

Introduced: 3/11/77
Referred: Health, Education &
Social Services and Finance

1 IN THE SENATE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 SENATE BILL NO. 242

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to treatment of alcoholism and drug
7 abuse; and providing for an effective date."

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

9 * Section 1. AS 47.37 is amended to read:

10 CHAPTER 37. [UNIFORM] ALCOHOLISM AND DRUG ABUSE

11 [INTOXICATION TREATMENT ACT].

12 ARTICLE 1. TREATMENT.

13 * Sec. 2. AS 47.37.010 is amended to read:

14 Sec. 47.37.010. DECLARATION OF POLICY. It is the policy of the
15 state that alcoholics, [AND] intoxicated persons, drug addicts and
16 drug abusers should not be criminally prosecuted for their consumption
17 of alcoholic beverages or drugs but [AND THAT THEY] should be afforded
18 a continuum of treatment so they may lead normal lives as productive
19 members of society.

20 * Sec. 3. AS 47.37.020 is amended to read:

21 Sec. 47.37.020. OFFICE OF ALCOHOLISM AND DRUG ABUSE. An office
22 of alcoholism and drug abuse is established in the department. The
23 office shall be headed by a coordinator appointed by the commissioner.
24 The coordinator shall be a qualified professional who has training and
25 experience in the organization and administration of treatment services
26 for persons with alcoholism-drug [MEDICAL-SOCIAL] problems. The
27 coordinator is in the classified service.

28 * Sec. 4. AS 47.37.030 is amended to read:

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

1 (1) plan, establish, and maintain prevention, training,
2 treatment and rehabilitation programs as appropriate;

3 (2) make contracts necessary or incidental to the per-
4 formance of its duties and the execution of its powers, including
5 contracts with public and private agencies, organizations, and indi-
6 viduals, to pay them for services rendered or furnished to alcoholics,
7 [OR] intoxicated persons, or other drug addicted or drug abusing
8 persons;

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

14 (4) review and comment on, and administer or supervise the
15 administration of the provisions relating to alcoholics, [AND] intoxi-
16 cated persons, drug addicts, and drug abusers, of any state plan
17 submitted for federal funding under federal health, welfare, [OR]
18 treatment, traffic safety, and criminal justice legislation;

19 (5) coordinate its activities and cooperate with alcoholism
20 and drug abuse programs in this and other states, and make contracts
21 and other joint or cooperative arrangements with state, local, or
22 private agencies for the treatment of alcoholics, [AND] intoxicated
23 persons, drug addicts, or drug abusers and for the common advancement
24 of alcoholism and drug abuse programs in this and other states;

25 (6) keep records and engage in research and the gathering
26 of relevant statistics; have access to records used by other agencies
27 of the state government except as prohibited by law;

28 (7) do other acts necessary to implement the authority
29 expressly granted to it;

1 (8) acquire, hold, or dispose of real property or any
2 interest in it, and construct, lease, or otherwise provide treatment
3 facilities for alcoholics, [AND] intoxicated persons, drug addicts and
4 drug abusers; however, the office shall encourage local initiative,
5 involvement and financial participation under grants-in-aid whenever
6 possible in preference to the construction or operation of facilities
7 directly by the office.

8 * Sec. 5. AS 47.37.040 is amended to read:

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

10 (1) develop, encourage, and foster statewide, regional, and
11 local plans and programs for the prevention of alcoholism and drug
12 abuse and treatment of alcoholics, [AND] intoxicated persons, drug
13 addicts, and drug abusers in cooperation with public and private
14 agencies, organizations, and individuals, and provide technical assist-
15 ance and consultation services for these purposes;

16 (2) coordinate the efforts and enlist the assistance of all
17 public and private agencies, organizations, and individuals interested
18 in prevention of alcoholism and drug abuse and treatment of alcoholics,
19 [AND] intoxicated persons, drug addicts, and drug abusers;

20 (3) cooperate with the division of corrections in establish-
21 ing and conducting programs to provide treatment for alcoholics,
22 [AND] intoxicated persons, drug addicts, and drug abusers in or on
23 parole from penal institutions;

24 (4) cooperate with the Department of Education, school
25 boards, schools, police departments, courts, and other public and
26 private agencies, organizations and individuals in establishing
27 programs for the prevention of alcoholism and drug abuse and treatment
28 of alcoholics, [AND] intoxicated persons, drug addicts, and drug
29 abusers, and preparing curriculum materials for use at all levels of

1 school education;

2 (5) prepare, publish, evaluate, and disseminate educational
3 material dealing with the nature and effects of alcohol and other
4 drugs;

5 (6) develop and implement, as an integral part of treatment
6 programs, an educational program for use in the treatment of alcoholics,
7 [AND] intoxicated persons, drug addicts, and drug abusers which includes
8 the dissemination of information concerning the nature and effects of
9 alcohol and other drugs;

10 (7) organize and implement a coordinated manpower training
11 and education program [FOSTER TRAINING PROGRAMS] for all persons
12 engaged in occupations which provide treatment or other related services
13 to [OF] alcoholics, [AND] intoxicated persons, drug addicts, and drug
14 abusers;

15 (8) sponsor and encourage research into the causes and
16 nature of alcoholism, alcohol abuse, drug addiction and drug abuse,
17 [AND] treatment of alcoholics, [AND] intoxicated persons, drug addicts,
18 and drug abusers, and serve as a source [CLEARINGHOUSE] for information
19 relating to alcoholism and drug abuse;

