

**HB**

**312**



Representative Peggy Wilson  
State Capitol, Room 108  
Juneau, AK 99801  
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STATE OF ALASKA

*Representative Peggy Wilson*

House District 2

FAX TRANSMITTAL SHEET

TO: Leg. Leg. 1

FAX # 2029 DATE 2/22/06

# of PAGES (total): 7 w/cover

FROM:

Representative Peggy Wilson  
 Jean Ellis  
 Becky Rooney  
 Linda Miller - 3759  
 Aaron Danielson

COMMENTS:

I would like to order a final for the CS for HB312 Version L (HESS Committee)  
that incorporates the enclosed two conceptual amendments.

Thanks,

Linda

**A M E N D M E N T #1 (Conceptual)**

OFFERED IN THE HOUSE HEALTH,  
EDUCATION AND SOCIAL  
SERVICES COMMITTEE  
TO: CS for HB 312 Version L

BY Rep. Gardner  
DATE 2/21/06

- 1 Page 2, incorporated into line 13-17 text,

Medical professionals are required to note on the child's medical records any knowledge of child's mother substance use.

**AMENDMENT #2**  
**(Conceptual)**

OFFERED IN THE HOUSE HEALTH,  
EDUCATION AND SOCIAL  
SERVICES COMMITTEE  
TO: CS for HB 312 Version L

BY Rep. Gardner  
DATE 2/21/06

1 Page 4, following line 22,

Add new section (6)

Provision of long duration contraception on a voluntary basis to clients of community medical clinics, community mental health clinics and public health nurses, who are diagnosed with FASD or are associated with alcohol abuse.

# ALASKA STATE LEGISLATURE

Representative Bruce Weyhrauch

HOUSE DISTRICT 4



ALASKA  
STATE CAPITOL  
JUNEAU, ALASKA  
99801-1182

(907) 465-3744  
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## SPONSOR STATEMENT FOR HOUSE BILL 312

Fetal Alcohol Spectrum Disorders are a scourge to our society and 100% preventable. FASDs are the most common cause of mental retardation in Alaska's children, causing permanent birth defects, retarding brain function, arrested emotional and physical development, causing poor behavior, deformed facial features, and harming learning and sleeping patterns. It is deplorable that Alaska ranks first in the United States for the highest number of children born with FASD.

Each child born in Alaska with FASD costs millions of dollars over the life of that child. A 2005 study conducted by the McDowell Group estimates the total lifetime costs for providing services to an individual with FAS are estimated at \$3.1 million. This drain on limited funds covers special education services or assistance for health services, and juvenile and adult justice costs. Eliminating FASD in children born in Alaska is in the best interests of the public.

House Bill 312 requires a newborn to be screened for alcohol exposure. This is an important piece of information that can lead to an early diagnosis. Early diagnosis reduces the risk of problems in life associated with FASD, including troubles at school, with substance abuse and with the law.

Additionally, this legislation also mandates an aggressive public education campaign. It requires hospitals and schools to distribute information on preventing FASD, and tasks the State Department of Education with developing the materials and sponsoring a public education campaign on FASD.

Fetal Alcohol Spectrum Disorders are a problem of massive proportion to our state. FASD affects those who suffer from it, their families and love ones, communities and our state as a whole physically, emotionally, and financially. I offer House Bill 312 as a step towards the goal of eradicating this plague that causes such sorrow and anguish for our Alaskan children.

24-LS0241AL  
Mischel  
2/21/06

**CS FOR HOUSE BILL NO. 312( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-FOURTH LEGISLATURE - SECOND SESSION**

**BY**

**Offered:**  
**Referred:**

**Sponsor(s): REPRESENTATIVE WEYHRAUCH**

**A BILL**  
**FOR AN ACT ENTITLED**

1 "An Act relating to pregnant women; relating to training in fetal alcohol spectrum  
2 disorders for licensed physicians, physician assistants, and nurses; requiring the  
3 Department of Health and Social Services to prepare information for distribution by  
4 hospitals, schools, service providers, and alcohol licensees and permittees about fetal  
5 alcohol spectrum disorders; clarifying that fetal alcohol spectrum disorders is a  
6 condition of public health importance; and establishing an infant screening program  
7 and a diagnosis and treatment program for persons with a fetal alcohol spectrum  
8 disorder."

9 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

10 \* Section 1. AS 08.64.101 is amended to read:

11 **Sec. 08.64.101. Duties.** The board shall

12 (1) examine and issue licenses to applicants;

1 (2) develop written guidelines to ensure that licensing requirements are  
2 not unreasonably burdensome and the issuance of licenses is not unreasonably  
3 withheld or delayed;

4 (3) after a hearing, impose disciplinary sanctions on persons who  
5 violate this chapter or the regulations or orders of the board;

6 (4) adopt regulations ensuring that renewal of licenses is contingent  
7 upon proof of continued competency on the part of the licensee; [AND]

8 (5) under regulations adopted by the board, contract with private  
9 professional organizations to establish an impaired medical professionals program to  
10 identify, confront, evaluate, and treat persons licensed under this chapter who abuse  
11 alcohol, other drugs, or other substances or are mentally ill or cognitively impaired;  
12 and

13 (6) adopt regulations that establish standards for training in the  
14 area of substance abuse during pregnancy, fetal alcohol spectrum disorders, and  
15 the importance of record keeping and history taking for these conditions for  
16 issuance of a license and renewal of a license issued to a physician and to a  
17 physician assistant under this chapter.

18 \* Sec. 2. AS 08.68.100(a) is amended by adding a new paragraph to read:

19 (11) adopt regulations that establish standards for training in the area  
20 of substance abuse during pregnancy, fetal alcohol spectrum disorders, and the  
21 importance of record keeping and history taking for these conditions for issuance and  
22 renewal of a license issued to a nurse practitioner under this chapter.

