

LEG. FINANCE - BILLS 1979 - 1980 1177

CASHB 830am thru HB 831 1172



# RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O Smith  
Signature of Camera Operator

3/20/90  
Date

COMMITTEE REPORT  
SENATE

FURTHER: None

5/16/80

Date: 5-26-80

Mr. President:

The Committee on FINANCE has had CSHB 830(Fin) am  
alcohol and drug abuse

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass  do not pass
- do pass with attached amendments(s)
- replace with CS for \_\_\_\_\_  same title  
 new title
- and recommends \_\_\_\_\_
- AND attaches a "Letter of Intent"  New Fiscal Note
- reports it back without recommendation *as amended*
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

*Sen. Kay No Rec*

\_\_\_\_\_

*Sen. Emmett Do NOT Pass*

*Sen. Hochman NO WRECK*

*Sen. ...*

\_\_\_\_\_

*Sen. ...*

\_\_\_\_\_

*Sen. ...*

\_\_\_\_\_

CHAIRMAN

SENATE AMENDMENT

By Senate Finance Committee

To: \_\_\_\_\_ SENATE BILL No. \_\_\_\_\_  
To: Committee Substitute for \_\_\_\_\_ HOUSE BILL No. 830 (Fin) an

PAGE:            LINE:

Page 1, lines 15 through 29, and page 2, lines 1 through 5:

Delete Section 1.

Page 2, line 14

Page 3, lines 2 and 3

Page 4, lines 2 and 4

Page 10, lines 15 and 18:

Change "Advisory" to "Review"

Page 4, lines 9 and 10:

Delete: "a member of the Alcoholic Beverage Control  
Board selected by its members and 12

Page 4, line 10:

Before "[NINE]" insert '13', and after ~~governor~~

"governor" insert ", and confirmed by the legislature."

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) am  
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 <sup>advisory</sup> boards on  
8 alcoholism and drug abuse; changing the responsibili-  
9 ties 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; and providing for an effective  
13 date."

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

15 ~~\* Section 1, AS 04.05.010(a) is amended to read:~~

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

1 ~~three members of the board may be engaged in the same business, occupa-~~  
2 ~~tion or profession. Three members constitute a quorum for the conduct~~  
3 ~~of business. The board shall meet at least once each year in each of~~  
4 ~~the four judicial districts to study, reconsider and modify existing~~  
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7 (b) Money available under this section shall be awarded by the  
8 department to applicants on the basis of community need, but only if the  
9 award is consistent with the annual implementation plan developed under  
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11 health system area in which the applicant is located and the state  
12 health plan developed by the Statewide Health Coordinating Council under  
13 sec. 1524(c)(2)(A) of P.L. 93-641, and only after consideration of  
14 comment and advice of the <sup>review</sup> ~~Advisory~~ Board on Alcoholism and Drug Abuse.  
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16 money that is available for all applications and whether an application  
17 would contribute to the wise development of a comprehensive program of  
18 alcoholic rehabilitation and prevention.

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22 DESIGNATED AS POVERTY ARFAS THE RATIO SHALL BE 90 PERCENT STATE MONEY  
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3 ~~ory~~ Board on Alcoholism and Drug Abuse. The department is not required  
4 to award all money available under this program, or the full percentages  
5 specified in this subsection, when another source of money is available  
6 or could reasonably be made available to 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.

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16 (a) An interdepartmental coordinating committee is created, com-  
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18 services, education, transportation and public facilities [HIGHWAYS],  
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21 call of the commissioner of health and social services who is its chair-  
22 man. The commi tee 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-  
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2 Sec. 47.37.060. ~~ADVISORY~~ <sup>REVIEW</sup> BOARD ON ALCOHOLISM AND DRUG ABUSE.

3 There is established in the Department of Health and Social Services an  
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5 as a standing committee of the Statewide Health Coordinating Council  
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8 Sec. 47.37.070. COMPOSITION. The ~~[ADVISORY]~~ <sup>REVIEW</sup> board [ON ALCOHOLISM]  
9 consists of ~~a member of the Alcoholic Beverage Control Board selected~~  
10 ~~by its members and 12~~ <sup>13</sup> ~~[ADVISORY]~~ <sup>THIRTEEN</sup> members appointed by the governor, AND CONFIRMED BY THE  
11 LEGISLATURE.

