 designated in accordance with sec. 725 of this chapter.

21 (4) The quiet room, or other form of physical restraint, may  
22 not be used, except as provided in this paragraph unless a patient is  
23 likely to physically harm himself or others unless restrained. The form  
24 of restraint utilized shall be that which is in the patient's best  
25 interest and which constitutes the least restrictive alternative avail-  
26 able. When practicable, the patient shall be consulted as to his pre-  
27 ference among forms of adequate, medically advisable restraints in-  
28 cluding medication, and his preference shall be considered. Nothing in  
29 this section is intended to limit the right of staff to use the quiet

1 room at the patient's request or with his knowing concurrence when deem-  
2 ed in the best interests of the patient. Patients placed in a quiet  
3 room or other physical restraint shall be checked at least every 15  
4 minutes or more often if good medical practice so indicates. Patients  
5 in the quiet room must be visited by a staff member at least once every  
6 hour and must be given adequate food and drink and access to bathroom  
7 facilities. At no time may a patient be kept in the quiet room or other  
8 form of physical restraint against his will longer than necessary to  
9 accomplish the purposes set out in this paragraph. All uses of the  
10 quiet room or other restraint shall be recorded in the patient's medical  
11 record, the information including but not limited to the reasons for its  
12 use, the duration of use, and the name of the authorizing staff member.

13 (5) All persons have the right to be free from unnecessary or  
14 excessive medication. Psychotropic medication shall be administered  
15 only on the order of a licensed physician when the physician determines  
16 that such medication is in the best interest of the patient or will  
17 prevent serious harm to others.

18 (6) A patient capable of giving informed consent shall have  
19 the absolute right to accept or refuse electro-convulsive therapy or  
20 aversive conditioning. Patients who lack substantial capacity to make  
21 this decision may not be given such therapy or conditioning without a  
22 court order following a hearing compatible with full due process.

23 (7) In no event may treatment include psychosurgery, lobotomy  
24 or other comparable form of treatment without specific informed consent  
25 of the patient, including a minor unless he is clearly too young or  
26 disabled to give an informed consent in which case the consent of his  
27 legal guardian shall be required. In addition, no such treatment may be  
28 given without a court order after hearing in accord with full rights of  
29 due process.

1 (8) When, in the written opinion of a patient's attending  
2 physician, a true medical emergency exists and a surgical operation is  
3 necessary to save the life, physical health, eyesight, hearing or member  
4 of the patient, the professional person in charge of the treatment  
5 facility or his professional designee may give consent to the surgical  
6 operation if time will not permit obtaining the consent of the proper  
7 relatives or guardian or appropriate judicial authority. However, no  
8 operation may be authorized if the patient is not a minor and knowingly  
9 withholds consent on religious grounds.

10 (9) Each person upon discharge shall have a discharge plan  
11 specifying the kinds and amount of care and treatment he should have  
12 after discharge and such other steps as he might take to benefit his  
13 mental health after leaving the facility. The patient shall have the  
14 right to participate, as far as practicable, in formulating this plan.  
15 A copy of the plan shall be given to him, his guardian, the court, if  
16 appropriate, and any follow-up agencies.

17 Sec. 47.30.830. PROHIBITION OF EXPERIMENTAL TREATMENTS. (a) No  
18 experimental treatments involving any significant risk of physical or  
19 psychological harm may be administered to any patient.

20 (b) If the personnel of an evaluation or treatment facility are  
21 uncertain as to whether a proposed technique is experimental or is  
22 experimental as applied to a particular respondent or would involve a  
23 significant risk of mental or physical harm to the patient, the matter  
24 may be referred to the commissioner of health and social services for a  
25 determination. The patient, his attorney, his guardian, if any, and an  
26 adult designated by the patient, shall, simultaneously with the referral  
27 to the commissioner, be provided with copies of all the documents by  
28 which the referral is made and shall have the opportunity to provide  
29 evidence to the commissioner on the question.

1 (c) A determination that a treatment technique is experimental and  
2 entails significant risks of mental or physical harm shall be binding  
3 upon all persons involved in the administration of treatment to a  
4 patient for purposes of this section.