23 \* Sec. 3. AS 14.30 is amended by adding a new section to article 5 to read:

24 **Sec. 14.30.372. Distribution of information on fetal alcohol spectrum**  
25 **disorders.** For students in grades six through 12, a school shall maintain a system of  
26 distribution of information prepared and made available under AS 18.05.037 for the  
27 prevention of fetal alcohol spectrum disorders.

28 \* Sec. 4. AS 14.45 is amended by adding a new section to read:

29 **Sec. 14.45.115. Distribution of information on fetal alcohol spectrum**  
30 **disorders.** A religious or other private school that elects to comply with AS 14.45.100  
31 - 14.45.130 shall, for students in grades six through 12, maintain a system of

1 distribution of information prepared and made available under AS 18.05.037 for the  
2 prevention of fetal alcohol spectrum disorders.

3 \* Sec. 5. AS 18.05.037 is amended to read:

4 **Sec. 18.05.037. Fetal alcohol spectrum disorders [HEALTH EFFECTS]**  
5 **information.** The department shall prepare, in cooperation with the Department of  
6 Education and Early Development, or obtain distributable information and  
7 resource materials on fetal alcohol spectrum disorders and the [EFFECTS AND  
8 THE FETAL HEALTH] effects of chemical abuse and battering during pregnancy.  
9 The department shall make this information available to public hospitals, clinics,  
10 [AND] other health facilities in the state, to licensed and permitted persons who are  
11 engaged in selling or serving alcoholic beverages, and to service providers for  
12 distribution to their patients or clients.

13 \* Sec. 6. AS 18.05.037 is amended by adding a new subsection to read:

14 (b) In this section, "service providers" are persons involved in the care and  
15 assistance of families in the state who are employed as health care providers, social  
16 workers, substance abuse counselors, mental health counselors and clinicians,  
17 residential care providers, correctional and public safety officers, attorneys and judges,  
18 developmental disability providers, public assistance counselors, and vocational  
19 rehabilitation workers.

20 \* Sec. 7. AS 18.05 is amended by adding a new section to read:

21 **Sec. 18.05.038. Documentation of fetal alcohol spectrum disorders.** The  
22 department shall maintain a system of data analysis, including a registry, of persons  
23 who have been prenatally exposed to alcohol. The system must include collection of  
24 documentation in a medical record of a diagnosis of fetal alcohol spectrum disorders  
25 in a person's record who is diagnosed with the disorder.

26 \* Sec. 8. AS 18.15.395(2) is amended to read:

27 (2) "condition of public health importance" means a disease,  
28 syndrome, symptom, injury, or other threat to health that is identifiable on an  
29 individual or community level and can reasonably be expected to lead to adverse  
30 health effects in the community; fetal alcohol spectrum disorders is a condition of  
31 public health importance;

1 \* **Sec. 9.** AS 18.20 is amended by adding a new section to read:

2           **Sec. 18.20.086. Distribution of information on fetal alcohol spectrum**  
3           **disorders.** A hospital shall maintain a system of distribution of information prepared  
4           and made available under AS 18.05.037 for the prevention of fetal alcohol spectrum  
5           disorders.

6 \* **Sec. 10.** AS 47.20 is amended by adding a new section to read:

7                           **Article 2. Fetal Alcohol Spectrum Disorders.**

8           **Sec. 47.20.300. Fetal alcohol spectrum disorders program.** (a) The  
9           department shall establish a program for the diagnosis and treatment of persons with a  
10          fetal alcohol spectrum disorder.

11                       (b) The program must include

12                               (1) a statewide system of diagnostic clinics and teams to adequately  
13                               meet the needs of and to encourage early diagnosis for persons affected by prenatal  
14                               exposure to alcohol;

15                               (2) maintenance and development of current and relevant information  
16                               and training materials for health care providers working with persons diagnosed with a  
17                               fetal alcohol spectrum disorder and their families;

18                               3) early diagnosis and screening conducted in cooperation with  
19                               schools and service providers, as defined in AS 18.05.037;

20                               (4) targeted prevention education for populations identified as being at  
21                               risk of fetal alcohol spectrum disorders; and

22                               (5) inclusion of culturally sensitive materials and assistance.

23                       (c) In this section,

24                               (1) "department" means the Department of Health and Social Services;

25                               (2) "treatment" has the meaning given in AS 47.37.270.

26 \* **Sec. 11.** The uncodified law of the State of Alaska is amended by adding a new section to  
27 read:

28           **REVISOR'S INSTRUCTION.** In AS 47.20.060 - 47.20.290, the revisor of statutes  
29 shall substitute "AS 47.20.060 - 47.20.290" for "this chapter."

WORK DRAFT

WORK DRAFT

WORK DRAFT

24-1.S0241V  
Mischel  
2/20/06

**CS FOR HOUSE BILL NO. 312( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-FOURTH LEGISLATURE - SECOND SESSION**

BY

Offered:

Referred:

Sponsor(s): REPRESENTATIVE WEYHRAUCH

**A BILL**  
**FOR AN ACT ENTITLED**

1 "An Act relating to pregnant women; relating to training in fetal alcohol spectrum  
2 disorders for licensed physicians and nurses; requiring the Department of Health and  
3 Social Services to prepare information for distribution by hospitals, schools, service  
4 providers, and alcohol licensees and permittees about fetal alcohol spectrum disorders;  
5 clarifying that fetal alcohol spectrum disorders is a condition of public health  
6 importance; and establishing an infant screening program and a diagnosis and  
7 treatment program for persons suffering fetal alcohol spectrum disorders."

