

Introduced: 1/24/79
Referred: Health, Education &
Social Services and Judiciary

1 IN THE HOUSE

BY PARR

2 HOUSE BILL NO. 2

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to mentally ill persons; and providing
7 for an effective date."

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

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

10 ARTICLE 6. MENTAL HEALTH PROGRAM.

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

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

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

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

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

28 (5) that patients be informed of their legal rights and be
29 informed of and allowed to participate in their treatment program as

1 much as possible.

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

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

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

13 (3) administer AS 47.30.655 - 47.30.915;

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

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

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

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

24 (8) enter into contracts which incorporate safeguards consis-
25 tent with AS 47.30.655 - 47.30.915 and the preservation of the civil
26 rights of the patients with another state for the custody and care or
27 treatment of patients previously committed from this state under 48
28 U.S.C., sec. 46 et seq., and P.L. 830, 84th Congress, 2nd Session, 70
29 Stat. 709;

1 (9) prescribe the form of applications, records, reports,
2 requests for release and consents to medical or psychological treatment
3 required by AS 47.30.655 - 47.30.915;

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

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

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

10 (13) delegate upon mutual agreement to another officer or
11 agency of it, or a political subdivision of this state, or a treatment
12 facility designated, any of the duties and powers imposed upon it by AS
13 47.30.655 - 47.30.915; and

14 (14) promulgate regulations to implement the provisions of AS
15 47.30.655 - 47.30.915.

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

22 ARTICLE 7. VOLUNTARY ADMISSION FOR TREATMENT.

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

27 Sec. 47.30.675. NOTICE OF RIGHTS. (a) Upon application for
28 voluntary admission a person shall be given a copy of the following
29 documents which shall be explained to him as necessary:

1 (1) notice of rights as set out in AS 47.30.825 - 47.30.865
2 and an explanation of any document served upon him; and

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

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

9 Sec. 47.30.680. DISCHARGE OF VOLUNTARY PATIENTS. The professional
10 person in charge of the treatment facility or his designee shall dis-
11 charge any patient who no longer meets the standards established in AS
12 47.30.670.

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

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

28 Sec. 47.30.695. NOTICE OF REQUEST FOR RELEASE OF MINORS UNDER 14
29 YEARS OF AGE FROM VOLUNTARY DETENTION AND COMMITMENT. The parent or

1 guardian of any minor who is less than 14 years of age may request and
2 obtain immediate release of the minor at any time.

3 ARTICLE 8. INVOLUNTARY ADMISSION FOR TREATMENT.

4 Sec. 47.30.700. INITIATION OF INVOLUNTARY COMMITMENT PROCEDURES.

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

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

23 Sec. 47.30.705. EMERGENCY DETENTION FOR EVALUATION. A peace
24 officer who has probable cause to believe that a person is gravely
25 disabled or is suffering from mental illness and is likely to cause
26 serious harm to himself or others of such an immediate nature that con-
27 siderations of safety do not allow initiation of involuntary commitment
28 procedures set out in AS 47.30.700, may cause the person to be taken
29 into custody and delivered to a treatment or evaluation facility. Upon

1 arrival at the treatment facility, the peace officer shall complete an
2 application for examination of the person in custody and be interviewed
3 by a mental health professional at the facility.

4 Sec. 47.30.710. EXAMINATION. (a) A patient who is delivered
5 under AS 47.30.700 or 47.30.705 for emergency examination and treatment
6 to a treatment facility shall be thoroughly examined and evaluated as to
7 his mental and physical condition by a mental health professional and by
8 a physician within 24 hours after arrival at the facility.

9 (b) If the mental health professional who performs the emergency
10 examination has reason to believe that the patient is (1) mentally ill
11 and that condition causes the person to be gravely disabled or to pre-
12 sent a likelihood of serious harm to himself or others, and (2) is in
13 need of care or treatment, the mental health professional may hospi-
14 talize him on an emergency basis. If a judicial order has not been
15 obtained under AS 47.30.700, the mental health professional shall apply
16 for an ex parte order authorizing hospitalization for emergency treat-
17 ment.

