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Mischel

2/27/14

## CS FOR SENATE CONCURRENT RESOLUTION NO. 13( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-EIGHTH LEGISLATURE - SECOND SESSION

BY

Offered:

Referred:

Sponsor(s): SENATORS KELLY, Fairclough, Giessel, Meyer, Micciche, Bishop, Ellis, Stedman, McGuire,  
Dyson, Dunleavy

## A RESOLUTION

1 Urging the governor to establish and support programs designed to eradicate the  
2 occurrence of fetal alcohol spectrum disorder from the state.

3 BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

4 WHEREAS fetal alcohol spectrum disorder permanently alters a child's cognitive  
5 abilities; and

6 WHEREAS fetal alcohol spectrum disorder has been identified as a pervasive and  
7 chronic driver of numerous social challenges throughout the state; and

8 WHEREAS the occurrence of fetal alcohol spectrum disorder in the state is  
9 preventable; and

10 WHEREAS each child born with fetal alcohol spectrum disorder costs the state as  
11 much as \$4,200,000 during the child's lifetime; and

12 WHEREAS Alaska has the highest documented prevalence of fetal alcohol spectrum  
13 disorders in the United States; and

14 WHEREAS, according to the Alaska Maternal and Child Health Data Book, the  
15 overall prevalence of fetal alcohol spectrum disorders in the state is 112.9 for each 10,000 live  
16 births; and

1 WHEREAS, while the state currently maintains a high quality diagnostic system for  
2 fetal alcohol spectrum disorder, further advancement in rapid assessment and neo-natal  
3 screening capability is needed; and

4 WHEREAS, in 2012, the legislature passed legislation making the existence of fetal  
5 alcohol spectrum disorder a mitigating factor for criminal sentencing; and

6 WHEREAS using fetal alcohol spectrum disorder as a mitigating factor at criminal  
7 sentencing is currently being hindered by the lack of available, effective, and timely fetal  
8 alcohol spectrum disorder screening within the Department of Corrections; and

9 WHEREAS misconceptions continue to exist regarding the causal factors and lifelong  
10 effects of fetal alcohol spectrum disorder; and

11 WHEREAS, according to research conducted by the Substance Abuse and Mental  
12 Health Service Administration, 90 percent of women stop drinking once they learn they are  
13 pregnant; and

14 WHEREAS, because the highest risk of fetal exposure to alcohol occurs during the  
15 time between conception and knowledge of the pregnancy, it is critical that a woman learns  
16 that she is pregnant as early as possible in the gestational period; and

17 WHEREAS the state presently lacks sufficient residential substance abuse treatment  
18 services focusing on women who are pregnant and experiencing alcohol or drug addiction, or  
19 both; and

20 WHEREAS the occurrence of fetal alcohol spectrum disorder in the state can be  
21 eradicated through focused efforts and effective collaboration;

22 BE IT RESOLVED that the Alaska State Legislature urges the governor to establish  
23 and to support programs designed to eradicate the occurrence of fetal alcohol spectrum  
24 disorder from the state; and be it

25 FURTHER RESOLVED that the Alaska State Legislature supports a strong public  
26 awareness campaign designed to inform, move, and motivate state residents in an effort to  
27 prevent the occurrence of fetal alcohol spectrum disorder in the state; and be it

28 FURTHER RESOLVED that the Alaska State Legislature supports programs that  
29 will minimize the risk of fetal exposure to alcohol; and be it

30 FURTHER RESOLVED that the Alaska State Legislature encourages the governor  
31 to increase the capability of rapid screening for fetal alcohol spectrum disorder within the

1 Department of Corrections and the Department of Health and Social Services; and be it  
2 **FURTHER RESOLVED** that the Alaska State Legislature encourages the governor  
3 to take actions to expand residential substance abuse treatment services in the state for women  
4 who are pregnant and concurrently experiencing alcohol and drug addiction challenges,  
5 including exploring appropriate partnerships to prioritize the admission of pregnant women  
6 into homes operated by the Indian Health Services for the care of women.