8 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

9 \* Section 1. AS 08.64.101 is amended to read:

10       Sec. 08.64.101. Duties. The board shall

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13 not unreasonably burdensome and the issuance of licenses is not unreasonably

WORK DRAFT

WORK DRAFT

24-LS0241N

1 withheld or delayed;

2 (3) after a hearing, impose disciplinary sanctions on persons who  
3 violate this chapter or the regulations or orders of the board;

4 (4) adopt regulations ensuring that renewal of licenses is contingent  
5 upon proof of continued competency on the part of the licensee; [AND]

6 (5) under regulations adopted by the board, contract with private  
7 professional organizations to establish an impaired medical professionals program to  
8 identify, confront, evaluate, and treat persons licensed under this chapter who abuse  
9 alcohol, other drugs, or other substances or are mentally ill or cognitively impaired;  
10 and

11 (6) adopt regulations that establish standards for training in the  
12 area of substance abuse during pregnancy, fetal alcohol spectrum disorders, and  
13 the importance of record keeping and history taking for these conditions for  
14 issuance of a license and renewal of a license issued to a physician under this  
15 chapter.

16 \* Sec. 2. AS 08.68 100(a) is amended by adding a new paragraph to read:

17 (11) adopt regulations that establish standards for training in the area  
18 of substance abuse during pregnancy, fetal alcohol spectrum disorders, and the  
19 importance of record keeping and history taking for these conditions for issuance and  
20 renewal of a license issued to a nurse practitioner under this chapter.

21 \* Sec. 3. AS 14.30 is amended by adding a new section to article 5 to read:

22 **Sec. 14.30.372. Distribution of information on fetal alcohol spectrum**  
23 **disorders.** For students in grades six through 12, a school shall maintain a system of  
24 distribution of information prepared and made available under AS 18.05.037 for the  
25 prevention of fetal alcohol spectrum disorders.

26 \* Sec. 4. AS 14.45 is amended by adding a new section to read:

27 **Sec. 14.45.115. Distribution of information on fetal alcohol spectrum**  
28 **disorders.** A religious or other private school that elects to comply with AS 14.45.100  
29 - 14.45.130 shall, for students in grades six through 12, maintain a system of  
30 distribution of information prepared and made available under AS 18.05.037 for the  
31 prevention of fetal alcohol spectrum disorders.

WORK DRAFT

WORK DRAFT

24-LS0241V

1 \* **Sec. 5.** AS 18.05.037 is amended to read:

2           **Sec. 18.05.037. Fetal alcohol spectrum disorders [HEALTH EFFECTS]**  
3 **information.** The department shall prepare, **in cooperation with the Department of**  
4 **Education and Early Development,** or obtain distributable information **and**  
5 **resource materials** on fetal alcohol **spectrum disorders and the** [EFFECTS AND  
6 THE FETAL HEALTH] effects of chemical abuse and battering during pregnancy.  
7 The department shall make this information available to public hospitals, clinics,  
8 [AND] other health facilities in the state, **to licensed and permitted persons who are**  
9 **engaged in selling or serving alcoholic beverages, and to service providers** for  
10 distribution to their patients **or clients.**

11 \* **Sec. 6.** AS 18.05.037 is amended by adding a new subsection to read:

12           (b) In this section, "service providers" are persons involved in the care and  
13 assistance of families in the state who are employed as health care providers, social  
14 workers, substance abuse counselors, mental health counselors and clinicians,  
15 residential care providers, correctional and public safety officers, attorneys and judges,  
16 developmental disability providers, public assistance counselors, and vocational  
17 rehabilitation workers.

18 \* **Sec. 7.** AS 18.05 is amended by adding a new section to read:

19           **Sec. 18.05.038. Documentation of fetal alcohol spectrum disorders.** The  
20 department shall maintain a system of data collection, including a registry, of persons  
21 suffering from fetal alcohol spectrum disorders. The system must include collection of  
22 documentation in a medical record of a diagnosis of fetal alcohol spectrum disorders  
23 in a person's record who is diagnosed with the disorder.

24 \* **Sec. 8.** AS 18.15.395(2) is amended to read:

25           (2) "condition of public health importance" means a disease,  
26 syndrome, symptom, injury, or other threat to health that is identifiable on an  
27 individual or community level and can reasonably be expected to lead to adverse  
28 health effects in the community; **fetal alcohol spectrum disorders is a condition of**  
29 **public health importance;**

30 \* **Sec. 9.** AS 18.20 is amended by adding a new section to read:

31           **Sec. 18.20.086. Distribution of information on fetal alcohol spectrum**

WORK DRAFT

WORK DRAFT

24-LS0241V

1 disorders. A hospital shall maintain a system of distribution of information prepared  
2 and made available under AS 18.05.037 for the prevention of fetal alcohol spectrum  
3 disorders.

4 \* **Sec. 10.** AS 47.20 is amended by adding a new section to read:

5 **Article 2. Fetal Alcohol Spectrum Disorders.**

6 **Sec. 47.20.300. Fetal alcohol spectrum disorders program.** (a) The  
7 department shall establish a program for the diagnosis and treatment of persons  
8 suffering from fetal alcohol spectrum disorders.

9 (b) The program must include

10 (1) a statewide system of diagnostic clinics and teams to adequately  
11 meet the needs of and to encourage diagnosis before six years of age for persons  
12 affected by prenatal exposure to alcohol;

13 (2) maintenance and development of current and relevant information  
14 and training materials for health care providers working with persons diagnosed with a  
15 fetal alcohol spectrum disorder and their families;

16 (3) early diagnosis and screening conducted in cooperation with  
17 schools and health care facilities;

18 (4) targeted prevention education for populations identified as being at  
19 risk of fetal alcohol spectrum disorders;

20 (5) research in successful diagnosis and treatment techniques; and

21 (6) inclusion of culturally sensitive materials and assistance.

22 (c) In this section,

23 (1) "department" means the Department of Health and Social Services;

24 (2) "treatment" has the meaning given in AS 47.37.270.

