

SCS CSHB 172(FIN)

LAWS OF ALASKA 2022

Chapter No.

AN ACT

Relating to crisis stabilization centers, crisis residential centers, and subacute mental health facilities; relating to evaluation facilities; relating to representation by an attorney; relating to the administration of psychotropic medication in a crisis situation; relating to the use of psychotropic medication; relating to licensed facilities; relating to psychiatric patient rights; amending Rule 6(a), Alaska Rules of Civil Procedure; and providing for an effective date.

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

THE ACT FOLLOWS ON PAGE 1

AN ACT

1	Relating to crisis stabilization centers, crisis residential centers, and subacute mental health
2	facilities; relating to evaluation facilities; relating to representation by an attorney; relating to
3	the administration of psychotropic medication in a crisis situation; relating to the use of
4	psychotropic medication; relating to licensed facilities; relating to psychiatric patient rights;
5	amending Rule 6(a), Alaska Rules of Civil Procedure; and providing for an effective date.
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7	* Section 1. AS 12.25.031(a) is amended to read:
8	(a) As an alternative to arrest, a peace officer may, at the officer's discretion,
9	deliver a person to a crisis stabilization center, a crisis residential center, or an
10	evaluation facility or decline to arrest the person if
11	(1) the arresting officer believes in good faith that the person is
12	suffering from an acute behavioral health crisis; and

1	(2) the person voluntarily agrees to be taken to a crisis stabilization
2	center, a crisis residential center, or an evaluation facility or to promptly seek
3	outpatient mental health treatment.
4	* Sec. 2. AS 12.25.031(b) is amended to read:
5	(b) Notwithstanding (a) of this section, a peace officer may, as an alternative
6	to arrest, take a person into emergency custody under AS 47.30.705 and deliver the
7	person to a crisis stabilization center, a crisis residential center, or an evaluation
8	facility.
9	* Sec. 3. AS 12.25.031(c) is amended to read:
10	(c) Delivery of a person to a crisis stabilization center, a crisis residential
11	center, or an evaluation facility for examination under (a) of this section does not
12	constitute an involuntary commitment under AS 47.30 or an arrest.
13	* Sec. 4. AS 12.25.031(d) is amended to read:
14	(d) Before a person delivered to a crisis stabilization center, a crisis
15	residential center, or an evaluation facility under (a) or (b) of this section is released
16	to the community, a mental health professional shall make reasonable efforts to inform
17	the arresting officer and the arresting officer's employing agency of the planned
18	release if the officer has specifically requested notification and provided the officer's
19	contact information to the crisis stabilization center, crisis residential center, or
20	evaluation facility.
21	* Sec. 5. AS 12.25.031(f) is amended to read:
22	(f) An agreement to participate in outpatient treatment or to be delivered to a
23	crisis stabilization center, a crisis residential center, or an evaluation facility under
24	(a) of this section
25	(1) may not require a person to stipulate to any facts regarding the
26	alleged criminal activity as a prerequisite to participation in a mental health treatment
27	alternative;
28	(2) is inadmissible in any criminal or civil proceeding; and
29	(3) does not create immunity from prosecution for the alleged criminal
30	activity.
31	* Sec. 6. AS 12.25.031(g) is amended to read:

1	(g) If a person violates an agreement to be delivered to a crisis stabilization
2	center, a crisis residential center, or an evaluation facility or to seek outpatient
3	treatment under (a) of this section,
4	(1) a mental health professional shall make reasonable efforts to
5	inform the arresting officer and the arresting officer's employing agency of the
6	person's decision to leave the crisis stabilization center, crisis residential center, or
7	evaluation facility; and
8	(2) the original charges may be filed or referred to the prosecutor, as
9	appropriate, and the matter may proceed as provided by law.
10	* Sec. 7. AS 12.25.031(i)(1) is amended to read:
11	(1) "crisis stabilization center" has the meaning given in
12	AS 47.32.900 [MEANS A FACILITY LICENSED UNDER AS 47.32 THAT MEETS
13	THE DEFINITION OF "CRISIS STABILIZATION CENTER" IN AS 47.32.900];
14	* Sec. 8. AS 12.25.031(i) is amended by adding a new paragraph to read:
15	(4) "crisis residential center" has the meaning given in AS 47.32.900.
16	* Sec. 9. AS 18.65.530(c) is amended to read:
17	(c) A peace officer is not required to make an arrest of a person under (a) of
18	this section if the officer has received authorization from a prosecuting attorney in the
19	jurisdiction in which the offense under investigation arose
20	(1) not to arrest the person; or
21	(2) to deliver the person to a crisis stabilization center, a crisis
22	<u>residential center</u> , or an evaluation facility as provided in AS 12.25.031(b).
23	* Sec. 10. AS 18.65.530(g) is amended to read:
24	(g) A peace officer who delivers a person to a crisis stabilization center, a
25	crisis residential center, or evaluation facility under (c) of this section shall provide
26	the peace officer's and the peace officer's employing agency's contact information to
27	the crisis stabilization center, crisis residential center, or evaluation facility and, if
28	the peace officer and the peace officer's employing agency are [IS] notified under
29	AS 12.25.031(d) of a planned release of the person, shall make reasonable efforts to
30	inform the victim of a crime committed under (a)(1) or (2) of this section of the
31	planned release.

