Approved: April 19, 2001
Date

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS.

The meeting was called to order by Chairperson Steve Morris at 11:30 a.m. on February 22, 2001, in Room 123-S of the Capitol.

All members were present except: Senator Jean Schodorf - excused

Committee staff present:
- Alan Conroy, Chief Fiscal Analyst, Kansas Legislative Research Department
- Debra Hollon, Kansas Legislative Research Department
- Amory Lovin, Kansas Legislative Research Department
- Rae Anne Davis, Kansas Legislative Research Department
- Norman Furse, Revisor of Statutes
- Michael Corrigan, Assistant Revisor, Revisor of Statutes Office
- Mary Shaw, Committee Secretary

Conferees appearing before the committee:
- Senator Lana Oleen
- Senator Kay O'Connor
- Senator James Barnett
- Cleta Renyer, Wee Life
- Barbara M. Duke, on behalf of AAUW-Kansas and the other members of the Kansas Choice Alliance
- Barbara Holzmark, Kansas Public Affairs Chair, National Council of Jewish Women, Greater Kansas City Section
- Carla Mahany, Kansas Public Affairs Director, Planned Parenthood of Kansas and Mid-Missouri (written testimony)
- Charles L. (Chip) Wheelen, Executive Director, Kansas Association of Osteopathic Medicine
- Teresa Walters, Executive Director, Emporians for Drug Awareness
- Mary Rhodes, Private Citizen
- Gary Winget, Kansans for Life At Its Best
- Chris Collins, Director of Government Affairs, Kansas Medical Society (written)

Others attending: See attached guest list

Chairman Morris opened the public hearing on:

**SB 279 – Birth certificate fees; increases, newborn infant protection act, public awareness advertisements**

Staff briefed the Committee on the bill

Chairman Morris welcomed Senator Lana Oleen who spoke in support of **SB 279** (Attachment 1). She noted in her testimony that the purpose of **SB 279** is to fund awareness of the provisions in the Newborn Infant Protection Act. Senator Oleen offered an amendment to **SB 279** (Attachment 2).

Chairman Morris welcomed Senator Kay O'Connor who spoke in support of **SB 279** (Attachment 3). Senator O'Connor noted in her testimony that **SB 279** is a just and reasonable method of funding the necessary education and advertising to make sure no person in Kansas feels so helpless that they would ever consider throwing away a baby. Senator O'Connor mentioned that she is also in support of the amendment offered by Senator Oleen.

Chairman Morris welcomed Cleta Renyer, representing Wee Life, Inc., who spoke in support of **SB 279**. (Attachment 4). Ms. Renyer requested that the Committee pass **SB 279** so the message contained in the Newborn Infant Protection Act will reach the citizens of Kansas.

Chairman Morris welcomed Barbara M. Duke, on behalf of AAUW-Kansas and the other members of the Kansas Choice Alliance, who spoke in support of **SB 279** (Attachment 5). Ms. Duke noted in her testimony that **SB 279** provides funds for the dissemination of educational materials and advertisements to increase public awareness of the services available to new mothers under the Newborn Infant Protection Act.

Written testimony was received in support of **SB 279** from Barbara Holzmark, Kansas Public Affairs Chair, National Council of Jewish Women, Greater Kansas City Section (Attachment 6).

Chairman Morris welcomed Carla Mahany, Kansas Public Affairs Director, Planned Parenthood of Kansas and Mid-Missouri who expressed support of **SB 279 and SB 118** (Attachment 7).

The Chairman thanked the conferees for appearing before the Committee. There being no further conferees to appear before the Committee, the Chairman closed the public hearing on **SB 279**.

Senator Jordan moved, with a second by Senator Jackson, to adopt the balloon amendment as offered by Senator Oleen, see Attachment 2. Motion carried by a voice vote.

Senator Adkins urged a slight delay in working the bill at this time as he is concerned that the subcommittee on the Department of Health and Environment is considering recommendations that include submitting a cost of upgrading the entire vital statistics department which might be funded by the issuance of bonds to be paid off by increases in the same fees. He would like the whole committee to consider the implications of that before tackling this bill. The Chairman noted that the bill would be held.

Chairman Morris opened the public hearing on:

**SB 118 – Pilot program for fetal alcohol syndrome**

Staff briefed the Committee on the bill.

Written testimony was received in support of **SB 118** from Carla Mahany, Kansas Public Affairs Director, Planned Parenthood of Kansas and Mid-Missouri, see Attachment 7 which addresses both bills **(SB 279** and **SB 118)**.

Chairman Morris welcomed Senator James Barnett who spoke in favor of **SB 118**. Senator Barnett mentioned that fetal alcohol syndrome is something that is totally preventable and is the leading known cause of mental retardation. He noted that there are approximately 40 to 80 fetal alcohol syndrome children born in the state of Kansas a year. Senator Barnett reviewed information titled "Fetal Alcohol Syndrome" (Attachment 8).

Chairman Morris welcomed Charles L. (Chip) Wheelen, Executive Director, Kansas Association of Osteopathic Medicine, who spoke in support of **SB 118** (Attachment 9). Mr. Wheelen mentioned that fetal alcohol syndrome is a pervasive problem that needs to be addressed and the pilot programs envisioned in **SB 118** would likely demonstrate effective methods of preventing FAS. He also noted that the amendments to **SB 118** by the Senate Public Health and Welfare Committee were adopted at their request. Mr. Wheelen mentioned that they asked for the amendments principally because they wanted to give all Kansas communities equal opportunity to compete for the state grants that may become available for these fetal alcohol syndrome pilot projects. He also listed some proposed amendments on page two of his testimony.

Chairman Morris welcomed Teresa Walters, Executive Director, Emporians for Drug Awareness, Inc., who spoke in support of **SB 118** (Attachment 10). Ms. Walters noted that, with institutional and medical costs for one child estimated to be $1.4 million over their lifetime, undertaking the pilot program, especially with the recommendation of having communities provide matching funds, will be more economical in the long run than caring for the thousands of affected children born annually.

Chairman Morris welcomed Mary Rhodes, Private Citizen, who spoke in support of **SB 118** (Attachment 11). Ms. Rhodes spoke regarding her adopted son who has fetal alcohol syndrome.

Chairman Morris welcomed Chris Collins, Director of Government Affairs, Kansas Medical Society, who spoke in support of **SB 118** (Attachment 12). In his testimony, Mr. Collins noted that **SB 118** presents a reasoned and practical approach to reducing the prevalence of Fetal Alcohol Syndrome.

Chairman Morris welcomed Garry Winget, Kansans for Life at its Best who spoke in support of **SB 118.** Mr. Winget mentioned that he was in support of everything that was said today. (No testimony was provided.)

The Chairman thanked the conferees for appearing before the Committee. There being no further conferees to appear before the Committee, the Chairman closed the public hearing on **SB 118**.

The meeting was adjourned at 12:05 p.m. The next meeting is scheduled for February 27, 2001.

**SENATE WAYS AND MEANS COMMITTEE**
**GUEST LIST**
**DATE** February 22, 2001

| NAME | REPRESENTING |
|---|---|
| Carla Mahany | PPKM |
| Barbara Duke | KSAAUW & KCA |
| Chip Wheelen | Assn of Osteopathic Med. |
| Chris Collins | Kansas Medical Soc. |
| Mary Rhodes | Motherhood |
| Teresa Walters | Emporians for Drug Awareness |
| Kay O'Connor | Sen Dist 9. |
| Dawn Spencer | OJA |
| Sue Lockett | CASA of Shawnee Cty |
| Janette Mier | Kansas CASA Association |
| Gabriel R Faimon | KDHE/OVS |
| Tom Bell | KHA |
| Dodie Wellshear Johnson | KAC |
| STEVE KEARNEY | KAC |
| TUCK DUNCAN | KS. wine & spirits wholesalers Assn. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

State of Kansas

LANA OLEEN
SENATOR, 22ND DISTRICT
GEARY AND RILEY COUNTIES
(785) 296-2497

COMMITTEE ASSIGNMEN
CHAIR: CONFIRMATION OVERSIGHT
VICE CHAIR: ORGANIZATION, CALENDAR & RULES
MEMBER: STANDING & JOINT COMMITTEES

Majority Leader
Kansas Senate

SENATE CHAMBER, STATE CAPITOL
TOPEKA, KANSAS 66612-1504

CHAIRMAN MORRIS AND MEMBERS OF THE COMMITTEE:

Last year the Kansas Legislature passed SB 652, known as the Newborn Protection Act. It allows a safe haven or a safety net for those infants who might be abandoned by a desperate parent(s). The measure had overwhelming support in the Senate and House and was signed by the Governor.

The purpose of Senate Bill 279 is to fund awareness of the provisions in the Newborn Protection Act. The $1.00 increase in birth certificates will generate the needed revenue to make the public- and the targeted population-aware that there are safe havens for infants ion without prosecution of the parent. Public service announcements, posters, bill boards and brochures are some methods which could be engaged in "getting the message" out. The bill allows SRS to contract out the awareness strategies, as well as accept grants and contributions towards creation of the safety net.

I encourage your support of SB 279.

