

Original sponsors: Meekins and Beirne

Offered: 5/1/80  
Referred: Rules

1 IN THE HOUSE

BY THE FINANCE COMMITTEE

2 CS FOR HOUSE BILL NO. 830 (Finance)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 ELEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to alcohol and drug abuse; combining  
7 and changing the membership of the advisory boards on  
8 alcoholism and drug abuse; changing the responsibilities  
9 of the office of alcoholism; amending the alco-  
10 holism grant-in-aid program; and repealing a require-  
11 ment for mandatory discharge of an alcoholic from  
12 involuntary commitment."

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

14 \* Section 1. AS 04.05.010(a) is amended to read:

15 (a) There is established an Alcoholic Beverage Control Board within  
16 the Department of Revenue consisting of five members appointed for  
17 overlapping three-year terms. The board is vested with the duties,  
18 powers, and responsibilities involved in the control of alcoholic bever-  
19 ages, including the adoption of [PROMULGATION OF RULES AND] regulations  
20 and the hearing of appeals from the action of officers and employees  
21 charged with enforcing the alcoholic beverage control laws [, RULES,]  
22 and regulations. The governor shall appoint the board subject to con-  
23 firmation by the legislature. With the exception of membership on  
24 the Advisory Board on Alcoholism and Drug Abuse, a [NO] member of the  
25 board may not hold any other state or federal office, either elective or  
26 appointive. Two members of the board shall be actively engaged in the  
27 alcoholic beverage industry, except that no member may be an officer,  
28 agent, or employee of a wholesale alcoholic beverage enterprise. No  
29 three members of the board may be engaged in the same business, occupa-

1 tion or profession. Three members constitute a quorum for the conduct  
2 of business. The board shall meet at least once each year in each of  
3 the four judicial districts to study, reconsider and modify existing  
4 agency [RULES AND] regulations in the light of current local problems.

5 \* Sec. 2. AS 47.30.475(b) is amended to read:

6 (b) Money available under this section shall be awarded by the  
7 department to applicants on the basis of community need, but only if the  
8 award is consistent with the annual implementation plan developed under  
9 sec. 1513(b)(2) of P.L. 93-641 by the health systems agency for the  
10 health system area in which the applicant is located and the state  
11 health plan developed by the Statewide Health Coordinating Council under  
12 sec. 1524(c)(2)(A) of P.L. 93-641, and only after consideration of  
13 comment and advice of the Advisory Board on Alcoholism and Drug Abuse.  
14 In awarding grants, the department shall further consider the amount of  
15 money that is available for all applications and whether an application  
16 would contribute to the wise development of a comprehensive program of  
17 alcoholic rehabilitation and prevention.

18 \* Sec. 3. AS 47.30.475(c) is amended to read:

19 (c) Grants shall be awarded in a ratio of 75 percent state money  
20 to 25 percent community money, except that in communities found to be  
21 rural areas by the department [DESIGNATED AS POVERTY AREAS] the ratio  
22 shall be 90 percent state money to 10 percent community money [,] for  
23 the costs of providing staff and limited improvement, renovation or new  
24 construction of facilities for alcoholic detoxification, rehabilitation  
25 or "half-way house" care. The department may waive all or part of the  
26 the requirement that state money be matched by community money if the  
27 department finds that community money is unavailable and waiver of the  
28 requirement is in the best interests of the state. No grant for im-  
29 proving, renovating or constructing may exceed \$50,000 except when there

1 is a lack of applicants for available money and then only with the  
2 approval of the Advisory Board on Alcoholism and Drug Abuse. The de-  
3 partment is not required to award all money available under this pro-  
4 gram, or the full percentages specified in this subsection, when another  
5 source of money is available or could reasonably be made available to  
6 the applicant.

7 \* Sec. 4. AS 47.37.020 is amended to read:

8 Sec. 47.37.020. OFFICE OF ALCOHOLISM AND DRUG ABUSE. An office of  
9 alcoholism and drug abuse is established in the department. The office  
10 shall be headed by a coordinator appointed by the commissioner. The  
11 coordinator shall be a qualified professional who has training and  
12 experience in the organization and administration of treatment services  
13 for persons with medical-social problems. The coordinator is in the  
14 classified service.

