

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

February 5, 2015

3:04 p.m.

**MEMBERS PRESENT**

Representative Paul Seaton, Chair  
Representative Neal Foster  
Representative Louise Stutes  
Representative David Talerico  
Representative Geran Tarr  
Representative Adam Wool

**MEMBERS ABSENT**

Representative Liz Vazquez, Vice Chair

**COMMITTEE CALENDAR**

PRESENTATION: ECONOMIC IMPACT OF VITAMIN D DEFICIENCY

- HEARD

HOUSE BILL NO. 39

"An Act establishing the Advisory Committee on Wellness; and relating to the administration of state group health insurance policies."

- MOVED CSHB 39(HSS) OUT OF COMMITTEE

PRESENTATION: FETAL ALCOHOL SPECTRUM DISORDERS

- HEARD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 39

SHORT TITLE: PUBL EMPL HEALTH INS; WELLNESS COMMITTEE

SPONSOR(s): REPRESENTATIVE(s) SEATON

01/21/15	(H)	PREFILE RELEASED 1/9/15
01/21/15	(H)	READ THE FIRST TIME - REFERRALS
01/21/15	(H)	HSS, FIN
01/27/15	(H)	HSS AT 3:00 PM CAPITOL 106
01/27/15	(H)	Heard & Held
01/27/15	(H)	MINUTE(HSS)

01/29/15	(H)	HSS AT 3:00 PM CAPITOL 106
01/29/15	(H)	Scheduled but Not Heard
02/03/15	(H)	HSS AT 3:00 PM CAPITOL 106
02/03/15	(H)	Heard & Held
02/03/15	(H)	MINUTE(HSS)
02/05/15	(H)	HSS AT 3:00 PM CAPITOL 106

**WITNESS REGISTER**

RAY MATTHEWS, MD

Associate Professor of Surgery  
 Morehouse School of Medicine  
 Grady Memorial Hospital  
 Atlanta, Georgia

**POSITION STATEMENT:** Presented a PowerPoint titled, "Economic Impact of Vitamin D Deficiency."

TERI TIBBET, Advocacy Coordinator

Alaska FASD Partnership  
 Alaska Mental Health Board  
 Advisory Board on Alcoholism and Drug Abuse  
 Department of Health and Social Services  
 Juneau, Alaska

**POSITION STATEMENT:** Introduced a panel testifying on the effects of FASD.

MEGAN CLARKE

Anchorage, Alaska

**POSITION STATEMENT:** Testified during the discussion of FASD.

CLAYTON HOLLAND, Pupil Services Director

Kenai Peninsula Borough School District  
 Soldotna, Alaska

**POSITION STATEMENT:** Testified during the discussion of FASD.

DEBRA BABCOCK

Special Education Pre-School teacher  
 Fairbanks, Alaska

**POSITION STATEMENT:** Testified during the discussion of FASD.

DEB EVENSON

Teacher Specialist  
 Fetal Alcohol Spectrum Disorders (FASD)

**POSITION STATEMENT:** Testified during the discussion of FASD.

NICK POLEY

Juneau, Alaska

**POSITION STATEMENT:** Testified during the discussion of FASD.

**ACTION NARRATIVE**

[3:04:46 PM](#)

**CHAIR PAUL SEATON** called the House Health and Social Services Standing Committee meeting to order at 3:04 p.m. Representatives Seaton, Stutes, Tarr, Wool, and Talerico were present at the call to order. Representative Foster arrived as the meeting was in progress.

**PRESENTATION: Economic Impact of Vitamin D Deficiency**

[3:05:20 PM](#)

CHAIR SEATON announced that the first order of business would be a presentation on the economic impact of Vitamin D deficiency. He reflected on earlier investigations on the levels of Vitamin D and the consequences from lower levels, as well as the "upstream utilization" of Vitamin D for prevention of illnesses and diseases. He noted that Dr. Matthews would explain some of the Vitamin D practices that he had instituted in the surgical ICU (intensive care unit) and its results for wellness, cost, and speed of recovery for patients in the hospital setting. He explained that evidence based medicine, looking at data and making the best judgment based on that data, was often confused with a methodology of looking at the scientific studies. These studies reviewed the types of studies, the gradations, and the numbers of people in order to generate a consensus opinion for guideline clinical studies. He mentioned the cystic fibrosis studies for Vitamin D levels of at least 30 ng/ml, with escalating dosages to surpass that level. He pointed to the Brazilian Academy of Neurology study for supplemental use of Vitamin D for patients with multiple sclerosis, and its clinical guidelines that everyone should be between 40 - 100 ng/ml.