Lana Oleen
Kansas Senator 22nd District

HOME
3000 STAGG HILL ROAD
MANHATTAN, KANSAS 66502
(785) 537-3300

DISTRICT OFFICE
1619 POYNTZ AVENUE
MANHATTAN, KANSAS 66502
(785) 537-9194—PHONE
(785) 537-9198—FAX

Senate Ways and Means
2-22-01
Attachment 1

Proposed Amendments to Senate Bill No. 279

For consideration by Senate Committee on Ways and Means

Senate Ways and Means
2-22-01
Attachment 2

Session of 2001

# SENATE BILL No. 279

By Senators Oleen and O'Connor

2-7

9 AN ACT concerning fees for birth certificates and copies thereof; pro-
10 viding for the use of the revenue derived from such fees; amending
11 K.S.A. 2000 Supp. 65-2418 and repealing the existing section.
12
13 *Be it enacted by the Legislature of the State of Kansas:*
14 Section 1. K.S.A. 2000 Supp. 65-2418 is hereby amended to read as
15 follows: 65-2418. (a) Except as otherwise provided in this section, the
16 secretary shall fix and charge the fees, if any, to be paid for certified copies
17 of certificates or for search of the files or records when no certified copy
18 is made. Fees for certified copies of certificates shall be fixed by rules
19 and regulations of the secretary ~~except that~~. The fee for the first copy of
20 a birth ~~or death~~ certificate shall include a ~~$3~~ *$4* surcharge ~~and the fee for~~
21 ~~each additional copy of the same birth certificate requested at the same~~
22 ~~time shall include a $2 surcharge~~*. The fee for the first copy of a death*
23 *certificate shall include a $3 surcharge and* the fee for each additional
24 copy of the same ~~birth or~~ death certificate requested at the same time
25 shall include a $1 surcharge. The secretary shall not charge any fee for a
26 certified copy of a certificate or for a search of the files or records if the
27 certificate or search is requested by a person who exhibits correspondence
28 from the United States veterans administration or the Kansas commission
29 on veterans' affairs which indicates that the person is applying for benefits
30 from the United States veterans administration and that such person
31 needs the requested information to obtain such benefits, except that, for
32 a second or subsequent certified copy of a certificate or search of the files
33 requested by the person, the usual fee shall be charged. The secretary
34 may provide by rules and regulations for exemptions from such fees.
35 (b) Subject to K.S.A. 65-2420, and amendments thereto, the national
36 office of vital statistics may be furnished copies or data it requires for
37 national statistics. The state shall be reimbursed for the cost of furnishing
38 the data. The data shall not be used for other than statistical purposes by
39 the national office of vital statistics unless so authorized by the state reg-
40 [illegible]r of vital statistics.
41 [illegible]) (1) The secretary shall remit all moneys received by or for the
42 secretary from fees, charges or penalties to the state treasurer at least
43 monthly. Upon receipt of any such remittance, other than remittances

birth or

8-8

1 for fees for birth certificates, the state treasurer shall deposit the entire
2 amount thereof in the state treasury and the same shall be credited to
3 the state general fund.
4 (2) Upon receipt of any such remittance of a fee for a birth certificate,
5 ~~$3~~: *(A) Three dollars* of each such fee for the first copy of a birth certif-
6 icate and $1 of each such fee for each additional copy of the same birth
7 certificate requested at the same time shall be remitted to the state trea-
8 surer who shall deposit the entire amount of each such remittance in the
9 state treasury and credit it to the permanent families account of the family
10 and children investment fund created by K.S.A. 38-1808, and amend-
11 ments thereto; *and (B) one dollar of each such fee for the first copy of a*
12 *birth certificate* [*and ~~$1 of each such fee for each additional copy of the~~*
13 ~~*same birth certificate requested at the same time*~~] *shall be remitted to the*
14 *state treasurer who shall deposit the entire amount of each such remit-*
15 *tance to the state treasurer who shall deposit the entire amount to the*
16 *newborn infant protection act special revenue fund created by section 3,*
17 *and amendments thereto.* Upon receipt of any such remittance of a fee
18 for a death certificate, $3 of each such fee for the first copy of a death
19 certificate and $1 of each such fee for each additional copy of the same
20 death certificate requested at the same time shall be remitted to the state
21 treasurer who shall deposit annually the entire amount of each such re-
22 mittance in the state treasury and credit it to the district coroners fund
23 created by K.S.A. 22a-245, and amendments thereto. The balance of the
24 money received for a fee for a birth certificate shall be remitted to the
25 state treasurer who shall deposit the entire amount of each such remit-
26 tance in the state treasury and the same shall be credited to the state
27 general fund.
28 New Sec. 2. (a) There is hereby established in the state treasury the
29 newborn infant protection act special revenue fund. Such fund shall be
30 administered as provided in this section by the secretary of social and
31 rehabilitation services.
32 (b) Moneys credited to the newborn infant protection act special rev-
33 enue fund shall be used to prepare, publish, purchase and disseminate
34 educational materials and advertisements to increase public awareness of
35 the newborn infant protection act.
36 (c) Expenditures from the newborn infant protection act special rev-
37 enue fund shall be made in accordance with appropriation acts upon
38 warrants of the director of accounts and reports issued pursuant to vouch-
ers approved by the secretary of social and rehabilitation services.
(d) The secretary of social and rehabilitation services is hereby au-
41 thorized to receive moneys from any grants, gifts, contributions or be-
42 quests made for the purpose of providing revenue for the fund and may
43 expend such money for the purpose for which received

pursuant to contracts with service providers which are hereby authorized and directed to be entered into by the secretary

1 (e) On or before the 10th of each month, the director of accounts
2 and reports shall transfer from the state general fund to the newborn
3 infant protection act special revenue fund interest earnings based on:
4 (1) The average daily balance of moneys in the newborn infant pro-
5 tection act special revenue fund for the preceding month; and
6 (2) the net earnings rate of the pooled money investment portfolio
7 for the preceding month.
8 Sec. 3. K.S.A. 2000 Supp. 65-2418 is hereby repealed.
9 Sec. 4. This act shall take effect and be in force from and after its
10 publication in the statute book.

2-3

STATE OF KANSAS

TOPEKA

KAY O'CONNOR
SENATE DISTRICT 9
LENEXA, DeSOTO, EDGERTON
AND NORTHWESTERN OLATHE

DURING SESSION
STATE CAPITOL—143-N
TOPEKA, KANSAS 66612-1504
(785) 296-7382

HOTLINE—1-800-432-3924
TTY 785-296-8430
KC AREA LOCAL CALL 715-5000

E-MAIL: o'connor@house.state.ks.us

COMMITTEE ASSIGNMENTS
VICE CHAIR: ELECTIONS AND LOCAL GOVERNMENT
MEMBER: FEDERAL AND STATE AFFAIRS
JUDICIARY
JOINT COMMITTEE ON CORRECTIONS AND JUVENILE JUSTICE OVERSIGHT

HOME ADDRESS:
1101 N. CURTIS
OLATHE, KS 66061
(913) 764-7935
FAX (913) 764-4492
E-MAIL: kayoisok@earthlink.net
www.parentsincontrol.org

DATE: February 16, 2001

TO: Senate Ways and Means Committee

FROM: Senator Kay O'Connor

Mister Chairman & members of the committee:

Thank you for the opportunity to express my support for SB279.

I am very proud to have had the opportunity to work with Senator Oleen on last year's Newborn Infant Protection Act. It gives a responsible option for a new mother who is probably strongly tempted to act irresponsibly. The baby is innocent and deserves that opportunity to live.

SB279 is a just and reasonable method of funding the necessary education and advertising to make sure no person in Kansas feels so helpless that they would ever consider throwing away a baby.

Please join me in supporting SB279.

Senate Ways and Means
2-22-01
Attachment 3

Senate Ways and Means
February 22, 2001

Senator Morris and members of the Ways and Means committee, I want to thank you for hearing SB 279. I am Cleta Renyer, lobbyist for Wee Life, Inc.

I testified in favor of the Newborn Infant Protection Act in the 2000 Session. I have been very concerned that a desperate Mother or parents, not knowing of this law would throwaway their newborn child as the young couple did in Junction City.

I have to admit that I have been bothering Senator Oleen and Senator O'Conner about how and when Kansas was going to enact the law that was passed last year. I didn't realize that there wasn't a funding mechanism with the Bill.

I think that adding $1 to the fee for a birth certificate is a good idea because the state will be able to have a fair idea of the amount of funds that would available for each fiscal year and plan accordingly.

Please pass SB 279 out of committee so the message contained in the Infant Protection Act will reach the Citizens of Kansas. What good is a law if no one knows of it.

Wee Life, Inc.
Cleta Renyer
Cleta Renyer

Senate Ways and Means
2-22-01
Attachment 4

# The Kansas Choice Alliance

Aid for Women
American Association of University Women - Baldwin Branch
American Association of University Women - Kansas
American Association of University Women - Shawnee Mission Branch
American Civil Liberties Union of Kansas and Western Missouri
Choice Coalition of Greater Kansas City
Greater Kansas City Chapter of Hadassah
Jewish Community Relations Bureau/American Jewish Committee
Jewish Women International
Kansas Religious Leaders for Choice
KU Pro-Choice Coalition
League of Women Voters of Johnson County
League of Women Voters of Kansas
League of Women Voters of Wichita-Metro
MAINstream Coalition
National Council of Jewish Women, Greater Kansas City Section
National Organization for Women, Johnson/Wyandotte County Chapter
National Organization for Women, Kansas Chapter
National Organization for Women, Kansas City Urban Chapter
National Organization for Women, Lawrence Chapter
National Organization for Women, Manhattan Chapter
National Organization for Women, Wichita Chapter
Planned Parenthood of Kansas & Mid-Missouri
Pro-Family Catholics for Choice
Wichita Family Planning
Women's Health Care Services
YWCA of Wichita

**Senate Ways and Means Committee**
**Testimony in Support SB 279**
**February 22, 2001**

**Submitted by Barbara M. Duke on behalf of AAUW-Kansas and the other members of the Kansas Choice Alliance (785-749-0786)**

**Chairman Morris and Members of the Committee:**

We supported the newborn infant protection act passed last year and we are pleased to support SB 279 this year. SB 279 provides funds for the dissemination of educational materials and advertisements to increase public awareness of the services available to new mothers under the newborn infant protection act.

A woman who gives birth and then realizes that it will be impossible for her to care for and support her child may not know where to turn for help. The newborn infant protection program offers a timely, confidential, non-judgmental way for such a women to give over her child for adoption.

Because it is very new, this program is not well known. It must be widely publicized so new mothers who find themselves in desperate situations can know about it.

The tax of $1.00 on certified copies of birth and death certificates seems a reasonable way to pay for the needed publicity. We hope the revenue from these charges is sufficient to carry out year-round, state-wide public information campaigns.

Thank you for your attention and thoughtful consideration.

**The Kansas Choice Alliance**
**902 Pamela Lane, Lawrence, KS 66049-3020**

Senate Ways and Means
2-22-01
Attachment 5

**From:** <Bjbagels@aol.com>
**To:** <morris@senate.state.ks.us>
**Date:** Thu, Feb 22, 2001 9:34 AM
**Subject:** Testimony in support of SB 279

National Council of
Jewish Women

---

---

NCJW
Greater Kansas City Section

February 22, 2001

Testimony of Barbara Holzmark, Kansas Public Affairs Chair
National Council of Jewish Women, Greater Kansas City Section
8504 Reinhardt Lane, Leawood, Kansas 66206
(913)381-8222, Fax: (913)381-8224, E-Mail: bjbagels@aol.com

Re: SB 279

Senator Morris and Members of the Senate Ways and Means Committee,

My name is Barbara Holzmark. I am unable to be here in person today and am submitting testimony to you in writing in support of SB 279. I am the Kansas Public Affairs Chair for the National Council of Jewish Women (NCJW), Greater Kansas City Section.