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

25 (10) advise the commissioner, the regional health systems
26 agencies, the state health coordinating council, and the governor in
27 the preparation of an annual [A] comprehensive plan for the prevention,
28 treatment, and control of alcohol and drug abuse [TREATMENT OF ALCOHOL-
29 ICS AND INTOXICATED PERSONS];

1 (11) review all state health, welfare, criminal justice,
2 traffic safety and treatment plans to be submitted for federal funding,
3 and advise the commissioner on provisions to be included relating to
4 alcohol and drug abuse [ALCOHOLISM AND INTOXICATED PERSONS];

5 (12) encourage [ASSIST IN] the development and maintenance
6 of 'troubled employees' [, AND COOPERATE WITH, ALCOHOL EDUCATION AND
7 TREATMENT] programs in Alaska [FOR EMPLOYEES OF STATE AND LOCAL GOVERN-
8 MENTS AND BUSINESSES AND INDUSTRIES IN THE STATE];

9 (13) utilize the support and assistance of interested
10 persons in the community, particularly recovered alcohol or drug
11 abusers [ALCOHOLICS], to encourage alcohol or drug abusing persons
12 [ALCOHOLICS] to voluntarily undergo treatment;

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

17 (15) monitor the admissions of [ENCOURAGE] hospitals and
18 other appropriate health facilities in compliance with federal law
19 which requires that the office ensure that they [TO] admit without
20 discrimination alcoholics and intoxicated persons and [TO] provide
21 them with adequate and appropriate treatment;

22 (16) encourage all health and disability insurance programs
23 to include alcoholism and certain other forms of drug abuse and addic-
24 tion as [A] covered illnesses [ILLNESS];

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

27 * Sec. 6. AS 47.37.050 is amended to read:

28 Sec. 47.37.050. INTERDEPARTMENTAL COORDINATING COMMITTEE. (a)
29 An interdepartmental coordinating committee is created, composed of

1 the coordinator, [AND] the commissioners of health and social services,
2 revenue, education, [HIGHWAYS, LABOR AND] public safety, community and
3 regional affairs, the directors of traffic safety and the Criminal
4 Justice Planning Agency and representatives from the Department of
5 Law, the Division of Planning and Policy Development, the Division of
6 Budget and Management, and the Alaska Court System. The committee
7 shall meet at least quarterly [TWICE ANNUALLY] at the call of the
8 commissioner of health and social services who is its chairman. The
9 committee shall supervise the development and implementation of an
10 annual interdepartmental state plan for the prevention, treatment and
11 control of alcohol and drug abuse [PROVIDE FOR THE COORDINATION AND
12 EXCHANGE OF INFORMATION ON ALL PROGRAMS RELATING TO ALCOHOLISM], and
13 act as a permanent liaison among state departments engaged in activities
14 affecting alcoholics, [AND] intoxicated persons, drug addicts, and
15 drug abusers. The annual interdepartmental plan for the prevention,
16 treatment, and control of alcohol and drug abuse shall reflect con-
17 sideration of related plans and plan requirements of other agencies
18 with similar goals. [THE COMMITTEE SHALL ASSIST THE COMMISSIONER OF
19 HEALTH AND SOCIAL SERVICES AND THE COORDINATOR IN FORMULATING A COMPRE-
20 HENSIVE PLAN FOR PREVENTION OF ALCOHOLISM AND FOR TREATMENT OF ALCOHOL-
21 ICS AND INTOXICATED PERSONS.]

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

24 (1) provide all necessary medical, social, treatment, and
25 educational services for alcoholics, [AND] intoxicated persons, drug
26 addicts, and drug abusers and for the prevention and control of both
27 alcohol and drug abuse [OF ALCOHOLISM], without unnecessary duplication
28 of services;

29 (2) cooperate in the planning and implementation of integrated

1 systems of enforcement, adjudication, treatment, and rehabilitation
2 appropriate to the humane and professional provision of services to [USE
3 OF FACILITIES AND IN THE TREATMENT OF] alcoholics, [AND] intoxicated
4 persons, drug addicts, and drug abusers;

5 (3) adopt approaches for the prevention, [OF ALCOHOLISM AND
6 THE] treatment, and control of alcohol [ALCOHOLICS] and drug abuse
7 [INTOXICATED PERSONS] consistent with the policy of this chapter.

8 * Sec. 7. AS 47.37.060 is amended to read:

9 Sec. 47.37.060. ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE.
10 There is established in the Department of Health and Social Services
11 an advisory board on alcoholism and drug abuse. This advisory board
12 shall function as a committee of the state health coordinating council,
13 and three representatives of it shall serve as an advisory subcommittee
14 of the interdepartmental coordinating committee.

15 * Sec. 8. AS 47.37.070 is amended to read:

16 Sec. 47.37.070. COMPOSITION. The advisory board on alcoholism
17 and drug abuse consists of nine members appointed by the governor.

