Approved: 3-13-01
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on February 8, 2001 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Ms. Emalene Correll, Legislative Research Department
Ms. Renae Jefferies, Revisor of Statutes
Ms. Lisa Montgomery, Revisor of Statutes
Ms. Rebecca Zapick, Intern for Senator Barnett
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee: Dr. Claudia Dempsey, Director of Special Ed USD 253
Ms. Nancy Davenport, Speech Therapist
Ms. Teresa Walters, Executive Director
Emporians for Drug Awareness
Mr. Steve Ternes, Principal, Emporia Middle School
Ms. Mary Rhodes, Adoptive Parent
Ms. Chris Collins, Director of Government Affairs
Kansas Medical Society
Ms. Linda Kenney, Director, Bureau for Children, Youth & Families, KDHE
Mr. Chip Wheelen, Executive Director
Kansas Association of Osteopathic Medicine
Ms. Laura Howrd, Assistant Secretary of Health Care Policy

Others attending: See Attached Guest List

After Chairperson Susan Wagle announced that the day was Nurses Day at the Legislature, the Chair and the Committee members acknowledged and welcomed the presence of the nurses attending the Senate Public Health and Welfare meeting.

Hearing on SB 118 - pilot program for fetal alcohol syndrome

Chairperson Wagle then introduced Dr. Claudia Dempsey, Director of Special Ed USD 253, who would begin proponent testimony for the hearing on **SB 118**. Dr. Dempsey stated that she has received training in the educational identification of FAS characteristics and worked with students in other states with FAS. A written copy of her testimony is (Attachment 1) attached hereto and incorporated into the Minutes by reference.

The next proponent was Ms. Nancy Davenport, Speech Therapist, Flint Hills Special Education Cooperative and Newman Memorial County Hospital in Emporia. Ms. Davenport gave an overview on some of the children she is working with who have been diagnosed with FAS. A copy of her testimony is (Attachment #2) attached hereto and incorporated into the Minutes by reference.

Ms. Teresa Walters, Executive Director, Emporians for Drug Awareness, presented a folder with facts, misconceptions and letters of support. A written copy of her testimony and handouts (folder) are (Attachment #3) attached hereto and incorporated into the Minutes by reference.

Mr. Steve Ternes, Principal, Emporia Middle School, was next to testify in support of the bill. Mr. Ternes gave a brief overview of the enrollment at Emporia Middle School indicating the number of support staff is nearly as large as the regular classroom teachers. A written copy of his testimony is (Attachment #4) is attached hereto and incorporated into the Minutes by reference.

In support of the bill, Ms. Mary Rhodes, a parent, was next to be recognized by the Chairperson. Ms. Rhodes gave her personal experience with their adoptive son in regards to fetal alcohol syndrome. A copy of her testimony is (Attachment #5) attached hereto and incorporated into the Minutes by reference.

Ms. Chris Collins, Director of Government Affairs, Kansas Medical Society was the next proponent conferee to come before the Committee. Ms. Collins testified that the bill requests a modest appropriation that will be matched by local funds or services. A copy of her testimony is (Attachment #6) attached hereto and incorporated into the Minutes by reference.

The next proponent conferee to come before the Committee was Ms. Linda Kenney, Director, Bureau for Children, Youth and Families, KDHE, bringing to light the Infant Toddler Program. A copy of her testimony is (Attachment #7) attached hereto and incorporated into the Minutes by reference.

Mr. Chip Wheelen, Executive Director, Kansas Association of Osteopathic Medicine was the last proponent conferee to come before the Committee. Mr. Wheelen said the Association was somewhat concerned about the language contained in the subsection (b) at lines 32-35. A copy of his testimony and the balloon are (Attachment #8) attached and incorporated into the Minutes by reference.

Written Proponent Testimonies were presented for Ms. Carla Mahany, Kansas Public Affairs Director, Planned Parenthood of Kansas and Mid-Missouri and Mr. Thomas Bell, Sr. Vice President/Legal Counsel, Kansas Hospital Association. Copies of their testimonies are (Attachments #9 and 10) attached and incorporated into the Minutes by reference.

Ms. Laura Howard, Assistant Secretary of Health Care Policy gave Neutral Testimony to the Committee. A copy of her written testimony and handout are (Attachment #11and12) attached hereto and incorporated into the Minutes by reference.

Chairperson Wagle asked Ms. Howard to explain the drafts attached in her testimony and asked if other states were experiencing this. Ms. Howard responded. Committee discussion continued with questions from Senators Haley, Praeger, and Salmans being answered by Ms. Howard with concerns regarding the WIC Program, cost, teen pregnancy to the MOM Program.

Action on SB 118

With no further comments or questions, a conceptual motion was introduced by Senator Praeger, with the deletion of "local health department" and inserting the word "Secretary" on line 43 of **SB 118.** Senator Barnett seconded the motion. The motion carried.

Senator Steineger made a motion that **SB 118** be passed as amended. Senator Harrington seconded the motion. The motion carried.

Adjournment

As it was 2:30 p.m., the meeting was adjourned.

The next meeting is scheduled for February 12, 2001.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: Thursday, Feb. 8

NAME	REPRESENTING
Linda Kenney	KDHE
Erin Howard	Bethel College Nursing
Mariam Ngoku	Bethel College Nursing
Tawnya Watson	WU Social Work
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
Chris Collins	Kansas Medical Society
Ashley Walker	Emporia Gazette
Chris Walker	Emporia Gazette
Claudia Dempsey	Flint Hills Spec. Ed. Coop - USD 253
Steve Ternes	Emporia Middle School
Nancy Davenport	Flint Hills Special Ed Co-op
Mary Rhodes	Mother
Teresa Walters	Emporians for Drug Awareness
Marsha Strahm	CWA of Ks
Ellen Meyer	KDHE
Jeannie Askew	Washburn University
[illegible]	Washburn Uni.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: 2-8-01

NAME	REPRESENTING
Scott Brunner	DOB
Donna Mackey	SRS/HCP/SATR
[illegible]	SRS
[illegible]	KSNA
Ch. Smith	KENA
D Taphorn	KSNA
C Craft	KSNA
Tom Bell	KHA
Chip Wheeler	Osteopathic Association
Michelle Peterson	Peterson Public Affairs Group
Roger Werholtz	Ks. Dept. of Corrections
BOB HEDBERG	JJA

To the Honorable Senator Wagle and the Public Health and Welfare Committee

My name is Claudia Dempsey and I am the Director of Special Education for the Flint Hills Special Education Cooperative in Emporia, KS. I am a member of the Regional FAS Network in Emporia, which was started last June after a conference with nationally known expert, Diane Malbin. Thank you for allowing me to share my opinions with you on Fetal Alcohol Syndrome (FAS) and its effects, and to show my support SB Bill 118.

I have received training in the educational identification of FAS characteristics, and have worked with a number of students in other states who were medically diagnosed with FAS. This is not an identification that educators can make. It involves a medical diagnosis by a trained multi-disciplinary team of professionals. Students diagnosed with FAS may have a cluster of characteristics in three areas: 1) growth retardation before and after birth, 2) a pattern of abnormal features of the face and head, and 3) evidence of central nervous system abnormality. Each of these requires educators to be trained in strategies and interventions to assist in student achievement. This is a lengthy process, but you are welcome to attend one of our training opportunities for teachers today in Emporia at 4:30 p.m.! Additional attached fact sheets are provided by the National Organization on Fetal Alcohol Syndrome and Dr. Patricia Tanner Halverson.

FAS is a preventable disability. **When pregnant women drink, they risk having a child with a disability.** The Kansas public needs to hear this message. It means putting dollars and attention into prevention and diagnosis. Kansas families need to understand what FAS is, what causes it, what can be done to prevent it, and what resources are available to them. We need people in the state who can properly diagnose FAS and refer families to community and regional resources.

Once we have diagnostic centers that can diagnose FAS correctly, families can be provided resources in their communities and information to help understand their child or themselves better. The trained teams will represent the agencies that are most involved with the family and offer the greatest expertise. The teams are also a resource to educators and other professionals by being able to provide professional development, materials, and resources.