[3:09:27 PM](#)

RAY MATTHEWS, MD, Associate Professor of Surgery, Morehouse School of Medicine, Grady Memorial Hospital, said that he was a trauma surgeon and that he was interested in anything to reduce infection rates, mortality rates, and costs. He shared that his chemistry background in college lead him to a cellular point of view, whereas most doctors had biology backgrounds that lead to a tissue point of view. He declared that he was not funded by

anyone. He emphasized that it was important to first understand that Vitamin D was a hormone, and not a true vitamin. He clarified this difference, explaining that a vitamin was a sparkplug for making a reaction happen faster, while a hormone worked in the blood system to help with the interaction in the environment. He reported that Vitamin D deficiency was the most common nutritional deficiency in the world, and a result of a technological lifestyle. He shared that sunscreen blocked 98 percent of Vitamin D production. He stated that it was not possible to address health care reform if you did not talk about the most common nutritional deficiency in the world, which he likened to the 800 pound gorilla in the living room [that no one was talking about]. He shared that the military was interested in Vitamin D research as 20 percent of the recruits "washed out" with stress fractures, and that studies at Johns Hopkins University reflected a correlation with Vitamin D deficiency. He relayed that the U.S. Food and Drug Administration (FDA) had now recognized that Vitamin D was a true hormone. He reported that only 10 percent of Vitamin D came from food, with the other 90 percent coming from the sun on skin. He stated that there was also a Vitamin D deficiency in animals, as they were also kept indoors. He shared that there were receptors for Vitamin D on every cell and tissue in the body, and that Vitamin D controlled 3,000 of the 30,000 genes in the human body. He pointed out that this was the most powerful chemical in the human body as it controlled 10 percent of DNA. He shared that control of this hormone could cut infection rates and length of stay in hospitals, as Vitamin D stimulated the immune system by increasing the t-cells and helping those cells to fight off infection. He declared that Vitamin D deficiency did not allow the immune system to actively function.

[3:15:24 PM](#)

DR. MATTHEWS referenced slides 13 - 16, "Risk Factors for Vitamin D-Deficiency" and listed the necessity for dark skinned people to stay in the sun 3 - 10 times longer than Caucasians for the necessary Vitamin D, as melanin blocked 98 percent of its production. He pointed out that Vitamin D was stored in the fat cells of obese people, rather than in the blood system where it was needed. He stated that the skin of a 70 year old person could only produce 25 percent of the Vitamin D production of a 21 year old person. He reported that breast milk only provided 25 international units (IU) of Vitamin D, and that steroids, transplant, and seizure medications all reduced Vitamin D levels. He shared that living in a nursing home, a prison, or indoors all day would lead to low Vitamin D levels. He stated

