

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Roy M. Ehrlich at \_\_\_\_\_  
Chairperson

10:00 a.m. ~~pm~~ on February 5, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Bill Wolff, Norman Furse, Clarene Wilms

Conferees appearing before the committee:

Representative Jessie Branson

Secretary Barbara Sabol, Department of Health and Environment

Lila Pasley, Association of Retarded Citizens

Dr. Virginia Tucker, Department of Health and Environment

Dr. James A. McHenry, Jr., Commissioner of Drug & Alcohol Abuse, SRS

Others attending: See attached list

The chairman called the attention of committee members to copies of a bill relating to adult care homes; providing for the assessment of civil penalties. The introduction of this bill was requested by the Governor. Attachment I Senator Morris made the motion to accept this bill for introduction with a second by Senator Dave Kerr. Motion carried.

HCR-5013 directing the secretary of health and environment to develop programs related to fetal alcohol syndrome and fetal alcohol effects.

Representative Branson presented written testimony and testified in support of HCR-5013. Attachment II This resolution directs the secretary of health and environment to develop programs which will disseminate information about and help reduce the incidence of fetal alcohol syndrome which is a major cause of birth defects and accompanying mental retardation.

Secretary Barbara Sabol appeared before the committee explaining that this resolution was introduced last session. Following the introduction of HCR-5013 the department of health and environment supplied liquor store owners with information concerning the effects of alcohol to the fetus and some stores have complied and are displaying the materials. Senator Morris asked the cost of this resolution and was told that it would be \$16,000 to \$20,000. Upon questioning the secretary stated that much of this work could be handled by various departments and that the money for HCR-5013 was not included in the Governor's budget.

Pages Julie Beckerman and Annette Batchelder from Garden City were introduced by Senator Hayden.

Lila Pasley, ARC representative, spoke in support of HCR-5013 stating that her organization felt that the very least that should be done was to educate the public concerning the effects of alcohol on the fetus.

Dr. Virginia Tucker presented written testimony and testified urging the committee to consider a preventative program rather than working with the end results of alcohol on the fetus. Attachment III

Dr. James A. McHenry, Jr., of the Commission of Drug and Alcohol Abuse, SRS, appeared in support of HCR-5013 stating that the problem is preventable. Senator Morris asked whether or not the passage of this measure would cause anything to be done that is not already being done and the reply was that it would not.

The chairman announced that HCR-5013 would be voted on Tuesday, February 11, 1986.

Meeting adjourned.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE February 4, 1986

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Jim McBride

Ok service

Virginia L. Tucker, M.D.

KDHE

LecAnn Roberts

KDHE

Jim McHenry

SRS/ADAS

Lila Paslay

ARC / Kansas

Anne Moriarty

Natl. Org. for Women

Belva Ott

Planned Parenthood of Ks. Inc.

John Peterson

Ks Assn Prof Psychologists

Gary Robbing

Ks Opt Assn

Marilyn Bradt

KINHH

Michelle Hinds

KSNA

Jessie Brownson

House of Rep

Tom Bell

Ks Hosp. Assn.

Liz Madison LPA

Advisgato Village

Kay Brown LPN

(LPN Day) (Topeka <sup>Statement</sup> Ks.)

Delia G. Proctor LPN

LPN Day

Lori Myrick

KMS Auxiliary

Katherine Bruner

KMS Aux - Lawrence

Sherry Hennings

KMS Aux Topeka

Joan Tempers

KMS Auxiliary Topeka

Rebecca Canshaw

Ks Assoc of Prof Psychol.