We are the oldest Jewish Women's Organization in the country. Founded in 1893, we are a volunteer organization, inspired by Jewish values, that works through a program of research, education, advocacy and community service to improve the quality of life for women, children and families in the general community and strives to ensure individual rights and freedoms for all.

To accomplish our mission, the NCJW works through five priorities. One of our priorities is to "ensure individual and civil rights". We endorse and will continue to work for "the protection of every female's right to reproductive choice, including safe and legal abortion, and the elimination of obstacles that limit reproductive freedom," as well as "the protection of every individual's right to privacy."

In relating to Senate Bill 279, this clarifies the fiscal note relating to the Newborn Infant Protection Act, which further protects the female both with her reproductive choice and her right to privacy. I urge you to vote favorably on SB 279.

Thank you for allowing my testimony.

Senate Ways and Means
2-22-01
Attachment 6

Planned Parenthood®
of Kansas and Mid-Missouri

BOARD O[illegible]TORS
*Board C[illegible]*
Ginny B[illegible]
*Vice Chair*
Albert Mauro, Jr.
*Secretary*
Mary Petrow
*Assistant Secretary*
Susan Fischer
*Treasurer*
Kirby McCullough

Debby Ballard
Beverly Bass
Virginia Salazar Bellis
Denice Bruce
Mac Carter-Tritschler
Irene Salazar Caudillo
The Very Rev. J. Earl Cavanaugh
Steve Chick
Randy Clark
Eileen Cohen
Jane Crigler
Betty Crooker, R.N.
Karen Edison-Zanol
Tracy Foster
Anne Gall, R.N.
Glenda Goodman
Carol Hallquist
Barbara Head
Amy M. Heithoff, B.S.N.
Sharon Hoffman
Ellen Karp
Sandra Kauffman
Ken Landau
Linda Lyon
Nancy McBride, M.D.
The Rev. Robert Meneilly
Susan Moeder
Rita O'Conner
Kirk Perucca
Laura Curry Sloan
Betsy Smith
Sally Sutcliffe
Tricia Uhlmann
Cynthia Weems
Kris Wilshusen
Pamela J. Woodard

*Ex Officio*
Suzanne Allen
Henry Bishop, M.D.
Toni Blackwood
Rabbi Ronald Goldstein

*Advisory Council*
Suzanne Allen, Chair
Eliot S. Berkley, Ph.D.
James Bernard, Sr.
Lucile H. Bluford
Rose Bryant
Charles E. Curran
Jean H. Deacy
Jo Ann Field
John B. Francis
Jean McGreevy Green
Fred R. Havens
Karen Herman
William Hickok
Walter Hiersteiner
Biddy Hurlbut
Mrs. Herman A. Johnson
Harry S. Jonas, M.D.
Harold S. Melcher
Miller Nichols
J. Clyde Nichols, Jr.
Mrs. William L. Pence
Katherine W. Smith, M.D.
Estelle G. Sosland
Herman R. Sutherland
John M. Swomley, Jr., Ph.D.
Paul Uhlmann, Jr.
Charles B. Wheeler, Jr., M.D.
Rabbi Michael Zedek

PRESIDENT/CEO
Peter Brownlie

# STATEMENT IN SUPPORT OF SB 279 AND SB 118

To the Senate Committee on Ways and Means
Thursday, February 22, 2001
by Carla Mahany, Kansas Public Affairs Director
Planned Parenthood of Kansas and Mid-Missouri

Thank you very much for this opportunity to submit a statement of support for two of the bills to be heard today--SB 279, which would add a $1 fee to birth certificates in order to fund an education and advertising campaign for last year's Infant Protection Act, and SB 118, which would establish pilot programs to diagnose and prevent fetal alcohol syndrome. I have submitted testimony at previous hearings in support of both bills on behalf of Planned Parenthood of Kansas and Mid-Missouri.

Planned Parenthood considers the decriminalization of infant abandonment under the terms of last year's Infant Protect Act to be an important additional choice women may exercise in the case of an unwanted pregnancy. Thank you for considering SB 279, which would add $1 to birth certificate fees to fund an educational and informational campaign about this program.

We also encourage your support of the funds necessary to establish the pilot programs on fetal alcohol syndrome created by SB 118. The programs that we hope will result from the funding of this new public health venture 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.

We consider both of these bills to be pro-child, pro-family, and pro-choice, and urge your full support of SB 118 and SB 279. Thank you very much.

4401 W. 109th St., Suite 200 • Overland Park, KS 66211 • (913) 312-5100

Senate Ways and Means
2-22-01
Attachment 7

## Fetal Alcohol Syndrome

Presented by: James A. Barnett, MD

- The combined rate of fetal alcohol syndrome (FAS) and alcohol-related neurodevelopmental disorder (ARND) is thus estimated to be at least 9.1/1,000. This conservative rate -- nearly one in every 100 live births -- confirms the perception of many health professionals that fetal alcohol exposure is a serious problem. (Sampson, 1997)

Senate Ways and Means
2-22-01
Attachment 8

NCBI PubMed PubMed QUERY PubMed ?

Other Formats: Citation MEDLINE
Links: Related Articles

Order this document

*Teratology* 1997 Nov;56(5):317-26

# Incidence of fetal alcohol syndrome and prevalence of alcohol-related neurodevelopmental disorder.

**Sampson PD, Streissguth AP, Bookstein FL, Little RE, Clarren SK, Dehaene P, Hanson JW, Graham JM Jr**

Department of Statistics, University of Washington, Seattle 98195, USA.

We critique published incidences for fetal alcohol syndrome (FAS) and present new estimates of the incidence of FAS and the prevalence of alcohol-related neurodevelopmental disorder (ARND). We first review criteria necessary for valid estimation of FAS incidence. Estimates for three population-based studies that best meet these criteria are reported with adjustment for underascertainment of highly exposed cases. As a result, in 1975 in Seattle, the incidence of FAS can be estimated as at least 2.8/1000 live births, and for 1979-81 in Cleveland, approximately 4.6/1,000. In Roubaix, France (for data covering periods from 1977-1990), the rate is between 1.3 and 4.8/1,000, depending on the severity of effects used as diagnostic criteria. Utilizing the longitudinal neurobehavioral database of the Seattle study, we propose an operationalization of the Institute of Medicine's recent definition of ARND and estimate its prevalence in Seattle for the period 1975-1981. The combined rate of FAS and ARND is thus estimated to be at least 9.1/1,000. This conservative rate--nearly one in every 100 live births--confirms the perception of many health professionals that fetal alcohol exposure is a serious problem.

Publication Types:

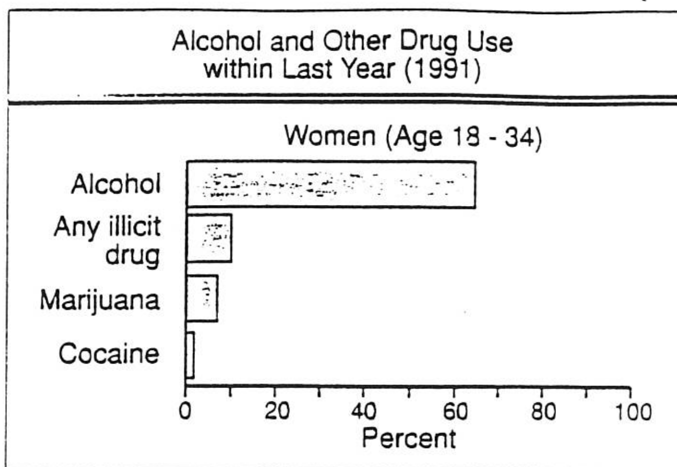
- Review
- Review, tutorial

PMID: 9451756, UI: 98113725

Save the above report in Macintosh Text format
Order documents on this page through Loansome Doc



8-2




## 4. Alcohol and Other Drug Use within Last Year

Drinking is culturally acceptable, and about two-thirds of Americans report drinking alcoholic beverages [1]. More than 86.2 billion dollars was spent on alcoholic beverages in 1990 [2]. Using the profits from these sales, the alcoholic beverage industry has developed attractive and persuasive advertising to encourage use of its product.

However, the cost of excessive alcohol use is high: nearly 120 billion dollars in 1983, with about one in every ten adult Americans reporting alcohol abuse or alcoholism [1]. In a household survey of women's drinking, young women ages 21 through 34 were more likely to report intoxication and episodic heavy consumption than women in older age groups; they were also more likely to develop signs of problem drinking over a five-year period [3]. Nineteen percent of all women drinkers in this survey reported at least two alcohol-related problems [4]. There is some evidence that the rate of drinking problems among younger women is increasing over time [3].

The number of childbearing-age women who use alcohol is notably greater than the number who use cocaine, marijuana, and other illicit drugs. This reflects the legal status of alcohol contrasted to the prohibition of illegal substances and the "War on Drugs" [5].

1. *National Institute on Alcohol Abuse and Alcoholism. Seventh Special Report to the U.S. Congress on Alcohol and Health. From the Secretary of Health & Human Services. U.S. Department of Health and Human Services, January 1990.*

2. *Distilled Spirits Council of the U.S., January 1990, personal communication.*

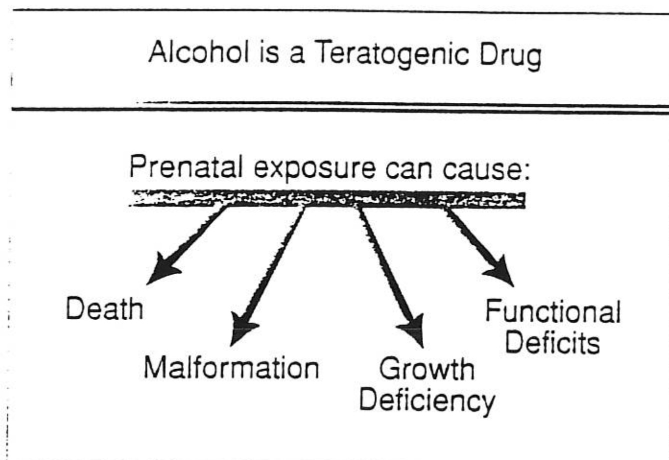
3. *Wilsnack SC, Wilsnack RW. Epidemiology of women's drinking. J Subst Abuse. 1991; 3:133-157.*

4. *Wilsnack RW, Wilsnack SC, Klassen AD. Women's drinking and drinking problems: Patterns from a 1981 national survey. Am J Public Health. 1984; 74:1231-1238.*

5. *National Institute on Drug Abuse. Household Survey on Drug Abuse: Population Estimates, 1991. U.S. Department of Health and Human Services, Publication ADM 92-1887, 1992.*

# PART III: ALCOHOL AS A TERATOGEN: AN OVERVIEW

This section describes the scientific basis for understanding the impact of alcohol on the developing embryo and fetus. The concept of a continuum of alcohol effects, influenced by dose and timing of exposure as well as the genetic vulnerability of the mother and child, is introduced.