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

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

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

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

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

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

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

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

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

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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 ~~[ALCOHOLISM]~~ <sup>RAVENS</sup> 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 [ALCOHOLISM]  
6 program coordinator shall carry out the development and implementation  
7 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 appropriate  
12 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 appropriate  
18 outpatient or intermediate treatment. If it appears to the administrator  
19 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 facilities.  
22

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

24           (a) After a hearing initiated by petition of his spouse or guardian,  
25 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 sha lly 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~~ <sup>REVIEW</sup> 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~~ <sup>REVIEW</sup> Board on Alcoholism and Drug Abuse.

19 \* Sec. 29. Section 1 of this Act takes effect on the effective date of  
20 an Act continuing the existence of the Alcoholic Beverage Control Board.

*Change all references to:  
Review Board on Alcohol & Drug Abuse*

Original sponsors: Meekins and Beirne

Offered: 5/1/80  
Referred: Rules

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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  
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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 47.3 .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.

19 \* Sec. 29. Section 1 of this Act takes effect on the effective date of  
20 an Act continuing the existence of the Alcoholic Beverage Control Board.

Original sponsors: Meekins and Beirne

Offered: 4/21/80  
Referred: Finance

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

2

CS FOR HOUSE BILL NO. 830

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 alcoholism  
10 grant-in-aid program; and repealing a requirement  
11 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

*875*  
(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  
19 beverages, including the adoption of [PROMULGATION OF RULES AND] regu-  
20 lations and the hearing of appeals from the action of officers and  
21 employees charged with enforcing the alcoholic beverage control laws [,  
22 RULES,] and regulations. The governor shall appoint the board subject  
23 to confirmation by the legislature. With the exception of membership  
24 on the *Revising* 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, occu-

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1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND  
SOCIAL SERVICES COMMITTEE

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A BILL

For an Act entitled: "An Act relating to alcohol and drug abuse; combining and changing the membership of the advisory boards on alcoholism and drug abuse; changing the responsibilities of the office of alcoholism; amending the alcoholism grant-in-aid program; and repealing a requirement for mandatory discharge of an alcoholic from involuntary commitment."

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*JWS*

1 pation 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 X (c) Grants shall be awarded in a ratio of 90 [75] percent state  
20 money to 10 [25] percent community money [, EXCEPT THAT IN COMMUNITIES  
21 DESIGNATED AS POVERTY AREAS THE RATIO SHALL BE 90 PERCENT STATE MONEY TO  
22 10 PERCENT COMMUNITY MONEY,] for the costs of providing staff and  
23 limited improvement, renovation or new construction of facilities for  
24 alcoholic detoxification, rehabilitation or "half-way house" care. The  
25 department shall count the value of an in-kind contribution made by a  
26 community in determining whether the requirement of community money has  
27 been met. No grant for improving, renovating or constructing may exceed  
28 \$50,000 except when there is a lack of applicants for available money  
29 and then only with the approval of the <sup>Revis J</sup> Advisory Board on Alcoholism

1 and Drug Abuse. The department is not required to award all money  
2 available under this program, or the full percentages specified in this  
3 subsection, when another source of money is available or could reason-  
4 ably be made available to the applicant.

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

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

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

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

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

28 Sec. 47.37.060. ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE.  
29 There is established in the Department of Health and Social Services an

1 Advisory Board on Alcoholism and Drug Abuse. This board shall function  
2 as a standing committee of the Statewide Health Coordinating Council  
3 established under AS 18.07.011.

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

5 Sec. 47.37.070. COMPOSITION. The [ADVISORY] board [ON ALCOHOLISM]  
6 consists of a member of the Alcoholic Beverage Control Board selected  
7 by its members and <sup>13</sup> ~~nine~~ members appointed by the governor.

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

9 Sec. 47.37.080. QUALIFICATIONS OF APPOINTED BOARD MEMBERS. (a)  
10 Of the nine appointed members of the board, *+ confirmed by heg v*

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

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

15 (3) six shall be persons who have evidenced an interest in  
16 the problems of alcoholism or drug abuse and who have knowledge of the  
17 social problems associated with alcoholism or drug abuse.