Linda Clewlow

KMS Aux Salina

Glenda Schmidt

KMS Aux Salina

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE  
DATE 2-4-86

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

LINDA L. SMITH

KANSAS Medical Aux. Salina

Karen Cecil

" " HAYS

Joyce Kifer

" " HAYS

SENATE BILL NO. \_\_\_\_\_

By

AN ACT relating to adult care homes; providing for the assessment of civil penalties; amending K.S.A. 39-946 and repealing the existing section.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 39-946 is hereby amended to read as follows: 39-946. (a) If upon reinspection by the state fire marshal or the marshal's representative or a duly authorized representative of the secretary of health and environment it is found that the licensee of the adult care home which was issued a correction order has not corrected the deficiency or deficiencies specified in the order, the secretary of health and environment or the secretary's designee shall issue a citation listing the uncorrected deficiency or deficiencies. The citation shall be served upon the licensee of the adult care home either personally or by certified mail, return receipt requested. The citation shall also specify whether the uncorrected deficiencies have an endangering relationship to the health, safety or sanitation of the adult care home residents.

(b) The secretary of health and environment may assess a civil penalty in an amount not to exceed ~~one-hundred-dollars~~ ~~(\$100)~~ \$100 per day per deficiency against the licensee of an adult care home for each day subsequent to the day following the issuance of a citation pursuant to this section that the adult care home has not corrected the deficiency or deficiencies listed in the citation, but the maximum assessment shall not exceed ~~five hundred--dollars--~~ ~~(\$500)~~ \$5,000. A written notice of assessment shall be served upon the licensee of an adult care home either personally or by certified mail, return receipt requested.

(c) All civil penalties assessed shall be due and payable

Attachment I  
- 2/05/86 S. PH&W -

Attachment I

within ~~ten-(10)~~ 10 days after written notice of assessment is served on the licensee, unless a longer period of time is granted by the secretary. If a civil penalty is not paid within the applicable time period, the secretary of health and environment may file a certified copy of the notice of assessment with the clerk of the district court in the county where the adult care home is located. The notice of assessment shall be enforced in the same manner as a judgment of the district court.

Sec. 2. K.S.A. 39-946 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

2-5-86

STATE OF KANSAS

JESSIE M. BRANSON  
REPRESENTATIVE, FORTY-FOURTH DISTRICT  
800 BROADVIEW DRIVE  
LAWRENCE, KANSAS 66044-2423  
(913) 843-7171



TOPEKA

HOUSE OF  
REPRESENTATIVES

COMMITTEE ASSIGNMENTS  
PUBLIC HEALTH AND WELFARE  
RANKING MINORITY MEMBER  
MEMBER EDUCATION  
PENSIONS INVESTMENTS AND BENEFITS

February 5, 1986

TO: Senator Roy Ehrlich, Chairman  
and Members, Public Health and Welfare Committee

FROM: Representative Jessie Branson

RE: HCR No. 5013

*Jessie*

Mr. Chairman, and Members of the Committee, thank you for the opportunity of speaking in support of HCR 5013.

HCR 5013 was introduced by a group of bi-partisan sponsors during the 1985 Session and was referred to the Committee on Public Health and Welfare.

The Resolution was strongly supported in Committee and passed the House Floor by a vote of 104 to 20.

The Resolution directs the Secretary of Health and Environment to develop programs which will disseminate information about and help reduce the incidence of fetal alcohol syndrome.

The sponsors' reason for introducing and working for passage of the resolution is our awareness of fetal alcohol syndrome as a major cause of birth defects and accompanying mental retardation, and our deep concern that we as public officials should make an effort to prevent such tragic conditions.

*Attachment II*

2/05/86  
Attachment II  
S. PH&W

The resolution is not mandatory but strongly encourages or requests the Secretary to implement the following:

- Posting of fetal alcohol awareness materials in establishments which sell alcoholic beverages.
- Making materials available in offices of physicians and other health care providers.
- Use of materials in all appropriate program components of the state and local departments of health.
- Providing information on fetal alcohol syndrome to participants of childbirth education classes.
- Keeping incidence data by hospitals on all suspected fetal alcohol effects cases.
- Use of continuing education for physicians, nurses, educators, counselors, social workers and others as a means of educating appropriate professional personnel.

Mr. Chairman and Committee Members, I believe that the need to discourage pregnant women from drinking has become even more compelling than upon introduction of HCR 5013 during the 1985 Session. A number of proponents who follow me will testify to the significance of the problem and the importance of efforts toward its prevention.

I urge your favorable consideration of HCR 5013.