* **Sec. 11.** AS 18.85.100(a) is amended to read:

- (a) An indigent person who is under formal charge of having committed a serious crime and the crime has been the subject of an initial appearance or subsequent proceeding, or is being detained under a conviction of a serious crime, or is on probation or parole, or is entitled to representation under the Supreme Court Delinquency or Child in Need of Aid Rules or at a review hearing under AS 47.12.105(d), or is isolated, quarantined, or required to be tested under an order issued under AS 18.15.355 18.15.395, or **is a respondent in a proceeding under**AS 47.30 [AGAINST WHOM COMMITMENT PROCEEDINGS FOR MENTAL ILLNESS HAVE BEEN INITIATED], is entitled
- (1) to be represented, in connection with the crime or proceeding, by an attorney to the same extent as a person retaining an attorney is entitled; and
- (2) to be provided with the necessary services and facilities of this representation, including investigation and other preparation.
- * **Sec. 12.** AS 47.30.693 is amended to read:
 - Sec. 47.30.693. Notice to parent or guardian [OF MINOR]. When a minor under 18 years of age is detained at or admitted or committed to a treatment facility, the facility shall inform the parent or guardian of the location of the minor as soon as possible after the arrival of the minor at the facility. When an adult for whom a guardian has been appointed is detained at or admitted or committed to a treatment facility and the facility is aware of the appointment, the facility shall inform the guardian of the location of the adult as soon as possible after the arrival of the adult at the facility.
- * Sec. 13. AS 47.30.700 is amended by adding a new subsection to read:
 - (c) When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits a minor respondent under this section, the center or facility shall inform the parent or guardian of the location of the minor as soon as possible after the arrival of the minor at the center or facility. When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits an adult for whom a guardian has been appointed and the center or facility is aware of the appointment, the center or facility shall inform the guardian of the

location of the adult as soon as possible after the arrival of the adult at the center or facility.

* **Sec. 14.** AS 47.30.705(a) is amended to read:

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- (a) A peace officer, health officer, mental health professional, or physician assistant licensed by the State Medical Board to practice in this state [A PSYCHIATRIST OR PHYSICIAN WHO IS LICENSED TO PRACTICE IN THIS STATE OR EMPLOYED BY THE FEDERAL GOVERNMENT, OR A CLINICAL PSYCHOLOGIST LICENSED BY THE STATE BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS] who has probable cause to believe that a person is gravely disabled or is suffering from mental illness and is likely to cause serious harm to self or others of such immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures set out in AS 47.30.700, may cause the person to be taken into custody by a peace officer or health officer and delivered to the nearest crisis stabilization center, crisis residential center, [AS DEFINED IN AS 47.32.900 OR THE NEAREST] evaluation facility, or treatment facility. A person taken into custody for emergency evaluation may not be placed in a jail or other correctional facility except for protective custody purposes and only while awaiting transportation to a crisis stabilization center, crisis residential center, evaluation facility, or facility. treatment However, [EMERGENCY] protective custody under this section may not include placement of a minor in a jail or secure facility. The peace officer, health officer, [OR] mental health professional, or physician assistant shall complete an application for examination of the person in custody and be interviewed by a mental health professional at the crisis stabilization center, **crisis residential center**, evaluation facility, or treatment facility.
- * Sec. 15. AS 47.30.705 is amended by adding new subsections to read:
 - (c) When delivering a person to a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility under (a) of this section, a peace officer or health officer shall give priority to a crisis stabilization center or crisis residential center if one exists in the service area served by the peace officer or health officer.
 - (d) When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits a minor under this section, the center or facility

shall inform the parent or guardian that the minor has been admitted as soon as possible after the arrival of the minor at the facility. When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits an adult for whom a guardian has been appointed and the center or facility is aware of the appointment, the center or facility shall inform the guardian that the adult has been admitted as soon as possible.