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

28 Sec. 47.30.720. RELEASE BEFORE EXPIRATION OF 72-HOUR PERIOD. If
29 at any time in the course of the 72-hour period the mental health pro-

1 professionals conducting the evaluation determine that the respondent does
2 not meet the standards for commitment specified in AS 47.30.700, the
3 respondent shall be discharged from the facility or the place of evalua-
4 tion by evaluation personnel and the petitioner and the court so noti-
5 fied.

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

13 (b) Unless a person is released or voluntarily admits himself for
14 treatment within 72 hours of his arrival at the facility or, if he is
15 evaluated by evaluation personnel, within 72 hours from the beginning of
16 his meeting with evaluation personnel, he is entitled to a court hearing
17 to be set for not later than the end of that 72-hour period to determine
18 whether there is probable cause to detain him after the 72 hours have
19 expired for up to an additional 14 days on the grounds that he is grave-
20 ly disabled or mentally ill and as a result presents a likelihood of
21 serious harm to himself or others. The facility or evaluation personnel
22 shall give notice to the court of the releases and voluntary admissions
23 under AS 47.30.700 -47.30.820.

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 be represented by an attorney,
29 to present evidence and to cross-examine witnesses who testify against

1 him at the hearing.

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

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

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

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

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

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

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

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

1 (4) allege that a specified treatment facility or less
2 restrictive alternative that is appropriate to the respondent's condi-
3 tion has agreed to accept the respondent;

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

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

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

12 Sec. 47.30.735. PROBABLE CAUSE HEARING. (a) Upon receipt of a
13 proper petition for commitment, the court shall hold a probable cause
14 hearing at the date and time previously specified according to proce-
15 dures set out in AS 47.30.715.

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

20 (1) to be present at the hearing;

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

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

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

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

28 (6) to present evidence on his behalf;

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

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(8) to remain silent.

(c) At the conclusion of the hearing the court may commit the respondent to a treatment facility for not more than 14 days if it finds, by clear and convincing evidence, that the allegations required in AS 47.30.730(a) are true.

(d) If the court finds that there is a viable less restrictive alternative available and that the respondent has been advised of and refused voluntary treatment through the alternative, the court may order the less restrictive alternative treatment for not more than 14 days.

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

Sec. 47.30.740. PROCEDURE FOR 90-DAY COMMITMENT FOLLOWING 14-DAY COMMITMENT. (a) At any time during the respondent's 14-day commitment, the professional person in charge of the treatment facility to which the person has been confined, or his professional designee, may file with the court a petition for 90-day commitment of that person. The petition must include all material required under AS 47.30.730(a) except that references to "14 days" shall be read as "90 days"; and

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

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

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

1 fessional designee.

2 (b) The court shall have copies of the petition for 90-day commit-
3 ment served upon the respondent, his attorney, and his guardian, if any.
4 The petition for 90-day commitment and proofs of service shall be filed
5 with the clerk of the court, and a date for hearing shall be set, by the
6 end of the next judicial day, for not later than five judicial days from
7 the date of filing of the petition. The clerk shall notify the respon-
8 dent, his attorney, and the petitioner of the hearing date at least
9 three judicial days in advance of the hearing.

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

20 (b) Unless the respondent is released or voluntarily admits him-
21 self following the filing of a petition for 90-day commitment and before
22 the hearing, he is entitled to a judicial hearing within five judicial
23 days of the filing of the petition as set out in AS 47.30.740(b) to
24 determine whether the allegations required in AS 47.30.740(a) 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 AS 47.30.735(b).

26 Sec. 47.30.755. COURT ORDER. (a) After the hearing and within
27 the time limit specified in AS 47.30.745, the court may commit the
28 respondent to a treatment facility for no more than 90 days only if the
29 court or jury finds by clear and convincing evidence that the allega-

1 tions required in AS 47.30.740(a) 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 respondent
25 shall be released from involuntary treatment at the expiration of 90
26 days unless the professional person in charge of the treatment facility,
27 or his designee, files a petition for a 120-day commitment conforming to
28 the requirements of AS 47.30.740(a) except that all references to "14-
29 day commitment" shall be read as "the previous 90-day commitment" and