25 \* **Sec. 11.** The uncodified law of the State of Alaska is amended by adding a new section to  
26 read:

27 **REVISOR'S INSTRUCTION.** In AS 47.20.060 - 47.20.290, the revisor of statutes  
28 shall substitute "AS 47.20.060 - 47.20.290" for "this chapter."

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
Bill Version: HB312CS(HES)-DHSS-DPH-01-31-06

( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_

Dept. Affected: Health & Social Services

Title RELATING TO PREGNANT WOMEN AND FETAL ALCOHOL EFFECTS

RDU Public Health

Component Women, Children and Family Health

Sponsor WEYRAUCH

Requester HOUSE (HES)

Component No. 2788

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	283.7	292.2	301.1	310.1	319.4	328.9
Travel	12.5	12.5	12.5	12.5	12.5	12.5
Contractual	14.9	14.9	14.9	14.9	14.9	14.9
Supplies	0.5	0.5	0.5	0.5	0.5	0.5
Equipment	4.0	4.0	4.0	4.0	4.0	4.0
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>315.6</b>	<b>324.1</b>	<b>333.0</b>	<b>342.0</b>	<b>351.3</b>	<b>360.8</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES (0)</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	315.6	324.1	333.0	342.0	351.3	360.8
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>315.6</b>	<b>324.1</b>	<b>333.0</b>	<b>342.0</b>	<b>351.3</b>	<b>360.8</b>

Estimate of any current year (FY2006) cost: \_\_\_\_\_

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

CSHB312(HES) would establish an infant screening program in Alaska for Fetal Alcohol Spectrum Disorders, as well as a diagnosis and treatment program to be administered by the Department of Health and Social Services. The bill also focuses on prevention. While most DHSS-related provisions of the bill would be overseen by the Office of FAS, the Division of Public Health is requesting \$315.6 in FY07 to fully fund Birth Defects and FAS Surveillance activities conducted by the Section of Women's, Children's and Family Health.

(Continued on Page 2)

Prepared by: Richard Mandsager, M.D.

Phone 465-3092

Division: Public Health

Date/Time 01/30/2006

Approved by: Karleen Jackson, Commissioner

Date 01/31/2006

Agency: Department of Health and Social Services

FISCAL NOTE  
FN #

STATE OF ALASKA  
2006 LEGISLATIVE SESSION

BILL NO. HB312CS(HES)-DHSS-DPH-01-31-06

ANALYSIS CONTINUATION

The programs are funded through FY06 almost entirely with an RSA from the Office of FAS. But future funding is unknown, jeopardizing surveillance dollars. It is vital that this program continue so data can be used to evaluate the extensive education and prevention efforts launched in 2002.

Because alcohol-related birth defects may not be diagnosed until the child reaches 5 or 6 years of age, FAS surveillance needs to be supported at least through FY2010 in order to best evaluate the prevention efforts conducted between 2002 and 2005.

Any comprehensive effort to diagnose, treat and prevent FAS must include full funding for this vital surveillance activity.

Personnel (cost projections are increased by 3 percent annually):

Health Program Manager II or Public Health Specialist II (1.0 FTE - \$88,152) - to manage overall surveillance activities for birth defects and FAS.

Health Program Associates (2.0 FTE - \$142,080) - to conduct chart reviews of all birthing hospitals and other facilities that report birth defects; work includes ongoing data collection for FAS.

Research Analyst I (1.0 FTE - \$53,491) - to review reports from hospitals, enter data, conduct inquiries and work with chart abstractors on FAS surveillance.

Other costs:

Contractual - \$14.9 for lease space.

Travel - \$12.5 to visit hospitals that report the most volume of FAS data, and to an annual national birth defects conference.

Supplies - \$.5 for basic office needs.

Equipment - \$4.0 for computers and other equipment.

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB312CS(HES)-DHSS-DBH-01-31-06  
 ( ) Publish Date: \_\_\_\_\_  
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction): \_\_\_\_\_  
 Title RELATING TO PREGNANT WOMEN AND  
FETAL ALCOHOL EFFECTS

RDU Behavioral Health  
 Component AK Fetal Alcohol Syndrome Pgm

Sponsor WEYRAUJCH  
 Requester HOUSE (HES)

Component No. 2598

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	80.0	80.0	80.0	80.0	80.0	80.0
Travel	30.0	30.0	30.0	30.0	30.0	30.0
Contractual	2,139.0	2,139.0	2,139.0	2,049.0	2,049.0	2,049.0
Supplies						
Equipment						
Land & Structures						
Grants & Claims	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,759.0</b>	<b>4,759.0</b>	<b>4,759.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES (0)</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health	4,849.0	4,849.0	4,849.0	4,759.0	4,759.0	4,759.0
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,759.0</b>	<b>4,759.0</b>	<b>4,759.0</b>

Estimate of any current year (FY2006) cost: \_\_\_\_\_

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

**POSITIONS**

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

The purpose of this legislation is to establish an infant screening program for early detection of a potential fetal alcohol spectrum disorder, to increase diagnostic and treatment services and to develop and distribute educational materials to hospitals, schools and alcohol licensees.

Four primary categories of service/activity are identified: 1) Distribution of information on FASD; 2) Screening for FASD; 3) Education; and 4) Diagnostic and Treatment Program.

Prepared by: Cristy Willer, Director  
 Division Behavioral Health  
 Approved by: Karleen Jackson, Commissioner  
 Agency Department of Health and Social Services

Phone 269-3410  
 Date/Time 01/31/2006  
 Date 01/31/2006

FISCAL NOTE  
FN #

STATE OF ALASKA  
2006 LEGISLATIVE SESSION

BILL NO HB312CS(HES)-DHSS-DBH-01-31-06

ANALYSIS CONTINUATION

Newborn screening:

10,000 births annually in Alaska X \$130.00 each for meconium testing for alcohol. This cost is only for the cost of a lab conducting the test on each sample, this does not include the additional cost of needed hospital supplies such as testing materials, packaging for sending samples to a lab, etc. = \$1.3 million.