# Fetal Alcohol Syndrome - HCR 5013

## I. Introduction

Does the fetal alcohol syndrome exist?

1. Syndrome is a set of symptoms predictably occurring in response a specific stimulus.
2. Fetal alcohol syndrome is a set of symptoms occurring as the result of the chemical agent alcohol, and it's metabolites (acetaldehyde) crossing the placenta through the umbilical cord into the developing fetus.
3. The most serious malformations occur during the first three months of pregnancy, although physiological effects of the chemical, alcohol, can occur throughout the pregnancy.

## II. Multifactorial

The events that occur are multifactorial.

1. The organ system that is developing and its sensitivity at the time of ingestion will be the one affected.
2. The amount of ethanol ingested by the mother is important although the critical amount required to produce alcohol effects or the symptoms has not been established. 1 beer = 1 oz. whiskey = 1 medium glass of wine.
3. Predictably > 6-10 drinks/da --> full blown syndrome.

## III. Manifestations

Three diagnostic signs and symptoms of the full blown syndrome result in the following growth deficiencies:

1. Small stature

Secondary to a direct toxic effect of the drug  
 Small for gestational age  
 Persists throughout life.

2. Small brain

Microcephaly  
 Mental retardation -  $\bar{x}$  IQ = 65  
 Poor coordination, hypotonia, tremulous, hyperactive.

Attachment III  
 2/05/86 S. PH&W

*Attachment III*



3. Facial dysmorphia

Short broad nose  
Inner epicanthal folds - reverse oriental  
Ptosis - poor neural control of opening eye lids  
Smooth philtrium  
Narrow upper lip  
Small face  
Micrograthia

4. Other organ systems that may be involved

Cardiac defects - septal defects, tetralogy of Fallot, great vessel anomalies  
Genitourinary abnormalities - labial hypoplasia, hypospadias  
Skin - hemangiomas, hirsutism  
Skeletal - elbow limitations, synostosis of fingers and toes

IV. Prevention - do not drink during pregnancy

The mother may attain sobriety if she so desires, the fetus has no choice.

VLT/rg

DEPARTMENT OF HEALTH AND ENVIRONMENT

Barbara J. Sabol, Secretary

Forbes Field  
Topeka, Kansas 66620  
913-862-9360



Dear Liquor Store Owner:

The Kansas Department of Health and Environment is asking your assistance in educating the public about the third major cause of birth defects. Fetal Alcohol Syndrome and Fetal Alcohol Effects are the direct result of women drinking during pregnancy. Among physical and mental problems resulting from Fetal Alcohol Syndrome are: a small overall growth, a small brain, a small head, facial abnormalities, cardiac problems, skeletal abnormalities and the possibility of mental retardation. Fetal Alcohol Syndrome and Fetal Alcohol Effects are 100% preventable if women do not drink during pregnancy. Many women may not have known about the possible effects of alcohol until after the birth of a child with FAS or FAE.

The Kansas Department of Health and Environment is asking that liquor stores display information regarding the hazards of drinking during pregnancy. Signs will be distributed at no charge by the Kansas Department of Health and Environment. Please return the enclosed card to receive signs.

Alcohol Beverage Control Division has given permission for liquor store owners to participate in this program. If you have questions please contact the Alcohol Beverage Control Division or your local ABC agent.

It is our hope that Fetal Alcohol Syndrome and Fetal Alcohol Effects can be drastically reduced through cooperative efforts to educate the public. We thank you in advance for your understanding and cooperation.

Sincerely,

Lorne A. Phillips, Director  
Bureau of Community Health  
KS Dept. of Health & Environment

John Lamb, Director  
Division of Alcohol Beverage Control  
KS Dept. of Revenue

LAP, JL: mc

Enclosures

*State of Kansas . . .* John Carlin, Governor

DEPARTMENT OF HEALTH AND ENVIRONMENT

Barbara J. Sabol, Secretary

Forbes Field  
Topeka, Kansas 66620  
913-862-9360



The Kansas Department of Health and Environment is appreciative of your support of and participation in the Fetal Alcohol Awareness Program. By posting health information in your store, you have helped in the education and prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effects.