15 \* Sec. 5. AS 47.37.050(a) is amended to read:

16 (a) An interdepartmental coordinating committee is created, com-  
17 posed of the coordinator, [AND] the commissioners of health and social  
18 services, education, transportation and public facilities [HIGHWAYS],  
19 labor and public safety, and the director of the Alcoholic Beverage  
20 Control Board. The committee shall meet at least twice annually at the  
21 call of the commissioner of health and social services who is its chair-  
22 man. The committee shall provide for the coordination and exchange of  
23 information on all programs relating to alcoholism and drug abuse, and  
24 act as a permanent liaison among state departments engaged in activities  
25 affecting alcoholics, drug abusers, and intoxicated persons. The commit-  
26 tee shall assist the commissioner of health and social services and the  
27 coordinator in formulating a comprehensive plan for prevention of alco-  
28 holism and drug abuse and for treatment of alcoholics, drug abusers, and  
29 intoxicated persons.

1 \* Sec. 6. AS 47.37.060 is amended to read:

2 Sec. 47.37.060. ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE.

3 There is established in the Department of Health and Social Services an  
4 Advisory Board on Alcoholism and Drug Abuse. This board shall function  
5 as a standing committee of the Statewide Health Coordinating Council  
6 established under AS 18.07.011.

7 \* Sec. 7. AS 47.37.070 is amended to read:

8 Sec. 47.37.070. COMPOSITION. The [ADVISORY] board [ON ALCOHOLISM]  
9 consists of a member of the Alcoholic Beverage Control Board selected  
10 by its members and 12 [NINE] members appointed by the governor.

11 \* Sec. 8. AS 47.37.080 is repealed and re-enacted to read:

12 Sec. 47.37.080. QUALIFICATIONS OF APPOINTED BOARD MEMBERS. (a)  
13 Of the 12 appointed members of the board

14 (1) two shall be persons who are licensed to practice  
15 medicine in the state, one of whom shall be certified in psychiatry;

16 (2) one shall be a practicing attorney who has been admitted  
17 to the practice of law by the state supreme court;

18 (3) eight shall be persons who have evidenced an interest in  
19 the problems of alcoholism or drug abuse and who have knowledge of the  
20 social problems associated with alcoholism or drug abuse;

21 (4) one shall be actively engaged in the alcoholic beverage  
22 industry.

23 (b) Of the 12 members qualified under (a) of this section

24 (1) four shall be residents of the northern health systems  
25 area established under 42 U.S.C. 300;

26 (2) four shall be residents of the southcentral health  
27 systems area established under 42 U.S.C. 300;

28 (3) four shall be residents of the southeastern  
29 health systems area established under 42 U.S.C. 300.

1 \* Sec. 9. AS 47.37.090 is repealed and re-enacted to read:

2           Sec. 47.37.090. TERM OF OFFICE. (a) The term of a board member  
3 is four years.

4           (b) A vacancy occurring in the appointive membership of the board  
5 shall be filled by appointment of the governor for the unexpired portion  
6 of the vacated term.

7           (c) Appointed board members serve at the pleasure of the governor.

8 \* Sec. 10. AS 47.37.100 is amended to read:

9           Sec. 47.37.100. COMPENSATION, PER DIEM, OR EXPENSES. Members of  
10 the [ADVISORY] board [ON ALCOHOLISM] are not entitled to a salary, but  
11 are entitled to per diem, reimbursement for travel and other expenses  
12 authorized by law for other boards.