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

3 (b) The procedures for service of the petition, notification of
4 rights and judicial hearing shall be as set out in AS 47.30.740 -47.30.-
5 750. If the court or jury finds by clear and convincing evidence that
6 the grounds for 90-day commitment as set out in AS 47.30.755 are pre-
7 sent, the court may order the respondent committed for an additional
8 treatment period not to exceed 120 days from the date on which the first
9 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 AS 47.-
14 30.700 - 47.30.820 are applicable to minors; however, all notices re-
15 quired to be served on the respondent in AS 47.30.700 - 47.30.820 shall
16 also be served on the parent or guardian of respondents who are minors,
17 and parents or guardians of minor respondents shall be notified that
18 they may appear as parties in any commitment proceeding concerning the
19 minor and that as parties they are entitled to retain their own attorney
20 or have one appointed for them by the court. A minor has the same
21 rights to waiver and informed consent as an adult under this chapter;
22 however, he shall be represented by counsel in waiver and consent pro-
23 ceedings.

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 AS 47.30.785, the professional person in charge
12 of the facility or his professional designee may cause the respondent to
13 be taken into custody and returned to the treatment facility.

14 Sec. 47.30.795. INVOLUNTARY OUTPATIENT CARE FOR COMMITTED PERSONS.

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

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

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

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

29 (c) If at any time during the commitment period the provider of

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

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

19 Sec. 47.30.800. CONVERSION OF INVOLUNTARY OUTPATIENT TREATMENT TO
20 INPATIENT COMMITMENT. (a) A respondent ordered by the court under the
21 provisions of this chapter to receive involuntary outpatient treatment
22 may be required to undergo inpatient treatment when the provider of out-
23 patient care finds that (1) the respondent is mentally ill and is likely
24 to cause serious harm to himself or others or is still gravely disabled;
25 (2) the respondent's behavior since the hearing resulting in court-
26 ordered treatment indicates that he now needs inpatient treatment to
27 protect himself or others; (3) there is reason to believe that the
28 respondent's mental condition will improve as a result of inpatient
29 treatment; and (4) there is an inpatient facility appropriate to the re-

1 spondent's need which will accept him as a patient. Treatment for these
2 respondents shall be available at state-operated hospitals at all times.

3 (b) Upon making the findings specified in (a) of this section, the
4 provisions of AS 47.30.795(b) relating to notice and AS 47.30.745 re-
5 lating to hearing are applicable.

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

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

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

13 (3) a 90-day commitment period expires at the end of the 90th
14 day after the expiration of a 14-day period of treatment;

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

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

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

29 Sec. 47.30.815. LIMITATION OF LIABILITY; PENALTY FOR FALSE APPLI-

1 CATION. (a) A person acting in good faith upon either actual knowledge
2 or reliable information who makes application for evaluation or treat-
3 ment of another person under this chapter is not subject to civil or
4 criminal liability.

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

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

16 Sec. 47.30.820. RETROACTIVITY. Except as provided in this chap-
17 ter, the provisions of this chapter do not in themselves impair any
18 action taken in a proceeding pending under statutes in effect before
19 October 1, 1979, nor do they apply retroactively to terminate the deten-
20 tion of a person previously committed under statutes in effect before
21 October 1, 1979. However, 90 days after October 1, 1979, the provisions
22 of this chapter apply to all persons committed under statutes in effect
23 before October 1, 1979.

24 ARTICLE 9. PATIENT RIGHTS.

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

28 (1) The patient, or his counsel, guardian, or the adult
29 designated in accordance with AS 47.30.725 if the patient is mentally

1 incapable of participation, shall be entitled to participate in form-
2 ulating his individualized treatment plan and in the evaluation process
3 as much as possible, at minimum to the extent of requesting specific
4 forms of therapy, inquiring why specific therapies are or are not in-
5 cluded in his treatment program, and being informed as to his present
6 medical and psychological condition and prognosis. The treating phy-
7 sician may not withhold any of this information from the patient.

8 (2) Counsel and guardian for a patient, or if there is no
9 guardian the adult designated in accordance with AS 47.30.725, have the
10 right at all reasonable times to examine all records of, and plans for,
11 the patient's treatment and to make copies, upon payment of costs if
12 requested, of any portion of these records.