Distribution of information on FASD (contractual):

Development of two new FASD brochures, for specific outreach such as to hospitals, schools and retailers and servers of alcoholic beverages.

\$7,000 per brochure development X 2 = \$14,000.

Printing and distribution of 100,000 brochures annually (to schools, vital statistics, hospitals, retailers and servers of alcohol.

\$3,000 per 10,000 X 10 = \$30,000.

Education (contractual):

Produce one new multimedia educational campaign each year for 3 years.

TV, newsprint and radio public service announcements = \$90,000

Statewide media distribution of ads on TV, radio and newspapers.

\$405,000 annually.

Diagnostic services:

To build increased capacity of the existing 14 diagnostic teams across Alaska with annual grants of \$150,000 per clinic per year. This will reduce wait time, extend number of clinics per month and increase services to younger children (3-6 years of age) and to adults (18+ years of age).

\$150,000 X 14 = \$2.1 million (grants).

Support services to provide in-state training in the 4-digit diagnostic code, Diagnostic Team Medical Director, Community Clinic development, and Parent Navigator training/support.

\$250,000 per year (contractual).

FISCAL NOTE  
FN #

STATE OF ALASKA  
2006 LEGISLATIVE SESSION

BILL NO. HB312CS(HES)-DHSS-DBH-01-31-06

ANALYSIS CONTINUATION

Treatment:

It is unclear what new treatment services would be requested but we would suggest an increase in alcohol treatment services for women with alcohol dependence/abuse, before they become pregnant.

\$500,000 per year to enhance existing women's substance abuse treatment services (grants).

Training:

Conduct two additional Training of Trainers for the FASD 101 and 201 curricula.

\$50,000 in contracting with trainers and curriculum updates as needed.

\$30,000 in travel for selected trainers to attend 5 day training sessions.

Personnel:

One FTE position (Project Coordinator, Range 18) will be needed to coordinate the above activities. When the federal FASD grant ended, we lost one full-time position that managed the diagnostic teams and FASD Trainers.

\$80,000 (approx.)

Total amount requested is \$4,849,000.

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB312-DPS-ABC-2-21-06  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Public Safety  
 Title Relating to pregnant women, fetal alcohol RDU Alcoholic Beverage Control Board  
syndrome/effects, and the sale of alcohol Component ABC Board  
 Sponsor Representative Weyhrauch  
 Requester House Health, Education & Social Services Component No. 2690

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	*****	*****	*****	*****	*****	*****

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
<b>TOTAL</b>	*****	*****	*****	*****	*****	*****

Estimate of any current year (FY2006) cost: \_\_\_\_\_  
 Check this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

The Alcoholic Beverage Control (ABC) Board is impacted by Sections 2, 3, 4, and 5 of this bill.

Section 2 amends AS 04.11.370 by making the sale or service of alcoholic beverages by a liquor licensee or permittee contrary to the best interests of the public if the sale or service of alcoholic beverages is to a woman who is known by the licensee or permittee to be pregnant.

Section 3 adds a new section which requires the board to suspend a license for six months for the first offense of selling or serving "an alcoholic beverage to a woman known to be pregnant." A second offense requires a 12 month suspension and a third offense requires revocation.

Prepared by: Director Douglas B. Griffin Phone 907-269-0351  
 Division Alcoholic Beverage Control Board Date/Time 2/21/06 2:53 PM  
 Approved by: Commissioner William Tandeske Date 2/21/2006  
 Agency Department of Public Safety

**FISCAL NOTE**

**STATE OF ALASKA  
2006 LEGISLATIVE SESSION**

**BILL NO. HB312-DPS-ABC-2-21-06**

**ANALYSIS CONTINUATION**

Sections 4 and 5 allows the ABC Board to impose a civil fine equal to the permanent fund dividend payment multiplied by the life expectancy of a child born with fetal alcohol effects or fetal alcohol syndrome.

Enforcement of the sections cited above will generally be initiated by complaints from citizens or observations of law enforcement personnel. The number of complaints that will come to the attention of the ABC Board is unknown. Each complaint would need to be investigated and depending on how many complaints are filed, additional ABC Board personnel may be required to handle the increased workload. It is unknown how many of these types of complaints would have merit and eventually lead to an administrative hearing under AS 04.11.510(c). Cases going to hearing would involve further investigative costs and would generate up to 100 hours of time of an assistant attorney general and a similar amount of time for a hearing officer from the Department of Administration, Office of Administrative Hearing. Since the penalties under this bill are so severe and the ABC Board has no discretion in imposing penalties under informal settlement, it is likely that licensees and their employees will demand their full measure of due process. A complaint that is fully investigated and heard under the Administrative Procedures Act could cost the State of Alaska up to \$25,000 per hearing.

The ABC Boards' proposed budget cannot absorb any additional hearing costs; however, the amount of additional cost for the ABC Board is indeterminate at this time because it is unknown how much additional work this law will generate.

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB312-LAW-CJL-2-21-06  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: LAW  
 Title "An Act relating to pregnant women/ requiring RDU CRIMINAL  
hospitals, schools and alcohol licensees and permittees..." Component Criminal Justice Litigation  
 Sponsor Representative Weyrauch  
 Requester House Health, Education and Social Services Component No. \_\_\_\_\_

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	75.7	75.7	75.7	75.7	75.7	75.7
Travel	0.2	0.2	0.2	0.2	0.2	0.2
Contractual	7.4	7.4	7.4	7.4	7.4	7.4
Supplies	1.3	1.3	1.3	1.3	1.3	1.3
Equipment	6.9	0.4	0.4	0.4	0.4	0.4
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>91.5</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	91.5	85.0	85.0	85.0	85.0	85.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
<b>TOTAL</b>	<b>91.5</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>

Estimate of any current year (FY2006) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

**POSITIONS**

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

This bill makes a number of significant changes to State law in an attempt to reduce the number of fetal alcohol syndrome cases currently experienced in Alaska. A new section is added to alcoholic beverage licensing statutes (AS 04.11.375) prohibiting sale or service of alcohol to a woman known by the seller to be pregnant, and imposing license suspension or revocation for violations of this prohibition. The bill also amends AS 04.11.575 to allow the Alcohol Beverage Control Board to impose a Civil fine equal to the permanent fund dividend payment for a state resident for the year in which the violation occurred, multiplied by and payable over the life expectancy of a child born with fetal alcohol effects or fetal alcohol syndrome.