Thank you for your contribution to the health of future Kansans.

Sincerely,

Lorne A. Phillips, Ph.D.  
Director  
Bureau of Community Health

## FACT SHEET - FETAL ALCOHOL EFFECTS/FETAL ALCOHOL SYNDROME

FAE (Fetal Alcohol Effects) is the name given to any one of the damaging effects caused to the fetus by alcohol consumed by the mother during pregnancy. FAS (Fetal Alcohol Syndrome) is the name given to the whole set of symptoms.

\*\*\*\*

Fetal Alcohol Effects (FAE) first became recognized only ten years ago as an important cause of birth defects, but has now been established as the third most common cause of mental retardation in this country.

\*\*\*\*

Alcohol interferes with many complex systems of the human body in both men and women so it is not surprising that drinking during pregnancy harms the unborn child.

\*\*\*\*

When a pregnant woman takes a drink, the alcohol crosses the placenta to the fetus. The alcohol travels through the baby's bloodstream in the same concentration as that of the mother. So if the expectant mother drinks, her unborn baby drinks as well and does so as long as the mother continues to drink. Because it is immature, the fetus is not equipped to handle the alcohol in its mother's system.

\*\*\*\*

Researchers are not sure at what level alcohol begins to harm the fetus, but there is evidence that a definite risk exists if the woman drinks six or more drinks a day. Between one and six drinks the risk factor is uncertain, but the risk increases as the number of drinks per day increases. What we do know for certain is that if the mother does not drink at all there is no risk of fetal damage from alcohol.

\*\*\*\*

A can of beer or a glass of wine has about the same alcohol content as a mixed drink and will do the same amount of harm to the unborn baby.

\*\*\*\*

Researchers suspect that "binge" drinking (taking six or more drinks once a week) is just as harmful to the unborn baby as if the mother drank every day.

\*\*\*\*

Babies of teenagers are in double jeopardy if their mothers drink while pregnant. They may be born too small or too soon because their mothers' bodies are not mature enough to meet the demands of pregnancy. If they are also subjected to excessive alcohol from their mothers' drinking, they may suffer from fetal alcohol effects as well.

\*\*\*\*

The effects of alcohol on the fetus are permanent and cannot be reversed, whereas the mother may choose to become sober and may sustain no permanent damage. The mother has a choice. The baby does not!

\*\*\*\*

Among heavy or frequent drinkers, the risk of spontaneous abortion is increased twofold. Significant increases in spontaneous abortion have been observed in women who report alcohol consumption as low as two standard sized drinks twice a week (one ounce of absolute alcohol).

\*\*\*\*

Between 50 to 70 percent of babies born to mothers with alcohol problems suffer from FAE.

\*\*\*\*

Significantly decreased birth weight has been observed among the babies of some women who average only 1 ounce of absolute alcohol (2 standard drinks) per day during pregnancy.

\*\*\*\*

Alcohol readily enters breast milk and is thus transmitted to the nursing infant. Heavy alcohol consumption is known to decrease the mother's milk.

\*\*\*\*

The developing brain cells of the fetus are much more sensitive to alcohol than is the adult brain.

\*\*\*\*

While the pregnant woman may become stimulated when she drinks, the fetus becomes sedated because of the anesthetizing effects of the alcohol. This slows the baby's heart beat, sometimes to a dangerous level.

\*\*\*\*

The fetal alcohol effects include mental retardation, central nervous system disorders, growth deficiencies, specific facial abnormalities and other malformations of the skeletal, urogenital and cardiac systems. Not all babies affected by FAE have all of the symptoms, but the more alcohol the mother has consumed during pregnancy, the more damaged the baby is likely to be.