13 (3) Every patient has the right to know the name of medica-
14 tion that he is asked to take, what its purpose is, and what side
15 effects may occur with this medication. If the patient is incapable of
16 understanding the purpose and side effects of the medication, the treat-
17 ing physician or mental health professional shall explain it to the
18 patient's counsel or guardian, or if there is no guardian the adult
19 designated in accordance with AS 47.30.725.

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

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

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

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

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

29 (8) When, in the written opinion of a patient's attending

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

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

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

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

29 (c) A determination that a treatment technique is experimental and

1 entails significant risks of mental or physical harm shall be binding
2 upon all persons involved in the administration of treatment to a
3 patient for purposes of this section.

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

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

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

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

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

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

- 1 (5) be allowed to have visitors at reasonable times;
2 (6) have ready access to letter writing materials, including
3 stamps, and have the right to send and receive unopened mail;
4 (7) have reasonable access to a telephone, both to make and
5 receive confidential calls.

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

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

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

17 (3) persons authorized by a court order;

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

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

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

27 Sec. 47.30.850. EXPUNGEMENT OF RECORDS. Following the discharge
28 of a respondent from a treatment facility or the issuance of a court
29 order denying a petition for commitment, a respondent may at any time

1 move to have all court records pertaining to the proceedings expunged on
2 condition that he file a full release of all claims of whatever nature
3 arising out of the proceedings and the statements and actions of persons
4 and facilities in connection with the proceedings.

5 Sec. 47.30.855. POSTING OF RIGHTS. The rights set out in AS 47.-
6 30.825 - 47.30.855 shall be prominently posted in all treatment facili-
7 ties in places accessible to all patients. A patient who does not
8 understand English shall have his rights explained to him in a language
9 he understands.

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

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

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

25 (b) Applications for positions, licenses and housing may contain
26 no requests for information concerning evaluation or treatment
27 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 10. 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, and is autho-
6 rized to pay for, the person's necessary transportation to the desig-
7 nated facility or hearing with appropriate medical or nursing attendant;
8 and if necessary a peace officer. The department shall pay return
9 transportation of a person, appropriate medical and nursing attendants
10 and if necessary a peace officer, after a determination that the person
11 is not committable, at the end of a commitment period, or at the end of
12 a voluntary stay following an evaluation conducted in accordance with AS
13 47.30.715 at a treatment facility. When advisable, one or more rela-
14 tives or friends shall be permitted to accompany the person. The de-
15 partment may pay necessary travel, housing and meal expenses incurred by
16 one relative or friend in accompanying the person if the department
17 determines that the person's best interests require that he be accom-
18 panied by the relative or friend and the relative or friend is indigent.

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

27 (b) To facilitate the return of nonresident patients the depart-
28 ment may enter a reciprocal agreement or compact with another state
29 providing for the prompt return under appropriate supervision of resi-

1 dents of that state who are mentally ill. Mentally ill residents of
2 this state who have been placed in a facility outside this state may be
3 admitted with the approval of the department to a treatment facility in
4 the state designated by the department. The department may enter into
5 reciprocal agreements or contracts with another state providing for
6 custody, care or treatment, or return of mentally ill residents of this
7 state by the other state and for the custody and care or treatment of
8 mentally ill residents of that state by this state on a reimbursable
9 basis. A resident of this state who have been committed in another
10 state and is returned in accordance with this section shall, within 72
11 hours of his admission to the designated facility, be examined. After
12 examination the mental health professional in charge of the facility
13 shall release him or shall petition for involuntary commitment as pre-
14 scribed in AS 47.30.740.

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

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

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

1 or protective safeguards provided by the laws of this state.

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

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

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

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

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

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

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

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

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

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

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

25 Sec. 47.30.910. LIABILITY FOR EXPENSE OF PLACEMENT IN A TREATMENT
26 FACILITY. (a) A patient, or his legal representative acting in a
27 representative capacity, or his spouse, or his parents if the person is
28 under the age of 18, shall pay or contribute to the payment of the
29 charges for the care or treatment of the patient when hospitalized under