that vegetarians, those with inflammatory bowel disease and other inflammatory diseases, and malabsorption syndromes would have low Vitamin D levels. He reported that anyone living north of Latitude 32, a line between Atlanta and Scottsdale, Arizona, would be Vitamin D deficient, about 75 percent of the population. He stated that almost all pregnant women were Vitamin D deficient, and this deficiency could increase the risk for schizophrenia, diabetes, and other long term health care problems. He declared that athletes playing in indoor sports were Vitamin D deficient. He shared that sunscreen blocked 98 percent of Vitamin D production, and that, in the majority of the United States, Vitamin D production from the sun was only possible from late March through early October, as the sun needed to be at a 90 degree angle, and even then, only from 9 am to 3 pm. He compared Vitamin D production in humans to the growing cycle for plants and crops. He said that skin grafts, liver failure, or kidney problems also lead to Vitamin D deficiency. He pointed out that, as most Americans were lactose intolerant, they did not process the Vitamin D in milk. He noted that few people worked outdoors, hence low Vitamin D levels. He shared that Muslim women, as they were covered most of the time, had Vitamin D levels in the single digits. He stressed that Vitamin D levels dropped 50 percent within 24 hours of acute illness or trauma. He shared that, as a surgeon, he would give high supplemental amounts of Vitamin D to his patients. He pointed out that this would up regulate the immune system, and would down regulate the chronic inflammatory response. Moving on to slide 17, "Vitamin D Deficiency," he shared that Vitamin D decreased interleukin 6 (IL-6), tumor necrosis factor (TNF), and C-reactive protein (CRP), as these were associated with heart attacks, strokes, and arthritis. He stated that Vitamin D deficiency was associated with more than 100 types of chronic diseases. He noted that depression, multiple sclerosis, colds and flu, tuberculosis, and schizophrenia were all associated with Vitamin D deficiency, as well as a decrease in cognitive mental functioning. He offered an anecdote about his mother and the results from an increase in her Vitamin D levels. He referred to a Mayo Clinic study that reflected a lower intake of narcotics for pain when Vitamin D levels were increased, and opined about the cost savings to this \$350 billion outlay. He declared that 80 percent of the population of the United States were Vitamin D deficient. He called Vitamin D "God's Miracle Vitamin" because it was safe, cheap, and effective.

[3:22:03 PM](#)

DR. MATTHEWS moved on to slide 21, "Matthews, Danner, and Ahmed Vitamin D Deficiency Scale," which depicted that people were dying in the hospital when Vitamin D levels fell below 13 ng/ml; however, if the level went above 26 ng/ml, there were not any deaths. He pointed out that, as Vitamin D dropped by 50 percent upon admission to the hospital, it was necessary to maintain Vitamin D levels above 50 ng/ml to not only allow for any decrease, but to also maintain stronger bones, better stimulation of the immune system, and maximum muscle contraction. He emphasized that health care reform could not be discussed without discussion for Vitamin D deficiency, reporting that the average adult needed between 2,000 to 5,000 IU daily. He directed attention to slide 24, "Vitamin D Deficiency," and shared that the State of Alaska spent \$1.6 billion each year on health care. He calculated that normalization of Vitamin D level to about 40 ng/ml would cut this health care cost by 33 percent, a \$533 million savings. He spoke about relative Vitamin D levels to various groups, including African American females at 9.58 ng/ml, African American males at 11 ng/ml, and Caucasian males and females between 17 and 18. He pointed out that African American females had the highest mortality rate in the ICU, 14.6 percent, even though they received the same treatments and antibiotics. He reminded the committee that Vitamin D stimulated the t-cells, which fought off infections, but without sufficient Vitamin D, the t-cells did not function. He added that the mortality rate for African American females moved to the same mortality rate as other groups once the Vitamin D levels were increased to that of the other groups. He emphasized that the lower the Vitamin D level, the higher the ICU costs.

[3:27:19 PM](#)

DR. MATTHEWS moved on to slide 25, which graphed the higher overall ICU costs relative to lower Vitamin D levels. He pointed out that the total hospital costs were less expensive for patients with normal Vitamin D levels, and those costs became more expensive as the Vitamin D levels decreased. He declared that supplemental Vitamin D for hospital patients decreased mortality rates, cut the hospital costs, and shortened hospital stay. He showed slides of high school athletes and reported that the military had shown interest in optimizing Vitamin D status in soldiers as these athletes were strong, smart, and healthy. He reported that supplemental Vitamin D minimized stress fractures, a problem for soldiers during training.

[3:31:53 PM](#)

DR. MATTHEWS, slides 31 - 32, "Academic Performance," declared that Vitamin D also improved academic performance. He described a program in the elementary schools where the soda machines were removed, and students were offered milk, water, or juice with multi-vitamins. He reported that the absenteeism rate dropped 1,000 percent in four years, the academic problems declined, and the school moved to a Level 4 rating from a Level 1 rating. He addressed slides 33 - 35 and shared some academic and sports success stories from the increase of Vitamin D for high school athletes. He shared that, as Vitamin D helped speed up the healing process after surgery and wounds, it saved money for the health care system. He said that he used Vitamin D to decrease swelling and as an anti-inflammatory during surgeries.