18 * Sec. 9. AS 47.37.080 is amended to read:

19 Sec. 47.37.080. QUALIFICATIONS OF BOARD MEMBERS. Of the nine
20 members

21 (1) two shall be persons who are licensed to practice
22 medicine in the state [, ONE OF WHOM SHALL BE CERTIFIED IN PSYCHIATRY
23 BY THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY OR ELIGIBLE FOR THAT
24 CERTIFICATION, EXCEPT THAT IF A PSYCHIATRIST IS NOT AVAILABLE A CLINICAL
25 PSYCHOLOGIST MAY BE APPOINTED];

26 (2) one shall be a practicing attorney who has been ad-
27 mitted to the practice of law by the state supreme court;

28 (3) four [TWO] shall be persons who have evidenced an
29 interest in the problems of alcoholism or drug abuse and who have

1 knowledge of the social problems encountered in the rehabilitation of
2 alcoholics or drug abusers;

3 (4) two [ONE] shall be persons chosen from the following
4 professions:

5 (A) education;

6 (B) nursing;

7 (C) pharmacy;

8 (D) social work [A PUBLIC HEALTH NURSE];

9 (5) three shall also represent the board of directors of
10 each of the three regional health systems agencies created under P.L.
11 93-641 [ONE SHALL BE A REPRESENTATIVE OF THE LIQUOR INDUSTRY];

12 [(6) ONE SHALL BE FROM THE PUBLIC AT LARGE;]

13 [(7) ONE SHALL BE A SOCIAL WORKER].

14 * Sec. 10. AS 47.37.090 is amended to read:

15 Sec. 47.37.090. TERM OF OFFICE. (a) The members of the board
16 initially appointed under sec. 80(1)[(a)] of this chapter serve terms
17 of three [FOUR] years.

18 (b) The member initially appointed under sec. 80(2)[(b)] of this
19 chapter serves a term of three years.

20 (c) Two members [THE MEMBER] initially appointed under sec.
21 80(3)[(c)] of this chapter serve terms [SERVES A TERM] of one year and
22 the other two serve terms of two years [TWO YEARS].

23 (d) The members initially appointed under sec. 80(4)[(d) - (h)]
24 of this chapter serve terms of two [FOUR] years. Subsequent terms for
25 all board members are three [FOUR] years.

26 (e) A vacancy occurring in the membership of the board shall be
27 filled by an appointment by [OF] the governor for the unexpired portion
28 of the vacated term.

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

1 * Sec. 11. AS 47.37.100 is amended to read:

2 Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members of
3 the advisory board on alcoholism and drug abuse are not entitled to a
4 salary, but are entitled to per diem, reimbursement for travel and
5 other expenses authorized by law for other boards.

6 * Sec. 12. AS 47.37.110 is amended to read:

7 Sec. 47.37.110. DUTIES. The board shall act in an advisory
8 capacity to the commissioner and the interdepartmental coordinating
9 committee in the following matters:

10 (1) special problems affecting mental health which alcoho-
11 lism and drug abuse may present;

12 (2) educational and research activities conducted by the
13 office in respect to the problems presented by alcoholism and drug
14 abuse;

15 (3) social problems which affect rehabilitation of al-
16 coholics and drug abusers;

17 (4) legal processes which affect the treatment and rehabili-
18 tation of alcoholics and drug abusers;

19 (5) a program of public relations concerning the problem of
20 alcoholism and drug abuse conducted by a department of the state
21 government or by any organized group [AN ORGANIZED GROUP WHOSE PURPOSE
22 IS THE REHABILITATION OF ALCOHOLICS].

23 * Sec. 13. AS 47.37.120 is amended to read:

24 Sec. 47.37.120. ALCOHOLISM AND DRUG ABUSE PROGRAM COORDINATOR.
25 The alcoholism and drug abuse program coordinator shall carry out the
26 development and implementation of a comprehensive program dealing with
27 the prevention, treatment, and control of, research on and education
28 concerning alcohol and drug [ALCOHOLIC] problems as they affect the
29 state.

1 * Sec. 14. AS 47.37.130 is amended to read:

2 Sec. 47.37.130. COMPREHENSIVE PROGRAM FOR TREATMENT; REGIONAL
3 PROGRAMS [FACILITIES]. (a) The office shall establish a comprehensive
4 and coordinated program for the treatment of alcoholics, [AND] intoxi-
5 cated persons, drug addicts, and drug abusers. The [SUBJECT TO THE
6 APPROVAL OF THE COMMISSIONER, THE] coordinator shall [MAY] divide the
7 state into [APPROPRIATE] regions that conform to the health service
8 areas established by the secretary of the Department of Health, Educa-
9 tion and Welfare under P.L. 93-641 to plan and implement [TO CONDUCT]
10 the program and establish standards for the development of the program
11 on the regional level. In establishing the programs [REGIONS], con-
12 sideration shall be given to the city, [AND] borough, and Native
13 corporation boundaries [LINES] and population concentrations and,
14 when feasible, programs shall be established with maximum local com-
15 munity and Native corporation involvement.

16 (b) The program of the office shall include

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

19 (2) inpatient treatment;

20 (3) intermediate treatment; and

21 (4) outpatient and follow-up treatment.

22 (c) The office shall provide adequate and appropriate treatment
23 for alcoholics, [AND] intoxicated persons, drug addicts, and drug
24 abusers admitted under secs. 160 - 190 of this chapter within the
25 limits of available state and federal funds.

26 (d) The office shall maintain, supervise and control all facili-
27 ties operated by it subject to the regulations of the department. The
28 administrator of each facility operated by the department shall make
29 an annual report of its activities to the coordinator in the form and

1 manner the coordinator specifies.