### 10. Alcohol is a Teratogenic Drug

Teratogenic drugs are those that cause undesirable modifications in the embryo or fetus when consumed during pregnancy. The main types of teratogenic outcomes are: death, malformations, growth deficiency, and functional deficits [1]. Alcohol can cause all of these, and this has been demonstrated in both humans and animals [2-4]. Fetal effects of prenatal alcohol exposure reflect the dose and pattern of alcohol consumption by the mother, the time during pregnancy that the alcohol was consumed, the genetic susceptibility of the fetus itself, and certain physiologic characteristics of the mother herself such as the rate at which she metabolizes alcohol [5]. As is true of all teratogens, not all offspring who are exposed are affected, but this does not mean that fetal alcohol effects do not occur in others. The variability in severity of alcohol effects among exposed offspring can be high, even in response to the same dose and timing of exposure.

Alcohol is also a neurobehavioral teratogen, which is the name for that class of teratogenic drugs that cause prenatal damage to the Central Nervous System (CNS) [6. See Section VI].


1. *Wilson, JG. Current status of teratology: General principles and mechanisms derived from animal studies. In: JG Wilson, FC Fraser (Eds.) Handbook of Teratology, General Principles & Etiology, (Vol. 1, pp. 47-74). New York & London: Plenum Press, 1977.*

2. *Streissguth AP, Landesman-Dwyer S, Martin JC, Smith DW. Teratogenic effects of alcohol in humans and laboratory animals. Science. 1980; 209:353-361.*

3. *Schenker S, Becker HC, Randall CL, Phillips DK, Baskin GS, Henderson GI. Fetal alcohol syndrome: Current status of pathogenesis. Alcohol Clin Exp Res. 1990; 14:635-647.*

4. *Randall CL. Alcohol as a teratogen: A decade of research in review. Alcohol & Alcoholism. 1987; Supplement I :125-132.*

5. *Chernoff GF. The fetal alcohol syndrome in mice: Maternal variables. Teratology. 1980; 22:71-75.*

6. *Riley EP, Vorhees CV. Handbook of Behavioral Teratology. New York: Plenum Press, 1986.*

## Comparison of the effects of drugs on prenatal development

Prenatal alcohol exposure seems to have a more devastating long-lasting effect on the child than other street drugs (that have been studied—ed.). It is often difficult to identify the harm caused by illicit drugs because they are frequently taken in combination with alcohol. (Alcohol the drug is often seen as benign, not as "bad as" other drugs since it is legal. This chart provides a clear visual that this is not true.—ed.)

| EFFECT | ALCOHOL | MARIJUANA | COCAINE | HEROIN | TOBACCO |
|---|---|---|---|---|---|
| Low Birth Weight | X | | X | X | X |
| Impaired Growth | X | | | | |
| Facial Malformation | X | | | | |
| Small Head Size | X | | | | |
| Intellectual & Developmental Delays | X | X | | | |
| Hyperactivity, Inattention | X | X | | X | X |
| Sleeping Problems | X | X | X | X | X |
| Poor Feeding | X | | X | | |
| Excessive Crying | X | X | X | X | |
| Higher Risk for Sudden Infant Death Syndrome | | | | X | X |
| Organ Damage, Birth Defects | X | | | | |
| Respiratory Problems | X | | | X | x |

Alcohol destroys cells in the fetus, causing malformations. (These physical changes contribute to learning and behavioral differences that continue into adolescence and adulthood—ed.) Some effects of cocaine tend to diminish over time, and long-term damage may not be as severe as was originally predicted. Test scores of children exposed to heroin show their physical and psychological development are usually within normal range.

Sources: US Department of Health and Human Services, 1994; Day et al., 1994



8-5

**Effects of alcohol and other drug use during pregnancy: Additional research**

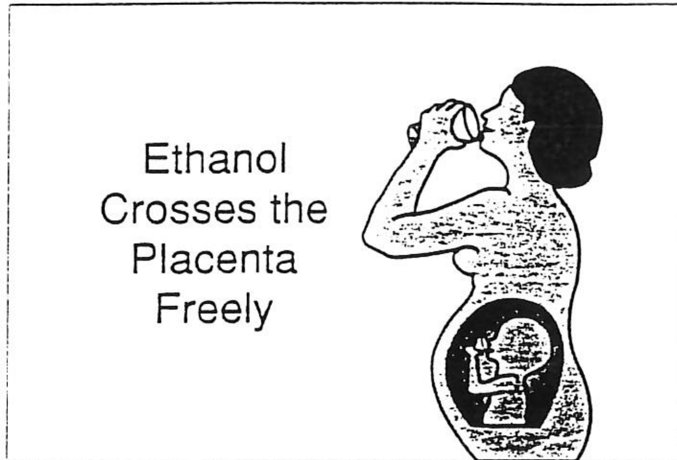
| | Alcohol | Amphetamine/ Methamphetamine | Cocaine | Marijuana | Tobacco |
|---|---|---|---|---|---|
| Spontaneous Abortion | X | | X | | |
| Increased rate of SIDS | | | X | X | X |
| Increased rate of stillbirth | X | X | X | | |
| Low birth weight | X | X | | X | X |
| Behavioral problems | X | X | | | |
| Learning problems | X | X | | | |



8-6

# PART II: FETAL AND MATERNAL EXPOSURE

This section addresses special issues with respect to alcohol use during pregnancy and measuring alcohol dose to the fetus.



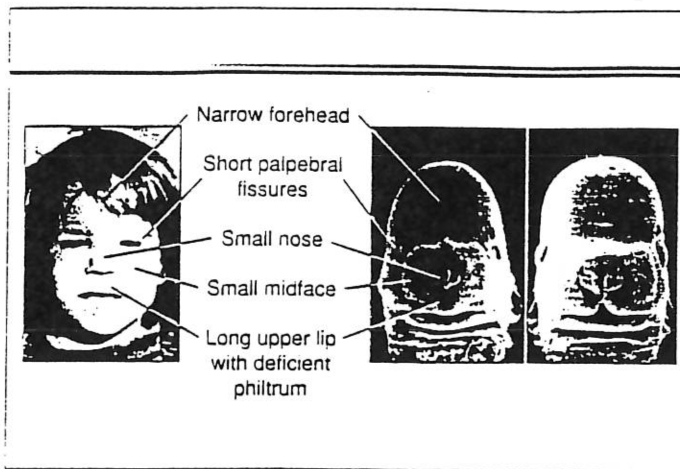

## 6. Ethanol Crosses the Placenta Freely

When a pregnant woman drinks, so does her fetus, for alcohol freely crosses the placenta and levels in the fetal and maternal blood are approximately equivalent. Shortly after the mother consumes an alcoholic beverage, fetal effects are apparent. In humans, fetal breathing movements were drastically suppressed by the amount of ethanol in one or two drinks [2,3]. In monkeys, a bolus dose of ethanol was followed by collapse of the umbilical vessels within minutes [4]. Other animal studies indicate that there is a direct deleterious action of alcohol on the developing fetus, even in early gestation [5].


1. *Hill DE, Slikker W Jr., Goad PT, Baily JR, Sziszak TJ, Hendricks AG. Maternal, fetal and neonatal elimination of ethanol in nonhuman primates. Dev Pharmacol Ther. 1983; 6:259-268.*
2. *McLeod W, Brien J, Loomis C, Carmichael L, Probert C, Patrick J. Effect of maternal ethanol ingestion on fetal breathing movements, gross body movements, and heart rate at 37 to 40 weeks gestational age. Am J Obstet Gynecol. 1983; 145:251-257.*
3. *Lewis PJ, Boylan P. Alcohol and fetal breathing. Lancet. 1979; 1:388.*
4. *Mukherjee AB, Hodgen GD. Maternal ethanol exposure induces transient impairment of umbilical circulation and fetal hypoxia in monkeys. Science. 1982; 218:700-702.*
5. *Brown NA, Goulding EH, Fabro S. Ethanol embryotoxicity: Direct effects on mammalian embryos* in vitro. *Science. 1979; 206:573-575.*




8-7




## 13. Formation of FAS Face in the Mouse ... om 2 Doses of Alcohol

A characteristic face is an important differentiating feature of fetal alcohol syndrome. This mouse study of Sulik and colleagues demonstrates how brief prenatal alcohol exposure, at a critical moment in development, can produce major defects in the developing brain that are manifest in the face [1,2]. (See slide 20 for a description of the characteristic FAS face and references 4 and 5 for more additional studies.) Two doses of ethanol were administered on day 7, the embryos developed craniofacial malformations closely resembling those seen in the human fetal alcohol syndrome. "Striking histological changes occurred in the developing brain within 24 hours of exposure," [1]. Not all exposed fetuses were affected, and some were much more severely affected than others from the same dose and timing of ethanol. Two of the 72 fetuses were exencephalic or anencephalic while 30 of 72 had eye malformations, including coloboma of the iris, microphthalmia, and apparent anophthalmia. The primary growth deficiency of the eye was reflected in shortened palpebral fissures. Short palpebral fissures are a primary facial feature of FAS. This range of eye defects in children with FAS/FAE has also been described clinically [6,7]. This study demonstrates that chronic or regular alcohol use was not necessary to produce changes in brain development. In humans, this exposure would be equivalent to heavy or binge drinking during the third week of pregnancy.

1. Sulik KK, Johnston MC, Webb MA. Fetal Alcohol Syndrome: Embryogenesis in a mouse model. Science. 1981; 214: 936-938.
2. Sulik KK, Johnston MC. Sequence of developmental alterations following acute ethanol exposure in mice: Craniofacial features of the Fetal Alcohol Syndrome. Am J Anat. 1983; 166(3): 257-269.
3. Kotch LE, Dehart DB, Alles AJ, Chernoff N, Sulik KK. Pathogenesis of ethanol-induced limb reduction defects in mice. Teratology 1992; 46:323-332.
4. Kotch LE, Sulik KK. Patterns of ethanol-induced cell death in the developing nervous system of mice; neural fold stages through the time of anterior neural tube enclosure. Int J Devl Neuroscience 1992; 10:273-279.
5. Kotch LE, Sulik KK. Experimental fetal alcohol syndrome: Proposed pathogenic basis for a variety of associated facial and brain anomalies. Am J Med Genetics 1992; 44:168-176.
6. Stromland K. Malformations of the eyes in fetal alcohol syndrome. Acta Ophthalmol. 1981; 59: 445-446.
7. Rabinowicz M. New ophthalmic findings in fetal alcohol syndrome. JAMA. 1981; 245(2): 108.