In our Cooperative, we serve approximately 1080 students with disabilities. They need a wide variety of educational interventions. It is my good fortune to be associated with the excellent teachers who serve students in this Cooperative. If you were to ask any one of them if they could prevent a disability would they do so, of course, the answer is yes! FAS can be prevented! While we don't understand the reason some students have a disability, we are trained to help them achieve high standards. With the help of statewide awareness, prevention efforts, professional development and diagnostic centers for FAS, I think we can do an even better job of educating students.

Senate Public Health & Welfare Committee
Meeting Date February 8, 2001
Attachment 1-1

To the Honorable Senator Wagle and the Public Health and Welfare Committee:

Good afternoon and thank you for allowing me to speak with you today. My name is Nancy Devenport. I am a Speech Language Pathologist employed by the Flint Hills Special Education Cooperative and Newman Memorial County Hospital in Emporia.

Since becoming involved in the Regional Fetal Alcohol Awareness Committee which meets monthly in Emporia, I have become much more aware of the significant problem of Fetal Alcohol Effects and Syndrome (FAE/S). Many children that I work with can easily be identified as having some sort of syndrome but the "why" is not always obvious. Until recently, FAE/S has not been widely discussed or even considered. I've been doing extensive research on the effects of FAE/S and therefore necessary strategies that will enable us to more effectively educate these children and meet their academic, social, and behavioral needs.

In one elementary school alone, I have 4 children that I suspect have Fetal Alcohol Effects without the obvious facial features and full involvement of motor, cognitive, social, and communication delays, and another student that is a "text-book case" of Fetal Alcohol Syndrome. I have also recently evaluated 2 preschoolers, from SRS and physician referrals, that are currently in our foster care system and being considered for adoption. This is in addition to a handful of students that I serve at the Middle and High School levels. Many students have not been identified nor are receiving any support.

All of these children have specific and unique learning styles including decreased attention, impulsivity, hyperactivity, poor self-esteem, poor classroom performance particularly in reading and math, auditory and visual processing problems, memory deficits, and many health concerns. In preschool alone we can expect these children to exhibit delays in communication, motor and toileting skills, not to dismiss poor eating and sleep patterns. As these students advance to elementary school age, they are often easily influenced, unable to predict or understand consequences, display delayed cognitive and social development, and are unable to stay on task. Often, if these children are not identified, they are assumed by many to be "lazy, uncooperative" - just a "bad kid", thus not receiving the support entitled to them. As they progress into adolescence and early adulthood these problems only advance to more severe levels. These individuals are often easily exploited, depressed and sometimes exhibit inappropriate sexual behavior, and trouble with the law. They may end up needing economic support, job training and even residential placement.

I would like to see support for this bill, #118, to enable the State of Kansas to fund five diagnostic/preventative centers in our state that would enable us to 1.) Educate the public to the effects of alcohol use during pregnancy, and 2.) Effectively identify and provide services to those individuals that are affected.

Thank you for allowing me to present this information to you. I, along with many others, appreciate your consideration and support.

Nancy J. Devenport, MS CCC/L-SLP

Senate Public Health + Welfare Committee
Meeting Date February 8, 2001
Attachment 2-1

Emporians for DRUG AWARENESS

Working for a Safer Community

February 8, 2001

To: Members of the Public Health and Welfare Committee
The Honorable Senator Wagle, Chair

Speaking on behalf of Emporians for Drug Awareness, Inc., we appreciate the opportunity to voice our coalition's support of Senate Bill No. 118.

The implementation of diagnostic and prevention programs for fetal alcohol syndrome networked in sites across Kansas would support and help to insure the success of the vision expressed for Kansas communities through *Connect Kansas*. Its mission is to create and support environments for children to become healthy and contributing members of Kansas communities. Nine characteristics of caring, healthy communities are the foundation for *Connect Kansas*. These are:

- Families, youth, and citizens are part of their community's planning, decision-making, and evaluation.
- Families and individuals live in safe and supportive communities.
- Pregnant women and newborns thrive.
- Infants and children thrive.
- Children live in stable and supported families.
- Children enter school ready to learn.
- Children succeed in school.
- Youth choose healthy behaviors.
- Youth successfully transition to adulthood.

Currently, across our state, parents, school districts and agencies such as mental health centers and those handling juvenile crime and adjudication are dealing with children who have been affected prenatally by alcohol. As a result of this exposure, these children are disabled with permanent brain damage that, among other things, may hinder their grasp of the social skills needed to function in an appropriate manner and may even threaten their ability to learn to live independently.

315 So. Market • Emporia, Kansas 66801 • (316) 341-2450, Ext. 211
Fax: (316) 341-2454 • Website: emporia.com/drugawareness

Senate Public Health + Welfare Committee
Meeting Date 2-8-01
Attachment 3-1

With a medical diagnosis of fetal alcohol syndrome, answers could be provided to questions asked by these groups for years, such as "Why does he/she continue to make the same mistakes day after day?" or "What are we doing wrong?" ; more realistic and achievable goals and expectations could be set for these children in a supporting environment in the home, the school and the community; the individuals and their families could be directed toward appropriate services. All of these would help insure a brighter future as adults for those afflicted with fetal alcohol syndrome.

A system of diagnosing fetal alcohol syndrome would also serve to reinforce prevention because of the increased awareness of alcohol-related birth defects. It is imperative that we use a varied set of strategies to reach the public with the message as to the preventable nature of this disability. The pilot sites would serve to provide this outreach, as well.

Thank you for allowing our coalition the opportunity to present our support of Senate Bill 118.

Sincerely,

Teresa Walters

Teresa Walters, Executive Director
Emporians for Drug Awareness, Inc.

Attachment 3-2

Table of Contents

Letters of Support
Senate Bill 118

Attachment 3-3

TOWARD A DRUG-FREE KANSAS

A challenge and commitment for every caring Kansan

Regional Prevention Center
Houston Street Center
431 Houston Street
Manhattan, Kansas 66502
785–587–4372
Outside of Manhattan:
1–800–322–6350 toll-free
Fax: 785–587–4380
E-mail: rpcneks@kansas.net
• Nemaha
• Pottawatomie
• Riley
• Wabaunsee
• Washington

814 Caroline Avenue
Junction City, Kansas 66441
785–762–5250
Fax: 785–762–2144
• Geary

1017 Broadway
Marysville, Kansas 66508
785–562–3907
Fax: 785–562–3930
• Clay
• Marshall

A Program of
PAWNEE
Mental Health Services
2001 Claflin
Manhattan, Kansas 66502
785–587–4300

Regional Prevention Center of Northeast Kansas

Family & Community Resources for Alcohol & Drug-Free Youth

February 5, 2001

Dear Honorable Senator Wagle:

This is a letter in support of Senate Bill No. 118 through the Kansas Health and Welfare Committee. Pilot programs researching the effects of fetal alcohol syndrome is not only beneficial, but is necessary to collect outcome based data and establish a scientific diagnostic for preventative programs.

Therefore, the Regional Prevention Center of Northeast Kansas supports the pilot programs appropriated through other local communities. Alcohol is the most widely used and abused drug for youth in the state of Kansas. This is also shown at the national level as 51% of women of childbearing age 18-25 have drank alcohol within the last month.

As you can see this begins at a community level, but does not stop within the boundaries of those counties. The use and abuse of alcohol not only affects our youth, families and communities, it also affects our unborn throughout the whole state of Kansas. This letter comes to you from the northeast region of Kansas to support the establishments of five fetal alcohol syndrome diagnostic and prevention network pilot programs under the Senate Bill No. 118.

If there are any questions please direct them to Jeff Lees at 785-587-4372

Thank you,

Jeffrey M. Lees
Program Coordinator

Attachment 3-4

PREVENTION
AND
RECOVERY
SERVICES

February 5, 2001

Senator Susan Wagle, Chair
Public Health & Welfare Committee
300 SW 10th Ave
Topeka, KS 66612-1504

Dear Chairperson Wagle:

I want to offer my strong support in favor of S.B. # 118 submitted by Senator Barnett et al. Our agency has made a continued effort to educate and lift the awareness of the public to this problem.