[3:39:12 PM](#)

DR. MATTHEWS shared numerous slides listing various life threatening injuries with details of each recovery and the use of Vitamin D supplement in support of that recovery. He reiterated that these recoveries saved a lot of money.

[3:41:59 PM](#)

DR. MATTHEWS offered some biographical slides, including some of his father, noting that those members of his family who worked outdoors lived longer due to a higher level of Vitamin D. He shared some crises that he had been involved in, saying that his family declared he was "like Forrest Gump, seems like every time something happens, you always around." He directed attention to Dr. Willem Kolff, Dr. James Hardy, Dr. Clay Simpson, Jr., and Dr. Arthur Guyton, doctors with whom he had trained.

[3:45:44 PM](#)

DR. MATTHEWS spoke about slide 85, a patient of his with an accelerated heart rate of 200 beats per minute on the day of her scheduled marriage. He allowed her wedding to be performed while she was in the hospital. He noted that she was now a nurse practitioner, and she took care of his retired military brothers. He spoke about some of his early articles associated with Vitamin D deficiency, and the related increase to cost and mortality. He voiced his pride for the State of Alaska and Representative Paul Seaton in bringing the issue of Vitamin D to the forefront, reiterating the cost savings for health care if Vitamin D levels were increased.

[3:47:55 PM](#)

REPRESENTATIVE FOSTER offered an example of a 170 pound male taking 5,000 IU of Vitamin D every day and asked if it was possible to project his Vitamin D levels.

DR. MATTHEWS replied that it depended on many physical factors and that each person was different, although he opined that the needed range was 2 - 5000 IU each day.

REPRESENTATIVE STUTES asked for the time frame to increase the Vitamin D level for a person who was Vitamin D deficient, if taking 5000 IU each day.

DR. MATTHEWS replied that 5000 IU was a maintenance dose, and he recommended an aggressive regime of 50,000 IUs for 7 - 8 consecutive days before dropping it to 5000 IU. He offered that only taking 5000 IU each day would take three to six months to raise the Vitamin D level.

REPRESENTATIVE TARR asked about the mechanism of action for hormones and whether Vitamin D was similar to a thyroid hormone when there was the aforementioned dramatic drop during the initial stress and trauma.

DR. MATTHEWS explained that this drop occurred when the body was under attack from fractures and infections, and the mobilization of t-cells for healing consumed Vitamin D. He reminded that there were Vitamin D receptors for every cell and tissue in the body.

[3:51:14 PM](#)

REPRESENTATIVE TARR asked if it was standard practice for individuals to be screened for Vitamin D deficiency when admitted to a hospital, and if not, how often was there a screening.

DR. MATTHEWS replied that the average Vitamin D level for his patients in ICU was 14 ng/mL, and that 98.8 percent of his patients in ICU were Vitamin D deficient. He declared that most of his patients needed super normal levels just to return to a normal level, and that once the level reached 50 -60 ng/mL, the infection rates were better able to be controlled.

REPRESENTATIVE TARR asked about the need to screen each patient, as he now had a large patient profile.

DR. MATTHEWS replied that he still checked the level of each person, and was able to estimate the needs based on that level. In response, he said that it was standard practice for his institution. He said the research for Vitamin D over the last 10 years was just "the tip of the iceberg." He shared that he had not yet published all of his information and mentioned that he was meeting again with the FDA, as they had just recognized that they were not up to speed. He listed some of the federal agencies he was meeting with including the Departments of Veterans' Affairs and Health and Human Services.

[3:54:32 PM](#)

REPRESENTATIVE WOOL asked if, given all the factors, everyone in Alaska was Vitamin D deficient.

DR. MATTHEWS concurred, and pointed out that 80 percent of Americans were Vitamin D deficient, including people in Atlanta.