18 (b) Of the nine members qualified under (a) of this section

19 (1) three shall be residents of the northern health systems  
20 area established under 42 U.S.C. 300;

21 (2) three shall be residents of the southcentral health  
22 systems area established under 42 U.S.C. 300;

23 (3) three shall be residents of the southeastern health  
24 systems area established under 42 U.S.C. 300.

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

26 Sec. 47.37.090. TERM OF OFFICE. (a) The term of a board member  
27 is four years, except the chairman of the Alcoholic Beverage Control  
28 Board who serves ex officio.

29 (b) A vacancy occurring in the appointive membership of the board

1 shall be filled by appointment of the governor for the unexpired portion  
2 of the vacated term.

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

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

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

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

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

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

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

I. REQUEST  
 Bill/Resolution No. CS HOUSE BILL 830 (Page 1 of 3)  
 Title - "An Act relating to alcohol and drug abuse"  
 Requested by \_\_\_\_\_ Date 4-10-80

II. FISCAL DETAIL Department of Health and Social Services  
 Agency Affected  
 Program Category Affected Alcoholism and Drug Abuse  
 BRU, Program, or Subprogram(s) Affected Administration  
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)  
EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL		[11.5]	-0-	-0-	-0-	-0-
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		634.4				
<b>TOTAL</b>		<b>626.9</b>				

FUNDING (Thousands of Dollars)

GENERAL FUND	626.9				
FEDERAL FUNDS					
OTHER (Specify Fund Source)					

POSITIONS

FULL TIME					
PART TIME					
TEMPORARY					

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Presently, the two boards have a total of twenty appointed members. FY '80 costs for eight board meetings will be \$42,000 for boards travel and per diem, or an average cost of 5,250 per meeting. The projected cost of four statewide meetings of a combined board of thirteen members in FY 81 would be computed as follows:

FY 80 cost per member per meeting = \$ 525  
 + Est. 12% FY 81 travel/per diem inflation = 63  
 Net cost FY 81 per member per meeting = \$ 588

13 members x 4 board meetings @ 588 each per member = 13 x 4 x 588 or, 30,576  
 Cost savings for board travel and per diem \$11,424

Original: Legislative Finance  
 cc: Budget and Management  
 Prime Sponsor (Purs. Legislator Named)

Prepared by: *Robert L. Cole* Date: 4-10-80  
 Division/Office: SOADA  
 Department of Health & Social Services

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF ALCOHOLISM AND DRUG ABUSE

POUCH H 05F  
JUNEAU, ALASKA 99811  
Tel: (907) 586-6201 (RLC)

April 10, 1980

Document# 72-80

Thelma Bucholdt  
Chairperson  
Health Education and Social Services  
Committee  
Capitol Building  
Juneau, Alaska

CSHB 830

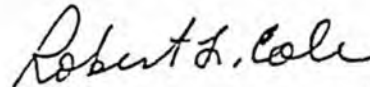
Dear Representative Bucholdt:

Your Health Education and Social Services Committee requested a fiscal note reflecting the impact of a 90% - 10% match requirement for all alcoholism grant-in-aid programs.

Under the existing statute, non-poverty communities have a 25% match requirement while poverty communities have a 10% match.

The attached fiscal note displays these amounts at the level of funding proposed in the Governor's FY 81 budget.

Sincerely,



Robert L. Cole  
Coordinator

Encl.

CSHB 830

A. <u>Existing Match Requirement</u>	<u>State Funds</u>	+	<u>Local Match</u>	=	<u>Total</u>
* 75% - 25%	\$ 3,192,210.		\$ 1,064,070.		\$ 4,256,280.
90% - 10%	<u>354,690.</u> \$ 3,546,900.		<u>39,410.</u> \$ 1,103,480.		<u>394,100.</u> \$ 4,650,380.
B. <u>Proposed Match Requirement</u>					
90% - 10%	\$ 4,185,342.		\$ 465,038.		\$ 4,650,380.
additional state funds required	638,442.				