* Sec. 16. AS 47.30 is amended by adding new sections to read:

Sec. 47.30.707. Admission to and hold at a crisis stabilization center. (a) Except as provided in (b) of this section, when a crisis stabilization center admits a respondent under AS 47.30.705, the crisis stabilization center may hold the respondent at the center for a period not to exceed 23 hours and 59 minutes. A mental health professional shall examine the respondent within three hours after the respondent arrives at the center.

(b) If the professional person in charge at the crisis stabilization center determines that there is probable cause to believe that the respondent has a mental illness and is suffering an acute behavioral health crisis and, as a result, is likely to cause serious harm to self or others or is gravely disabled, the respondent's acute behavioral health crisis will be resolved during admission to a crisis residential center or evaluation facility, and the respondent is not willing to voluntarily go to the crisis residential center or evaluation facility, a mental health professional may submit an ex parte application to the court under this section for detention at the crisis residential center or evaluation facility. Based on the application, if the court finds that probable cause exists to believe that the respondent has a mental illness and is suffering an acute behavioral health crisis and, as a result, is likely to cause serious harm to self or others or is gravely disabled and the respondent's acute behavioral health crisis will be resolved during admission to a crisis residential center or evaluation facility, and the respondent is not willing to voluntarily go to a crisis residential center or evaluation facility, the court shall grant the application and appoint an attorney to represent the respondent, and the respondent may remain at the crisis stabilization center until admission to a crisis residential center or evaluation facility. If the court finds no probable cause, the court shall order the respondent released.

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Sec. 47.30.708. Admission to and detention at a crisis residential center. (a) A respondent who is delivered to a crisis residential center for emergency examination and treatment shall be examined and evaluated as to mental and physical condition by

(b) The mental health professional who performs the emergency examination under (a) of this section may admit the respondent to the crisis residential center if the mental health professional has probable cause to believe that

a mental health professional within three hours after arrival at the facility.

- (1) the respondent has a mental illness and is suffering an acute behavioral health crisis and, as a result, is likely to cause serious harm to self or others or is gravely disabled; and
- (2) the respondent's acute behavioral health crisis will be resolved during admission to the crisis residential center.
- (c) If a mental health professional admits a respondent to a crisis residential center and a judicial order has not been obtained under AS 47.30.707, the mental health professional may apply for an ex parte order under this section authorizing admission to the crisis residential center. Based on the application, if the court finds that probable cause exists to believe that the respondent has a mental illness and is suffering an acute behavioral health crisis and, as a result, is likely to cause serious harm to self or others or is gravely disabled and the respondent's acute behavioral health crisis will be resolved during admission to a crisis residential center, the court shall grant the application and appoint an attorney to represent the respondent. If the court finds no probable cause, the court shall order the respondent released.
- (d) When, under (c) of this section, the court grants an ex parte application to admit a respondent to a crisis residential center, the court shall set a time for a hearing, to be held if needed within 72 hours after the respondent's arrival at the crisis stabilization center or the crisis residential center, whichever is earlier, and the court shall notify the respondent, the respondent's attorney, the respondent's guardian, if any, the petitioner's attorney, if any, and the attorney general of the time and place of the hearing. Computation of the 72-hour period at a crisis residential center before a hearing does not include Saturdays, Sundays, and legal holidays, except that if the exclusion of Saturdays, Sundays, and legal holidays from the computation of the 72-

hour period would result in the respondent being held for longer than 72 hours, the 72-hour period ends at 5:00 p.m. on the next day that is not a Saturday, Sunday, or legal holiday. The hearing shall be held at the crisis residential center in person, by contemporaneous two-way video conference, or by teleconference, absent extraordinary circumstances. If a hearing is held by contemporaneous two-way video conference, only the court may record the hearing. In this subsection, "contemporaneous two-way video conference" means a conference among people at different places by means of transmitted audio and visual signals, using any communication technology that allows people at two or more places to interact simultaneously by way of two-way video and audio transmission.

