CS FOR SENATE CONCURRENT RESOLUTION NO. 13(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-EIGHTH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered: 3/3/14 Referred: Rules

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

Dyson, Dunleavy, French, Coghill, Gardner, Hoffman, Olson, Wielechowski, Huggins, Stevens

REPRESENTATIVES Muñoz, Kawasaki

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
- WHEREAS fetal alcohol spectrum disorder has been identified as a pervasive and 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
- WHEREAS each child born with fetal alcohol spectrum disorder costs the state as much as \$4,200,000 during the child's lifetime; and
- WHEREAS Alaska has the highest documented prevalence of fetal alcohol spectrum disorders in the United States; and
- WHEREAS, according to the Alaska Maternal and Child Health Data Book, the 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
- 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.