Fetal alcohol syndrome (FAS) creates life long changes in a child's brain that adversely affect memory, learning, attention deficits, motor coordination, and problem solving. These deficiencies create life-time problems in social functioning and in the school and work place. In addition, there are identifiable physical characteristics associated with this syndrome that can mark a child among peers.

I am pleased that an effort is being commenced to address this problem on a statewide basis. While diagnosis and treatment is imperative, a far more reaching issue is prevention. We must find ways to educate females of the dangers to an unborn child when they use even moderate amounts of alcohol while pregnant. Moreover males must also be aware that their sperm can be damaged by alcohol use, and an egg fertilized by that spermatozoa may also adversely affect a fetus.

While the first report of concern of a mother's drinking on the health of a baby was made in 1726 to the British College of Physicians only sporadic research was reported until the second half of the 20th Century. While not every mother who consumes alcohol while pregnant will produce an FAS baby, there is incontrovertible evidence that the risk of delivering an FAS child is great.

It is within the purview of the state to address this issue for the health and welfare of it's citizens. For this reason, I want to indicate my strong support for S.B. 118 as a measure to address this issue with a caveat that prevention has an equal part in efforts of the pilot projects.

Sincerely,

Gerald R. Bergen

Gerald R. Bergen, Ph.D.
Director, Shawnee Regional Prevention Center

SHAWNEE REGIONAL PREVENTION AND RECOVERY SERVICES, INC.
2209 SW 29th St. / Topeka, KS 66611-1908 / (785) 266-8666 / (785) 266-3833 FAX
A UNITED WAY AGENCY

Attachment 3-5

COURT SERVICES
and
COMMUNITY CORRECTIONS
FIFTH JUDICIAL DISTRICT COURT
Lyon and Chase Counties

Gary L. Marsh, Director
Steve Edwards, Deputy
618 Commercial #B
Emporia, Kansas 66801-3902
(316) 341-3294
Fax No. (316) 341-3456

Merlin G. Wheeler, Chief District Judge
John O. Sanderson, District Judge
W. Lee Fowler, District Judge
John R. Conklin, Magistrate Judge

February 2, 2001

Teresa Walters
Emporians for Drug Awareness
315 S Market
Emporia, Ks 66801

Dear Mrs. Walters,

I am writing in support of Senate Bill 118 and would request that you transmit a copy of this letter to the Public Health and Welfare Committee as they consider this bill.

I want to thank you and Dr. Barnett for the proactive approach to public awareness of fetal alcohol syndrome and to Dr. Barnett for his participation in this bill.

The information available on fetal alcohol syndrome is frankly troubling because it has gone essentially undiagnosed and yet it represents concern for social, educational, medical, and correctional services across the state and nation. It is my belief that setting up the pilot programs would be a real step in gathering data that would be useful to all of us.

I thank you for your concern in the area of drug and alcohol prevention. It is a pleasure to support Senate Bill 118.

Sincerely,

Gary L. Marsh

Attachment 3-6

10 Common Misconceptions about Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE)

Ann Streissguth, Ph.D.
Fetal Alcohol & Drug Unit, Dept. of Psychiatry and Behavioral Sciences
School of Medicine, University of Washington

1. **That FAS means mental retardation**
   - **Some people with FAS are mentally retarded. Others are not.**
   - **People with FAS can have normal intelligence.**
   - **They are brain damaged and have specific areas of strengths and weaknesses. It's more like people who have sustained brain injury from an auto accident.**

2. **That the behavioral problems associated with FAS/FAE are all a result of poor parenting or a bad environment.**
   - **No. Being brain damaged can lead to behavior problems because brain damaged people don't process information the same way other people do, so they don't always behave like others expect them to.**
   - **Brain damaged children are hard to raise in the best environments.**
   - **Their parents need help and support, no criticism.**

3. **That they will outgrow "it" when they grow up.**
   - **Unfortunately, they do not. FAS lasts a lifetime, but the manifestations and type of problems change with each age.**
   - **It takes a longer period of sheltered living for brain damaged children to grow up.**

4. **That to admit they are brain damaged is to give up on them.**
   - **Have we given up on children with other defects?**
   - **We need research to understand the needs of patients with FAS and how to help them. We haven't invested in that area yet. We will learn how to help them when we decide to invest in the problem.**

5. **That diagnosing them will brand them for life.**
   - **A diagnosis tells you what the problem is, helps you figure out how to treat the problem and relieves the person of having to meet unrealistic expectations.**

6. **That they are unmotivated when they don't keep appointments or act in a way that we consider responsible.**
   - **Probably the explanation lies in memory problems, inability to problem solve effectively, or simply being overwhelmed.**

Attachment 3-7

7. **That one agency can solve any or all of the problems alone.**
   - **The multiple needs of patients with FAS/FAE require multiple fronts of intervention and intense interagency cooperation.**

8. **That this problem will be solved with existing knowledge.**
   - **Research is desparately needed.**

9. **That the problem will go away.**
   - **FAS is preventable, but alcohol is so much a part of our culture and so aggressively marketed to those least able to resist, that active prevention activities must continue on all fronts to safeguard our children's future and the future of our people**

10. **That their mothers had an easy choice not to drink during pregnancy, and through callousness or indifference, permanently damaged their children.**
    - **Biologic mothers of children with FAS need help with their alcoholism and/or with birth control.**
    - **Pegnancy is an excellent time for alcohol abusing mothers to stop drinking, but they need help.**

FACT SHEET

Fetal Alcohol Syndrome

Booze News

Email the Alcohol Policies Project

The consumption of alcohol during pregnancy is one of the leading preventable causes of birth defects and childhood disabilities in the United States.[1] The adverse effects associated with fetal alcohol syndrome (FAS) range from growth deficiency, brain structure and function anomalies, and abnormalities of the head and face.[2] It is estimated that in 1992 the cost of treating FAS-affected infants, children, and adults was over $1.9 billion.[3] The lifetime cost per child affected with FAS is estimated to be $1.4 million.[4]

FAS and Public Awareness

- *In 1981 the Surgeon General first advised that women should not drink alcoholic beverages during pregnancy because of the risk of birth defects.*
- *Public law 100-690 was implemented in 1989, requiring warning labels on all alcoholic beverages sold in the United States.*
- *Since 1990 the Dietary Guidelines for Americans have stated that women who are pregnant or planning to become pregnant should not drink alcohol.*
- *As of 1998, 19 states require the posting of alcohol health warning signs where alcoholic beverages are sold.*

FAS Statistics

- *In 1995, four times as many pregnant women frequently consumed alcohol as in 1991.[5] Researchers speculate that the increase in alcohol consumption by pregnant women may be attributed to widespread reports on the health benefits of moderate drinking.[6]*
- *51% of women of child-bearing age between 18-25 and 53% between 26-34, report the use of alcohol within the past month.[7]*
- *17% of women of child-bearing age between 18-25 and 13% between 26-34, report binge drinking (five or more drinks on one occasion) within the past month.[8]*
- *A national survey found that more than half of women age 15-44 drank while pregnant.[9]*
- *Of the women who reported drinking during their pregnancy, 66% reported drinking in their first trimester; 54% reported drinking in their third trimester.[10]*
- *FAS is estimated to occur in 1 to 2 live births per every 1,000 in the United States each year.[11]*
- *Fetal Alcohol Effects (a less severe set of alcohol-related abnormalities) is estimated to occur in 3-5 live*

Attachment 3-9

ths per every 1,000 in the United States each year.[2, 11]

- According to the birth defects monitoring program, FAS rates among American Indians are 3.0 per 1000 live births compared to a rate of 0.6 per 1000 live births among Blacks and 0.1 per 1000 live births among Whites.[12]

- FAS is not just a childhood disorder;[13] exposure to alcohol as a fetus can cause a wide range of lifelong physical and mental disabilities.[14]

- Fetal alcohol exposure may increase the risk for later alcohol, tobacco, and drug dependence in adults.[15]

Possible Solutions: Treatment, Education, & Higher Taxes

- Studies have shown that FAS is completely preventable and that the consumption of alcohol can result in lifelong physical and mental impairments on the fetus. Research suggests that all pregnant women should be screened for alcohol use during prenatal visits. Women who test positive, or prove to be at-risk, should be identified early by physicians and referred for counseling and treatment.[16]

- A recent survey illustrated the need for physician education on "how much" alcohol consumption is "too much" during pregnancy. 41% of physicians placed the threshold for FAS at one to three drinks per day while 38% placed the threshold at one or fewer drinks per day.[17] Both opinions directly contradict the Surgeon General's advice that women not consume any alcoholic beverages during pregnancy because of the risk of birth defects.