13 \* Sec. 11. AS 47.37.110 is amended to read:

14           Sec. 47.37.110. DUTIES. The board shall act in an advisory capa-  
15 city to the commissioner and the Statewide Health Coordinating Council  
16 established under AS 18.07.011 in the following matters:

17           (1) special problems affecting mental health which alcoholism  
18 and drug abuse may present;

19           (2) educational and research activities conducted by the  
20 office in respect to the problems presented by alcoholism and drug  
21 abuse;

22           (3) social problems which affect rehabilitation of alcoholics  
23 and drug abusers;

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

26           (5) a program of public relations concerning the problem of  
27 alcoholism and drug abuse conducted by a department of the state govern-  
28 ment or by an organized group, [WHOSE PURPOSE IS THE REHABILITATION OF  
29 ALCOHOLICS]

1                   (6) the preparation, review, and approval of local, regional  
2 and statewide plans for the prevention, treatment, and control of alcohol  
3 and drug abuse.

4 \* Sec. 12. AS 47.37.120 is amended to read:

5                   Sec. 47.37.120. [ALCOHOLISM] PROGRAM COORDINATOR. The [ALCO-  
6 HOLISM] program coordinator shall carry out the development and imple-  
7 mentation of a comprehensive program dealing with the treatment of,  
8 research on and education concerning alcoholic problems as they affect  
9 the state.

10 \* Sec. 13. AS 47.37.130(c) is amended to read:

11                   (c) The office shall insure that [PROVIDE] adequate and appropri-  
12 ate treatment is provided to [FOR] alcoholics and intoxicated persons  
13 admitted under AS 47.37.160 - 47.37.190 within the limits of available  
14 state and federal funds.

15 \* Sec. 14. AS 47.37.160(c) is amended to read:

16                   (c) When a patient receiving inpatient care leaves an approved  
17 public treatment facility, he shall be encouraged to consent to appro-  
18 priate outpatient or intermediate treatment. If it appears to the admin-  
19 istrator in charge of the treatment facility that the patient is an  
20 alcoholic who requires help, the administrator [OFFICE] shall arrange  
21 for assistance in obtaining supportive services and residential facili-  
22 ties.

23 \* Sec. 15. AS 47.37.190(a) is amended to read:

24                   (a) After a hearing initiated by petition of his spouse or guardi-  
25 an, a relative, the certifying physician, or the administrator in charge  
26 of an approved public treatment facility, a person may be committed to  
27 the custody of a private or public facility [THE OFFICE] by the superior  
28 court. The petition shall allege that the person is an alcoholic who  
29 habitually lacks self-control in using alcoholic beverages and that he

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

12 \* Sec. 16. AS 47.37.200(a) is amended to read:

13 (a) At the hearing required under AS 47.37.190(b), the court or  
14 the jury, if requested under AS 47.37.190(c), shall hear all relevant  
15 testimony, including, if possible, the testimony of at least one  
16 licensed physician who has examined the person whose commitment is  
17 sought. The person whose commitment is sought shall be present unless  
18 the court believes that his presence is likely to be injurious to him,  
19 in which case the court shall appoint a guardian ad litem to represent  
20 him throughout the proceeding. The court may examine the person in open  
21 court, or if advisable, examine him out of court. If the person has  
22 refused to be examined by a licensed physician, he shall be given an  
23 opportunity to request examination by a court-appointed licensed physi-  
24 cian. If he fails to request a medical examination and there is suffi-  
25 cient evidence to believe that the allegations of the petition are true,  
26 or if the court believes that more medical evidence is necessary, the  
27 court may issue a temporary order committing him to a private or public  
28 facility [THE OFFICE] for a period of not more than five days for pur-  
29 poses of a diagnostic examination.

1 \* Sec. 17. AS 47.37.200(b) is amended to read:

2 (b) If after hearing all relevant evidence, including the results  
3 of any diagnostic examination by the private or public facility [OFFICE],  
4 the court or the jury finds that grounds for involuntary commitment have  
5 been clearly established, the court shall issue an order of commitment  
6 to the private or public facility [OFFICE]. No court may order the  
7 commitment of a person unless it determines that a private or public  
8 facility [THE OFFICE] is able to provide adequate and appropriate treat-  
9 ment for him.