\* The prior three year grant-in-aid experience indicates that approximately 90% of the alcoholism grant budget is matched 75%-25% and 10% of the alcoholism grant budget is matched at 90%-10%.

HOUSE BILL 830

"An Act relating to alcohol and drug abuse; combining and changing the membership of the advisory boards on alcoholism and drug abuse; changing the responsibilities of the office of alcoholism; amending the alcoholism grant-in-aid program; and repealing a requirement for mandatory discharge of an alcoholic from involuntary commitment."

This bill proposes a number of steps the legislature could take to make alcohol and drug abuse prevention and treatment programming more effective and efficient.

First, it clarifies the ABC boards responsibility to adopt regulations that implement the Intent expressed in HB 832 (a related bill).

Second, it allows one member of the Alcohol Beverage Control Board to also serve on the proposed Advisory Board on Alcoholism and Drug Abuse.

Third, it clarifies the responsibility of the proposed new combined board of Alcoholism and Drug Abuse, to review all Alcohol and Drug related grant applications, submitted to the Department for funding.

Fourth, it enables the Department to waive local community dollar match requirements for State grants, under certain conditions, thereby affording small poverty stricken local communities an opportunity to receive State Alcohol and Drug Abuse grant funds for programs.

Fifth, it ratifies an already existing operational reality by formally designating the office as the "Office of Alcoholism and Drug Abuse".

Sixth, it adds appropriate members (especially the Director of the ABC board) to the State "Interdepartmental Coordinating Committee".

Seventh, it creates a combined advisory board for alcoholism and drug abuse. Combination of these two boards is favored by a majority of both existing advisory boards, a majority of local program personnel, the staff of the office of alcoholism and drug abuse, the three regional health systems agencies, a majority of the Native Health Corporations, and the Commissioner.

WILLIAM R. PALMER / Department of Health & Social Services

The benefits of a combined board, as proposed, are; 1) Regional membership which makes the board both more representative and more accessible; 2) Regional membership makes it possible for the board to work more closely with the Health Systems Agencies; 3) Number of full board meetings would be reduced from eight per annum, to four per annum; 4) Makes it possible for all local communities administering both alcoholism and drug abuse programs to negotiate levels of support with one board, in one place, at one time, instead of two; 5) Greatly reduces the time, travel costs, and secretarial support necessary to staff two boards, freeing State Office resources to do more in the areas of planning and program Administration; 6) Affords alcoholism and drug abuse program interests, access to and participation with the State Health Planning process since the combined board would be a subcommittee of the State Health Coordinating Council, and; 7) Makes it more convenient for the legislature to hold the whole alcoholism and drug abuse program effort accountable, through their oversight on one office and one advisory board.

The balance of the bill alters responsibility for custody of intoxicated persons who are involuntarily committed to treatment by the Courts, by removing responsibility for such custody from the State Office and giving that responsibility to the local treatment programs funded by the Office. This provision enhances both the convenience and effectiveness of local courts ability to see to it that their commitment orders are carried out by local programs.

Recommended by:

Robert L. Cole 03/18/80  
 Robert L. Cole, Coordinator Date  
 Office of Alcoholism and Drug Abuse

Approved by:

Helen D. Beirne 3/25/80  
 Helen D. Beirne, Commissioner Date  
 Department of Health and Social Services

ORIGINAL PAPER/Department of Health & Social Services

II. FISCAL DETAIL Department of Health and Social Services

Agency Affected Department of Health and Social Services

Program Category Affected Alcoholism and Drug Abuse

BRG, Program, or Subprogram(s) Affected Administration

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
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300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		[11.5]				

FUNDING (Thousands of Dollars)

GENERAL FUND		[11.5]				
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

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 Cost savings for board travel and per diem \$11,424

Original: Legislative Finance  
 cc: Budget and Management  
 Price Sponsor (Last Legislator Named)

Prepared by: *Robert L. Cole* Date: 3-18-80  
 Division/Office: SOADA  
 Department of Health & Social Services

Introduced: 2/18/80  
Referred: Health, Education &  
Social Services and Finance