- Research by Abel suggests that the most effective public health strategy for reducing FAS is a combination of public health messages that target alcohol abuse, coupled with higher taxes on alcoholic beverages. Abel states that recent studies have shown that heavy drinking and binge drinking are sensitive to price changes, and that price elasticities are relatively high for heavy drinkers who are aware of the consequences of their drinking.[18]

- Studies have shown that alcohol beverage warning labels have increased awareness of the risks involved with alcohol consumption during pregnancy.[19] However, over time the alcohol warning labels have become commonplace, with the message often being overlooked. Changing the appearance (i.e., size, color, etc.) and rotating different warning labels on alcoholic beverage containers may help prolong awareness while eventually decreasing the number of women who expose their fetuses to alcohol.

References

1. Centers for Disease Control and Prevention. (1995). Update: Trends in fetal alcohol syndrome--United States, 1979-1993. MMWR, 44:249-251.
2. Abel, E., and Sokol, R. (1987). Incidence of alcohol syndrome and economic impact of FAS-related anomalies. Drug and Alcohol Dependence 19:51-70.
3. Harwood, H., Fountain, D., & Livermore, G. (1998). The Economic costs of alcohol and drug abuse in the United States, 1992 (preprint copy). Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.
4. Centers for Disease Control. (1998). Preventing secondary conditions in children with fetal alcohol syndrome. World Wide Web document http://www.cdc.gov/nceh/programs/fas/factsheets/secondary/faqfas.htm (accessed on 3/17/99).
5. Hosaka, T. (1998). Mothers and the bottle. Washington Post, Health Section, Page 7, August 4.
6. Ebrahim, S. H., Luman, E. T., Floyd, R. L., Murphy, C. C., Bennett, E. M., & Boyle, C. A. (1998) Alcohol consumption by pregnant women in the United States during 1988-1995. Obstetrics & Gynecology, 92(2):187-192.
7. U.S. Department of Health and Human Services. (1998). Preliminary results from the 1997 national household survey on drug abuse. Rockville, MD: Substance Abuse and Mental Health Services Administration.
8. U.S. Department of Health and Human Services. (1998). Preliminary results from the 1997 national household survey on drug abuse. Rockville, MD: Substance Abuse and Mental Health Services Administration.
9. U.S. Department of Health and Human Services. (1998). Substance abuse and mental health statistics source book, 1998. Rockville, MD: Substance Abuse and Mental Health Services Administration.
10. U.S. Department of Health and Human Services. (1998). Substance abuse and mental health statistics source book, 1998. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Attachment 3-10

11. Ab :983). Fetal alcohol syndrome and fetal alcohol effects. New York, NY: Plenum Press.
12. Ch J. F., Cordero, J. F., & Becerra, J. E. (1988). Leading major congenital malformations among minority groups in the United States. Morbidity and M ty Weekly, 37:17-24.
13. Dorris, M. (1989). The broken cord. New York, NY: Harper & Row Publishers.
14. Streissguth, A. P., Aase, J. M., Clarren, S. K., Randels, S. P., LaDue, R. A., & Smith, D. F. (1991). Fetal alcohol syndrome in adolescents and adults. Journal of the American Medical Association, 265(15):1961-1967.
15. Yates, W. R., Cadoret, R. J., Troughton, E. P. Stewart, M., & Giunta, T. S. (1998). Effect of fetal alcohol exposure on adult symptoms of nicotine, alcohol, and drug dependence. Alcoholism: Clinical and Experimental Research, 22(4):914-920.
16. Bagheri, M. M., Burd, L., Martsolf, J. T., & Klug, M. G. (1998). Fetal alcohol syndrome: Maternal and neonatal characteristics. Journal of Pediatric Medicine, 26(4):263-269.
17. Abel, E. L., & Kruger, M. (1998). What do physicians know and say about fetal alcohol syndrome: A survey of obstetricians, pediatricians, and family medicine physicians. Alcoholism: Clinical and Experimental Research, 22(9):1951-1954.
18. Abel, E. L. (1998). Prevention of alcohol abuse-related birth effects--II. Targeting and pricing. Alcohol, 33(4):417-420.
19. Greenfield, T., & Kaskutas, L. A. (1993). Early impacts of alcoholic beverage warning labels: National study findings relevant to drinking and driving behavior. Safety Science, 16:689-707.

For more information on Fetal Alcohol Syndrome contact:

The National Organization on Fetal Alcohol Syndrome (NOFAS)
http://www.nofas.org

The ARC of the United States (A National Organization on Mental Retardation)
http://www.thearc.org

The Fetal Alcohol and Drug Unit (University of Washington)
http://depts.washington.edu/fadu

[Booze News] [CSPI Home Page]

Attachment 3-11

EMPORIA MIDDLE SCHOOL

U.S.D. #253

2300 GRAPHIC ARTS ROAD • EMPORIA, KS 66801-6621 • PHONE: (316) 341-2335 • FAX: (316) 341-2341

February 8, 2001

Dear Senator Wagle and Committee Members:

Thank you for allowing me the time to share my thoughts regarding Fetal Alcohol Syndrome/Fetal Alcohol Effects/Alcohol Neurodevelopmental Disorder. I will mainly focus on FAS during the remainder of this presentation.

I recently read that the National Center on Addiction and Substance Abuse estimated that the people of Kansas spend over nine percent of their total budget dealing with the effects of drug and alcohol abuse which amounts to 585 million dollars. It's uncertain what portion is directly related to alcohol and FAS; however, alcohol continues to be the most socially acceptable and therefore most widely used substance. Although FAS is totally preventable, it's more realistic to work toward a significant reduction in the number of people afflicted and affected. That's where diagnostic centers and prevention strategies will be extremely valuable. Accurate diagnosis of this disease and/or dissemination of current information will help curb the growing number and assist those already suffering.

We need to deal with FAS from two perspectives: Prevention and treatment. Diagnostic and prevention centers, staffed with knowledgeable, well trained people, will address both. Schools and other agencies need assistance in determining the causes for children's inability to function in age-appropriate settings. Often times educators, in particular, are asked to address issues that are out of our control and/or expertise. With the help of trained professionals operating these centers and sharing information with appropriate personnel, the effectiveness of our efforts will improve.

At Emporia Middle School our enrollment is approximately 750 students. In addition to the 42 regular education teachers, we have two ESL instructors, eight special education teachers, over 20 paraeducators/aides, a school nurse, a social worker, a school resource counselor, a psychologist, an outcome strategist, and two school counselors. These numbers do not include the countless hours of services provided by itinerant staff; occupational therapists, physical therapists, and speech pathologists. As you can see, the number of support staff is nearly as large as the regular classroom teachers; our students' needs are diverse and growing. We have approximately 120 students qualifying for special education services, over 50 students in our ESL program, and nearly 150 failing one or more core class in any given nine week grading period.

One may ask how many of our students are suffering from FAS/FAE/ANRD; the number is uncertain. However, there is little doubt that many students who struggle to understand concepts their peers can easily grasp are affected by the use of alcohol: Their own, their parents, and their prenatal exposure.