- (e) In the course of the 72-hour period, a petition for 30-day commitment or for seven-day detention at a crisis residential center may be filed in court. A petition for 30-day commitment must conform with AS 47.30.730. A petition for seven-day detention at a crisis residential center must be signed by two mental health professionals, one of whom must be a physician, who have examined the respondent. A copy of the petition shall be served on the respondent, the respondent's attorney, and the respondent's guardian, if any, before the hearing. The petition for detention must
- (1) allege that the respondent is suffering an acute behavioral health crisis and, as a result, is likely to cause serious harm to self or others or is gravely disabled;
- (2) allege that resolution of the respondent's acute behavioral health crisis is likely during the admission to the crisis residential center;
- (3) allege that the respondent has been advised of the need for, but has not accepted, voluntary treatment and request that the court order the respondent to be detained at the crisis residential center for up to seven days following the respondent's arrival at the crisis stabilization center or the crisis residential center, whichever is earlier;
 - (4) list prospective witnesses; and
- (5) list specific facts and describe behavior of the respondent supporting the allegations in (1) (3) of this subsection.
 - (f) If, at a hearing held under (d) of this section, the court reviews a petition

1	for 30-day commitment, the court shall hold the next hearing in accordance with
2	AS 47.30.735. If the court grants the petition for 30-day commitment, the respondent
3	may remain at the crisis residential center until admission to a designated treatment
4	facility.
5	(g) If, at a hearing held under (d) of this section, the court reviews a petition
6	for seven-day detention at a crisis residential center, the respondent has the rights
7	listed in AS 47.30.735(b)(1) - (9). At the conclusion of a hearing on a petition for
8	seven-day detention at a crisis residential center, the court
9	(1) may order the respondent detained at the crisis residential center
10	for up to seven days following the respondent's arrival at the crisis stabilization center
11	or the crisis residential center, whichever is earlier, if the court finds there is probable
12	cause to believe that
13	(A) the respondent is suffering an acute behavioral health crisis
14	and, as a result, is likely to cause serious harm to self or others or is gravely
15	disabled; and
16	(B) the respondent's acute behavioral health crisis will be
17	resolved during admission to the crisis residential center; or
18	(2) shall order the respondent released if the court finds no probable
19	cause.
20	Sec. 47.30.709. Rights of respondents at crisis stabilization centers and
21	crisis residential centers; psychotropic medication; time. (a) If, at any time during
22	a respondent's hold at a crisis stabilization center or detention at a crisis residential
23	center, the professional person in charge determines that the respondent does not meet
24	the standard for a hold or detention, the respondent may no longer be held or detained.
25	The professional person in charge shall notify the petitioner and the court, if
26	applicable.
27	(b) When a respondent is held at a crisis stabilization center or detained at a
28	crisis residential center, the respondent has the rights identified in AS 47.30.725 and,
29	(1) if an adult, the rights identified under AS 47.30.817 - 47.30.865;
30	and
31	(2) if a minor, the rights identified in AS 47.30.700 - 47.30.865.

- (c) A respondent subject to an involuntary stabilization hold or detention at a crisis stabilization center or crisis residential center may, at any time, convert to voluntary status if the professional person in charge agrees that (1) the respondent is an appropriate patient for voluntary status; and (2) the conversion is made in good faith. (d) A crisis stabilization center or crisis residential center may administer psychotropic medication to an involuntarily held or detained respondent only in a manner that is consistent with AS 47.30.838. Computation of a 23-hour and 59-minute holding time at a crisis stabilization center includes Saturdays, Sundays, and legal holidays, but does not include any period of time necessary to transport a respondent to a crisis stabilization center. Computation of a seven-day detention at a crisis residential center includes Saturdays, Sundays, and legal holidays, but does not include any period of time necessary to transport a respondent to a crisis residential center. * **Sec. 17.** AS 47.30.710 is amended to read:
 - **Sec. 47.30.710. Examination; hospitalization.** (a) A respondent who is delivered under AS 47.30.700 47.30.705 to an evaluation facility [, EXCEPT FOR DELIVERY TO A CRISIS STABILIZATION CENTER AS DEFINED IN AS 47.32.900,] for emergency examination and treatment shall be examined and evaluated as to mental and physical condition by a mental health professional and by a physician within 24 hours after arrival at the facility. [A RESPONDENT WHO IS DELIVERED UNDER AS 47.30.705 TO A CRISIS STABILIZATION CENTER SHALL BE EXAMINED BY A MENTAL HEALTH PROFESSIONAL AS DEFINED IN AS 47.30.915 WITHIN THREE HOURS AFTER ARRIVING AT THE CENTER.]
 - (b) If the mental health professional who performs the emergency examination **under (a) of this section** has reason to believe that the respondent is [(1)] mentally ill and that condition causes the respondent to be gravely disabled or to present a likelihood of serious harm to self or others, and **the respondent** [(2)] is in need of care or treatment, the mental health professional may