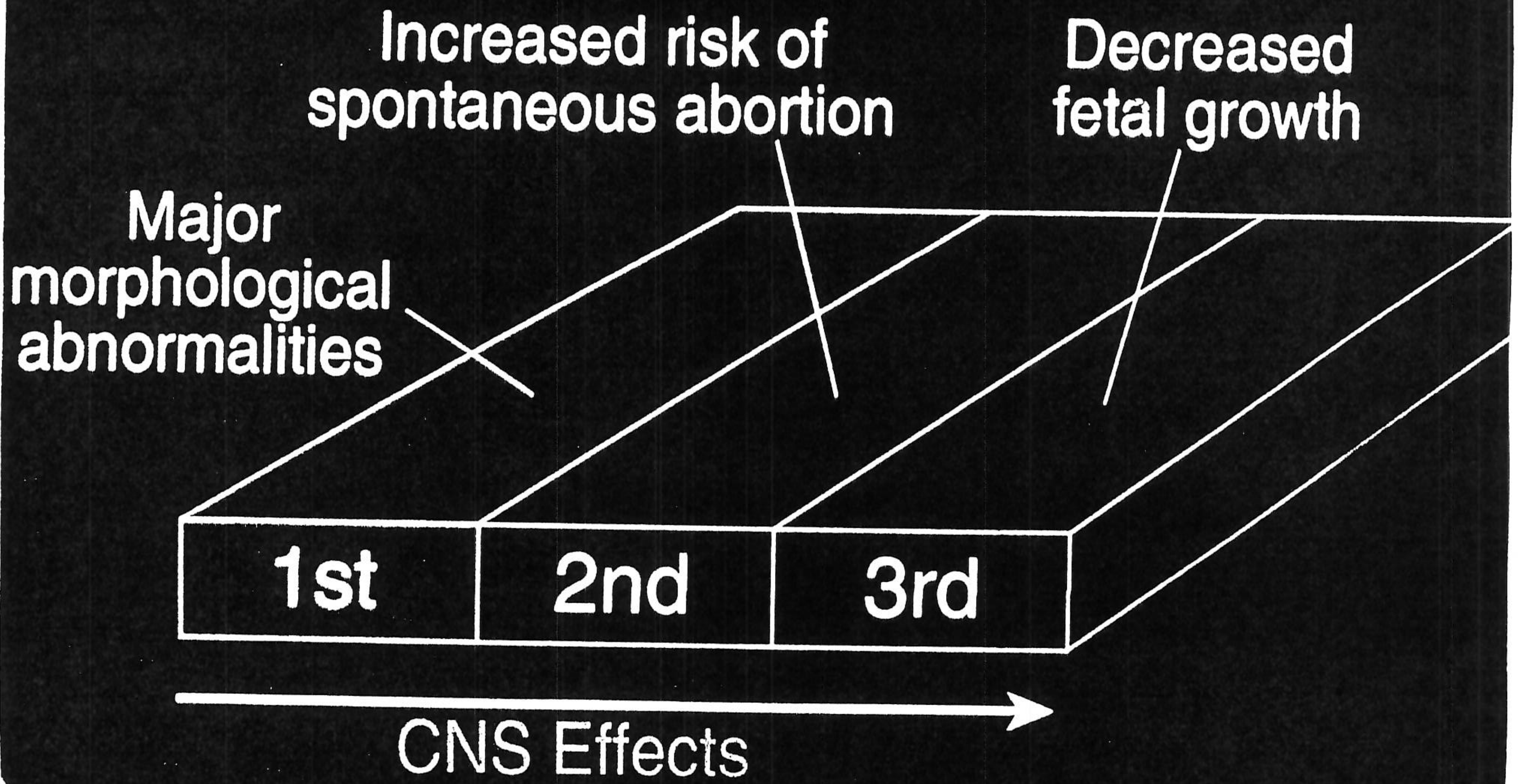
## 11. Animal Models of FAS: Ethanol Exposed Pup Compared to Normal

When fetal alcohol syndrome was first identified, many scientists believed that it was caused not by maternal alcohol use, but by poor diet, other drugs of abuse, or by some other unidentified factor. Animal studies have since shown that even in the absence of these other factors, alcohol exposure is correlated with decreased growth, and increased morphologic abnormalities, central nervous system involvement, and embryo/fetal death. Poor diet and other health hazards may alter the risk of fetal alcohol effects, but they are not the primary cause.

For example, consider the pups shown on this slide. Ethanol (2.1 g/kg) was given orally twice daily, throughout pregnancy, to the mother of the smaller animal; this is roughly equivalent to 10.5 oz 100-proof vodka twice daily for a 60 kg human. (Mean peak blood ethanol concentrations of 205 mg/dl were obtained in the groups of animals given this dose.) Mothers of the control pups received isocaloric amounts of sucrose in place of the ethanol. Amounts of food and water ingested were the same for both experimental and control animals. At this dose of ethanol, rates of stillbirth and early mortality were sharply increased and the number of offspring per litter decreased. The weight, crown to rump length, and head circumference of surviving ethanol-exposed pups were significantly lower than controls, as is clearly evident from the slide. Fetal alcohol effects have been demonstrated in many other types of experimental animals, including mice, rats, hamsters, monkeys and chickens (see slide 12).

*1. Ellis FW, Pick JR. An animal model of the fetal alcohol syndrome in beagles. Alcohol Clin Exp Res. 1980; 4:123-134.*

# Major Effects of Ethanol by Trimester of Pregnancy



# 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*

*...hs 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/fasfas.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.

1[illegible] 83). Fetal alcohol syndrome and fetal alcohol effects. New York, NY: Plenum Press.
12. [illegible] F., Cordero, J. F., & Becerra, J. E. (1988). Leading major congenital malformations among minority groups in the United States. Morbidity a[illegible] 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:*

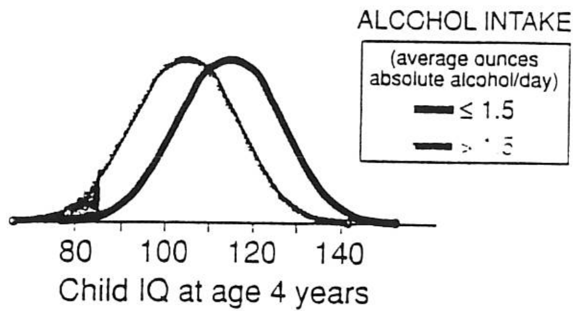
*The National Organization on Fetal Alcohol Syndrome (NOFAS)*
http://www.nofas.org

*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]

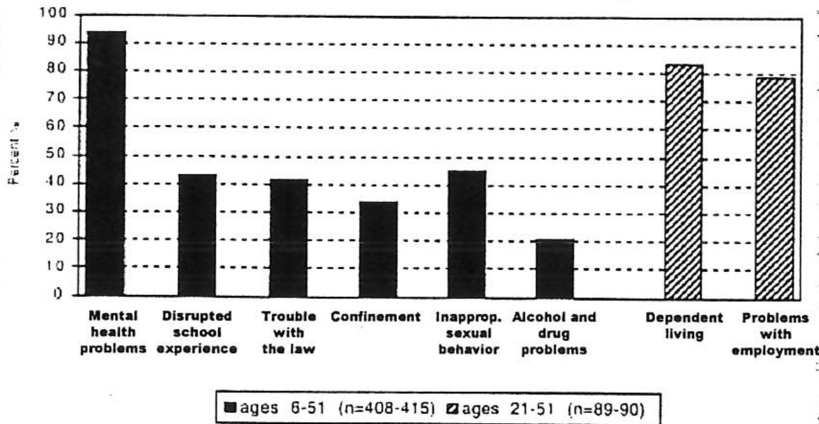



## 61. Effects of Social Drinking on the IQ of a Population

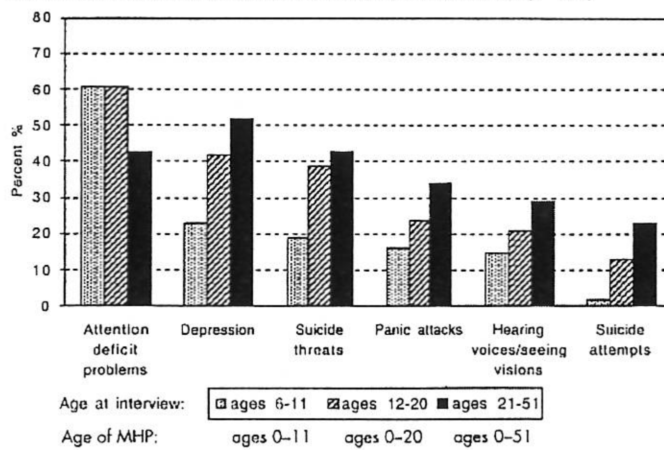
Seemingly subtle individual effects of prenatal alcohol exposure can have a significant collective impact on society. One longitudinal prospective study of a large group of pregnant women from a well-educated, middle-class community was begun before it was general knowledge that women should not drink during pregnancy. Women whose self-reported alcohol-use scores averaged over 1.5 ounces of absolute alcohol per day (3 drinks per day, on average, of beer, wine and/or liquor) had children whose IQ scores averaged 5 points lower than the children of the rest of the mothers, even after statistically adjusting for maternal and paternal education, race, prenatal nutrition, aspirin and antibiotics exposure, child's sex and birth order, mother-child interactions and preschool attendance. The accompanying slide shows normal distributions picturing the effect of a 5-point mean IQ decrement on the overall average profile of the community. This level of prenatal alcohol exposure would be expected to significantly increase the proportion of children with low IQ scores (below 85) and to significantly decrease the proportion with IQ scores in the superior range.