[3:55:45 PM](#)

REPRESENTATIVE TARR asked if research implied that there was any indication for a physiological change.

DR. MATTHEWS opined that there was not an evolutionary change, noting that different tissues reacted to different levels of Vitamin D. He commented that Vitamin D would first take care of the bone density and muscles, then it would work on thyroid, and then finally on the immune response systems.

[3:57:30 PM](#)

CHAIR SEATON stated that when these published studies moved into practical application in the clinical environment, they were no longer published as a peer reviewed study because it had become an adopted policy. He asked about the way knowledge of successful procedures and mechanisms was spread to hospitals, in advance of release by the FDA.

DR. MATTHEWS said that his abstracts and protocols would be published before the end of this year, which would allow for dissemination. He reported that he was meeting soon with the policy makers at the FDA, and that he would request a

collaboration with the State of Alaska for dissemination of information regarding Vitamin D use.

CHAIR SEATON asked if Alaska hospitals could contact him regarding procedures, prior to publication release and approval cycles.

DR. MATTHEWS agreed to discuss this.

REPRESENTATIVE TARR asked if the FDA recommendation for Vitamin D levels needed to be adjusted.

DR. MATTHEWS replied that the FDA had acknowledged that most Americans were Vitamin D deficient and were planning to recommend an increase to the level of Vitamin D in foods. He opined that, although this had been challenged by a pharmaceutical company, there would be policy changes for the levels of Vitamin D.

[4:02:15 PM](#)

REPRESENTATIVE WOOL asked which foods contained Vitamin D.

DR. MATTHEWS replied that milk only had 100 IU of Vitamin D, and it would be necessary to drink 20 - 40 glasses of milk each day. He reported that salmon had about 400 IU, and he mentioned halibut, mushrooms, and mackerel as other sources of Vitamin D. He pointed out that only 10 percent of Vitamin D need was supplied by diet.

CHAIR SEATON stated that the presentation for actual use and effects of Vitamin D in clinical practice was helpful to the committee for understanding its use not only for prevention of disease, but for its rapid healing response to injury.

[4:05:02 PM](#)

The committee took an at-ease from 4:05 p.m. to 4:09 p.m.

**HB 39-PUBL EMPL HEALTH INS; WELLNESS COMMITTEE**

[4:09:20 PM](#)

CHAIR SEATON announced that the next order of business would be HOUSE BILL NO. 39, "An Act establishing the Advisory Committee on Wellness; and relating to the administration of state group health insurance policies." He reminded the committee that the

proposed bill had been amended to include an annual report to the legislature and that public testimony was still open. [Public testimony was closed.]

REPRESENTATIVE TALERICO moved to adopt the proposed committee substitute (CS) labeled 29-LS0227\W, Wayne, 2/4/15, as the working draft. There being no objection, it was so ordered.

[4:11:39 PM](#)

REPRESENTATIVE TALERICO moved to report CSHB 39, Version 29-LS0227\W, Wayne, 2/4/15, out of committee with individual recommendations and the accompanying [zero] fiscal notes. There being no objection, CSHB 39 (HSS) was moved from the House Health and Social Services Standing Committee.

[4:12:29 PM](#)

The committee took an at-ease from 4:12 p.m. to 4:15 p.m.

**PRESENTATION: Fetal Alcohol Spectrum Disorders**

[4:15:17 PM](#)

CHAIR SEATON announced that the final order of business would be a presentation on fetal alcohol spectrum disorders.

TERI TIBBET, Advocacy Coordinator, Alaska FASD Partnership, Alaska Mental Health Board, Advisory Board on Alcoholism and Drug Abuse, Department of Health and Social Services, shared that FASD stood for Fetal Alcohol Spectrum Disorders, and she introduced other advocates for issues related to FASD.