(1) admit the respondent to a crisis residential center;

(2) hospitalize the respondent; [,] o	or
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(3) arrange for hospitalization, on an emergency basis [. IF A JUDICIAL ORDER HAS NOT BEEN OBTAINED UNDER AS 47.30.700, THE MENTAL HEALTH PROFESSIONAL SHALL APPLY FOR AN EX PARTE ORDER AUTHORIZING HOSPITALIZATION FOR EVALUATION].

* Sec. 18. AS 47.30.710 is amended by adding new subsections to read:

- (c) If a mental health professional hospitalizes a respondent or arranges for the hospitalization of a respondent under (b) of this section and a judicial order has not been obtained under AS 47.30.700, the mental health professional shall apply for an ex parte order authorizing the hospitalization for evaluation.
- (d) If a mental health professional readmits a respondent to an evaluation facility after a discharge from a subacute mental health facility, the respondent is not willing to remain at the evaluation facility on a voluntary basis, and a judicial order has not been obtained under AS 47.30.700, the mental health professional shall apply for an ex parte order authorizing hospitalization for evaluation. Unless otherwise ordered by the court upon receiving the application for an ex parte order, the respondent shall remain at the evaluation facility until the court issues a decision on the application for an ex parte order.

* **Sec. 19.** AS 47.30.715 is amended to read:

Sec. 47.30.715. Procedure after order. When <u>an evaluation</u> [A] facility receives a proper order for evaluation, it shall accept the order and the respondent for an evaluation period not to exceed 72 hours. The <u>evaluation</u> facility shall promptly notify the court of the date and time of the respondent's arrival. The court shall set a date, time, and place for a 30-day commitment hearing, to be held if needed within 72 hours after the respondent's arrival, and the court shall notify the <u>evaluation</u> facility, the respondent, <u>the respondent's guardian</u>, if any, the respondent's attorney, [AND] the <u>petitioner's</u> [PROSECUTING] attorney, if any, and the attorney general of the <u>time and place of the</u> hearing [ARRANGEMENTS]. Evaluation personnel, when used, shall similarly notify the court of the date and time when they first met with the respondent.

* **Sec. 20.** AS 47.30.805 is amended to read:

1	Sec. 47.30.805. Computation, extension, and expiration of periods of time.
2	(a) Except as provided in (b) of this section,
3	(1) computations of a 72-hour evaluation period under AS 47.30.708
4	or 47.30.715 [AS 47.30.715] or a 48-hour detention period under AS 47.30.685 do not
5	include Saturdays, Sundays, legal holidays, or any period of time necessary to
6	transport the respondent to the treatment facility, except that if the exclusion of
7	Saturdays, Sundays, and legal holidays from the computation of a 72-hour
8	evaluation period or 48-hour detention period would result in the respondent
9	being held for longer than 72 hours or 48 hours, as applicable, the period ends at
10	5:00 p.m. on the next day that is not a Saturday, Sunday, or legal holiday;
11	(2) a seven-day detention at a crisis residential center expires at
12	the end of the seventh day following the respondent's arrival at the crisis
13	stabilization center or the crisis residential center, whichever is earlier;
14	(3) a 30-day commitment period expires at the end of the 30th day
15	after the 72 hours following initial acceptance;
16	(4) [(3)] a 90-day commitment period expires at the end of the 90th
17	day after the expiration of a 30-day period of treatment;
18	(5) [(4)] a 180-day commitment period expires at the end of the 180th
19	day, after the expiration of a 90-day period of treatment or previous 180-day period,
20	whichever is applicable.
21	(b) When a respondent has failed to appear or been absent through the
22	respondent's own actions contrary to any order properly made or entered under
23	AS 47.30.660 - 47.30.915, the relevant commitment period shall be extended for a
24	period of time equal to the respondent's absence if written notice of absence is
25	promptly provided to the respondent's attorney and guardian, if any [THERE IS
26	ONE], and if, within 24 hours after the respondent has returned to the evaluation or
27	treatment facility, written notice of the corresponding extension and the reason for it is
28	given to the respondent and the respondent's attorney and guardian, if any, and to the
29	court.