*1. Streissguth AP, Barr HM, Sampson PD, Darby BL, Martin DC. IQ at age four in relation to maternal alcohol use and smoking during pregnancy. Dev Psychol. 1989; 25: 3-11.*

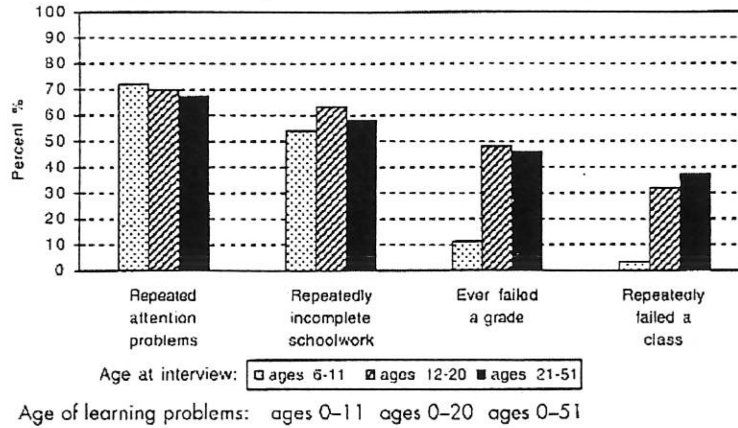
# Secondary Disabilities



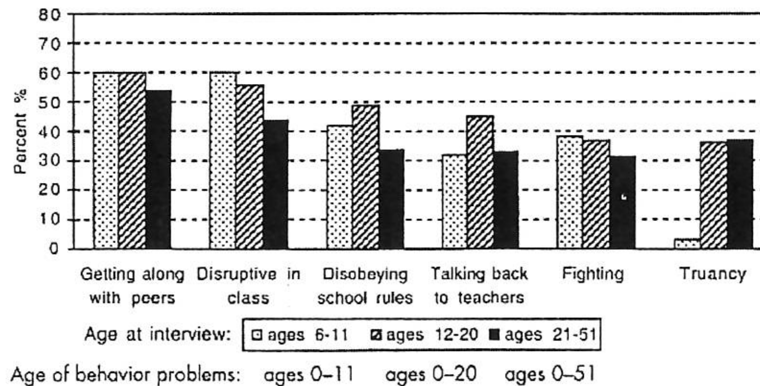

# Mental Health Problems



# Learning Problems by Age

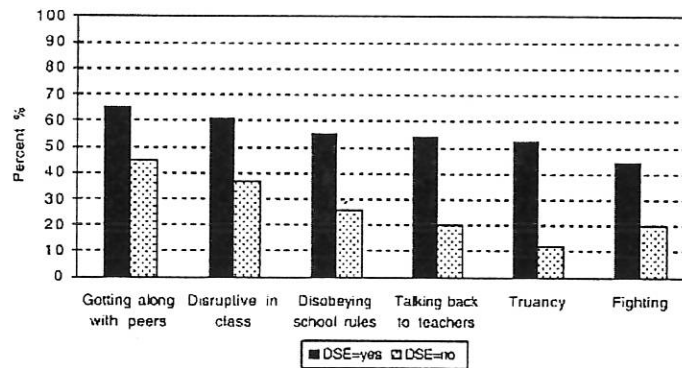



# Behavior Problems by Age



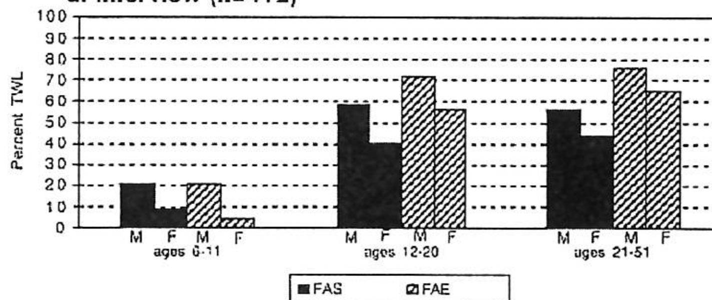
# Repeated Behavior Problems

**9.8 Repeated behavior problems by presence or absence of DSE (n= 240-245)**

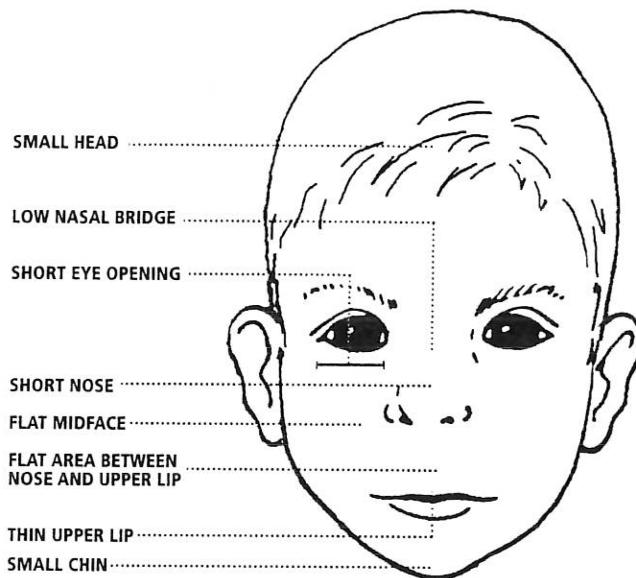



# Trouble with the Law

**10.1 History of Trouble With the Law (TWL) by sex, diagnosis and age at interview (n=412)**



**Children with fetal alcohol syndrome have three characteristics:** abnormal facial features, stunted growth and brain injury. Fetal alcohol effects has been used to describe individuals who have a history of prenatal alcohol exposure but not all the physical or behavioral symptoms of fetal alcohol syndrome. Although not all fetal alcohol syndrome symptoms occur in children with fetal alcohol effects, both disabilities are devastating.




*Source: Streissguth et al., 1988*

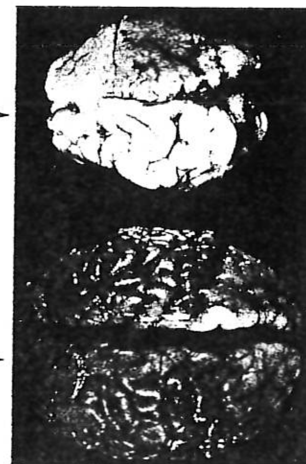
*The irreversible damage caused by prenatal alcohol use is, in my opinion, the most significant factor in the cycle of poverty in the inner city.*

**DR. LYDIA CAROS**
**PEDIATRICIAN,**
**MINNEAPOLIS**

## EFFECT OF ALCOHOL ON THE BRAIN

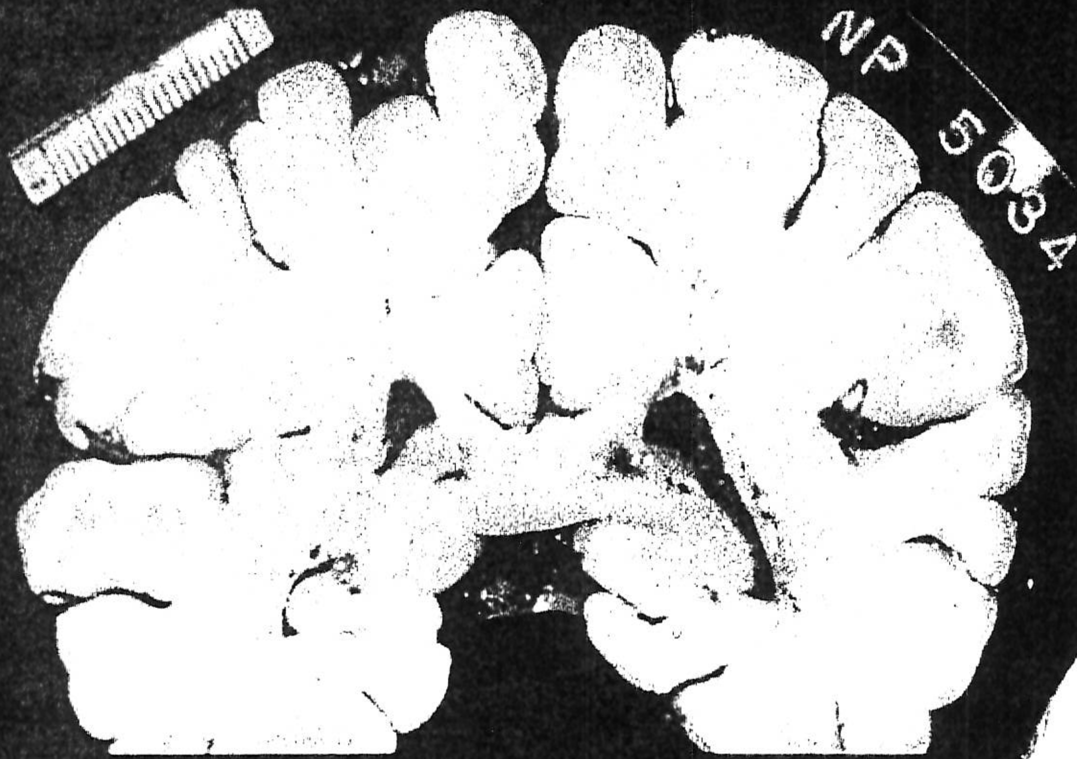
**NEWBORN BABY'S BRAIN DAMAGED BY ALCOHOL**
- **DECREASED SIZE**
- **NOT FULLY DIVIDED INTO LEFT AND RIGHT HEMISPHERES**
- **SMOOTH SURFACE AND FEWER FOLDS INDICATE LACK OF DEVELOPMENT**