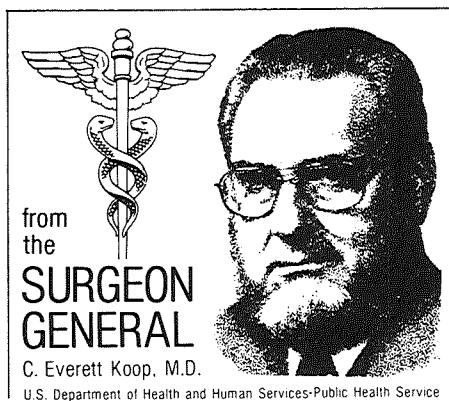
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Although the exact rate of FAS is not known, it is reported to be one baby in every 750 births. This would be between 50 and 55 babies in Kansas each year.

\*\*\*\*

A high percentage of women of childbearing age (ages 15 to 44) drink at least occasionally. Nationally, these figures are estimated to be 69% of those 18 to 20 years of age; 77% of those ages 21 to 34; and 65% of those over 35. There are approximately 530,000 women of childbearing age in Kansas.

\*\*\*\*



## Drinking and Pregnancy

During the week of January 12, 1986, local and national organizations around the Nation sponsored a series of programs and activities launching the "National Fetal Alcohol Syndrome Awareness Campaign." And with good reason, too: fetal alcohol syndrome (FAS) is one of the three leading causes of mental retardation in newborn babies. If you are pregnant or are thinking about having a baby, FAS is a health problem about which you should know something.

Almost everyone is aware that alcohol abuse over a period of time can contribute to many serious disorders in adults, including muscle and heart disease, malnutrition, digestive problems, and cirrhosis of the liver. Many also know that alcohol, when used during pregnancy, can damage the frail, delicate unborn baby.

For a number of years, researchers have been studying infants born to women who drank heavily during their pregnancies. What they found in a significant number of these infants is a disturbing pattern of physical, mental, and behavioral abnormalities—FAS. Babies with FAS were smaller and weighed less than normal babies, and they did not "catch up" later, even when they were given special postnatal care.

Babies with FAS also had small heads, facial irregularities, joint and limb abnormalities, heart defects, and poor coordination. Most were also mentally retarded. Many had a number of behavioral problems such as hyperactivity, extreme nervousness, and a poor attention span.

Not every baby affected by alcohol has all the symptoms of FAS. Some children have only one or two alcohol-related birth defects. Some of these more subtle defects can adversely affect a child's performance in school even when the child has a normal level of intelligence. And, even one alcohol-related birth defect is an unnecessary tragedy. The point is that *all* alcohol-related birth defects—including FAS—are completely preventable if women refrain from drinking while they are pregnant.

Research is just beginning to show the amount of alcohol that may harm the developing baby. While there are, as of yet, no hard and fast rules, we do know that even moderate amounts of alcohol pose a risk to the unborn baby. Women who consume two normal-size drinks a day, for example, increase their chances of miscarriage and of having a baby that is smaller than babies born to women who avoid alcohol altogether. Women who drink heavily during pregnancy—six or more drinks a day—clearly risk giving birth to a child with fetal alcohol syndrome.

There is much that we still do not know about alcohol-related birth defects. We are not sure at what point during pregnancy the developing baby is most likely to be harmed by alcohol. Nor do we know to what extent the effects of drinking may be made worse by such factors as smoking and poor nutrition, although both are of themselves dangerous to the normal growth of the unborn baby. Until all the facts are in, however, the best advice I can offer women who are pregnant or who want to become pregnant is to refrain completely from drinking alcoholic beverages.

Even without all the answers, there are two things that are beyond dispute. First, the more the mother drinks, the greater are the risks she takes with the health of her unborn baby. Second, there is *no* possibility of having a child with any alcohol-related birth defects—including FAS—if the mother does not drink at all.

To help ensure that your baby is strong and healthy, I'm sure you will agree that the safest and wisest choice is to avoid alcohol during this most important time of your life and your baby's life.

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During this next year, the National Institute on Alcohol Abuse and Alcoholism, U.S. Public Health Service, is sponsoring the "National Fetal Alcohol Syndrome Awareness Campaign" in conjunction with the American Medical Association; the National Council on Alcoholism; the March of Dimes; the U.S. Department of Agriculture's Special Supplemental Food Program for Women, Infants, and Children (WIC); the Agency on Developmental Disabilities, U.S. Department of Health and Human Services; and the Healthy Mothers, Healthy Babies National Coalition. For more information about alcohol-related birth defects, write the National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, MD 20852 or call (301) 468-2682.