5 Sec. 47.30.835. CIVIL RIGHTS NOT IMPAIRED. No person undergoing  
6 evaluation or treatment under this chapter may be denied a civil right,  
7 including but not limited to, the right to free exercise of religion and  
8 the right to dispose of property, sue and be sued, enter into contrac-  
9 tual relationships and vote. Court-ordered treatment or evaluation  
10 under this chapter is not a determination of legal incompetency.

11 Sec. 47.30.840. RIGHT TO PRIVACY AND PERSONAL POSSESSIONS. Every  
12 person undergoing evaluation or treatment under this chapter shall

13 (1) not be photographed without his consent and that of his  
14 guardian if a minor, except that he may be photographed upon admission  
15 to a facility for identification and administrative purposes of the  
16 facility; all photographs shall be confidential and may not be released  
17 by the facility except under court order;

18 (2) at the time of admission to an evaluation or treatment  
19 facility, have reasonable precautions taken by the staff to inventory  
20 and safeguard his personal property; a copy of the inventory signed by  
21 the staff member making it shall be given to the patient and made avail-  
22 able to his attorney and any other person authorized by the patient to  
23 inspect the document;

24 (3) have access to individual storage space for his private  
25 use while undergoing evaluation or treatment;

26 (4) be permitted to wear his own clothing, to keep and use  
27 his own personal possessions including his toilet articles if they are  
28 not considered unsafe for him or other patients who might have access to  
29 them, and to keep and be allowed to spend a reasonable sum of his own

1 money for his own needs and comfort;

2 (5) be allowed to have visitors at reasonable times;

3 (6) have ready access to letter writing materials, including  
4 stamps, and have the right to send and receive unopened mail;

5 (7) have reasonable access to a telephone, both to make and  
6 receive confidential calls.

7 Sec. 47.30.845. CONFIDENTIAL RECORDS. All information and records  
8 obtained in the course of evaluation, examination or treatment shall be  
9 kept confidential and not as public records, except as the requirements  
10 of a hearing under this chapter may necessitate a different procedure.  
11 Information and records may be disclosed under regulations established  
12 by the department only to

13 (1) physicians and providers of health, mental health or  
14 social and welfare services involved in caring for, treating or rehabil-  
15 itating the patient;

16 (2) individuals to whom the patient has given written consent  
17 to have information disclosed;

18 (3) persons authorized by a court order;

19 (4) persons doing research or maintaining health statistics,  
20 if the anonymity of the patient is assured, and the facility recognizes  
21 the project as a bona fide research or statistical undertaking;

22 (5) the division of corrections in cases in which prisoners  
23 confined to the state prison are patients in the state hospital on  
24 authorized transfers either by voluntary admission or by court order;

25 (6) governmental or law enforcement agencies when necessary  
26 to secure the return of a patient who is on unauthorized absence from a  
27 facility where the patient was undergoing evaluation or treatment.

28 Sec. 47.30.850. EXPUNGEMENT OF RECORDS. Following the discharge  
29 of a respondent from a treatment facility or the issuance of a court

1 order denying a petition for commitment, a respondent may at any time  
2 move to have all court records pertaining to the proceedings expunged on  
3 condition that he file a full release of all claims of whatever nature  
4 arising out of the proceedings and the statements and actions of persons  
5 and facilities in connection with the proceedings.

6 Sec. 47.30.855. POSTING OF RIGHTS. The rights set out in secs.  
7 825 - 855 of this chapter shall be prominently posted in all treatment  
8 facilities in places accessible to all patients. A patient who does not  
9 understand English shall have his rights explained to him in a language  
10 he understands.

11 Sec. 47.30.860. NOTICES IN LANGUAGES OTHER THAN ENGLISH. Where  
12 practicable all documents and notices required by this chapter to be  
13 served on a respondent, or on his parents, guardian or adult designee,  
14 shall be explained in a language the person understands if he is not  
15 competent in English.