1 IN THE HOUSE

BY MEEKINS AND BEIRNE

2 HOUSE BILL NO. 830

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  
19 beverages, including the adoption of [PROMULGATION OF RULES AND] regu-  
20 lations and the hearing of appeals from the action of officers and  
21 employees charged with enforcing the alcoholic beverage control laws [,  
22 RULES,] and regulations. The governor shall appoint the board subject  
23 to confirmation by the legislature. With the exception of membership  
24 on 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, occu-

1 pation 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 office 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  
22 chairman. The committee shall provide for the coordination and exchange  
23 of information on all programs relating to alcoholism, and act as a  
24 permanent liaison among state departments engaged in activities affect-  
25 ing alcoholics and intoxicated persons. The committee shall assist the  
26 commissioner of health and social services and the coordinator in formu-  
27 lating a comprehensive plan for prevention of alcoholism and for treat-  
28 ment of alcoholics and intoxicated persons.

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

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

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

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

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

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

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

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

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

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

20                 (b) Of the nine members qualified under (a) of this section

21                         (1) three shall be residents of the northern health systems  
22          area established under 42 U.S.C. 300;

23                         (2) three shall be residents of the southcentral health  
24          systems area established under 42 U.S.C. 300;

25                         (3) three shall be residents of the southeastern health  
26          systems area established under 42 U.S.C. 300.

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

28                 Sec. 47.37.090. TERM OF OFFICE. (a) The term of a board member  
29          is four years, except the chairman of the Alcoholic Beverage Control

1 Broad who serves ex officio.

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

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

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

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

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

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

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

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

20 (3) social problems which affect rehabilitation of alcoholics  
21 and drug abusers;

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

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

28 (6) the preparation, review, and approval of local, regional  
29 and statewide plans for the prevention, treatment, and control of alcohol

1       and drug abuse.

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

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

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

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

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

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

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

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

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

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

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

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

29 (b) If after hearing all relevant evidence, including the results

1 of any diagnostic examination by the private or public facility  
2 [OFFICE], the court or the jury finds that grounds for involuntary  
3 commitment have been clearly established, the court shall issue an order  
4 of commitment to the private or public facility [OFFICE]. No court may  
5 order the commitment of a person unless it determines that a private or  
6 public facility [THE OFFICE] is able to provide adequate and appropriate  
7 treatment for him.

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

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

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

20 (d) A person recommitted under (c) of this section who has not  
21 been discharged by the private or public facility [OFFICE] before the  
22 end of the 90-day period shall be discharged at the expiration of that  
23 period unless the private or public facility [OFFICE], before expiration  
24 of the period, obtains a court order on the grounds set out in AS 47.-  
25 37.190(a) for recommitment for a further period not to exceed 90 days.  
26 If a person has been committed because he is an alcoholic likely to  
27 inflict physical harm on another, the private or public facility  
28 [OFFICE] shall apply for recommitment if after examination it is deter-  
29 mined that the likelihood still exists. No more than two recommitment

1 orders may be permitted under (c) and (d) of this section.

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

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

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

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

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

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

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

23 (2) "approved private treatment facility" or "private  
24 facility" means a private agency meeting the standards prescribed in  
25 AS 47.37.140(a) and approved under AS 47.37.140(c);

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

27 (3) "approved public treatment facility" or "public facility"  
28 means a treatment agency operating under the direction and control of  
29 the office or providing treatment under this chapter through a contract

1 with the office under AS 47.37.130(g) or through a grant awarded under  
2 AS 47.30.475, and meeting the standards prescribed in AS 47.37.140(a)  
3 and approved under AS 47.37.140(c);

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

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15 on either of those boards who meets the qualifications of this Act may be  
16 appointed to the Advisory Board on Alcoholism and Drug Abuse.

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) am  
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  
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11 ment for mandatory discharge of an alcoholic from  
12 involuntary commitment; and providing for an effective  
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21 and the hearing of appeals from the action of officers and employees  
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3 ory Board on Alcoholism and Drug Abuse. The department is not required  
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6 or could reasonably be made available to the applicant.

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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  
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21 (4) one shall be actively engaged in the alcoholic beverage  
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23 (b) Of the 12 members qualified under (a) of this section

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26 (5) a program of public relations concerning the problem of  
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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-  
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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.