[4:16:47 PM](#)

MEGAN CLARKE, said that she had three foster adopted children, two of whom had a FASD diagnosis, with the third child currently going through the diagnostic process. She shared her family history, that the three children had been placed with her and her husband three years ago, and three weeks after that placement, aggressive behaviors had surfaced across all settings, including school, community, and home. She said that no amount of teaching or logical consequences had helped to curb these behaviors, and it was not until she had a subsequent discussion with a friend that she heard about FASD. During the next year, two of the children went through the FASD diagnostic process, which gave her a better understanding for this new

reality. She shared that the last year had been filled with workshops, therapies, Individualized Education Program (IEP) revisions, and networking with the FASD community. She reported that the support from the community had allowed her the time to return to work in the past year as a parent navigator. She explained that this afforded her the opportunity to connect with families in situations similar to her own. She shared that she was very familiar with the needs of this community, and that she was proud to be a part of this. She declared that there were vast and obvious holes in the current system, but that the sustainable solutions were not quite so obvious. She expressed hope that Alaska would review systems that would qualify FASD as a developmental disability, in order for access to waiver services and supportive employment to help for an independent life style.

[4:18:51 PM](#)

CLAYTON HOLLAND, Pupil Services Director, Kenai Peninsula Borough School District, reported that he worked primarily with special education, and he discussed the systematic changes being made in the Kenai Peninsula Borough School District during the past three years. He shared that more than 300 staff had been trained about FASD and strategies for working with FASD. He shared discipline data, noting that in 2008, there were more than 12,000 incidences for student behavior, and that last year, there were only about 5,400 discipline incidences. He offered his belief that this was a result of culture changes and understanding for students with severe disabilities to help prevent "things from happening in the first place" and the "big blow-outs." He noted that there were now parent support groups, and a think tank which implemented strategies, which included preventive strategies in the community for parents, teachers, and students, and for maintenance of the high test scores, attendance and graduation rates. He shared that the district encompassed an area the size of the State of West Virginia, with 43 schools. He extolled the use of preventative measures, especially for FASD.

[4:22:07 PM](#)

DEBRA BABCOCK, Special Education Pre-School teacher, shared that she was a parent of six children, three of whom were adopted and had FASD, and that many of her students were also FASD. She shared that she had been able to raise the children because she had the education and had attended many FASD summits. She stated that she had strong support groups, and she had gathered

help from many agencies. She reported that she took FASD advocates with her to the schools and mental health meetings. She said that things changed and became much more difficult when her kids entered the adult world. She explained that she had reached out to many agencies, including the Adult Protective Services [Department of Health and Social Services], which helped her gain guardianship for her sons. She reported that she had a variety of success stories for her children: one son was successful in the U.S. Air Force; one son was in an assisted living home; and the last son had suffered through the decline of the Fairbanks mental health and behavioral health systems, as well as the closing of a Fairbanks assisted living home, which had forced him to be moved to Wasilla, away from his home and his family. He had moved to Anchorage and lived on the streets, been picked up and put in Alaska Psychiatric Institute before being released to her home, and then a subsequent move back onto the streets. He had been found deceased in a motel last night. She declared her support for the services and agencies that supported the FASD children.

[4:26:24 PM](#)

DEB EVENSON, Teacher Specialist, shared that she had been working in schools around the state for 30 years with students with behavior problems. In the late 1980s, she came to the realization that many of these students had pre-natal exposure to alcohol. She pointed out that it was during her time spent with the families that she came to better understand the situation, and declared a need to do something different. She reported that, about 8 years ago, she had spent a year in Canada working with adults with FASD, ages 19 - 57. It was this experience that made her aware of how difficult life was for adults with FASD. She declared that the systems were still leading people with these horrific brain based differences "to the edge of a cliff." She noted that theoretically researchers had figured out the strategies and techniques needed to help people living with FASD; however, the systems had not yet evolved to enable use of this information. She offered her belief that it was time for the school systems, the mental health systems, the correctional systems, and the social service systems to get their experts to come together and figure out a systematic implementation to make the systems work for individuals with FASD. She acknowledged that it would be a challenge, but that Alaska had dealt with challenges. She stated that the Kenai Peninsula Borough School District had already begun this, as they were working with the master teachers to make changes.

