

Section 36 of the bill requires that within one year, a report is submitted to the legislature that contains recommendations for future improvements to the law, potential changes to grievance procedures, how to improve patient outcomes and enhance patient rights, and data reporting. This report is to be created with the participation of a diverse group of stakeholders, including those with lived experience. This requirement helps ensure that Alaskans continue to receive the utmost consideration and protection of their civil liberties.

Below you will find details on numerous sections of HB 172 that expands patients' rights compared to the current law around civil involuntary commitment.

- Sec. 12 – Notice of parent or guardian (pg. 4; lines 19 -23)
 - Amends AS 47.30.693, Notification to a parent or guardian, to make the statute applicable to notifying guardians of adult patients who are admitted to a treatment facility and the facility is aware of the appointment of a guardian.
- Sec. 13 – New subsection related to notification of guardian (pg. 4; lines 25 – 31 and pg. 5; line 1)
 - Adds a new subsection (or brand-new requirement in the law) to AS 47.30.700, Initial involuntary commitment procedures, to require a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility to notify the minor patient's parent or guardian of the location of the minor as soon as possible after the arrival of the minor at the facility. Also requires the center or facility to notify a guardian of the adult patient's location as soon as possible after the arrival of the patient if the center or facility is aware of an adult patient having an appointment of a guardian. This will apply to new facilities as well as current facilities such as API or our hospitals with secure mental health wings like Fairbanks Memorial Hospital, MSRMC and Bartlett Regional Hospital.
- Sec. 15 – notification of parent or guardian (pg. 5; lines 29 – 31 and pg. 5 lines 1 – 5)
 - This adds a new subsection (d) (or brand-new requirement in the law) which adds a new subsection to AS 47.30.705, Emergency detention for evaluation, to require a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility to notify the patient's parent or guardian as soon as possible after the arrival of the minor. Also requires the center or facility to notify a guardian of the adult patient's location as soon as possible after the arrival of the patient if the center or facility is aware of an adult patient having an appointment of a guardian. This will apply to new facilities as well as current facilities such as API or our hospitals with secure mental health wings like Fairbanks Memorial Hospital, MSRMC and Bartlett Regional Hospital.
- Sec. 16 – Admittance to Crisis Stabilization Center & Appointment of an attorney immediately (pg. 6; lines 21 – 30)
 - This overall section lays out the structure of care at these new facilities. This specific subsection in AS 47.30.707 is for 23-hour crisis stabilization centers. Lines 21-30 highlight that an individual is appointed an attorney to represent the patient. It also protects the patients' rights by requiring the court to order the patient released if there is no probable cause to hold the patient due to the patient having 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. All of those findings must be in place for the patient to be held for involuntary treatment.
- Sec. 16 – Computation of time (pg. 7; lines 22-31 and pg. 8; lines 1 – 9)
 - This subsection sets out the computation of time at a crisis residential center (or the up to 7 day facility). It provides for the computation of time of the 72-hour period, which 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 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. This was a change made on the House Floor that further protects patient rights. Under current law, Saturdays, Sundays and Legal holidays never count in the computation of time when someone is being held for a 72 hour evaluation

- This subsection also requires hearings to be held at the crisis residential center in person by contemporaneous two-way video conference or by teleconference. This is actually an improvement for less trauma for patients. At other Designated and Evaluation Treatment Hospitals (DETs), each judicial district sets the rules for hearings. In Fairbanks, patients are required to attend in person at the courthouse unless the court orders otherwise. That means a patient is transported in handcuffs and in the back of a police car to court.
- Sec. 16 – Computation of time (pg. 10; lines 8 – 13)
 - This subsection (e) sets out that an individual can be held at a crisis stabilization center for 23 hours and 59 minutes and at a crisis residential center for seven days. Both of these time periods include Saturdays, Sundays and legal holidays.
- Sec. 18 – AS 47.30.710 – Examination; hospitalization.
 - Amends the current statute (current law) to add a new subsection (c) to require the mental health professional to apply for an ex parte order if a judicial order is not in place, which further ensures that patients are not held without judicial process.
- Sec. 19 – Procedure after order – AS 47.30.715
 - Amends the current law to require the Court to notify a patient’s legal guardian of any hearing arrangements. Currently, the Court does not notify legal guardians. It also amends the law to specifically require the court to notify everyone of the exact time and place of the hearing, which now includes the legal guardian as well as the patient’s attorney.
- Sec. 20 – Computation of time (pg. 12; lines 2 – 12)
 - Amends current law AS 47.30.805(a), a computation of time statute. It adds a new computation for a seven-day detention at a crisis residential center, which says the time starts at the arrival of a patient at a crisis stabilization center or crisis residential center, whichever is earlier. This ensures a patient is held only for 7 days total, even if they started in the 23 hour crisis stabilization center.
 - A House floor amendment also changed the current computation of time to require a period to end at 5:00 p.m. on the next day that is not a Saturday, Sunday, or legal holiday if exclusion of those days would result in the patient being held for longer than 72 hours or 48 hours as applicable. Under current law, Saturdays, Sundays and Legal holidays never count in the computation of time when someone is being held for a 72-hour evaluation
- Sec. 21 – New subsection related to administration of psychotropic meds (pg. 12; lines 30 -31 and pg. 13; lines 1-3)
 - Adds a new subsection (or brand-new requirement in the law) to AS 47.30.836, Psychotropic medication in non-crisis situations, to require a mental health profession to 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, medication, and other contributing factors before administering psychotropic medication to a minor. This adds further protections to parents and patients' rights.

- Sec. 23 – New subsection related to administration of psychotropic meds (pg. 13; lines 11 – 16)
 - Adds a new subsection (or brand- new requirement in the law) to AS 47.30.838, Psychotropic medication in crisis situations, to require a mental health professional, to the extent time and the nature of the crisis permit, to consult with a parent or guardian of a 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, medication, and other possibly relevant factors before administering psychotropic medication in a crisis situation to a minor. This is brand new addition to the law and adds further protections to parents and patients' rights.
- Sec. 24 & 25 – Involuntary medications (pg. 13; lines 17 – 31)
 - Both sections were added to address a statute declared unconstitutional by the Alaska Supreme Court and align the language with the court decision. In particular, amends AS 47.30.839(g) regarding court-ordered administration of medication to require the court determine by clear and convincing evidence that any 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.
 - Both of these sections were identified by the Jim Gottstein of Law Project for Psychiatric Rights and the language was vetted by him before it was added to the bill.
- Sec. 26 – Notification of guardian (pg. 15.; lines 7 – 12)
 - Amends AS 47.30.840(a), Right to privacy and personal possessions, to add a requirement that a minor or adult patient with a guardian may not be transferred from a crisis stabilization center, evaluation facility, or treatment facility to a different evaluation facility or treatment facility before the facility makes a good faith attempt to notify the parent or guardian of the person, as applicable, of the proposed transfer. This is brand new addition to the law and adds further protections to parents and patients' rights.