2 (e) The [IF POSSIBLE, THE] office shall coordinate the activi-
3 ties of the program with all appropriate public and private resources.

4 (f) The office shall issue an annual license to a public or
5 private treatment facility which meets the appropriate standards
6 established under sec. 140(a) of this chapter. No treatment facility
7 may be operated in the state without a license, and no facility may
8 receive state funds under a contract or a grant-in-aid unless it is
9 licensed as a public treatment facility. [THE COORDINATOR SHALL
10 PREPARE, PUBLISH, AND DISTRIBUTE ANNUALLY A LIST OF ALL APPROVED
11 PUBLIC AND PRIVATE TREATMENT FACILITIES.]

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

16 * Sec. 15. AS 47.37.140 is amended to read:

17 Sec. 47.37.140. PUBLIC AND PRIVATE TREATMENT FACILITIES. (a)
18 The office shall establish standards in regulations adopted by the
19 department for facilities before their licensure [APPROVAL] as public
20 or private treatment facilities, and fix the fees to be charged for
21 the required inspections of those facilities. The standards for
22 private facilities may [SHALL] concern only the health conditions to
23 be met and standards of treatment to be afforded patients, but
24 standards for public facilities may include additional criteria to
25 assure responsible processing of state contract and grant-in-aid
26 funds.

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

1 (c) The office shall prepare, maintain, publish and distribute
2 annually a list of licensed [APPROVED] public and private treatment
3 facilities.

4 (d) Each licensed [APPROVED] public or [AND] private treatment
5 facility shall file with the office on request, data, statistics,
6 schedules, and information which the office reasonably requires under
7 (a) of this section. If a licensed [AN APPROVED] public or private
8 treatment facility, [THAT] without good cause, fails to furnish any
9 data, statistics, schedules, or information as requested, or files
10 fraudulent returns of them, its license shall be suspended or revoked
11 [REMOVED FROM THE LIST OF APPROVED TREATMENT FACILITIES].

12 (e) The coordinator, after holding a hearing under the provisions
13 of the Administrative Procedure Act (AS 44.62), may suspend, revoke,
14 limit, restrict, or refuse to grant a license [AN APPROVAL] for a
15 treatment facility, for failure to meet the [ITS] standards established
16 by the department.

17 (f) Upon petition of the office and after a hearing held upon
18 reasonable notice to the facility, the district court may issue a
19 warrant to an officer or employee of the office authorizing him to
20 enter and inspect at reasonable times, and examine the books and
21 accounts of any licensed [AN APPROVED] public or private alcoholism,
22 drug addiction, or drug abuse treatment facility refusing to consent
23 to inspection or examination by the office or which the office has
24 reasonable cause to believe is operating in violation of this chapter.

25 * Sec. 16. AS 47.37.150 is amended to read:

26 Sec. 47.37.150. ACCEPTANCE FOR TREATMENT. The department [CO-
27 ORDINATOR] shall adopt [PROMULGATE] regulations for the admission of
28 persons into the treatment program, considering available treatment
29 resources and facilities, for the purpose of early and effective

1 treatment of alcoholics, [AND] intoxicated persons, drug addicts, and
2 drug abusers. In establishing the regulations, the department [CO-
3 ORDINATOR] shall be guided by the following standards:

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

6 (2) a patient shall be initially assigned or transferred to
7 outpatient or intermediate treatment, unless he is found to require
8 inpatient treatment;

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

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

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

17 * Sec. 17. AS 47.37.160 is amended to read:

18 Sec. 47.37.160. VOLUNTARY TREATMENT OF ALCOHOLICS AND DRUG
19 ADDICTS. (a) An alcoholic, drug addict, or drug abuser may volun-
20 tarily apply for treatment directly to a licensed [AN APPROVED] public
21 or private treatment facility.

22 (b) Subject to regulations adopted [PROMULGATED] by the department
23 [COORDINATOR], the administrator in charge of a licensed [AN APPROVED]
24 public or private treatment facility may determine who shall be admit-
25 ted for treatment. If a person is refused admission to a licensed [AN
26 APPROVED] public or private treatment facility, the administrator
27 shall [, IF POSSIBLE,] refer the person to another licensed [APPROVED]
28 public or private treatment facility.

29 (c) When a patient receiving inpatient care leaves a licensed

1 [AN APPROVED] public or private treatment facility, he shall be encour-
2 aged to consent to appropriate outpatient or intermediate treatment.
3 If it appears to the administrator in charge of the treatment facility
4 that the patient is an alcoholic or drug addict who requires help, the
5 facility administrator [OFFICE] shall arrange for assistance in obtain-
6 ing supportive services and residential facilities.

7 (d) Except for diagnosis and referral, alcoholism treatment
8 programs shall be separate and distinct from treatment programs for
9 drug addicts. There may be integrated inpatient programs for the
10 treatment of alcoholics and cross-addicted persons, and there may be
11 integrated prevention programs for all forms of substance abuse. No
12 person addicted to an opium derivative may be treated except at a
13 licensed drug addiction treatment center. All federal and state laws
14 and regulations relating to requirements for methadone maintenance for
15 persons addicted to an opium derivative shall be strictly adhered to
16 by all drug addiction treatment facilities operated or funded by the
17 office.