Please help us learn more about this societal problem, prevent or at least reduce the number of future victims, and assist us as we work with these children in our classrooms. By providing the financial support necessary to fund diagnostic centers and initiate preventive measures around this great state of Kansas you can make a difference.

Thank you for your consideration.

Sincerely,

Steven J. Ternes, Principal
Emporia Middle School

Senate Public Health & Welfare Committee
Meeting Date February 8, 2001
Attachment 4-1

BORN 1970 - WEIGING IN AT 4LBS 2OZ. 30 YEARS AGO VERY LITTLE KNOWLEDGE OF FAS WAS KNOWN

WE RECIVED HIM WHEN HE WAS SIX MONTHS OLD WITH NO KNOWLEDGE OF HIS MEDICAL BACKGROUND AND NO ACCESS TO THIS INFORMATION.

His MOTHER was INTOXICATED WHEN HE WAS BORN SO HE WAS INTOXICATED ALSO FOR SEVEN DAYS HE WAS GIVEN LARGE AMOUNTS OF OXOGEAN WHICH CAUSED A LARGE TUMOR BEHIND ONE EYE WHICH REQUIRED LARGE NUMBERS OF LASER TREAMENTS. HE NOW HAS ONLY PRTECTIVE PERFIFLIE VISION IN THIS EYE. HIS FOOT HAD A LARGE TUMOR WHICH WAS REMOVED WITH THE POSSIBILITY OF FUTURE PROBLEMS WHICH OCCORED 2 YEAR AGO WITH A MASSAVE TUMOR ON THE BOTTOM OF HIS FOOT. SO THE MEDICAL PROBLEMS CONTINUE.

THE PART OF THE BRAIN THAT DEVOLPS FOR THE SHORT TERM MEMORY WAS DESORTED FROM THE ALCHOL.

WHEN HE WAS SMALL WE HAD NO SUPPORT SYSTEM, NO MEDICAL HELP AND NO FINANCIAL HELP.

WE MADE A CHART TO REMIND HIM TO BRUSH HIS TEETH, TAKE A BATH AND DO HIS DAILY CHORES. IF HE COMPLETED ALL HIS CHORES FOR THE WEEK HE RECIVED A SMALL REWARD.

HE STRUGGLED THROUGH SCHOOL WITH THE SYSTEM BEING NO HELP BECAUSE THEY KEPT ASSURING US THAT HE WOULD JUST NOT DO HIS WORK. HE COULD NOT REMEMBER THE THINGS HE HAD BEEN TAUGHT FROM DAY TO DAY. HE KNEW THE KNOWLEDGE BUT COULD NOT DO A

Senate Public Health & Welfare Committee
Meeting Date February 8, 2001
Attachment 5-1

WRITTEN TEST. I F YOU ASKED HIM THE QUESTIONS VERBALE HE COULD TELL YOU. We requested the Schools help in this area and were told there is no help avail.

IF YOU HAVE HAD A TEEN AGER IN YOUR HOME AND KNOW SOME OF THE STRUGGLES THEY GO THROUGH. YOU CAN 10 TIMES WITH OUR SON, THE ANGER, FRUSTION, INABILITY TO FUNCTION FROM DAY TO DAY.

HE DROPPED OUT OF SCHOOL WHEN HE WAS A JUNIOR IN H.S. AND STUGGLED FOR SEVERAL YEARS. WHEN HE TURNED AGE 18 HE SENT FOR HIS ADODPTION RECORDS, AND THAT IS WHEN WE DISICOVERED WHAT WE HAD BEEN FIGHTING ALL THESE YEARS but I went to the uni and got on FAS. we wrote to th- W. in Spok- wash. and he sent info to us

OUR SON IS NOW A YOUNG MAN WITH A JOB THAT HE HAS HELD FOR 5 1/2 YEARS. HE HAS 4 LITTLE GIRLS THAT ARE PERFECT. HE IS AN EXCEPTULY ARTIST AND VERY LOVING CARING PERSON. AS WE VISITED WITH HIM ABOUT ME COMING HE WAS VERY SUPPORTIVE. HIS STATEMENT WAS "IF IT WILL SAVE ONLY ONE CHILD FROM GOING THROUGH ALL THAT WE HAVE GONE THROUGH IT WILL BE WORTH ALL THAT WE DO" NOT ALL CHILDREN WITH FAS HAVE THE LOVING, SUPPORTIVE FAMILY THAT OUR SON HAD EVEN FROM OUR EXTENED FAMILIES, AND OUR CHURCH FAMILY.

This was Our self Diagn

If you have ever had to leave your home in the middle of the night because your son is chasing you with a baseball Bat, you will know that you must pass this bill.

Mary Rhode

Attachment 5-2

KMS
KANSAS MEDICAL SOCIETY

TO: Senate Committee on Public Health and Welfare

FROM: Chris Collins Chris Collins
Director of Government Affairs

DATE: February 8, 2001

RE: SB 118: Fetal Alcohol Syndrome Pilot Program

Madame Chairman and Ladies and Gentlemen of the Committee:

Thank you for the opportunity to testify before you today in support of SB 118. The Kansas Medical Society respectfully urges the committee to pass this bill.

SB 118 presents a reasoned and practical approach to reducing the prevalence of Fetal Alcohol Syndrome. FAS is an illness that creates a significant burden on all members of society, not only those afflicted with it. You have already heard convincing testimony from Senator Barnett regarding the daunting challenges faced by its victims and you have heard about the enormous cost to all Kansans for providing educational, social and correctional services for these children.

This bill requests an extremely modest appropriation that will be matched by local funds or services, ensuring community commitment to the program's success. It expands existing public health infrastructures, instead of creating entirely new entities. Its sunset provision creates accountability for those involved because they must report their progress to the legislature before seeking additional funding. Alleviating the enormous burden that Fetal Alcohol Syndrome presents to all members of our society is the right thing to do. Creating and funding pilot programs under SB 118 is the smart way to do it.

For the foregoing reasons, KMS respectfully urges passage of SB 118. Thank you for the opportunity to testify on this important matter. I would be pleased to respond to any questions.

623 SW 10th Ave. • Topeka KS 66612-1627 • 785.235.2383 • 800.332.0156 • FAX 785.235.5114
Western Kansas office • 108 E 12th St. • Hays KS 67601 • 785.625.8215 • 800.293.2363 • FAX 785.625.8234

Senate Public Health & Welfare Committee
Meeting Date February 8, 2001
Attachment 6-1

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

KDHE Testimony

Testimony on SB 118
to
Senate Public Health & Welfare Committee
Presented by Linda Kenney, Director
Bureau for Children, Youth & Families

February 8, 2001

Chairperson Wagle and members of the Senate Public Health & Welfare Committee. My name is Linda Kenney and I am the Director of the Bureau for Children, Youth, and Families at the Kansas Department of Health and Environment. I am honored to appear before you today to discuss Senate Bill 118.

This bill authorizes up to five pilot projects to address fetal alcohol syndrome at the community level. It would create a Fetal Alcohol Syndrome Diagnostic and Prevention Network (FAS DPN) in Kansas which is based on a successful model utilized in Washington State. The Kansas Department of Health and Environment has reviewed background documentation provided by the sponsor and agree that the proposed program would draw upon state of the art knowledge and methods in this field. We are thus supportive of the concept embodied in this proposed legislation. In a number of its programs to promote healthy babies, KDHE supports other activities to eliminate use of alcohol and other substances by women during pregnancy. Through the Infant Toddler Program, certain services are available to children birth to 3 years of age who have been diagnosed with Fetal Alcohol Syndrome and to their families. We would welcome this program as a worthy addition to meeting the spectrum of need. Unfortunately, it is not a program we are in a position to fund from existing resources available to the Department.

Thank you for the opportunity to testify concerning this bill and to appear before the Senate Public Health & Welfare Committee. I will stand for questions from the committee.