The Department of Law expects that passage of this legislation will significantly increase

Prepared by: Kathryn Daughhete, Director Phone 465-3673  
 Division: Administrative Services Division Date/Time 2/24/06 8:05 AM  
 Approved by: Kathryn Daughhete for David Marquez, Attorney General Date 2/24/2006  
 Agency: Department of Law

**FISCAL NOTE**

**STATE OF ALASKA  
2006 LEGISLATIVE SESSION**

**BILL NO. HB312** \_\_\_\_\_

**ANALYSIS CONTINUATION**

the workload the Department of Law currently experiences related to Alcohol Beverage Control Board hearings. On the average, there are currently two or three hearings a year that require preparation and attendance by an attorney in the Criminal Division. The Board expects that the number of hearings would increase by an estimated four per year. As a result the Department of Law believes that an additional half-time attorney will be needed. The cost of the position is in accordance with the FY 2007 timekeeping and billing rate. This calculation includes overhead costs, such as office space and supplies, in addition to the personal services costs of the new position and a pro rata share of administrative support. A full time position is requested, rather than a part time position so that workloads may be combined and give the Department flexibility in recruiting for the position.

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB312CS(HES)-DHSS-DPH-01-31-06

Revision Date/Time (Note if correction): \_\_\_\_\_

( ) Publish Date: \_\_\_\_\_  
 Dept. Affected: Health & Social Services

Title RELATING TO PREGNANT WOMEN AND FETAL ALCOHOL EFFECTS

RDU Public Health  
 Component Women, Children and Family Health

Sponsor WEYRAUCH  
 Requester HOUSE (HES)

Component No. 2788

**Expenditures/Revenues (Thousands of Dollars)**

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	283.7	292.2	301.1	310.1	319.4	328.9
Travel	12.5	12.5	12.5	12.5	12.5	12.5
Contractual	14.9	14.9	14.9	14.9	14.9	14.9
Supplies	0.5	0.5	0.5	0.5	0.5	0.5
Equipment	4.0	4.0	4.0	4.0	4.0	4.0
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>315.6</b>	<b>324.1</b>	<b>333.0</b>	<b>342.0</b>	<b>351.3</b>	<b>360.8</b>

<b>CAPITAL EXPENDITURES</b>						
<b>CHANGE IN REVENUES (0)</b>						

**FUND SOURCE (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF	315.6	324.1	333.0	342.0	351.3	360.8
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>315.6</b>	<b>324.1</b>	<b>333.0</b>	<b>342.0</b>	<b>351.3</b>	<b>360.8</b>

Estimate of any current year (FY2006) cost: \_\_\_\_\_

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

CSHB 12(HES) would establish an infant screening program in Alaska for Fetal Alcohol Spectrum Disorders, as well as a diagnosis and treatment program to be administered by the Department of Health and Social Services. The bill also focuses on prevention. While most DHSS-related provisions of the bill would be overseen by the Office of FAS, the Division of Public Health is requesting \$315.6 in FY07 to fully fund Birth Defects and FAS Surveillance activities conducted by the Section of Women's, Children's and Family Health.

(Continued on Page 2)

Prepared by: Richard Mandsager, M.D.  
 Division: Public Health  
 Approved by: Karleen Jackson, Commissioner  
 Agency: Department of Health and Social Services

Phone 465-3092  
 Date/Time 01/30/2006  
 Date 01/31/2006

FISCAL NOTE  
FN #

STATE OF ALASKA  
2006 LEGISLATIVE SESSION

BILL NO. HB312CS(HES)-DHSS-DPH-01-31-06

ANALYSIS CONTINUATION

The programs are funded through FY06 almost entirely with an RSA from the Office of FAS. But future funding is unknown, jeopardizing surveillance dollars. It is vital that this program continue so data can be used to evaluate the extensive education and prevention efforts launched in 2002.

Because alcohol-related birth defects may not be diagnosed until the child reaches 5 or 6 years of age, FAS surveillance needs to be supported at least through FY2010 in order to best evaluate the prevention efforts conducted between 2002 and 2005.

Any comprehensive effort to diagnose, treat and prevent FAS must include full funding for this vital surveillance activity.

Personnel (cost projections are increased by 3 percent annually):

Health Program Manager II or Public Health Specialist II (1.0 FTE - \$88,152) - to manage overall surveillance activities for birth defects and FAS.

Health Program Associates (2.0 FTE - \$142,080) - to conduct chart reviews of all birthing hospitals and other facilities that report birth defects; work includes ongoing data collection for FAS.

Research Analyst I (1.0 FTE - \$53,491) - to review reports from hospitals, enter data, conduct inquiries and work with chart abstractors on FAS surveillance.

Other costs:

Contractual - \$14.9 for lease space.

Travel - \$12.5 to visit hospitals that report the most volume of FAS data, and to an annual national birth defects conference.

Supplies - \$.5 for basic office needs.

Equipment - \$4.0 for computers and other equipment.