18 * Sec. 18. AS 47.37.170(a) is amended to read:

19 (a) An intoxicated person may come voluntarily to a licensed [AN
20 APPROVED] public or private alcoholism treatment facility for emergency
21 treatment. A person who appears to be intoxicated in a public place
22 and to be in need of help or a person who appears to be intoxicated in
23 or upon a licensed premise where intoxicating liquors are sold or
24 consumed who refuses to leave upon being requested to leave by the
25 owner, an employee or a peace officer may be taken into protective
26 custody and assisted by a peace officer or a member of the emergency
27 service patrol to his home, a licensed [AN APPROVED] public treatment
28 facility, a licensed [AN APPROVED] private treatment facility, or
29 another appropriate health facility. If all of the preceding facilities

1 including the person's home, are determined to be unavailable, a
2 person taken into protective custody and assisted under this subsection
3 may be taken to a state or municipal detention facility in the area.

4 * Sec. 19. AS 47.37.170(b) is amended to read:

5 (b) A person who appears to be incapacitated by alcohol in a
6 public place shall be taken into protective custody by a peace officer
7 or a member of the emergency service patrol and immediately brought to
8 a licensed [AN APPROVED] public treatment facility, a licensed [AN
9 APPROVED] private treatment facility, or another appropriate health
10 facility or service for emergency medical treatment. If no treatment
11 facility or emergency medical service is available, a person who
12 appears to be incapacitated by alcohol in a public place shall be
13 taken to a state or municipal detention facility in the area, if that
14 appears necessary for the protection of the person's health or safety.

15 * Sec. 20. AS 47.37.170(c) is amended to read:

16 (c) A person who voluntarily appears or is brought to a licensed
17 [AN APPROVED] public or private treatment facility shall be examined
18 by a licensed physician within 24 hours [AS SOON AS POSSIBLE]. After
19 the examination, he may be admitted as a patient or referred to another
20 health facility. The licensed [APPROVED] public or private treatment
21 facility which refers him shall arrange for his transportation.

22 * Sec. 21. AS 47.37.170(d) is amended to read:

23 (d) No person who, after medical examination, is found to be
24 incapacitated by alcohol at the time of his admission or to have
25 become incapacitated at any time after his admission, may be detained
26 at a facility after he is no longer incapacitated by alcohol. No
27 person may be detained at a facility if he remains incapacitated by
28 alcohol for more than 72 [48] hours after admission as a patient,
29 unless he is committed under secs. [SEC.] 180 or 190 of this chapter.

1 A person may consent to remain in the facility as long as the physician
2 or administrator in charge considers it appropriate.

3 * Sec. 22. AS 47.37.170(e) is amended to read:

4 (e) A person who is not admitted to a licensed [AN APPROVED]
5 public or private treatment facility, is not referred to another
6 health facility, and has no funds, may be taken to his home, if any.
7 If he has no home, the licensed [APPROVED] public or private treatment
8 facility shall assist him in obtaining shelter.

9 * Sec. 23. AS 47.37.170(f) is amended to read:

10 (f) If a patient is admitted to a licensed [AN APPROVED] public
11 or private treatment facility, his family or next of kin shall be
12 promptly notified. If an adult patient who is not incapacitated
13 requests that there be no notification of next of kin, his request
14 shall be granted.

15 * Sec. 24. AS 47.37.170(g) is amended to read:

16 (g) Peace officers or members of the emergency service patrol
17 who comply with this section are acting in the course of their official
18 duty and are not criminally or civilly liable for that compliance
19 [IT].

20 * Sec. 25. AS 47.37.170(h) is amended to read:

21 (h) If the physician or administrator in charge of a licensed
22 [THE APPROVED] public or private treatment facility determines it is
23 for the patient's benefit, he shall initiate either an emergency
24 commitment procedure under sec. 180 of this chapter or an involuntary
25 commitment proceeding under sec. 190 of this chapter, whichever is
26 appropriate in his professional judgment [AN ATTEMPT SHALL BE MADE TO
27 ENCOURAGE THE PATIENT TO SUBMIT TO FURTHER DIAGNOSIS AND APPROPRIATE
28 VOLUNTARY TREATMENT].

29 * Sec. 26. AS 47.37.180 is amended to read:

1 Sec. 47.37.180. EMERGENCY DETENTION AND COMMITMENT. (a) An
2 intoxicated person who [(1)] has threatened, attempted to inflict, or
3 inflicted physical harm on another may be charged under an appropriate
4 criminal statute, taken into custody, and transported to a state or
5 municipal detention facility. A person who [OR IS LIKELY TO INFLICT
6 PHYSICAL HARM ON ANOTHER UNLESS COMMITTED, OR (2)] is incapacitated by
7 alcohol, may be committed to a licensed [AN APPROVED] public or private
8 alcoholism treatment facility for emergency treatment. A refusal to
9 undergo treatment does not constitute evidence of lack of judgment as
10 to the need for treatment.

11 (b) The certifying physician, spouse, guardian, or relative of
12 the person to be committed, or any other responsible person, may make
13 a written application for commitment under this section, directed to
14 the administrator of the licensed [APPROVED] public or private alcoh-
15 olism treatment facility. The application shall state facts to support
16 the need for emergency treatment and be accompanied by a physician's
17 certificate supporting the need for emergency treatment and stating
18 that the physician has examined the person sought to be committed
19 within two days before the certificate's date.