C:\Myfiles\Legis\sb118 testimony final.wpd

Capitol Tower Building
400 SW 8TH Street, Suite 200
(785) 296-0461

Topeka, KS 66603-3930
FAX (785) 368-6368

Senate Public Health & Welfare Committee
Meeting Date February 8, 2001
Attachment 7-1

Kansas Association of Osteopathic Medicine

1260 SW Topeka Boulevard
Topeka, Kansas 66612

Phone (785) 234 5563
Fax (785) 234 5564

Statement to the
Senate Public Health and Welfare Committee
Regarding Senate Bill 118
By Charles L. Wheelen
February 8, 2001

The Kansas Association of Osteopathic Medicine supports the provisions of SB118. Fetal alcohol syndrome is a pervasive problem that needs to be addressed. The pilot programs envisioned in SB118 would perhaps demonstrate effective methods of preventing FAS. We believe strongly in the principle of disease prevention.

Most of our members are primary care physicians who specialize in family medicine. Some of our members specialize in obstetrics and gynecology. It is a daily challenge to try and educate pregnant patients regarding the harmful effects of tobacco products and alcohol. Despite our admonitions, some women continue to risk the health of their fetus as well as the developmental abilities of their future children. We welcome any programs that would help us educate women effectively during their childbearing years.

We are somewhat concerned, however, about the language contained in subsection (b) at lines 32-35. This provision requires matching local funds and appears to create an added requirement that the local funding be appropriated by the Legislature. It occurs to us that some of the communities that could most benefit from one of the five pilot programs may not have sufficient resources to match the state funding. Furthermore, a requirement that matching funds be appropriated by the Legislature could significantly delay implementation. Perhaps a better approach would be to delete this sentence and allow the Secretary of Health and Environment to consider the extent to which local health departments or other community organizations are willing to devote resources to the pilot program. Local effort could be one of the principal criteria considered in awarding grant contracts along with evidence of need and innovative approaches.

Thank you for considering our comments. We respectfully request your favorable action on SB118.

Senate Public Health + Welfare Committee
Meeting Date February 8, 2001
Attachment 8-1

Session of 2001

SENATE BILL No. 118

By Senators Barnett, Adkins, Allen, Barone, Brownlee, Brungardt, Clark, Corbin, Donovan, Downey, Emler, Feleciano, Gilstrap, Goodwin, Haley, Harrington, Hensley, Huelskamp, Jackson, Jenkins, Jordan, Kerr, Lee, Lyon, Morris, O'Connor, Oleen, Praeger, Pugh, Salmans, Schmidt, Schodorf, Steineger, Taddiken, Teichman, Tyson, Umbarger, Vratil and Wagle

1-24

AN ACT relating to fetal alcohol syndrome; establishing a diagnostic and prevention network pilot program.

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

Section 1. (a) Within the limits of the appropriations therefor, the secretary of health and environment may establish not more than five fetal alcohol syndrome diagnostic and prevention network pilot programs. The pilot programs shall be established in ~~Emporia and in other locations throughout the state as determined by the secretary of health and environment.~~ The pilot programs shall expire on July 1, 2004.

(b) The department of health and environment shall work with local health agencies to determine the sites where the pilot programs will be established and shall establish standards for the development of the pilot programs and the collection of data by such programs. The secretary of health and environment may enter into contracts as appropriate for the purposes of establishing the fetal alcohol syndrome diagnostic and prevention network pilot programs. The secretary of health and environment may adopt rules and regulations as necessary to administer the provisions of this section. ~~Any expenditure of money appropriated by the legislature for this purpose shall be matched by the local communities either by money or in kind services, in an amount as specified by appropriation act of the legislature.~~

(c) On or before the commencement of the legislative session in the year 2004, the secretary of health and environment shall submit a report to the governor and the legislature concerning the operation of the pilot programs under this section. The report shall contain a review and evaluation of the pilot programs data relating to fetal alcohol syndrome as developed by the pilot programs, specific recommendations with regard to the programs and such other information and recommendations relating to the programs as the local health department deems appropriate.

communities which indicate availability of local funding, in kind services, or other resources for a fetal alcohol syndrome diagnostic and prevention pilot program.

drafted by C. Wheelen, KAOM

Attachment 8-2

ADMINISTRATION OFFICE
4401 W. 109th Street, Suite 200
Overland Park, KS 66211
(913) 312-5100

COLUMBIA CENTER
711 North Providence Road
Columbia, MO 65203
(573) 443-0427

FULTON CENTER
201 East 5th Street
Fulton, MO 65251
(573) 642-7688

HAYS CENTER
122 East 12th Street
Hays, KS 67601
(785) 628-2434

INDEPENDENCE CENTER
815 North Noland Road
Independence, MO 64050
(816) 252-3800

JEFFERSON CITY CENTER
1005 Northeast Drive
Jefferson City, MO 65109
(573) 635-2882

LAWRENCE CENTER
1420 Kasold Drive, Suite C
Lawrence, KS 66049
(785) 832-0281

MIDTOWN CENTER
1001 East 47th Street
Kansas City, MO 64110
(816) 756-2277

NORTH KANSAS CITY CENTER
4112 N.E. Vivion Road
Kansas City, MO 64119
(816) 453-6000

SEDALIA CENTER
1708 West 9th Street
Sedalia, MO 65301
(660) 826-7377

SOUTH KANSAS CITY CENTER
11902 Blue Ridge Ext., Suite T
Grandview, MO 64030
(816) 763-2125

WARRENSBURG CENTER
118 Hout, Suite B
Warrensburg, MO 64093
(660) 747-6186

WICHITA CENTER
2226 East Central
Wichita, KS 67214
(316) 263-7575

Planned Parenthood®
of Kansas and Mid-Missouri

Testimony in Support of Senate Bill 118

Senate Committee on Public Health and Welfare
Senator Susan Wagle, Chair

Thursday, February 8, 2001

Thank you very much for this opportunity to submit a statement of support for SB 118, which would establish pilot programs to diagnose and prevent fetal alcohol syndrome.

Planned Parenthood is a strong advocate for responsible parenting choices, and applauds this effort to help prevent the deleterious effects of alcohol abuse on the children born with FAS or FAE. Dr. James Barnett's presentation yesterday to this Committee was indeed an education for me personally, as it appeared to be for Committee members.

The programs that we hope will result from the passage of SB 118 will help raise awareness of the importance (for men as well as women) of avoiding the risk of pregnancy if alcohol is being abused, and the importance of seeking treatment for the abuse before planning a family. SB 118 is pro-child, pro-family, and pro-choice, and we applaud the support for it that is evidenced by the co-sponsorship of so many Senators.

Carla Mahany, Kansas Public Affairs Director
Planned Parenthood of Kansas and Mid-Missouri
913.312.5100, Ext. 227

Senate Public Health & Welfare Committee
Meeting Date February 8, 2001
Attachment 9-1

Memorandum

Donald A. Wilson
President

To: Senate Public Health and Welfare Committee

From: Kansas Hospital Association
Thomas L. Bell, Sr. Vice President/Legal Counsel

Re: Senate Bill 118

Date: February 8, 2001

The Kansas Hospital Association appreciates the opportunity to provide comments in support of Senate Bill 118. This bill provides for the establishment of up to five fetal alcohol syndrome diagnostic and prevention network pilot programs. The bill also requires the Kansas Department of Health and Environment to work with local health agencies to determine sites and allows KDHE to adopt rules and regulations regarding the operation of the program.

Senate Bill 118 represents a reasonable approach to combat a major public health issue. The information Dr. Barnett provided to the committee yesterday clearly shows a link between fetal alcohol exposure and numerous subsequent health problems. SB 118 creates a partnership between local and state officials that will hopefully work to prevent these health problems in the future.

Thank you for your consideration of our comments.

TLB:mkc

Kansas Hospital Association
215 SE 8th Ave. • P.O. Box 2308 • Topeka, KS • 66601 • 785/233-7436 • Fax: 785/233-6955 • www.kha-net.org

Kansas Department of Social and Rehabilitation Services
Janet Schalansky, Secretary

Public Health and Welfare Committee, Room 231 N
Thursday, February 8, 2001, 1:30 PM

SB 118: An act relating to fetal alcohol syndrome; establishing a diagnostic and prevention network pilot program

Thank you, Mr. Chairman and Committee members, for this opportunity to appear before you today to provide information regarding SB 118. Although this bill does not impact SRS directly, we would like to speak to the importance of the issue it addresses.