19 \* Sec. 29. Section 1 of this Act takes effect on the effective date of  
20 an Act continuing the existence of the Alcoholic Beverage Control Board.

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 responsibili-  
9 ties 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:

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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.



# RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

*James O. Smith*  
Signature of Camera Operator

*3/20/90*  
Date

FISCAL NOTE

I. REQUEST

Bill/Resolution No. House Bill 831

Title "An Act relating to admissibility of refusal to take breathalyzer test"

Requested by Meekins

Date 2-18-80

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected ALCOHOLISM & DRUG ABUSE

BRU, Program, or Subprogram(s) Affected ADMINISTRATION

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES		-0-				
200 TRAVEL		-0-				
300 CONTRACTUAL		-0-				
400 COMMODITIES		-0-				
500 EQUIPMENT		-0-				
600 LAND & STRUCTURES		-0-				
700 GRANTS, CLAIMS, ETC.		-0-				
TOTAL		-0-				

FUNDING (Thousands of Dollars)

GENERAL FUND		-0-				
FEDERAL FUNDS		-0-				
OTHER (Specify Fund Source)		-0-				

POSITIONS

FULL TIME		-0-				
PART TIME		-0-				
TEMPORARY		-0-				

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

*Robert L. Cole*

Original: Legislative Finance  
cc: Budget and Management  
Prime Sponsor (First Legislator Named)

Prepared by: Robert L. Cole Date: 2-25-80  
Division/Office: Alcoholism/Drug Abuse P# 586-6201  
Department of Health & Social Services

ORIGINAL PAPER / Department of Health & Social Services

HOUSE BILL 831

"An act relating to admissibility of refusal to take breathalyzer tests".

The Office of Alcoholism and Drug Abuse is supportive of House Bill 831. Drinking drivers presently are the largest contributor to Alaska's high rate of accidental death and injury and increased strategies to curb this serious problem are needed. Data from existing Alaska OMVI diversion programs indicate that in excess of 50% of the people presently being convicted of OMVI in fact have serious drinking problems which require treatment. The passage of House Bill 831 would tend to increase the number of convictions and the subsequent referral of these people to diversion programs for alcohol problem screening and diagnosis.

Recommended by:

*Robert L. Cole* 2/27/80

Robert L. Cole, Coordinator Date  
Office of Alcoholism and Drug Abuse

Approved by:

*Helen D. Beirne* 3/5/80  
Helen D. Beirne, Commissioner Date  
Department of Health and Social Services

REQUEST

Bill/Resolution No. House Bill 831

Title "An Act relating to admissibility of refusal to take breathalyzer test"

Requested by Meekins

Date 2-18-80

II. FISCAL DETAIL Department of Health and Social Services

Agency Affected

Program Category Affected ALCOHOLISM & DRUG ABUSE

BRU, Program, or Subprogram(s) Affected ADMINISTRATION

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES		-0-				
200 TRAVEL		-0-				
300 CONTRACTUAL		-0-				
400 COMMODITIES		-0-				
500 EQUIPMENT		-0-				
600 LAND & STRUCTURES		-0-				
700 GRANTS, CLAIMS, ETC.		-0-				
<b>TOTAL</b>		<b>-0-</b>				

FUNDING (Thousands of Dollars)

GENERAL FUND		-0-				
FEDERAL FUNDS		-0-				
OTHER (Specify Fund Source)		-0-				

POSITIONS

FULL TIME		-0-				
PART TIME		-0-				
TEMPORARY		-0-				

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

*Robert L. Cole*

Original: Legislative Finance  
 Budget and Management  
 Prime Sponsor (Para Legislator Named)

Prepared by: Robert L. Cole Date: 2-25-80  
 Division/Office: Alcoholism/Drug Abuse Div: 586-6201  
 Department of Health & Social Services

33-001 (Rev. 12/79)  
 Issued by DISS (11-28-79)

Approval DISS Mgt. & Bdgt: Mike Ouelens Date: 2/29/80

**CATEGORY:** HEALTH  
**PROGRAM:** MENTAL HEALTH AND DEVELOPMENT DISABILITIES

**AGENCY:** DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
**BRU (S):** ALCOHOL AND DRUG ABUSE

The two primary goals of the Alcohol and Drug Abuse BRU are (1) the prevention and treatment of alcohol and drug abuse problems (2) the reduction of alcohol and drug related costs to individuals, local communities, and state government.