## FETAL ALCOHOL SYNDROME

Fetal Alcohol Syndrome (FAS) describes the recognizable pattern of abnormalities occurring in the severest form of impairment.

### 1. Central Nervous System Deficiency:

Mild to moderate mental retardation (severe in some cases)  
Microcephaly (small head)  
Hypotonia, poor coordination  
Irritability in infancy  
Hyperactivity in childhood

### 2. Growth Deficiency:

Prenatal - low birth weight  
Postnatal - failure to thrive, failure to catch up

### 3. Facial Characteristics:

Eyes - short palpebral fissures (small eye openings)  
Nose - short upturned  
          hypoplastic philtrum (flat or absent)  
Jaw - retrognathia in infancy (receding jaw)  
Mouth - thinned upper lip (vermillion border)  
Ears - poorly formed concha

### 4. Abnormalities in Other Systems:

Heart abnormalities  
Joint defects  
Kidney defects  
Anomalies of the external genitalia  
Skeletal defects

Fetal Alcohol Effects (FAE) or more recently termed Alcohol Related Birth Defects (ARBD) refer to the presence of less severe abnormalities that may appear in many combinations.

## Characteristic Anatomical Defects that are Signs of the Fetal Alcohol Syndrome



Small head  
circumference

Epicanthic  
folds

Short nose  
Small midface

Thin reddish  
upper lip

Low nasal bridge

Short palpebral fissures,  
obscure the canthus, or  
inner corner of the eye,  
a normal feature in  
certain species of the  
Mongolian race

Indistinct philtrum,  
an underdeveloped  
groove in the center  
of the upper lip  
between the nose  
and the lip edge

PHOTO COURTESY NEJM

*Epicanthus is a characteristic of the eye where a vertical fold of skin extends from the root of the nose to the inner termination of the eyebrow, sometimes covering the inner canthus. Its presence is normal in certain of the Mongolian races but a telling deformity in FAS.*



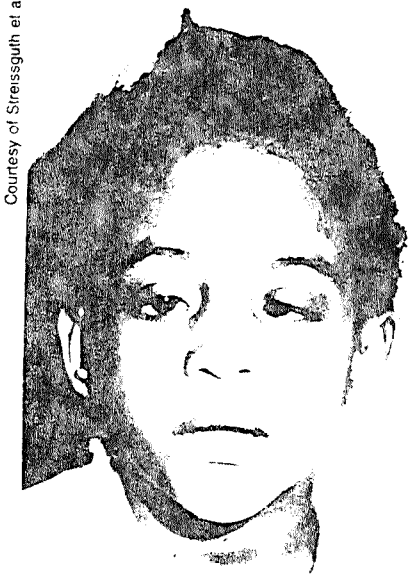


**Figure 5.** Child with fetal alcohol syndrome at day 1, 8 months, 4.5 years, and 8 years of age. This child was diagnosed at birth (Jones and Smith 1973) and has spent all his life in one foster home where the quality of care has been very good. He has received various types of remedial help, including corrective lenses and ear tubes, and was placed in special education programs. His IQ has remained stable at 40–45 and he has been hyperactive and hyperdistractable throughout childhood. Source: Streissguth et al. 1984c.

Courtesy of Streissguth et al.



**Figure 2.** Patient 4 at ages (a) 3 years, 9 months; and (b,c) 14 years, 2 months.



**Figure 2a**



**Figure 2b**



**Figure 2c**

Note the persistence across ages of the short palpebral fissures, hypoplastic philtrum, strabismus, and ptosis; the increased growth of the nose and mandible; and the short, stocky stature often associated with puberty in girls with FAS.