20 (c) Upon approval of the application by the administrator in
21 charge of the facility, the person may be brought to the facility by a
22 peace officer, a health officer, a member of the emergency service
23 patrol, the applicant for commitment, the patient's spouse, the
24 patient's guardian, or any other interested person. The person shall
25 be retained at the facility to which he was admitted, or transferred
26 to another appropriate public or private treatment facility, until
27 discharged under (e) of this section. [HOWEVER, NO PERSON MAY BE DE-
28 TAINED UNDER THIS SECTION FOR MORE THAN 48 HOURS UNLESS A DISTRICT OR
29 SUPERIOR COURT JUDGE HAS REVIEWED AND APPROVED THE COMMITMENT APPLICA-

1 TION.]

2 (d) The administrator in charge of a licensed [AN APPROVED]
3 public or private treatment facility may refuse an application if in
4 his opinion the application and certificate fail to sustain the
5 grounds for commitment.

6 (e) When on the advice of his medical staff the administrator
7 determines that the grounds for commitment no longer exist, he shall
8 discharge a person committed under this section. No person committed
9 under this section may be detained in a treatment facility for more
10 than five days. If a petition for involuntary commitment under sec.
11 190 of this chapter has been filed within the five days and the admini-
12 strator in charge of a licensed [AN APPROVED] public or private treat-
13 ment facility finds that grounds for emergency commitment still exist,
14 he may detain the person until the petition has been heard and deter-
15 mined, but no longer than 10 days after filing the petition.

16 (f) A copy of the written application for commitment and of the
17 physician's certificate, and a written explanation of the person's
18 [PERSONS'] right to legal counsel, shall be given to the person within
19 24 hours after commitment by the administrator, who shall provide a
20 reasonable opportunity for the person to consult with legal counsel.

21 * Sec. 27. AS 47.37.190(a) is amended to read:

22 (a) After a hearing initiated by petition of his spouse or
23 guardian, a relative, the certifying physician, or the administrator
24 in charge of a licensed [AN APPROVED] public or private treatment
25 facility, a person may be committed to the custody of an appropriate
26 licensed private or public alcoholism treatment agency [THE OFFICE] by
27 the superior court. The petition shall allege that the person is an
28 alcoholic who habitually lacks self-control in using alcoholic beverages,
29 or [AND THAT HE (1) HAS THREATENED, ATTEMPTED TO INFLICT, OR INFLICTED

1 PHYSICAL HARM ON ANOTHER AND] that unless committed is likely to
2 inflict physical harm on himself or another,[;] or [(2)] is incapac-
3 tated by alcohol. A refusal to undergo treatment does not constitute
4 evidence of lack of judgment as to need for treatment. The petition
5 shall be accompanied by a certificate of a licensed physician who has
6 examined the person within two days before submission of the petition,
7 unless the person whose commitment is sought has refused to submit to
8 a medical examination, in which case the fact of refusal shall be
9 alleged in the petition. The certificate shall set out the physician's
10 findings in support of the allegations of the petition.

11 * Sec. 28. AS 47.37.190(b) is amended to read:

12 (b) After the petition is filed, the court shall fix a date for
13 a hearing no later than 10 days after the date the petition was
14 filed. A copy of the petition and of the notice of the hearing,
15 including the date fixed by the court, shall be served on (1) the
16 petitioner; (2) the person whose commitment is sought; (3) the next of
17 kin of the person whose commitment is sought; (4) the administrator in
18 charge of the licensed [APPROVED] public or private treatment facility
19 in which the committed person has been committed for emergency care,
20 and any other person the court considers appropriate. A copy of the
21 petition and certificate shall be delivered to each person notified.

22 * Sec. 29. AS 47.37.200(a) is amended to read:

23 (a) At the hearing required under sec. 190(b) of this chapter,
24 the court or the jury, if requested under sec. 190(c) of this chapter,
25 shall hear all relevant testimony, including, if possible, the testi-
26 mony of at least one licensed physician who has examined the person
27 whose commitment is sought. The person whose commitment is sought
28 shall be present unless the court believes that his presence is likely
29 to be injurious to him, in which case the court shall appoint a guardian

1 ad litem to represent him throughout the proceeding. The court may
2 examine the person in open court, or if advisable, examine him out of
3 court. If the person has refused to be examined by a licensed physi-
4 cian, he shall be given an opportunity to request examination by a
5 court-appointed licensed physician. If he fails to request a medical
6 examination and there is sufficient evidence to believe that the
7 allegations of the petition are true, or if the court believes that
8 more medical evidence is necessary, the court may issue a temporary
9 order committing him to a licensed public or private treatment facility
10 in which he is being held under sec. 170 of this chapter [THE OFFICE]
11 for a period of not more than five days for purposes of a diagnostic
12 examination.

13 * Sec. 30. AS 47.37.200(b) is amended to read:

14 (b) If after hearing all relevant evidence, including the results
15 of any diagnostic examination by the licensed public or private treat-
16 ment facility [OFFICE], the court or the jury finds that grounds for
17 involuntary commitment have been clearly established, the court shall
18 issue an order of commitment to the licensed facility [OFFICE]. No
19 court may order the commitment of a person except to a licensed public
20 or private treatment facility which [UNLESS IT DETERMINES THAT THE
21 OFFICE] is able to provide adequate and appropriate treatment for him.