The Office of Alcoholism and Drug Abuse is responsible for administration of grants that are awarded by the office to support locally operated alcohol and drug abuse programs. Locally operated, grant supported programs typically involve such services as out-patient counseling; detoxification, halfway houses, short-term (15-30) day residential care, methadone maintenance and education and referral services.

The Office's grant administration duties include program and financial planning, coordination of programs, and evaluation and regulation of local programs. The Office also conducts on-going analyses of alcohol and drug use impacts for use in weighing proposals for changes in policy or legislation. The subject of prevention of abuse is pursued through a public information campaign.

The FY 81 budget recommendation for the Alcohol Abuse Grants component of this BRU includes \$200,000 of new funding to support alcohol abuser court diversion programs in Anchorage, Fairbanks and Juneau. Data indicate that approximately 60% of all persons convicted of OMVI offenses have serious alcohol use problems. Through this program, these persons will be referred for treatment at an earlier stage of their negative involvement with alcohol thus reducing the necessity for more costly subsequent care. Alcohol related offenders will receive screening, diagnosis and followup services and the courts will be apprised of client progress. It is estimated that 750 clients will receive services from this program during FY 81 if the recommended funding is approved.

STATE OF ALASKA -- BUDGET UNIT SUMMARY

**CATEGORY:** HEALTH  
**AGENCY:** DEPARTMENT OF HEALTH & SOCIAL SERVICES

**PROGRAM:** ALCOHOL AND DRUG ABUSE

COMPONENT DESCRIPTION	79 AUTH	79 FINAL	79 ACT	80 AUTH	80 SUPL	80 RP	GOVERNOR	---
ADMINISTRATION	708.1	696.3	689.7	779.8		20.8	870.1	
ALCOHOL ABUSE GRANTS	2471.0	2467.4	2458.5	2739.3			3546.9	
DRUG ABUSE GRANTS	872.1	954.5	953.9	1085.3			1183.0	
** TOTAL	4051.2	4118.2	4102.1	4604.4		20.8	5600.0	
** CHANGE VERSUS 80 AUTH							21.6%	
OBJECT DESCRIPTION								
PERS. SERV.	392.2	476.3	476.0	504.3			514.2	
TRAVEL	58.4	67.4	58.2	79.7			78.9	
CONTRACTUAL	247.9	141.1	146.9	187.4		16.1	267.0	
COMMODITIES	9.6	8.9	6.2	8.4		4.7	8.0	
EQUIPMENT		2.6	2.4				2.0	
GRANTS, CLMS	3343.1	3421.9	3412.4	3824.6			4729.9	
FUNDING SOURCE								
FED. RECEIPT	763.7	808.8	777.4	988.4		20.8	949.6	
G. F. MATCH				99.4			101.8	
GENERAL FUND	3267.5	3309.4	3324.7	3516.6			4548.6	
** GENERAL FUND CHANGE VS. 80 AUTH							28.6%	
POSITIONS								
FULL-TIME	12.0	12.0	12.0	15.0			15.0	
PART-TIME	2.0	2.0	2.0	2.0			2.0	
STAFF MONTHS	156.0	156.0	156.0	192.0			192.0	

HOUSE BILL 831

"An act relating to admissibility of refusal to take breathalyzer tests".

The Office of Alcoholism and Drug Abuse is supportive of House Bill 831. Drinking drivers presently are the largest contributor to Alaska's high rate of accidental death and injury and increased strategies to curb this serious problem are needed. Data from existing Alaska OMVI diversion programs indicate that in excess of 50% of the people presently being convicted of OMVI in fact have serious drinking problems which require treatment. The passage of House Bill 831 would tend to increase the number of convictions and the subsequent referral of these people to diversion programs for alcohol problem screening and diagnosis.