1 AS 47.30.655 - 47.30.915. The charges may not exceed the actual cost of
2 the care and treatment as determined by the department. The department
3 may order payment of charges by the patient or by the person responsible
4 for payment of the charges for the patient's care and treatment under
5 this subsection, according to ability to provide for payment. The
6 department may make necessary investigations to determine the ability to
7 provide for payment and may require sworn statements of income by the
8 patient, or his legal representative acting in a representative
9 capacity, or his spouse or parent. In the exercise of his discretion,
10 the commissioner may impose full liability for the patient's actual cost
11 of care and treatment on the patient, his legal representative, his
12 spouse or parent for refusal to supply a sworn statement of income. An
13 order for payment of charges shall be issued by the department within
14 six months after the date on which the charge was incurred. The order
15 shall remain in full force and effect unless modified by subsequent
16 court or department order. Liability under this subsection shall be
17 determined as follows:

18 (1) a patient hospitalized on a voluntary basis under AS 47.-
19 30.655 - 47.30.915, or the person responsible for payment of charges for
20 the patient, may be required to pay according to his ability to provide
21 for payment, as determined by the department, and in the manner and
22 proportion which the department finds is not detrimental to the
23 patient's rehabilitation; however, after the patient has been hospital-
24 ized under this chapter for an aggregate period of 12 months, the
25 patient or person responsible for payment may not be required to pay
26 more than \$50 a month toward the charges for the care and treatment of
27 the patient;

28 (2) a patient hospitalized on an involuntary basis under AS
29 47.30.655 - 47.30.915, or the person responsible for payment of charges

1 for the patient under this subsection, may not be required to pay more
2 than \$50 a month toward the charges for the care and treatment of the
3 patient.

4 (b) As used in (a) of this section, the term "actual cost of the
5 care and treatment" means either the rate provided for by a contract
6 entered into under AS 47.30.655 - 47.30.915, or, in the absence of a
7 contract, a daily rate fixed by the department, and includes expenses of
8 transportation incidental to examination or hospitalization.

9 (c) The department may charge, or accept from a person money or
10 property, for the care or treatment of an in-patient or out-patient or
11 for other purposes, even if the payment is not required by an order of
12 the department, so long as the total payments received do not exceed the
13 actual cost of care or treatment.

14 (d) All money paid by the patient or on his behalf, under this
15 section, shall be deposited in the state treasury.

16 (e) If an order of placement is entered by the department under
17 this section, and delinquency in the payment of any amount due the state
18 under the order continues for a period of more than 30 days after the
19 notification to the patient or the legal representative, spouse, or
20 parent of the patient by the department, the state may proceed to
21 collect the amounts due by appropriate proceedings. Actions to enforce
22 the collection of payments may only be brought within three years after
23 the date of notification of a delinquent payment.

24 (f) The orders of the department issued under this section shall
25 relate only to charges incurred after October 1, 1979.

26 Sec. 47.30.915. DEFINITIONS. In this chapter

27 (1) "court" means a superior court of the state;

28 (2) "department" means the Department of Health and Social
29 Services;

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

6 (4) "evaluation personnel" means mental health professionals
7 designated by the department to conduct evaluations as prescribed in
8 this chapter who conduct evaluations in places in which no staffed
9 evaluation facility exists;

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

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

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

20 (A) no more harsh, hazardous or intrusive than necessary
21 to achieve the treatment objectives of the patient; and

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

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

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

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

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

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

19 (11) "peace officer" includes a state police officer, muni-
20 cipal or other local police officer, state, municipal, or other local
21 health officer, public health nurse, United States marshal or deputy
22 United States marshal, or a person authorized by the court.

23 (12) "provider of outpatient care" means a mental health pro-
24 fessional or hospital, clinic, institution, center or other health care
25 facility who has been designated by the department to accept for treat-
26 ment by the court or who are released early from inpatient commitments
27 on condition that they undergo outpatient treatment;

28 (13) "state" means a state of the United States, the District
29 of Columbia, the territories and possessions of the United States, and

1 the Commonwealth of Puerto Rico, and, with the approval of the United
2 States Congress, Canada;

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

8 (15) "professional person in charge of the treatment facility"
9 means the senior mental health professional at the facility; in the
10 absence of a mental health professional it means the chief of staff or
11 other senior physician.

12 * Sec. 2. AS 47.30.010 - 47.30.340 are repealed.

13 * Sec. 3. This Act takes effect October 1, 1979.

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