16 Sec. 47.30.865. DISCRIMINATION PROHIBITED. (a) The fact that a  
17 person is or has been evaluated or treated for mental illness may not be  
18 a basis for discrimination in:

- 19 (1) seeking employment;
- 20 (2) resuming or continuing professional practice or previous  
21 occupation;
- 22 (3) obtaining or retaining housing;
- 23 (4) obtaining or retaining licenses or permits, including but  
24 not limited to motor vehicle licenses, motor vehicle operator's and  
25 chauffeur's licenses, and professional or occupational licenses.

26 (b) Applications for positions, licenses and housing may contain no  
27 requests for information concerning evaluation or treatment experiences.

28 (c) It is unlawful for a person to aid, abet, incite, compel or  
29 coerce the doing of an act forbidden under this section or to attempt to

1 do so.

2 ARTICLE 6D. MISCELLANEOUS PROVISIONS.

3 Sec. 47.30.870. TRANSPORTATION. When a person is to be evaluated  
4 or involuntarily committed to a facility, or presented for a judicial  
5 hearing under this chapter, the department shall arrange, if necessary,  
6 and is authorized to pay for, the person's transportation to the desig-  
7 nated facility or hearing with appropriate medical or nursing attendants  
8 and a peace officer, if necessary, and by the available means which are  
9 appropriate and suitable. The department shall pay return transporta-  
10 tion of a person and appropriate medical and nursing attendants and a  
11 peace officer, if necessary, after a determination that the person is  
12 not committable, at the end of a commitment period, or at the end of a  
13 voluntary stay following an evaluation conducted in accordance with sec.  
14 715 of this chapter at a treatment facility. When advisable, one or more  
15 relatives or friends shall be permitted to accompany the person. The  
16 department may pay necessary travel, housing and meal expenses incurred  
17 by one relative or friend in accompanying the person if the department  
18 determines that the person's best interests require that he be accom-  
19 panied by the relative or friend and the relative or friend is indigent.

20 Sec. 47.30.875. NONRESIDENT PATIENTS. (a) The admission papers  
21 of a person who is admitted to a treatment facility under this chapter  
22 shall include a statement as to his residence. The department may  
23 return a patient who is not a resident of the state to the state of his  
24 residence with court approval if the person has been committed. If the  
25 state in which he has residence does not accept him as a patient, the  
26 person shall be treated as a resident under the provisions of this  
27 chapter.

28 (b) To facilitate the return of nonresident patients the depart-  
29 ment may enter a reciprocal agreement or compact with another state

1 providing for the prompt return under appropriate supervision of resi-  
2 dents of that state who are mentally ill. Mentally ill residents of  
3 this state who have been placed in a facility outside this state may be  
4 admitted with the approval of the department to a treatment facility in  
5 the state designated by the department. The department may enter into  
6 reciprocal agreements or contracts with another state providing for  
7 custody, care or treatment, or return of mentally ill residents of this  
8 state by the other state and for the custody and care or treatment of  
9 mentally ill residents of that state by this state on a reimbursable  
10 basis. A resident of this state who has been committed in another state  
11 and is returned in accordance with this section shall, within 72 hours  
12 of his admission to the designated facility, be examined. After exami-  
13 nation the mental health professional in charge of the facility shall  
14 release him or shall petition for involuntary commitment as prescribed  
15 in sec. 740 of this chapter.

16 (c) In taking action under (a) and (b) of this section, consider-  
17 ation shall be given to the best interests of the patient particularly  
18 to the relationship of the patient to his family, legal guardian, or  
19 friends to maintain relationships and encourage visits beneficial to the  
20 patient.

21 Sec. 47.30.880. INTERSTATE COMPACT. This state ratifies and  
22 adopts by reference "The Interstate Compact on Mental Health" consisting  
23 of 14 articles approved on September 30, 1955, by the Northeast State  
24 Governments Conference on Mental Health. The department is designated  
25 as compact administrator with full power to carry out the purpose of the  
26 compact and to make all necessary regulations to implement the compact.