22 * Sec. 31. AS 47.37.200(c) is amended to read:

23 (c) A person committed under secs. 190 - 200 of this chapter
24 shall remain in the custody of the licensed facility [OFFICE] for
25 treatment for a period of up to 30 days. At the end of the 30-day
26 period, he shall be discharged automatically unless the facility
27 administrator or physician [OFFICE], before the expiration of the
28 period, obtains a court order for his recommitment upon the grounds
29 set out in sec. 190(a) of this chapter for a further period of up to

1 90 days. If a person has been committed because he is an alcoholic
2 likely to inflict physical harm on himself or another, the facility
3 administrator or physician [OFFICE] shall apply for recommitment if
4 after examination it is determined that the likelihood still exists.

5 * Sec. 32. AS 47.37.200(d) is amended to read:

6 (d) A person recommitted under (c) of this section who has not
7 been discharged by the facility [OFFICE] before the end of the 90-day
8 period shall be discharged at the expiration of that period unless the
9 facility administrator or physician [OFFICE], before expiration of the
10 period, obtains a court order on the grounds set out in sec. 190(a) of
11 this chapter for recommitment for a further period not to exceed 90
12 days. If a person has been committed because he is an alcoholic
13 likely to inflict physical harm on himself or another, the facility
14 administrator or physician [OFFICE] shall apply for recommitment if
15 after examination it is determined that the likelihood still exists.
16 No more than two recommitment orders may be permitted under (c) and
17 (d) of this section.

18 * Sec. 33. AS 47.37.200(f) is amended to read:

19 (f) The licensed public or private treatment facility [OFFICE]
20 shall provide adequate and appropriate treatment for a person in its
21 custody. The licensed facility [OFFICE] may transfer a person in its
22 custody [FROM ONE APPROVED PUBLIC TREATMENT FACILITY] to another
23 licensed facility if the transfer is medically advisable.

24 * Sec. 34. AS 47.37.200(g) is repealed and re-enacted to read:

25 (g) A person committed to the custody of a licensed public or
26 private treatment facility for treatment shall, if he is an alcoholic
27 committed on the grounds that he is likely to inflict physical harm on
28 himself or another, be discharged at any time before the end of the
29 period for which he has been committed if either of the following

1 conditions is met:

2 (1) he no longer demonstrates the likelihood that he will
3 inflict physical harm on himself or another; or

4 (2) treatment is no longer adequate or appropriate.

5 * Sec. 35. AS 47.37.210 is amended to read:

6 Sec. 47.37.210. RECORDS OF ALCOHOLICS, [AND] INTOXICATED PERSONS,
7 DRUG ADDICTS, AND DRUG ABUSERS. (a) The registration and other
8 records of treatment facilities shall remain confidential and are
9 privileged to the patient.

10 (b) Notwithstanding (a) of this section, the coordinator may
11 make available information from patient's records for purposes of
12 research into the causes and treatment of alcoholism, drug addiction
13 or drug abuse. No information may disclose a patient's name.

14 * Sec. 36. AS 47.37.220 is amended to read:

15 Sec. 47.37.220. VISITATION AND COMMUNICATION OF PATIENTS. (a)
16 Patients in any licensed [APPROVED] treatment facility under this
17 chapter shall be granted reasonable opportunities for adequate consul-
18 tation with counsel, and for continuing contact with family and
19 friends including the use of telephone facilities, consistent with an
20 effective treatment program.

21 (b) No mail or other communication to or from a patient in a
22 licensed [ANY APPROVED] treatment facility may be intercepted, read,
23 or censored.

24 * Sec. 37. AS 47.37.240(a) is amended to read:

25 (a) A patient in a licensed [AN APPROVED] treatment facility, or
26 the person obligated to provide for the cost of treatment of a person
27 committed under this chapter, is liable to the office or the licensed
28 treatment facility which provided the treatment, whichever is appro-
29 priate, for the cost of maintenance and treatment of the patient in

1 accordance with rates established by the coordinator.

2 * Sec. 38. AS 47.37.270(2) is amended to read:

3 (2) "licensed [APPROVED] private treatment facility" means
4 a private agency which does not receive grants-in-aid from the office,
5 but meets the limited [MEETING THE] standards prescribed in sec.
6 140(a) of this chapter for private facilities and licensed under sec.
7 130(f) of this chapter [AND APPROVED UNDER SEC. 140(c) OF THIS CHAPTER];

8 * Sec. 39. AS 47.37.270(3) is amended to read:

9 (3) "licensed [APPROVED] public treatment facility" means
10 a treatment agency operating under the supervision [DIRECTION AND
11 CONTROL] of the office and [OR] providing treatment under this chapter
12 through a grant from or contract with the office, [UNDER SEC. 130(g)
13 OF THIS CHAPTER AND] meeting all of the standards prescribed in sec.
14 140(a) of this chapter, and licensed [APPROVED] under sec. 130(f)
15 [140(c)] of this chapter;

16 * Sec. 40. AS 47.37.270(5) is amended to read:

17 (5) "coordinator" means the coordinator of the office of
18 alcoholism and drug abuse;

19 * Sec. 41. AS 47.37.270(11) is amended to read:

20 (11) "office" means the office of alcoholism and drug abuse
21 within the Department of Health and Social Services;

22 * Sec. 42. AS 47.37.270(12) is amended to read:

23 (12) "treatment" means the broad range of emergency, out-
24 patient, intermediate, and inpatient services and care which may be
25 extended to alcoholics, [AND] intoxicated persons, drug addicts, and
26 drug abusers, including diagnostic evaluation, medical, psychiatric,
27 psychological, and social service care, vocational rehabilitation and
28 career counseling; [.]