**Figure 3.** Patient 8 at ages (a) 2 years, 6 months; and (b,c) at 12 years, 2 months.



**Figure 3a**



**Figure 3b**

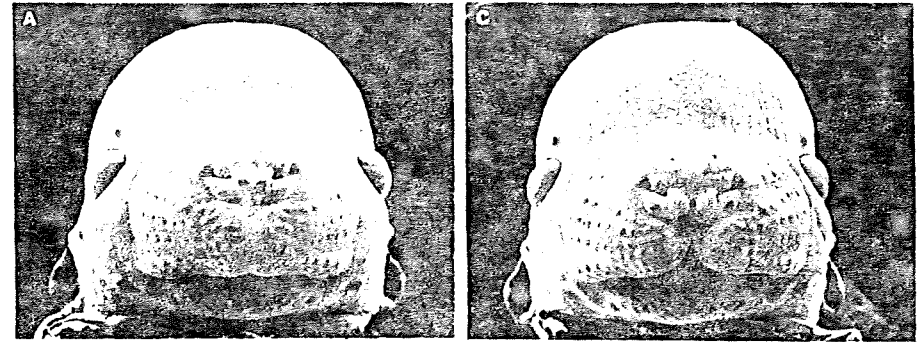


**Figure 3c**

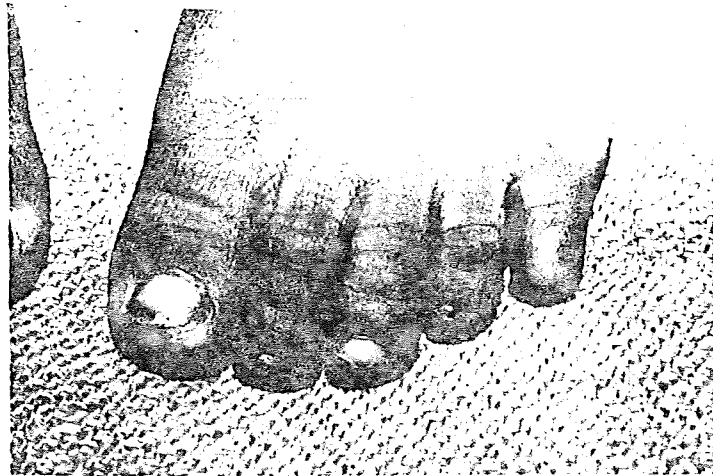
Note the short palpebral fissures, epicanthal folds, flat midface, hypoplastic philtrum, and thin upper vermilion border. Note also the short, lean-pre-pubertal stature characteristic of young adolescent boys with FAS.



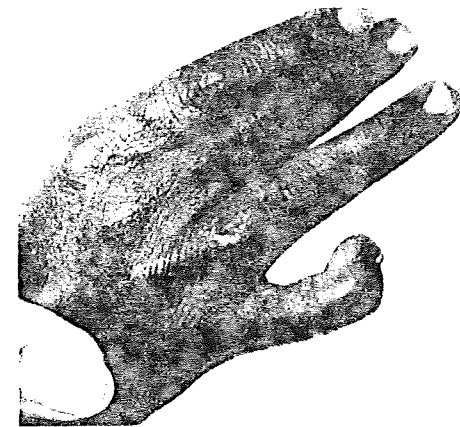
**Figure 11a.** Infant girl. Frontal view showing characteristic facial features including short, upturned nose, posterior rotation of ear, hypoplastic philtrum, thin upper vermillion border of lip, and micrognathia. Note also hirsutism. Photo courtesy Dr. Robert Sokol.



**Figure 11f.** 14-day-old mouse fetuses from alcohol-exposed (A) and control (C) mothers. Note the shorter distance between nostrils, long upper lip, and absence of philtrum in A. Facial characteristics were induced by acute alcohol exposure at a time corresponding to 3rd week of human gestation. Photo courtesy Dr. Kathy Sulik.



**Figure 14b.** Hypoplastic toenails in patient with fetal alcohol syndrome. Photo courtesy Dr. Phillip Spiegel.



**Figure 14d.** Clinodactyly of fifth finger in patient with fetal alcohol syndrome. Photo courtesy Dr. Phillip Spiegel.