Recommended by:

*Robert L. Cole* 2/27/80

Robert L. Cole, Coordinator Date  
Office of Alcoholism and Drug Abuse

Approved by:

*Helen D. Beirne* 3/5/80  
Helen D. Beirne, Commissioner Date  
Department of Health and Social Services

THE LEGISLATURE OF THE STATE OF ALASKA  
ELEVENTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. HB 831  
Title An Act relating to admissibility of refusal to take breathalyzer tests.  
Requested by \_\_\_\_\_ Date 3/10/80

II. FISCAL DETAIL

Agency Affected Public Safety  
Program Category Affected \_\_\_\_\_  
BRU, Program, or Subprogram(s) Affected \_\_\_\_\_  
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 80	FY 81	FY 82	FY 83	FY 84	FY 85
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		0	0	0		

FUNDING (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

No fiscal impact.

IV. DATE 3/10/80 PREPARED BY Michael J. Clemens  
AGENCY Public Safety  
PHONE 465-4336  
Original: Legislative Finance  
cc: Budget and Management  
Prime Sponsor (First Legislator Named)

Introduced: 2/18/80  
Referred: Health, Education &  
Social Services and Finance

1 IN THE HOUSE

BY MEEKINS

2 HOUSE BILL NO. 831

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 admissibility of refusal to take  
7 breathalyzer tests."

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

9 \* Section 1. AS 28.35.032(a) is amended to read:

10 (a) If a person under arrest refuses the request of a law enforce-  
11 ment officer to submit to a chemical test of his breath as provided in  
12 AS 28.35.031, after being advised by the officer that his refusal will  
13 result in the suspension, denial or revocation of his license and that  
14 the refusal may be used against him in a criminal proceeding, a chemical  
15 test shall not be given.

16 \* Sec. 2. AS 28.35.032 is amended by adding a new subsection to read:

17 (e) Refusal of a person to submit to a chemical test of his breath  
18 under (a) of this section may be admitted as evidence of guilt of viola-  
19 tion of AS 28.35.030.  
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(11)

# COMMITTEE REPORT

## HOUSE

3/7/80

FURTHER:

Date: \_\_\_\_\_

Mr. Speaker:

The Committee on FINANCE has had HB 831

"An Act relating to admissibility of refusal to take breathalyzer tests."

under consideration and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass  do not pass
- do pass with attached amendments(s)
- replace with CS for \_\_\_\_\_  same title  
 new title
- and recommends \_\_\_\_\_
- AND attaches a "Letter of Intent"  New Fiscal Note
- reports it back without recommendation
- referred to the \_\_\_\_\_ Committee

MEMBERS SIGNING  
DO PASS

MEMBERS HAVING  
OTHER RECOMMENDATIONS:

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\_\_\_\_\_  
CHAIRMAN



7870  
Outhrie

Introduced: 2/18/80  
Referred: Health, Education &  
Social Services and Finance

1 IN THE HOUSE

BY MEEKINS

2 HOUSE BILL NO. 831

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 admissibility of refusal to take  
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19 tion of AS 28.35.030.

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ALASKA STATE LEGISLATURE

ELEVENTH Legislature SECOND Session

HOUSE BILL NO. 831

By MEEKINS

"An Act relating to admissibility of refusal to take breathalyzer tests."

Breathalyzer tests

Introduced in the House 2/18, 1980

HISTORY IN THE HOUSE

19 80  
Feb. 18

Read first time and referred to Committee on HESS and Finance

Reported back with recommendation that

Read second time and

Read third time and

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reconsideration	
PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused
Reported correctly engrossed	
Signed by Speaker	
Sent to Senate	

CHIEF CLERK OF THE HOUSE

HISTORY IN THE SENATE

19

Read first time and referred to Committee on

Reported back with recommendation that

Read second time and

Read third time and

PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused

Reconsideration	
PASS	Effective Date
Yeas	Yeas
Nays	Nays
Absent	Absent
Excused	Excused
Reported correctly engrossed	
Signed by President	
Returned to House	

SECRETARY OF THE SENATE

HISTORY IN THE HOUSE

19

Received from Senate

Reported correctly enrolled

Sent to Governor

..... By Governor

Filed with Lt. Governor

Chapter No. ....