* Sec. 21. AS 47.30.836 is amended by adding a new subsection to read:

(b) Before administering psychotropic medication to a minor patient under this

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section, a mental health professional shall consult with a parent or guardian of the minor, evaluate the minor for drug withdrawal and medical psychosis caused by currently prescribed drugs or self-medication, and review all available information regarding the minor's family history, diet, medications, and other contributing factors.

* Sec. 22. AS 47.30.838(c) is amended to read:

- (c) If crisis situations as described in (a)(1) of this section occur repeatedly, or if it appears that they may occur repeatedly, the evaluation facility, crisis stabilization center, crisis residential center, or designated treatment facility may administer psychotropic medication during <u>not</u> [NO] more than three crisis periods without the patient's informed consent only with court approval under AS 47.30.839.
- * Sec. 23. AS 47.30.838 is amended by adding a new subsection to read:
 - (e) Before determining whether a minor patient should be given psychotropic medication under this section, a mental health professional shall, to the extent time and the nature of the crisis permit, consult with a parent or guardian of the minor, evaluate the minor for drug withdrawal and medical psychosis caused by currently prescribed drugs or self-medication, and review all available information regarding the minor's family history, diet, medications, and other possibly relevant factors.

* Sec. 24. AS 47.30.839(b) is amended to read:

- (b) An evaluation facility or designated treatment facility may seek court approval for administration of psychotropic medication to a patient by filing a petition with the court, requesting a hearing on the capacity of the person to give informed consent and on the proposed use of psychotropic medication. The petition shall provide specific information regarding the factors listed in AS 47.30.837(d)(2)(A) -(E).
- * **Sec. 25.** AS 47.30.839(g) is amended to read:
 - (g) If the court determines by clear and convincing evidence that the patient is not competent to provide informed consent and [, BY CLEAR AND CONVINCING EVIDENCE,] was not competent to provide informed consent at the time of previously expressed wishes documented under (d)(2) of this section, that the proposed use of medication is in the best interests of the patient considering at a minimum the factors listed in AS 47.30.837(d)(2)(A) (E), and that there is no

feasible less intrusive alternative, the court shall approve the facility's proposed use of psychotropic medication. The court's approval under this subsection applies to the patient's initial period of commitment if the decision is made during that time period. If the decision is made during a period for which the initial commitment has been extended, the court's approval under this subsection applies to the period for which commitment is extended.

* **Sec. 26.** AS 47.30.840(a) is amended to read:

- (a) A person undergoing evaluation or treatment under AS 47.30.660 47.30.915
- (1) may not be photographed without the person's consent and that of the person's guardian if a minor, except that the person may be photographed upon admission to a facility for identification and for administrative purposes of the facility; all photographs shall be confidential and may only be released by the facility to the patient or the patient's designee unless a court orders otherwise;
- (2) at the time of admission to an evaluation or treatment facility, shall have reasonable precautions taken by the staff to inventory and safeguard the patient's personal property; a copy of the inventory signed by the staff member making it shall be given to the patient and made available to the patient's attorney and any other person authorized by the patient to inspect the document;
- (3) shall have access to an individual storage space for the patient's private use while undergoing evaluation or treatment;
- (4) shall be permitted to wear personal clothing, to keep and use personal possessions including toilet articles if they are not considered unsafe for the patient or other patients who might have access to them, and to keep and be allowed to spend a reasonable sum of the patient's own money for the patient's needs and comfort;
 - (5) shall be allowed to have visitors at reasonable times;
- (6) shall have ready access to letter writing materials, including stamps, and have the right to send and receive unopened mail;
- (7) shall have reasonable access to a telephone, both to make and receive confidential calls:

1	(8) has the right to be free of corporal punishment;
2	(9) has the right to reasonable opportunity for indoor and outdoo
3	exercise and recreation;
4	(10) has the right, at any time, to have a telephone conversation with o
5	be visited by an attorney;
6	(11) may not be retaliated against or subjected to any adverse change
7	of conditions or treatment solely because of assertion of rights under this section;
8	(12) who is a minor or an adult for whom a guardian has been
9	appointed may not be transferred from a crisis stabilization center, evaluation
10	facility, or treatment facility to a different crisis stabilization center, evaluation
11	facility, or treatment facility before the center or facility makes a good faith
12	attempt to notify the parent or guardian of the person, as applicable, of the
13	proposed transfer.
14	* Sec. 27. AS 47.30 is amended by adding a new section to read:
15	Sec. 47.30.912. Regulations. The department shall adopt regulations to
16	implement AS 47.30.700 - 47.30.915.
17	* Sec. 28. AS 47.30.915(7) is amended to read:
18	(7) "evaluation facility" means a hospital or crisis residential center
19	[HEALTH CARE FACILITY] that has been designated or is operated by the
20	department to perform the evaluations described in AS 47.30.660 - 47.30.915, or a
21	medical facility [LICENSED UNDER AS 47.32 OR] operated under 25 U.S.C. 5301
22	- 5423 (Indian Self-Determination and Education Assistance Act), as amended
23	that performs evaluations [BY THE FEDERAL GOVERNMENT];
24	* Sec. 29. AS 47.30.915(9) is amended to read:
25	(9) "gravely disabled" means a condition in which a person as a resul
26	of mental illness
27	(A) is in danger of physical harm arising from such complete
28	neglect of basic needs for food, clothing, shelter, or personal safety as to rende
29	serious accident, illness, or death highly probable if care by another is no
30	taken; or
31	(B) is so incapacitated that the person is incapable of

1	surviving safely in freedom [WILL, IF NOT TREATED, SUFFER OR
2	CONTINUE TO SUFFER SEVERE AND ABNORMAL MENTAL,
3	EMOTIONAL, OR PHYSICAL DISTRESS, AND THIS DISTRESS IS
4	ASSOCIATED WITH SIGNIFICANT IMPAIRMENT OF JUDGMENT,
5	REASON, OR BEHAVIOR CAUSING A SUBSTANTIAL
6	DETERIORATION OF THE PERSON'S PREVIOUS ABILITY TO
7	FUNCTION INDEPENDENTLY];
8	* Sec. 30. AS 47.30.915(15) is amended to read:
9	(15) "peace officer" has the meaning given in AS 01.10.060(a)
10	[INCLUDES A STATE POLICE OFFICER, MUNICIPAL OR OTHER LOCAL
11	POLICE OFFICER, STATE, MUNICIPAL, OR OTHER LOCAL HEALTH
12	OFFICER, PUBLIC HEALTH NURSE, UNITED STATES MARSHAL OR
13	DEPUTY UNITED STATES MARSHAL, OR A PERSON AUTHORIZED BY THE
14	COURT];
15	* Sec. 31. AS 47.30.915 is amended by adding new paragraphs to read:
16	(21) "crisis residential center" has the meaning given in AS 47.32.900;
17	(22) "crisis stabilization center" has the meaning given in
18	AS 47.32.900;
19	(23) "health officer" means a federally certified health care provider,
20	public health nurse, emergency medical technician, paramedic, firefighter, or a person
21	authorized by the court to carry out AS 47.30.660 - 47.30.915;
22	(24) "subacute mental health facility" has the meaning given in
23	AS 47.32.900.
24	* Sec. 32. AS 47.32.010(b), as repealed and reenacted by sec. 79 of Executive Order 121, is
25	amended to read:
26	(b) The following entities are subject to this chapter and regulations adopted
27	under this chapter by the Department of Health:
28	(1) ambulatory surgical centers;
29	(2) assisted living homes;
30	(3) child care facilities;
31	(4) freestanding birth centers;

1	(5) home health agencies;
2	(6) hospices, or agencies providing hospice services or operating
3	hospice programs;
4	(7) hospitals;
5	(8) intermediate care facilities for individuals with an intellectual
6	disability or related condition;
7	(9) maternity homes;
8	(10) nursing facilities;
9	(11) residential child care facilities;
10	(12) residential psychiatric treatment centers;
11	(13) rural health clinics;
12	(14) subacute mental health facilities [CRISIS STABILIZATION
13	CENTERS].
14	* Sec. 33. AS 47.32.900 is amended by adding a new paragraph to read:
15	(23) "subacute mental health facility" means a facility, or a part or unit
16	of a facility, that has been designed to evaluate, stabilize, and treat, on a short-term,
17	intensive, and recovery-oriented basis, and without the use of hospitalization,
18	individuals experiencing an acute behavioral health crisis, including a crisis
19	stabilization center and a crisis residential center; in this paragraph,
20	(A) "crisis residential center" means a subacute mental health
21	facility that has a maximum stay of seven days for an involuntary admission;
22	(B) "crisis stabilization center" means a subacute mental health
23	facility that has a maximum stay of 23 hours and 59 minutes.
24	* Sec. 34. AS 47.32.900(5) is repealed.
25	* Sec. 35. The uncodified law of the State of Alaska is amended by adding a new section to
26	read:
27	INDIRECT COURT RULE AMENDMENT. AS 47.30.708(d), enacted by sec. 16 of
28	this Act, and AS 47.30.805(a)(1), as amended by sec. 20 of this Act, have the effect of
29	changing Rule 6(a), Alaska Rules of Civil Procedure, by changing the procedure for
30	computing time in certain cases.
31	* Sec. 36. The uncodified law of the State of Alaska is amended by adding a new section to