4:30:33 PM

CHAIR SEATON acknowledged that this was a significant issue and significant challenge for the individuals, the families, the communities, and the state. He suggested that any underlying nutritional deficiency would create an additional roadblock, and these should be addressed. He expressed his appreciation for the Kenai Peninsula Borough School District program for working to make the educational system a better fit for these students.

4:32:26 PM

REPRESENTATIVE TARR expressed her condolences to Ms. Babcock, and asked about the possibility of cuts to behavioral health grants. She asked if any of her family members were receiving services from these grants, and what the outcome would be should these services be terminated.

4:33:14 PM

MS. BABCOCK reflected on the demise of the Fairbanks programs, and that, as some people had no longer qualified, they had to pay. She shared that her son did receive some grant support, and that it was necessary for the programs to be reinstated.

MS. CLARKE said that all of her training had come from behavioral grants, and that these had been integral to the survival of her family as a unit.

4:34:26 PM

NICK POLEY, shared that he was 37 years old and had been diagnosed with FASD in his mid-20s. He offered his belief that his difficult school experience was due to undiagnosed FASD, as his teachers did not know the caliber necessary for his academic success. He shared that he was often not able to complete his class work, and that fellow students did not like him in group partnerships as he would lower the group grade. He reported that he was bullied and that he had difficulty remembering material. He stated that special education services lead to a slow improvement, and, although he did not graduate from high school, he was able to complete his general educational development tests (GED). He shared that one special education teacher worked with him one on one, and also worked closely with his family, his other teachers, and him to form a special team. He declared that he owed his entire education to his special

education teachers. He shared that he had tried college after high school, but that he had no idea or motivation for any career. He relayed that, after this, his spotty employment history began, sharing that too many or too few instructions brought him difficulty. He reported that some programs developed by Joe and Anita Parrish, including Southeast Alaska Guidance Association (SAGA), Serve Alaska Youth Corp, and AmeriCorps, truly helped him develop some skills, be responsible, and build a foundation for entrance into adult employment.

MS. CLARKE, finishing testimony for Mr. Poley, asked that programs be maintained to educate parents, teachers, and other service providers with strategies that work for teaching persons with FASD, especially key were education, awareness, and information.

[4:40:07 PM](#)

DEB EVENSON expressed her recognition for how difficult it was for Mr. Poley, and she declared her respect for him and his strength of character. She explained that FASD was a cognitive diversity, and that society as a whole could gain from the value that FASD could teach.

[4:41:23 PM](#)

REPRESENTATIVE TALERICO expressed his appreciation, and asked if other school districts were engaging in similar programs.

MR. HOLLAND replied that the Anchorage School District and the Lower Kuskokwim School District were working with Ms. Evenson, and that they were making a presentation about moving forward with the systematic changes by the Kenai Peninsula Borough School District at the 2015 Annual Alaska Statewide Special Education Conference.

[4:42:56 PM](#)

REPRESENTATIVE TARR asked how good of a job was being done for early diagnosis and early intervention, and if significant gains could be achieved with more emphasis.

MR. POLEY expressed his agreement, but pointed out that parents had to approach the diagnostic teams, buy in, and attend, as well. He reminded the committee of old marketing posters for drinking while pregnant. He pointed out how efficient the

female digestive tract was, especially during pregnancy. He shared how important it was for teachers, parents, and children to understand FASD, what was happening, and what resources were available.

[4:46:47 PM](#)

MS. CLARKE said that there were some very competent interdisciplinary diagnostic teams, but, as these teams were wearing many hats in their communities, as peer navigators, coordinators, and conduits with outside providers, this often prevented them from seeing as many kids as possible. She declared the need for more teams. She emphasized that there should be a standard for kids when entering foster care to go through the diagnostic process.

[4:47:55 PM](#)

REPRESENTATIVE TARR asked about the prevalence of FASD in foster care relative to the rest of population.

MS. EVENSON explained that there was a prevalence of FASD in foster care, and that more diagnosis, in order to get the treatment, would resolve a lot of the problems. She pointed out that most kids ended up in foster care because of neglect, drugs, and alcohol. She declared that the current system was trafficking kids with FASD to jail.

[4:49:52 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:49 p.m.