**NEWBORN BABY'S NORMAL BRAIN**



*Source: Dr. Sterling Clarren, University of Washington*

# Coronal Sections of Brain

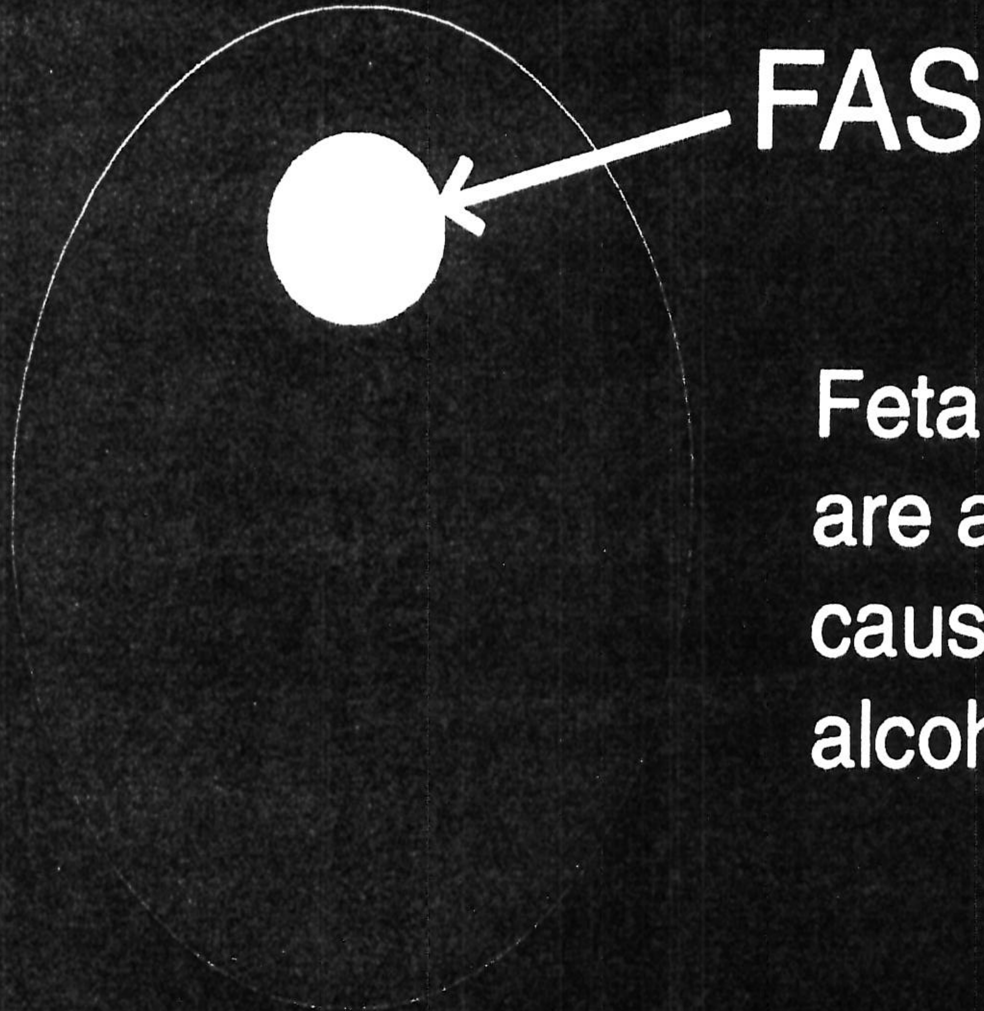



Normal

FAS

# FAS is Part of FAE

(A very small part)




Fetal Alcohol Effects are all of the effects caused by prenatal alcohol exposure

## Comparison of House, Senate Budgets

(For fiscal year 2001, figures in millions)

| AGENCY/PROGRAM | HOUSE | SENATE | DIFF |
|---|---|---|---|
| Dept. of Education | $2,552.4 | $2,559.7 | $7.3 |
| SRS, State Hospital | $1,683.4 | $1,695.9 | $12.5 |
| State Universities | $1,475.6 | $1,475.8 | $0.2 |
| Dept. of Transportation | $923.3 | $923.3 | $0.0 |
| Dept. on Aging | $357.4 | $359.3 | $1.9 |
| Prison System | $223.5 | $226.7 | $3.2 |
| Dept. of Human Resources | $218.8 | $218.8 | $0.0 |
| Dept. of Health, Environment | $169.7 | $173.8 | $4.1 |
| Kansas Lottery | $140.0 | $140.0 | $0.0 |
| State Treasurer | $111.9 | $111.9 | $0.0 |
| Dept. of Commerce, Housing | $86.6 | $85.7 | ($0.9) |
| Juvenile Justice | $76.8 | $83.8 | $7.0 |
| Dept. of Revenue | $77.0 | $78.4 | $1.4 |
| Court System | $83.7 | $83.4 | ($0.3) |
| Other Agencies | $470.0 | $473.2 | $3.2 |
| **ALL AGENCIES** | **$8,650.1** | **$8,689.7** | **$39.6** |

- Living in a stable and nurturant home for over 72% of life
- Being diagnosed before the age of 6 years
- Never having experienced violence against oneself
- Staying in each living situation for an average of more than 2.8 years
- Experiencing a good quality home from age 8-12 years
- Having applied for and been found eligible for division of developmental disabilities services
- Having a diagnosis of FAS rather than FAE/ARND

**Twelve points regarding Fetal Alcohol Syndrome/ Alcohol-Related Neurodevelopmental Disorder (FAS/ARND)**

1. People with FAS have an invisible, underdiagnosed, and under served disability. Recognition of FAS is synonymous with recognition of brain damage

2. FAS/ARND is a 'hidden' population, not recognized in the DSM IV, and is often a subset within other diagnoses (e.g. ADD/ADHD, LD, ED, PDD, ODD)

3, FAS/ARND includes a wide continuum of physical and behavioral effects

4. The most at-risk people are those with ARND. They may have none of the observable physical characteristics associated with FAS

5. FAS/ARND is an invisible **physical** handicapping condition whose only manifestation may be in presenting behaviors

6. Neurodevelopmental characteristics of people with this physical disability are incompatible with learning theory-based <u>assumptions</u> about brain function

7. Interventions based on principles of learning theory are incompatible with neurodevelopmental characteristics, or differences in brain function

8. Inappropriate and ineffective traditional interventions implemented over time have been associated with chronic frustration and the development of debilitating secondary characteristics

9. An alternative explanatory theory linking neurodevelopmental characteristics with presenting behaviors expands understanding and provides a shift in perceptions, reframing interpretations of presenting behaviors: From "won't" to "can't"

10. This shift dictates providing environmental adaptations for those with FAS/ARND to assure adequate supports are available, prevent deterioration, and maximize realization of developmental potential. The principle of providing environmental adaptations is the same as for *other* physical handicapping conditions

11, Children, parents and professionals, all strata of communities and cultures benefit from this shared knowledge and a development of a common language to facilitate implementation of appropriate continua of care, over time

12. Adequate adaptations are required at home and in the community to provide appropriate levels of support over time. This suggests the need for information and support for parents and professionals to develop and implement coordinated, appropriate and effective services. Change is indicated at the level of individuals, families, institutions, policy and law.

**IMA Internal Medicine ASSOCIATES, LLC**

***INTERNAL MEDICINE***

James M. Geitz, M.D.

James A. Barnett, M.D., F.A.C.P.

W. Brock Kretsinger, D.O.

W. Timothy Duncan, M.D.

Rachel A. Duncan, M.D.

***CARDIOLOGY***

M. Usman Sheriff, M.D.

***EMERITUS***

Phillip W. Morgan, M.D. (1928-1966)

Edward J. Ryan, M.D. (1947-1979)

John L. Morgan, M.D. (1949-1984)

Gould C. Garcia, M.D. (1964-1999)

***SERVICES***

Bone Densitometry

Ultrasonography

Mammography

In-Office Laboratory

Nuclear Cardiology

Echocardiography

Cardiac Catheterization

*Diagnostic*

*Interventional*

Holter Monitor

Exercise Testing

Pacemaker Clinic

**Emporia Area Fetal Alcohol Syndrome Diagnostic and Prevention Network**

1. Team: Physician - (family physician, pediatrician).
   Speech therapist.
   Occupational therapist.
   Public health nurse.
   Social worker.
   Family advocate.
   Psychologist.

2. State support $10,000.00-15,000.00 per site.

3. Community support.

4. Training venues:
   a) 3 days in Seattle at $700.00 per person plus travel.
   b) Telephone contact with Seattle to discuss clients (15-20 minutes) during the first 6-12 months.
   c) Share dossiers.
   d) On-call assistance for the Seattle team to be accessible - $3,000.00 per year.

*Partnering with adults in East Central Kansas to promote health and wellness.*
1301 West 12th Avenue, Suite 202, PO Box 907 • Emporia, KS 66801-0909 • 316-342-2521 • fax 316-342-6520

# [illegible]al Alcohol Syndrome [illegible]iagnostic and Prevention Network

Susan J. Astley, Ph.D. and Sterling K. Clarren, M.D., Directors
University of Washington (206) 526-2206 http://depts.washington.edu/fasdpn

## What is FAS?

Fetal alcohol syndrome (FAS) is a permanent birth defect syndrome caused by maternal consumption of alcohol during pregnancy. FAS is characterized by growth deficiency, permanent brain damage and a unique cluster of minor facial anomalies. Not all children exposed to alcohol during gestation are born with FAS. Many are born with the same level of brain damage but do not have the facial anomalies that permit a discrete diagnosis of FAS. These children need the same social, educational and healthcare services as children with FAS and far outnumber children with FAS.

## How does FAS fiscally impact Washington State?

It costs Washington State only $200,000 per year to support the Fetal Alcohol Syndrome Diagnostic and Prevention Network (FAS DPN). It costs Washington State an estimated $1,500,000 in lifetime social and health care services for every child born with FAS. Preventing just one FAS birth will pay for over seven years of the FAS DPN operating costs. The FAS DPN has the opportunity to prevent 10-20 FAS births per year. It costs Washington State 30 times more to raise a child with FAS than to prevent FAS in a child.

## FAS facts.

- FAS is 100% preventable.
- FAS is the leading known cause of mental retardation.
- An estimated 200 children are born with FAS in Washington State each year. An additional 400 to 1,000 children are born each year with permanent brain damage associated with prenatal alcohol exposure.
- FAS is not just a health care issue. Its primary impact is on schools, foster and adoption services, the justice system, and mental health services.
- Less than 10% of adults with FAS live independently or remain employed.

## What is the Washington State FAS Diagnostic and Prevention Network?

- The Washington State FAS DPN was established in 1995 and is the first program of its kind in the nation.
- It consists of six clinical sites (Spokane, Yakima, Whitman, King, Snohomish, and Pierce counties) and one core-training site (University of Washington) linked by a statewide database. See our website [http://depts.washington.edu/fasdpn].
- The WA State FAS DPN is currently recognized as a national model for FAS Diagnosis and Prevention demonstrating an invaluable partnership between academic research and public health through interagency collaboration. Several states and provinces have requested and received training by the FAS DPN to establish similar networks in their communities.