Fetal Alcohol Syndrome and Alcohol-Related Neurodevelopmental Disorders (FAS/ARND) is a new term for most people. It was not until 1973 that the diagnostic term FAS was developed. Since 1973 thousands of articles have been written about FAS/ARND. Most describe the physical effects of alcohol and other drugs on pregnancy outcomes. Until recently little information on the practical implications of FAS/ARND has been available for parents, professionals and people with FAS/ARND.

Fetal Alcohol Syndrome is one of many adverse conditions that can result from substance abuse. SRS is constantly reminded of the pervasiveness of substance abuse and its effects on individuals and their families. We deal with those effects in both childrens' and adult programs. As Secretary Schalansky sometimes says, SRS (and other social service agencies) all too often represent the ambulance at the bottom of the hill, rather than the fence at the top of the hill that would prevent people from falling. Accordingly, we are continuing to increase our emphasis on prevention efforts, and particularly on those community-based prevention efforts that have been shown to decrease substance abuse and other negative behaviors while increasing positive outcomes for children and their families.

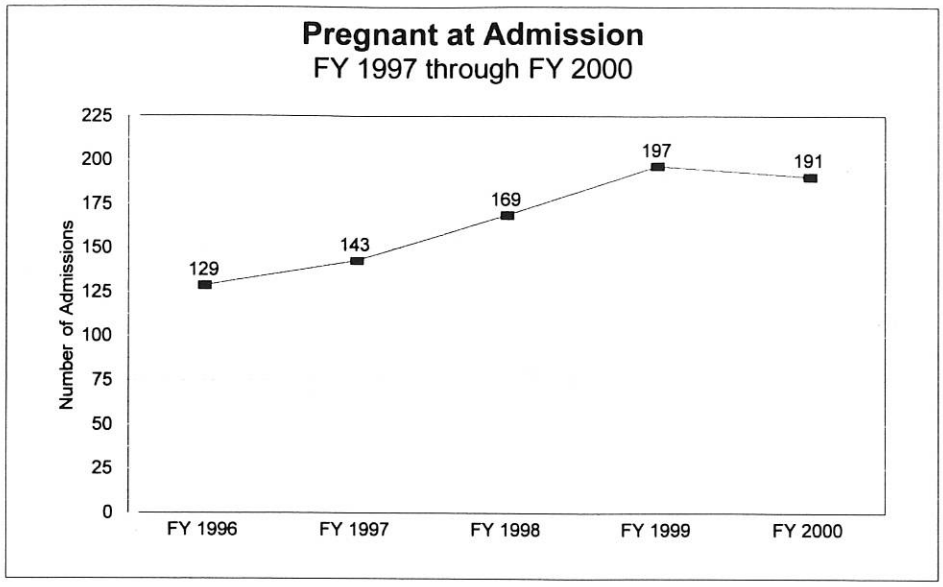
SRS also provides substance abuse treatment services to low income Kansans, including services that are specifically targeted to women. The attached information shows that 191 pregnant women were admitted to substance abuse treatment in state-funded programs during FY 2000. This represents about 5 percent of the 4,100 women of all ages who received those services. Approximately one-third of the 191 pregnant women admitted to treatment, or 60 individuals, indicated that alcohol was their primary drug of choice, a percentage that was followed closely by marijuana. This represents a shift from the past two years' data, which showed that cocaine was the second most prevalent drug of choice. Methamphetamine use by this population grew during the mid-90s but has remained stable at around 12 percent for the past two years. Use of heroin and other substances was very infrequent among this population, a trend that tends to be true overall for Kansans.

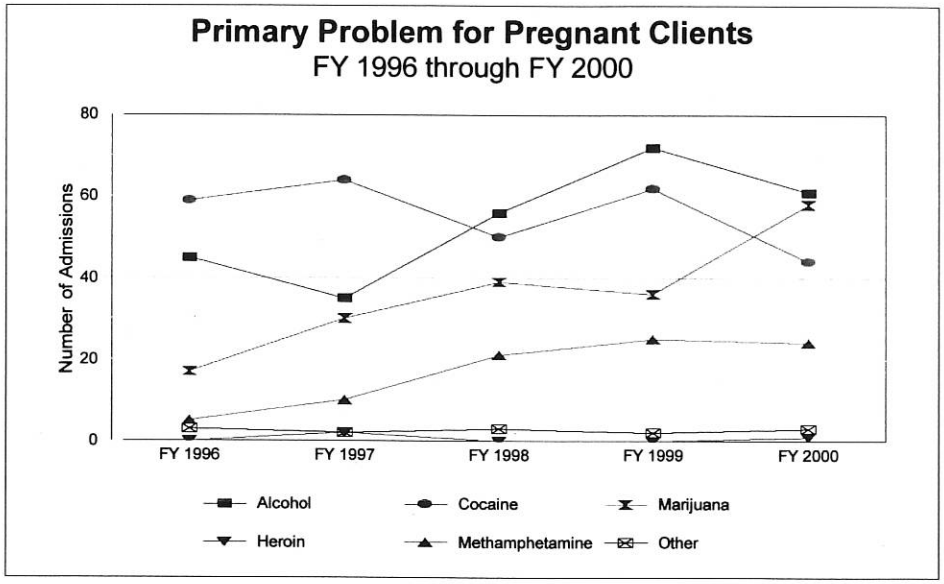
Senate Public Health & Welfare Committee
Meeting Date February 8, 2001
Attachment 11-1

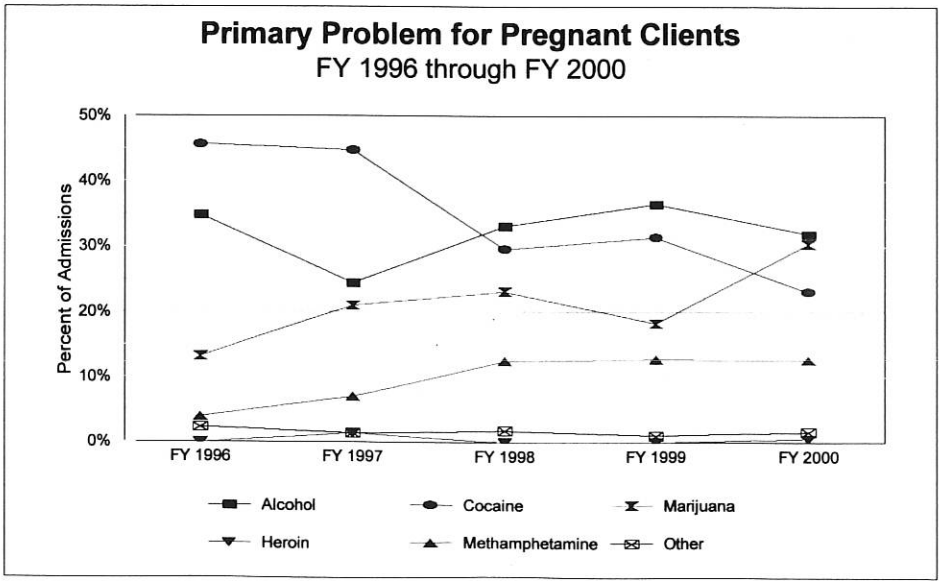
Although the number is relatively small, each of those 60 pregnant women who are abusing alcohol is at risk, as are their children. Far greater numbers of women who are abusing alcohol, but who either do not access state-funded treatment or do not receive treatment at all, may also be affected by FAS. This bill focuses on prevention by establishing a diagnostic and prevention network pilot program which would apply the best research and knowledge to the problem of FAS/ARND in Kansas.

Attachment 11-2

Pregnant Client Trends
FY 1997 through FY 2000







06-Feb-01

C:\QPW\Dave\Pregnant Trends.qpw

Senate Public Health & Welfare Committee
Meeting Date February 8, 2001
Attachment 12-1

Fetal Alcohol Syndrome Fact Sheet

What are FAS and FAE?