10 \* Sec. 18. AS 47.37.200(c) is amended to read:

11 (c) A person committed under AS 47.37.190 - 47.37.200 shall remain  
12 in the custody of a private or public facility [THE OFFICE] for treat-  
13 ment for a period of up to 30 days. At the end of the 30-day period, he  
14 shall be discharged automatically unless the private or public facility  
15 [OFFICE], before the expiration of the period, obtains a court order for  
16 his recommitment upon the grounds set out in AS 47.37.190(a) for a  
17 further period of up to 90 days. If a person has been committed because  
18 he is an alcoholic likely to inflict physical harm on another, the  
19 private or public facility [OFFICE] shall apply for recommitment if  
20 after examination it is determined that the likelihood still exists.

21 \* Sec. 19. AS 47.37.200(d) is amended to read:

22 (d) A person recommitted under (c) of this section who has not  
23 been discharged by the private or public facility [OFFICE] before the  
24 end of the 90-day period shall be discharged at the expiration of that  
25 period unless the private or public facility [OFFICE], before expiration  
26 of the period, obtains a court order on the grounds set out in AS 47.-  
27 37.190(a) for recommitment for a further period not to exceed 90 days.  
28 If a person has been committed because he is an alcoholic likely to  
29 inflict physical harm on another, the private or public facility [OFFICE]

1 shall apply for recommitment if after examination it is determined that  
2 the likelihood still exists. No more than two recommitment orders may be  
3 permitted under (c) and (d) of this section.

4 \* Sec. 20. AS 47.37.200(f) is amended to read:

5 (f) A private or public facility [THE OFFICE] shall provide ade-  
6 quate and appropriate treatment for a person in its custody. A public  
7 facility [THE OFFICE] may transfer a person in its custody from one  
8 approved public treatment facility to another if the transfer is medic-  
9 ally advisable.

10 \* Sec. 21. AS 47.37.230(a) is amended to read:

11 (a) Cities [THE OFFICE AND CITIES] and boroughs may establish  
12 emergency service patrols. An emergency service patrol consists of  
13 persons trained to give assistance in public places to persons who are  
14 intoxicated. Members of an emergency service patrol shall be capable of  
15 providing first aid in emergency situations and shall be capable of  
16 transporting intoxicated persons to their homes and to and from public  
17 treatment facilities.

18 \* Sec. 22. AS 47.37.240(a) is amended to read:

19 (a) A patient in an approved treatment facility, or the person  
20 obligated to provide for the cost of treatment of a person committed  
21 under this chapter, is liable to the public or private facility [OFFICE]  
22 for the cost of maintenance and treatment of the patient in accordance  
23 with rates established by the coordinator.

24 \* Sec. 23. AS 47.37.270(2) is amended to read:

25 (2) "approved private treatment facility" or "private facil-  
26 ity" means a private agency meeting the standards prescribed in AS 47.-  
27 37.140(a) and approved under AS 47.37.140(c);

28 \* Sec. 24. AS 47.37.270(3) is amended to read:

29 (3) "approved public treatment facility" or "public facility"

1 means a treatment agency operating under the direction and control of  
2 the office or providing treatment under this chapter through a contract  
3 with the office under AS 47.37.130(g) or through a grant awarded under  
4 AS 47.30.475, and meeting the standards prescribed in AS 47.37.140(a)  
5 and approved under AS 47.37.140(c);

6 \* Sec. 25. AS 47.37.270(11) is amended to read:

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

9 \* Sec. 26. AS 47.37.270 is amended by adding a new paragraph to read:

10 (13) "board" means the Advisory Board on Alcoholism and Drug  
11 Abuse established under AS 47.37.060.

12 \* Sec. 27. AS 44.29.100 - 44.29.140 and AS 47.37.200(g) are repealed.

13 \* Sec. 28. The terms of the present members of the Advisory Board on  
14 Alcoholism and the Advisory Board on Drug Abuse terminate on the effective  
15 date of this Act. Appointments to the Advisory Board on Alcoholism and Drug  
16 Abuse shall be made in accordance with this Act. A person presently serving  
17 on either of those boards who meets the qualifications of this Act may be  
18 appointed to the Advisory Board on Alcoholism and Drug Abuse.

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