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB312CS(HES)-DHSS-DBH-01-31-06  
 ( ) Publish Date: \_\_\_\_\_  
 Dept. Affected: Health & Social Services  
 RDU Behavioral Health  
 Component AK Fetal Alcohol Syndrome Pgm

Revision Date/Time (Note if correction): \_\_\_\_\_

Title RELATING TO PREGNANT WOMEN AND FETAL ALCOHOL EFFECTS

Sponsor WEYRAUCH

Requester HOUSE (HES)

Component No. 2598

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	80.0	80.0	80.0	80.0	80.0	80.0
Travel	30.0	30.0	30.0	30.0	30.0	30.0
Contractual	2,139.0	2,139.0	2,139.0	2,049.0	2,049.0	2,049.0
Supplies						
Equipment						
Land & Structures						
Grants & Claims	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,759.0</b>	<b>4,759.0</b>	<b>4,759.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES (0)</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health	4,849.0	4,849.0	4,849.0	4,759.0	4,759.0	4,759.0
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,759.0</b>	<b>4,759.0</b>	<b>4,759.0</b>

Estimate of any current year (FY2006) cost: \_\_\_\_\_

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

**POSITIONS**

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

The purpose of this legislation is to establish an infant screening program for early detection of a potential fetal alcohol spectrum disorder, to increase diagnostic and treatment services and to develop and distribute educational materials to hospitals, schools and alcohol licensees.

Four primary categories of service/activity are identified: 1) Distribution of information on FASD, 2) Screening for FASD; 3) Education; and 4) Diagnostic and Treatment Program.

Prepared by: Cristy Willer, Director  
 Division Behavioral Health  
 Approved by: Karleen Jackson, Commissioner  
 Agency Department of Health and Social Services

Phone 269-3410  
 Date/Time 01/31/2006  
 Date 01/31/2006

FISCAL NOTE  
FN #

STATE OF ALASKA  
2006 LEGISLATIVE SESSION

BILL NO HB312CS(HES)-DHSS-DBH-01-31-06

ANALYSIS CONTINUATION

Newborn screening:

10,000 births annually in Alaska X \$130.00 each for meconium testing for alcohol. This cost is only for the cost of a lab conducting the test on each sample, this does not include the additional cost of needed hospital supplies such as testing materials, packaging for sending samples to a lab, etc. = \$1.3 million.

Distribution of information on FASD (contractual):

Development of two new FASD brochures, for specific outreach such as to hospitals, schools and retailers and servers of alcoholic beverages.

\$7,000 per brochure development X 2 = \$14,000.

Printing and distribution of 100,000 brochures annually (to schools, vital statistics, hospitals, retailers and servers of alcohol.

\$3,000 per 10,000 X 10 = \$30,000.

Education (contractual):

Produce one new multimedia educational campaign each year for 3 years.

TV, newsprint and radio public service announcements = \$90,000

Statewide media distribution of ads on TV, radio and newspapers.

\$405,000 annually.

Diagnostic services:

To build increased capacity of the existing 14 diagnostic teams across Alaska with annual grants of \$150,000 per clinic per year. This will reduce wait time, extend number of clinics per month and increase services to younger children (3 -6 years of age) and to adults (18+ years of age).

\$150,000 X 14 = \$2.1 million (grants).

Support services to provide in-state training in the 4-digit diagnostic code, Diagnostic Team Medical Director, Community Clinic development, and Parent Navigator training/support.

\$250,000 per year (contractual).

FISCAL NOTE  
FN #

STATE OF ALASKA  
2006 LEGISLATIVE SESSION

BILL NO. HB312CS(HES)-DHSS-DBH-01-31-06

ANALYSIS CONTINUATION

Treatment:

It is unclear what new treatment services would be requested but we would suggest an increase in alcohol treatment services for women with alcohol dependence/abuse, before they become pregnant.

\$500,000 per year to enhance existing women's substance abuse treatment services (grants).

Training:

Conduct two additional Training of Trainers for the FASD 101 and 201 curricula.

\$50,000 in contracting with trainers and curriculum updates as needed.

\$30,000 in travel for selected trainers to attend 5 day training sessions.

Personnel:

One FTE position (Project Coordinator, Range 18) will be needed to coordinate the above activities. When the federal FASD grant ended, we lost one full-time position that managed the diagnostic teams and FASD Trainers.

\$80,000 (approx.)

Total amount requested is \$4,849,000.

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB312-DPS-ABC-2-21-06  
 () Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Public Safety  
 Title Relating to pregnant women, fetal alcohol RDU Alcoholic Beverage Control Board  
syndrome/effects, and the sale of alcohol Component ABC Board  
 Sponsor Representative Weyhrauch  
 Requester House Health, Education & Social Services Component No. 2690

**Expenditures/Revenues (Thousands of Dollars)**

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	*****	*****	*****	*****	*****	*****

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
<b>TOTAL</b>	*****	*****	*****	*****	*****	*****

Estimate of any current year (FY2006) cost: \_\_\_\_\_  
 Check this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** *(Attach a separate page if necessary)*

The Alcoholic Beverage Control (ABC) Board is impacted by Sections 2, 3, 4, and 5 of this bill.

Section 2 amends AS 04.11.370 by making the sale or service of alcoholic beverages by a liquor licensee or permittee contrary to the best interests of the public if the sale or service of alcoholic beverages is to a woman who is known by the licensee or permittee to be pregnant.

Section 3 adds a new section which requires the board to suspend a license for six months for the first offense of selling or serving "an alcoholic beverage to a woman known to be pregnant." A second offense requires a 12 month suspension and a third offense requires revocation.

Prepared by: Director Douglas B. Griffin Phone 907-269-0351  
 Division Alcoholic Beverage Control Board Date/Time 2/21/06 2:53 PM  
 Approved by: Commissioner William Tandeske Date 2/21/2006  
 Agency Department of Public Safety

**FISCAL NOTE**

**STATE OF ALASKA  
2006 LEGISLATIVE SESSION**

**BILL NO. HB312-DPS-ABC-2-21-06**

**ANALYSIS CONTINUATION**

Sections 4 and 5 allows the ABC Board to impose a civil fine equal to the permanent fund dividend payment multiplied by the life expectancy of a child born with fetal alcohol effects or fetal alcohol syndrome.