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) refer to a group of physical and mental birth defects resulting from a woman's drinking alcohol (beer, wine, coolers, hard liquor) during pregnancy.

Definitions:

Fetal Alcohol Syndrome - A medical diagnosis based on a cluster of physical and behavioral characteristics in three areas:

(1) growth retardation before and/or after birth

(2) a pattern of abnormal features of the face and head

(3) evidence of central nervous system abnormality

This is associated with a history of maternal alcohol consumption during pregnancy.

Fetal Alcohol Effects - includes some, not all, of the physical characteristics but does include the organic brain damage. Although those with the effects may have disabilities as severe as those with full syndrome, they are less likely to receive the help they need because the handicap is "invisible."

What is FADE?

Fetal Alcohol and other Drug Effects (FADE) refer to children who have been prenatally exposed to drugs/alcohol and are at risk for developmental, behavioral, psychosocial and learning problems. There is no "typical profile" of a drug exposed child; each child must be educated as an individual with particular strengths and vulnerabilities. The effects of prenatal drugs/alcohol use on children are varied, the continuum of impairment can range from minimal symptomology to severe impairment in all areas of the child's development.

How common are FAS and FAE?

Approximately one out of every 750 children born will have FAS. Less severe Alcohol-Related Birth Defects (FAE) occur in approximate 10-12 per 1000 births, or 35,000 each year. However, 30% of the babies of known alcohol-abusing mothers have FAS. (Stats: Association for Retarded Citizens of the United States)

Attachment 12-2

When should FAS/FAE be suspected?

Along with the three main characteristics discussed earlier the following traits indicate that a child may need to be evaluated for FAS/FAE.

Infancy and Early Childhood

- Delays in walking and talking
- Delays in toilet training (4-5 years for day training)
- Difficulty following directions
- Temper tantrums and disobedience
- Poor habituation (snap fingers and child cannot screen out noise)
- Sleep disturbances
- Often wants alot of physical contact
- Failure to thrive (25 hospitalizations in 1st year is not uncommon)
- Distractibility/hyperactivity

Elementary School Age

- Easily influenced & unable to predict or understand consequences
- Give an appearance of capability without actual abilities
- Temper tantrums, lying, stealing, disobedience, and defiance of authority
- Delayed physical, cognitive, and social development
- Hyperactivity, memory deficits, and impulsiveness
- Unable to stay on task

Adolescence

- Inability to keep up academically and socially
- Low self worth
- Easily exploited - victimized
- Getting into trouble
- Inappropriate sexual behavior
- Depression
- Little concept of how to handle money
- Low ability to care for hygienic needs

Adulthood

- Residential placement
- Economic support and protection
- Job training and placement
- Medical care
- Depression
- Social/sexual exploitation

Facts about FAS & FAE

- FAS is the leading known cause of mental retardation.
- FAS/FAE is a problem found in all races and socioeconomic groups.
- FAS/FAE produces irreversible physical and mental damage.
- A significant percentage of those described as learning disabled are believed to have FAE.
- Behavioral and mental problems of FAE children can be just as severe as those of FAS children.
- Many children with FAS/FAE are not able to understand cause and effect relationships and long-term consequences.
- Many children with FAS/FAE are poorly coordinated, have short attention spans, are hyperactive and exhibit behavioral problems.
- Some of the characteristics of FAS/FAE overlap with the traditional diagnoses of the following:

  Attention Deficit Disorder, with or without Hyperactivity
  Attachment Disorder
  Autistic
  Learning Disabled
  Pervasive Developmental Delay
  Developmental Receptive Language Disorder
  Sensory Integration Dysfunction
  Seriously Emotionally Disturbed
  Conduct Disordered
  Oppositional Defiant Disordered
  Children of Alcoholics/Dysfunctional Families
  Multiple Personality Disorder

- The institutional and mental costs for one child with FAS are $1.4 million over a lifetime. Currently, FAS/FAE cost American taxpayers $1.25 billion annually.
- Some of the same behavioral and neurophysiological characteristics may result from drinking and or drug use by the father prior to conception, often resulting from the altered structure of the sperm.
- Even one drink risks an unborn baby's health since the drug passes directly through the placenta to the baby.
- **FAS/FAE can be completely 100% preventable by a woman not drinking alcohol or taking drugs while she is pregnant or nursing. There is no known safe amount.**

Attachment 12-4

CHARACTERISTICS OF FETAL ALCOHOL SYNDROME/ FETAL ALCOHOL EFFECTS

Patricia Tanner Halverson, PhD

Child's Name:_____

Rater's Name:_____ Date:_____

Please check items which describe this child.

PHYSICAL

1. Hearing problems.
2. Poor gross motor co-ordination.
3. Shortness of stature/low birth weight.
4. Malformed or misaligned teeth.
5. Dysmorphic facial features.
6. Document prenatal exposure to alcohol.
7. Differences in sensory awareness.
8. Joint and bone abnormalities.
9. Eye-Hand/fine motor-co-ordination poor.
10. CNS abnormalities.(Microcephaly)
11. Very short neck.
12. Other Physical abnormalities. (Heart, scoliosis, hypoplasia, cleft palate/lip)

SOCIAL

30. Poor practical reasoning.
31. Socially immature.
32. Easily influenced by peers.
33. Difficulty getting along with peers.
34. Poor social judgment.
35. Constant need for monitoring/attention.
36. Constant need for monitoring/attention.
37. Initially charming,then intrusive.
38. Trouble internalizing modeled behavior.
39. Deficit in money/time concepts.
40. Trouble with routine/program change.
41. High demand for touch or
42. Indiscriminate attachment to strangers- lack of bonding to caretakers.

LEARNING

13. Need external structure.
14. Difficulty with abstractions. Be concrete.
15. Swiss cheese learners-Information in; then out.
16. Reduced selective and sustained attention.
17. Poor problem solving strategies.
18. Difficulty grasping cause & effect relationships.
19. Poor organization.
20. Perseveration.
21. Memory problems. Spotty retention.
22. Impaired rates of learning. Tactile learners.
23. Academic level highest in spelling, lowest in math.
24. Visual perceptual deficits- 6 mo delay at 6 yrs.
25. Difficulty learning from past experience.
26. Lack of motivation.
27. Mental retardation.
28. Trouble generalizing behaviors and information.
29. Needs external structure.

BEHAVIORAL

43. Behaviorally disorganized.
44. Poor Self Image.
45. Lack of inhibition.
46. Stubborn/Sullen.
47. Teasing or bullying behavior.
48. Truancy problems.
49. Depression/withdrawal/passivity.
50. Hyperactivity
51. Easily overstimulated.
52. Impulsive
53. Lack of inhibition.
54. Difficulty with transitions.
55. Insatiability for intense experiences.
56. Fearless/unresponsive to verbal cautions.
57. Disinterest in food.

Patricia Tanner Halverson, Ph.D., 5499 N. Via Arancio, Tucson, Az 85715, Telephone: (602) 299-9653
OFFICE: Indian Oasis School District, P.O.Box 248, Sells,Arizona 85634 (602) 383-2601 Ext. 212.

Attachment 12.5

LANGUAGE

58. Echolalia.
59. Speech Delays.
60. Delayed concept formation.
61. Stuttering and stammering.
62. Articulation difficulties.
63. Delays in syntax, pragmatics and semantics.
64. Discrepancy between surface verbal skills and ability to communicate effectively.

POSITIVE CHARACTERISTICS

HAPPY
ARTISTIC
HIGHLY VERBAL
GREAT STORY TELLER
FRIENDLY
TRUSTING
LOYAL
COMMITTED
AFFECTIONATE
CREATIVE
HAVE LOTS OF ENERGY
MUSICAL
CONCERNED ABOUT YOUNGER CHILDREN
HARD WORKERS
SPONTANEOUS
GREAT SENSE OF HUMOR
PERSISTENT
CARING
CURIOUS

Attachment 12-6