27 Sec. 47.30.885. RIGHTS OUTSIDE STATE. Nothing in this chapter  
28 alters or impairs the application or availability to a patient, while  
29 hospitalized in another state under contractual arrangements entered in

1 accordance with the provisions of this chapter, of the rights, remedies  
2 or protective safeguards provided by the laws of this state.

3 Sec. 47.30.890. PROVISION FOR PERSONAL NEEDS UPON DISCHARGE. The  
4 department shall make arrangements which are necessary to insure that

5 (1) no patient is discharged from a treatment facility with-  
6 out suitable clothing; and

7 (2) an indigent patient discharged is furnished suitable  
8 transportation to his permanent residence in this state or other suit-  
9 able place at the discretion of the department and a reasonable amount  
10 of money to meet his immediate needs.

11 Sec. 47.30.895. DISPOSITION OF PERSONAL EFFECTS AND UNCLAIMED  
12 FUNDS. (a) All assets in the custody of a treatment facility which  
13 belong to a patient who dies before his discharge, or to a patient who  
14 leaves the hospital without authority, if unclaimed by the patient or  
15 his legal heirs or representatives within four years after the death or  
16 departure of the patient, shall be disposed of in the manner prescribed  
17 by the department and the proceeds shall be deposited in the state  
18 treasury.

19 (b) If a mentally ill individual has died in a foreign facility  
20 and the department desires to recover the patient's personal property  
21 under this section, the commissioner of health and social services or  
22 his designated representative may secure the property and for that pur-  
23 pose only is designated the decedent's administrator. All property so  
24 recovered shall be disposed of as provided by law.

25 Sec. 47.30.900. DISPOSITION OF FUNDS SUBJECT TO CLAIM. The de-  
26 partment shall make diligent inquiry in every instance after departure  
27 without authority or death of a patient, to ascertain his whereabouts or  
28 that of his legal heirs or representatives, and shall turn over to the  
29 proper person the money or articles of personal property in the custody

1 of the head of the facility to the credit of the patient. Claims to the  
2 money or articles of personal property, including claims by this state,  
3 may be presented to the department at any time. If a claim other than  
4 by this state is established by clear and convincing evidence more than  
5 four years after the death or departure without authority of a patient,  
6 it shall be certified to the legislature for consideration and the  
7 legislature may pay the claim.

8 Sec. 47.30.905. FEES AND EXPENSES FOR JUDICIAL PROCEEDINGS. (a)  
9 The witnesses and the jury in commitment proceedings are entitled to the  
10 fees, compensation and mileage established by law. Compensation, mile-  
11 age, fees and other expenses arising from commitment proceedings shall  
12 be audited and allowed by the superior court of the district in which  
13 the proceedings are held and when audited and allowed shall be paid by  
14 the clerk of the court in the same manner and from the fund as he pays  
15 the other incidental expenses of the court. To the extent that services  
16 of a peace officer are used to carry out the provisions of this chapter,  
17 he is entitled to fees and actual expenses from the same source and in  
18 the same manner as for his other official duties.

19 (b) An attorney appointed for a person under this chapter shall be  
20 compensated for his services as follows:

21 (1) the person for whom an attorney is appointed shall, if he  
22 is financially able under standards as to financial capability and  
23 indigency set by the court, bear the costs of the legal services;

24 (2) if the person is indigent under those standards, the  
25 costs of the services shall be borne by the state.

26 Sec. 47.30.910. SECTIONS NOT APPLICABLE TO CERTAIN MENTAL ILL-  
27 NESSES. The provisions of secs. 655 - 915 of this chapter do not apply  
28 to mentally ill individuals as that term is defined in sec. 340(10) of  
29 this chapter.