## What does the FAS DPN do for children, families and health care professionals in Washington State?

- **Diagnostic Program**
  - We provide accurate diagnoses and comprehensive care plans for individuals with prenatal alcohol exposure statewide. To date we have evaluated over 1,500 patients statewide. 87% of families report they received help from us they could not receive elsewhere. 99% would recommend our diagnostic services to other families in similar need.
  - We have developed a comprehensive Diagnostic Guide for FAS that is being distributed and used worldwide.
- **Training Program**
  - We provide FAS training to community health care, educational, correctional and social service providers statewide. We have trained over 1,000 professionals to date.
  - We developed a FAS medical training CD-ROM that is distributed nationally by the March of Dimes.
- **Primary Prevention Program**
  - We identify women at highest risk to give birth to children damaged by prenatal alcohol, namely the birth mothers of children diagnosed with brain damage and prenatal alcohol exposure at our FAS DPN clinics. We provide the women with referrals to appropriate community-based programs including the Parent-Child Assistance Program to help them reduce their use of alcohol and practice effective family planning.
  - Through our research we have identified factors that significantly enhance and hinder a woman's ability to stop drinking and practice effective birth control. We conducted interviews with 80 women who gave birth to children with FAS in WA State. A key finding: women who receive mental health treatment are significantly more likely to succeed in stopping drinking.
- **Screening Program**
  - We developed a highly accurate, computerized, FAS photographic screening tool that is now used world-wide.
  - We provide medical screening for FAS in high-risk populations (foster care and juvenile rehabilitation) to identify children at risk. Early accurate diagnosis reduces secondary disabilities. To date, our screening program has demonstrated that the prevalence of FAS in foster care is 10 times higher than in the general population.

Kansas Association of Osteopathic Medicine

1260 SW Topeka Boulevard
Topeka, Kansas 66612

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

Testimony to the
**Senate Ways and Means Committee**
Regarding Senate Bill 118
By Charles L. Wheelen
February 22, 2001

The Kansas Association of Osteopathic Medicine supports the provisions of SB118 because disease prevention is one of the principal tenets of osteopathic medical practice. Fetal alcohol syndrome is a pervasive problem that needs to be addressed and the pilot programs envisioned in SB118 would likely demonstrate effective methods of preventing FAS.

Most of our members are primary care physicians who specialize in family medicine and 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 child. We welcome any programs that would help us educate women more effectively during their childbearing years.

The amendments to SB118 by the Senate Public Health and Welfare Committee were adopted at our request. We asked for the amendments principally because we want to give all Kansas communities equal opportunity to compete for the state grants that may become available for these fetal alcohol syndrome pilot projects. Our recommended language in line 25 would clarify that communities may devote in-kind services or other resources in lieu of cash as their matching share of project costs. Local effort could be one of the principal criteria considered in awarding grant contracts, along with evidence of need and innovative approaches. We were also concerned that the original language in lines 38-39 might be interpreted to mean that local funding would have to be credited to a state fund and then be appropriated by the Legislature; a procedure that could unnecessarily delay implementation of the projects.

We recognize that SB118 is not an appropriation act. If passed, it will serve as enabling legislation with a fiscal note, contingent upon appropriation of funding. With this in mind, we respectfully suggest that you consider creating a special revenue fund for FAS pilot projects with a no-limit expenditure authority. Then when you make your decisions regarding the omnibus appropriations bill, you could simply transfer funds from an appropriate source of revenues. Expenditures would of course be limited to the amount of funding transferred. Draft language is printed on the reverse of this statement.

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

Senate Ways and Means
2-22-01
Attachment 9

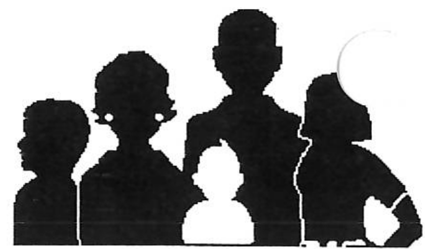
Suggested new section for SB118

Sec. [ ] There is appropriated for the department of health and environment from the following special revenue fund for the fiscal year ending June 30, 2002, all moneys now or hereafter lawfully credited to and available in such fund, except that expenditures other than refunds authorized by law shall not exceed the following:

Fetal alcohol syndrome pilot projects fund .................................. No limit
*Provided,* That the secretary of health and environment is hereby authorized to apply for and accept grants and may accept donations, bequests or gifts for fetal alcohol syndrome pilot projects and upon receipt of such grants, donations, bequests or gifts, the state treasurer shall deposit the entire amount thereof in the state treasury and credit such amount to this fund.

*Drafted by C. Wheelen, KAOM*

Emporians for
DRUG AWARENESS


*Working for a Safer Community*


February 22, 2001

Senator Stephen Morris, Chair
Senate Ways and Means Committee
Room 120-S, State Capitol
Topeka, Kansas 66612

Honorable Senator Morris and Members of the Committee:

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. Fetal Alcohol Syndrome and Alcohol Related Neurodevelopmental Disorder, previously known as Fetal Alcohol Effect produces irreversible physical, mental and emotional

Senate Ways and Means
2-22-01
Attachment 10

effects. 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.

With a medical diagnosis of fetal alcohol syndrome, more realistic and achievable goals and expectations could be set for these children. In addition, 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. Broad community education is vital. Fetal Alcohol Syndrome and Fetal Alcohol Effects are problems found in all races and socio-economic groups. 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 proposed pilot sites would serve to provide this outreach, as well.

With the institutional and medical costs for one child estimated to be $1.4 million over their lifetime, undertaking the pilot program, especially with the recommendation of having communities provide matching funds will be more economical in the long run than caring for the thousands of affected children born annually. We must make a choice, and by not acting effectively, we also choose.

Sincerely,

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

Mary Rhodes

OUR SON WAS BORN IN 1970 WEIGING IN AT 4LBS 2OZ. 30 YEARS AGO WHEN VERY LITTLE KNOWLEDGE WAS KNOW N ABOUT FAS

WE RECEIVED HIM WHEN HE WAS SIX MONTHS OLD WITH NO KNOWLEDGE OF HIS MEDICAL BACKGROUND AND NO ACCESS TO THIS INFORMATION. AS WE LATER LEARNED HIS MOTHER WAS INTOXICATED WHEN HE WAS BORN SO HE WAS INTOXICATED. FOR 7 DAYS HE WAS GIVEN LARGE AMOUNTS OF OXOGEAN WHILE HE REMAINED IN THE INCUBATOR. AS A RUSULT HE DEVELOPED A LARGE TUMOR BEHIND HIS LET EYE. HE WAS REQUIRED TO HAVE LARGE NUMBERS OF THE LASER TREAMENTS ON HIS AND EYE AND TWO SURVEY'S. ONE WHEN HE WAS SMALL AND ONE WHEN HE TURNED 18. HE ONLY HAS PROTECTIVE PARIFIAL.

ALSO HE HAD A TUMOR ON HIS FOOT WHICH REQUIRED SURGERY WHEN HE WAS SMALL. AND ONCE AGAIN 2 YEARS AGO HE HAD A VERY LARGE TUMOR REMOVED FROM THE BOTTON OF THAT FOOT.

HIS BODY JERKED WHEN HE WAS SLEEPING OR WATCHING T.V. IT CONTINUES TO THIS DAY. MEDICAL PROBLEMS CONTINE IN FAS CHILDREN THEIR WHOLE LIFE TO SAY NOTHING OF THE EMOTIONIAL ONES.

THE PART OF THE BRAIN THAT DEVELOPS FOR THE SHORT TERM MEMORY WAS DESTOYED FROM THE ALCHOL IN OUR SON.

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 RECEIVED A SMALL REWARD.

WHEN HE CAME TO US HIS HANDS WERE FISTS. HE CONTINUED TO KEEP HIS FISTS CLOSED. OUR DAUGHTER BONDED WITH HIM VERY QUICKLY, SHE IS 3 YEARS OLDER THAN OUR SON. SHE FINALLY GOT HIM TO OPEN HIS FISTS AND PLAY PATTY-CAKE. WHEN HE WOULD BECOME ANGRY OR UPSET HE WOULD CLOSE HIS FISTS AND STILL DOES THAT TODAY.

HE STRUGGLED THROUGH SCHOOL WI TH THE SYSTEM BEING NO HELP BECAUSE THEY KEPT ASSURING US THAT HE WAS JUST NOT APPLYING HIM SELF. HE COULD NOT REMEMBER THE THINGS HE HAD BEEN TAUGHT FROM DAY TO DAY. HE KNEW THE KNOWLEDGE BUT COULD NOT DO AWRITTEN TEST, AND THE SCHOOL WOULD NOT ALLOW HIM TO DO A VERBILE TEST. WE BASIALLY TAUGHT HIM HOW TO READ, WRITE AND LEARN TO SPELL.

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

ONE TIME HE WAS HOLDING A BASEBALL BAT THREATING TO HIT ME I RAN FROM OUR HOUSE TO MY FRIENDS. OUR DAUGHTER GOT HIM CALMED DOWN.

HE DROPPED OUT OF SCHOOL IN HIS JUNIOR YEAR OF H.S. AND STRUGGLED FOR SEVERAL YEARS.

WHEN HE REACHED THE AGE OF 18 HE SENT FOR HIS ADOPTION RECORDS AND AFTER MUCH RESEARCH AT ESU AND WRITING A DOCTOR IN SEATTLE, WE FELT LIKE SON WAS SUFFERING FROM FAS.

OUR SON IS NOW A YOUNG MAN WITH A JOB THAT HE HAS HELD FOR 51/2 YEARS. HE HAS 4 LITTLE GIRLS THAT ARE PERFECT. HE IS AN EXCEPTIONAL 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 ONE CHILD AND FAMILY 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 HAS HAD, FROM OUR EXTENED FAMILIES, AND OUR CHURCH FAMILY.

IF YOU WOULD SET DOWN AND TALK TO OUR SON YOU WOULD KNOW THAT THERE IS HOPE FOR FAS CHILDREN.

IT IS SO IMPORTANT TO PASS THIS BILL SO THE CHILDREN THAT HAVE FAS CAN BE DIAGNOSED EARLY AND THEIR FAMILES CAN FIND THE HELP AND SUPPORT THAT THEY NEED.

KANSAS MEDICAL SOCIETY

**TO:** Senate Committee on Ways and Means

**FROM:** Chris Collins
Director of Government Affairs

**DATE:** February 22, 2001

**RE:** SB 118: Fetal Alcohol Syndrome Pilot Program

Mr. Chairman and Ladies and Gentlemen of the Committee:

Thank you for the opportunity to present written testimony to 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 individuals.

This bill requests a modest appropriation that will be matched by local funds or services, ensuring community commitment to the program's success. It relies on 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 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 submit testimony on this important matter.

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