29 * Sec. 43. AS 47.37.270 is amended by adding new paragraphs to read:

1 (13) "drug addict" means a person addicted to opium deriva-
2 tives;

3 (14) "drug abuser" means a person who is addicted to or
4 misuses barbiturates, amphetamines, tranquillizers, and similar drugs
5 which are not opium derivatives, to the detriment of his health and
6 social well-being;

7 (15) "cross-addicted person" means a person who is alcoholic
8 and simultaneously addicted to barbiturates, amphetamines, tranquil-
9 lizers, and similar drugs which are not opium derivatives;

10 (16) "troubled employees" means workers whose performance
11 has been affected by the use of alcohol or other drugs.

12 * Sec. 44. AS 47.37 is amended by adding new sections to read:

13 ARTICLE 2. GRANTS-IN-AID.

14 Sec. 47.37.300. POWERS AND DUTIES OF DEPARTMENT. The department
15 shall:

16 (1) administer a community grant-in-aid program for alcoho-
17 lism and drug abuse;

18 (2) submit an annual report concerning the grant-in-aid
19 program within 10 days after the convening of the legislature in each
20 regular session.

21 Sec. 47.37.310. GRANT-IN-AID PROGRAM. (a) A profit-making
22 corporation, a non-profit corporation, a city or borough government,
23 or other political subdivision of the state, or combination of these,
24 is eligible for grant-in-aid funds under this section. Applications
25 shall be sent to the department.

26 (b) The department shall award grants under this section with
27 the advice of the advisory board on alcoholism and drug abuse, in the
28 interest of providing or developing a comprehensive program of preven-
29 tion, treatment, and rehabilitation for alcoholics, intoxicated persons,

1 drug addicts, and drug abusers. Separate budgets shall be appropriated
2 for alcoholism and drug addiction treatment and rehabilitation programs.
3 Grants will be awarded on a competitive basis. In considering applica-
4 tions for grants the department shall, if all other factors are equal,
5 give preference to applicants in political subdivisions which devote
6 local government revenues generated by the sale of intoxicating liquor
7 to the treatment of alcoholism. The department shall consider the
8 amount of money that is available for all applications and whether an
9 application would contribute to the wise development of a comprehensive
10 program.

11 (c) Grants shall be awarded in a ratio of 75 per cent state
12 money to 25 per cent community money except that in communities desig-
13 nated as poverty areas the ratio is 90 per cent state money to 10 per
14 cent community money, for the purposes of providing staff and limited
15 improvement or renovation of facilities for detoxification or inter-
16 mediate care. The office may require up to a 50 per cent community
17 match for the purchase or new construction of facilities. No grant
18 for improving, renovating, purchasing or constructing may exceed
19 \$50,000 except when there is a lack of applicants for available money
20 and then only with the approval of the advisory board on alcoholism
21 and drug abuse. The department is not required to award all money
22 available under this program, or the full percentages specified in
23 this subsection, when another source of money is available, or could
24 reasonably be made available to the applicant.

25 (d) Money used by the applicant to qualify for state money may
26 be from any other source than the state. The cost of developing an
27 application is not reimbursable from the grant. All community match
28 contributions to grants shall be in the form of cash.

29 (e) No program is eligible for funding under this section

1 unless it conforms to the standards adopted by the office under the
2 provisions of sec. 140(a) of this chapter, or in the case of a new
3 program, the office determines that the program will be able to conform
4 to those standards within a period of time to be specified in the
5 initial grant agreement.

6 (f) In order for programs to be eligible for funding under this
7 section they must be able to demonstrate successful collection of
8 patient fees for services at a rate and proportion to be established
9 by the office.

10 Sec. 47.37.320. GRANT-IN-AID PROGRAM REGULATIONS. The department
11 shall adopt regulations necessary to implement sec. 310 of this chapter.
12 The regulations shall provide for the method of application, the time
13 for consideration of the applications, the processing of applications,
14 the type of record keeping, the requirements for reporting the progress
15 and statistics regarding the program, the notification of the applicant
16 as to the action taken on the application, and the issuance of licenses
17 for facilities receiving grants-in-aid under sec. 310 of this chapter.
18 The department shall also establish the necessary forms of application
19 and may adopt other regulations considered necessary to meet the
20 requirements of health and safety and the orderly administration of
21 the grant-in-aid program.

22 Sec. 47.37.330. JUDICIAL NOTICE. The superior courts of this
23 state may take judicial notice of the fact that an alcoholic or drug
24 addict is suffering from an illness and is in need of proper medical,
25 advisory, or rehabilitative treatment.

26 Sec. 47.37.340. DEFINITIONS. In secs. 300 - 350 of this chapter,
27 "poverty area" means an area in which 15 per cent or more of the
28 population, based on the 1970 census data, is under 125 per cent of
29 the Community Services Administration poverty guidelines.

1 * Sec. 45. AS 44.29.100 - 44.29.150 and AS 47.30.470 - 47.30.500 are
2 repealed.

3 * Sec. 46. This Act takes effect July 1, 1977.
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