1           Sec. 47.30.915. DEFINITIONS. In this chapter

2           (1) "court" means a superior or district court of the state;

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

5           (3) "evaluation facility" means a health care facility that  
6 has been designated or is operated by the department to perform the  
7 evaluations described in this chapter; however, no correctional insti-  
8 tution or facility or jail may be used as an evaluation facility for  
9 purposes of this chapter;

10          (4) "evaluation personnel" means mental health professionals  
11 designated by the department to conduct evaluations as prescribed in  
12 this chapter who conduct evaluations in places in which no staffed  
13 evaluation facility exists;

14          (5) "gravely disabled" means a condition in which a person,  
15 as a result of mental illness, is in danger of physical harm arising  
16 from such complete neglect of basic needs for food, clothing, shelter,  
17 or personal safety as to render serious accident, illness or death  
18 highly probable if care by another is not taken;

19          (6) "inpatient treatment" means care and treatment rendered  
20 inside or on the premises of a treatment facility, or a part or unit of  
21 a treatment facility for a continual period of 24 hours or longer;

22          (7) "least restrictive alternative" means mental health  
23 treatment facilities and conditions of treatment which are

24           (A) no more harsh, hazardous or intrusive than neces-  
25 sary to achieve the treatment objectives of the patient; and

26           (B) involve no restrictions on physical movement nor  
27 supervised residence or inpatient care except as reasonably neces-  
28 sary for the administration of treatment or the protection of the  
29 patient or others from physical injury;

1 (8) "likely to cause serious harm" means

2 (A) a substantial risk of imminent and substantial  
3 bodily harm to the person himself, as manifested by recent attempts  
4 at suicide or bodily harm; or

5 (B) substantial risk of imminent and substantial bodily  
6 harm to one or more other persons as manifested by behavior caus-  
7 ing, or attempting harm, including, in regard to evaluations, at  
8 least one incident within 30 days before the filing of a petition  
9 for emergency hospitalization;

10 (9) "mental health professional" means a psychiatrist or  
11 physician who is licensed to practice in this state; a clinical psychol-  
12 ogist certified by the state Board of Psychologist and Psychological  
13 Associate Examiners; a registered nurse with psychiatric training,  
14 licensed by the State Board of Nursing; and a social worker with a  
15 master's degree and experience in the field of mental illness;

16 (10) "mental illness" means an organic, mental or emotional  
17 impairment which has substantial adverse effects on an individual's  
18 ability to exercise conscious control of his actions or ability to  
19 perceive reality or to reason or understand; mental retardation, epi-  
20 lepsy, drug addiction and alcoholism do not per se constitute mental  
21 illness, although persons suffering from these conditions may also be  
22 suffering from mental illness;

23 (11) "peace officer" includes a state police officer, municipi-  
24 pal or other local police officer, state, municipal, or other local  
25 health officer, public health nurse, United States marshal or deputy  
26 United States marshal, or a person authorized by the court.

27 (12) "provider of outpatient care" means a mental health pro-  
28 fessional or hospital, clinic, institution, center or other health care  
29 facility who has been designated by the department to accept for

1 treatment patients who are ordered to undergo involuntary outpatient  
2 treatment by the court or who are released early from inpatient commit-  
3 ments on condition that they undergo outpatient treatment;

4 (13) "state" means a state of the United States, the District  
5 of Columbia, the territories and possessions of the United States, and  
6 the Commonwealth of Puerto Rico, and, with the approval of the United  
7 States Congress, Canada;

8 (14) "treatment facility" means a hospital, clinic, institu-  
9 tion, center or other health care facility which has been designated by  
10 the department for the treatment or rehabilitation of mentally ill  
11 persons and for the receipt of these persons by court-ordered commit-  
12 ment, but does not include correctional institutions;

13 (15) "professional person in charge of the treatment facility"  
14 means the senior mental health professional at the facility; in the  
15 absence of a mental health professional it means the chief of staff or  
16 other senior physician.

17 \* Sec. 2. AS 47.30.340(10) is repealed and re-enacted to read:

18 (10) "mentally ill individual" means a person having a dis-  
19 ability which

20 (A) is attributable to

21 (i) mental retardation or autism;

22 (ii) any other condition found to be closely related

23 to mental retardation because the condition results in im-  
24 pairment of general intellectual functioning or adaptive be-  
25 havior similar to impairment resulting from mental retardation  
26 or autism; and

27 (B) constitutes a severe and substantial handicap to  
28 the person's ability to function in society;

29 \* Sec. 3. This Act takes effect October 1, 1978.