1	read:
2	REPORT TO THE LEGISLATURE. (a) One year after the effective date of secs. 1
3	37 and 39 of this Act, the Department of Health, the Department of Family and Community
4	Services, and the Alaska Mental Health Trust Authority shall submit a joint report to the
5	senate secretary and chief clerk of the house of representatives, notify the legislature that the
6	report is available, and make the report available to the public. The report must
7	(1) include an assessment of the current state, federal, and accrediting body
8	requirements for psychiatric patient rights, including patient grievance and appeal policies and
9	procedures; the assessment must address the adequacy of these policies and procedures and
10	the practical challenges patients face in availing themselves of these rights;
11	(2) identify and recommend any additional changes to state statutes
12	regulations, or other requirements that could improve patient outcomes and enhance patient
13	rights, including items that could be added to AS 47.30.825, particularly involving
14	involuntary admissions, involuntary medications, and the practical ability of patients to avail
15	themselves of their rights;
16	(3) assess and recommend any needed changes to current processes for data
17	collection and reporting of patient grievances and appeals, patient reports of harm and
18	restraint, and the resolution of these matters and provide recommendations for making this
19	information available to the public; and
20	(4) identify methods for collecting and making available to the legislature and
21	the general public statistics recording

- (A) the number, type, and cause of patient and staff injuries;
- 23 (B) the number, type, and resolution of patient and staff complaints; 24
- 25 (C) the number, type, and cause of traumatic events experienced by a 26 patient; in this subparagraph, "traumatic event" means being administered medication 27 involuntarily or being placed in isolation or physical restraint of any kind.
 - (b) The process used by the Department of Health, the Department of Family and Community Services, and the Alaska Mental Health Trust Authority to develop the assessment and recommendations under (a) of this section must include convening a diverse stakeholder group that includes members representing patients with lived experience, patient

and

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- advocates, the Disability Law Center of Alaska, providers of psychiatric services, the
- 2 ombudsman, the Alaska Mental Health Board, the Department of Health, the Department of
- 3 Family and Community Services, and the Alaska Mental Health Trust Authority. A draft
- 4 assessment and any recommendations must be made available for public comment, and any
- 5 comments must be given due consideration before the production and transmittal of the final
- 6 report.
- * Sec. 37. The uncodified law of the State of Alaska is amended by adding a new section to
- 8 read:
- 9 TRANSITION: LICENSING. Notwithstanding AS 47.32.010(b), as amended by sec.
- 10 32 of this Act, the Department of Health shall consider a valid unexpired license issued before
- the effective date of sec. 32 of this Act to a facility identified as a crisis stabilization center as
- 12 a license for a subacute mental health facility until that license is renewed, suspended, or
- 13 revoked.
- * Sec. 38. The uncodified law of the State of Alaska is amended by adding a new section to
- 15 read:
- 16 TRANSITION: REGULATIONS. The Department of Health and Social Services, the
- 17 Department of Health, or the Department of Family and Community Services, as applicable,
- may adopt regulations to implement this Act. The regulations take effect under AS 44.62
- 19 (Administrative Procedure Act) but not before the effective date of the law implemented by
- the regulation.
- * Sec. 39. The uncodified law of the State of Alaska is amended by adding a new section to
- 22 read:
- CONDITIONAL EFFECT. AS 47.30.708(d), enacted by sec. 16 of this Act, and
- AS 47.30.805(a)(1), as amended by sec. 20 of this Act, take effect only if sec. 35 of this Act
- receives the two-thirds majority vote of each house required by art. IV, sec. 15, Constitution
- of the State of Alaska.
- * Sec. 40. Section 38 of this Act takes effect immediately under AS 01.10.070(c).