Enforcement of the sections cited above will generally be initiated by complaints from citizens or observations of law enforcement personnel. The number of complaints that will come to the attention of the ABC Board is unknown. Each complaint would need to be investigated and depending on how many complaints are filed, additional ABC Board personnel may be required to handle the increased workload. It is unknown how many of these types of complaints would have merit and eventually lead to an administrative hearing under AS 04.11.510(c). Cases going to hearing would involve further investigative costs and would generate up to 100 hours of time of an assistant attorney general and a similar amount of time for a hearing officer from the Department of Administration, Office of Administrative Hearing. Since the penalties under this bill are so severe and the ABC Board has no discretion in imposing penalties under informal settlement, it is likely that licensees and their employees will demand their full measure of due process. A complaint that is fully investigated and heard under the Administrative Procedures Act could cost the State of Alaska up to \$25,000 per hearing.

The ABC Boards' proposed budget cannot absorb any additional hearing costs; however, the amount of additional cost for the ABC Board is indeterminate at this time because it is unknown how much additional work this law will generate.

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB312-LAW-CJL-2-21-06  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: LAW  
 Title "An Act relating to pregnant women/ requiring RDU CRIMINAL  
hospitals, schools and alcohol licensees and permittees..." Component Criminal Justice Litigation  
 Sponsor Representative Weyrauch  
 Requester House Health, Education and Social Services Component No. \_\_\_\_\_

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	75.7	75.7	75.7	75.7	75.7	75.7
Travel	0.2	0.2	0.2	0.2	0.2	0.2
Contractual	7.4	7.4	7.4	7.4	7.4	7.4
Supplies	1.3	1.3	1.3	1.3	1.3	1.3
Equipment	6.9	0.4	0.4	0.4	0.4	0.4
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>91.5</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
-------------------------------	--	--	--	--	--	--

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	91.5	85.0	85.0	85.0	85.0	85.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
<b>TOTAL</b>	<b>91.5</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>	<b>85.0</b>

Estimate of any current year (FY2006) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

**POSITIONS**

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

This bill makes a number of significant changes to State law in an attempt to reduce the number of fetal alcohol syndrome cases currently experienced in Alaska. A new section is added to alcoholic beverage licensing statutes (AS 04.11.375) prohibiting sale or service of alcohol to a woman known by the seller to be pregnant, and imposing license suspension or revocation for violations of this prohibition. The bill also amends AS 04.11.575 to allow the Alcohol Beverage Control Board to impose a Civil fine equal to the permanent fund dividend payment for a state resident for the year in which the violation occurred, multiplied by and payable over the life expectancy of a child born with fetal alcohol effects or fetal alcohol syndrome.

The Department of Law expects that passage of this legislation will significantly increase

Prepared by: Kathryn Daughhete, Director Phone 465-3673  
 Division Administrative Services Division Date/Time 2/24/06 8:05 AM  
 Approved by: Kathryn Daughhete for David Marquez, Attorney General Date 2/24/2006  
 Agency Department of Law

**FISCAL NOTE**

**STATE OF ALASKA  
2006 LEGISLATIVE SESSION**

**BILL NO. HB312**

**ANALYSIS CONTINUATION**

the workload the Department of Law currently experiences related to Alcohol Beverage Control Board hearings. On the average, there are currently two or three hearings a year that require preparation and attendance by an attorney in the Criminal Division. The Board expects that the number of hearings would increase by an estimated four per year. As a result the Department of Law believes that an additional half-time attorney will be needed. The cost of the position is in accordance with the FY 2007 timekeeping and billing rate. This calculation includes overhead costs, such as office space and supplies, in addition to the personal services costs of the new position and a pro rata share of administrative support. A full time position is requested, rather than a part time position so that workloads may be combined and give the Department flexibility in recruiting for the position.

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
Bill Version: HB312CS(HES)-DHSS-DPH-01-31-06

Revision Date/Time (Note if correction): \_\_\_\_\_

( ) Publish Date: \_\_\_\_\_  
Dept. Affected: Health & Social Services

Title RELATING TO PREGNANT WOMEN AND FETAL ALCOHOL EFFECTS

RDU Public Health

Component Women, Children and Family Health

Sponsor WEYRAUCH

Requester HOUSE (HES)

Component No. 2788

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	283.7	292.2	301.1	310.1	319.4	328.9
Travel	12.5	12.5	12.5	12.5	12.5	12.5
Contractual	14.9	14.9	14.9	14.9	14.9	14.9
Supplies	0.5	0.5	0.5	0.5	0.5	0.5
Equipment	4.0	4.0	4.0	4.0	4.0	4.0
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>315.6</b>	<b>324.1</b>	<b>333.0</b>	<b>342.0</b>	<b>351.3</b>	<b>360.8</b>

<b>CAPITAL EXPENDITURES</b>						
-----------------------------	--	--	--	--	--	--

<b>CHANGE IN REVENUES (0)</b>						
-------------------------------	--	--	--	--	--	--

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	315.6	324.1	333.0	342.0	351.3	360.8
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>315.6</b>	<b>324.1</b>	<b>333.0</b>	<b>342.0</b>	<b>351.3</b>	<b>360.8</b>

Estimate of any current year (FY2006) cost: \_\_\_\_\_

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

CSHB312(HES) would establish an infant screening program in Alaska for Fetal Alcohol Spectrum Disorders, as well as a diagnosis and treatment program to be administered by the Department of Health and Social Services. The bill also focuses on prevention. While most DHSS-related provisions of the bill would be overseen by the Office of FAS, the Division of Public Health is requesting \$315.6 in FY07 to fully fund Birth Defects and FAS Surveillance activities conducted by the Section of Women's, Children's and Family Health.

(Continued on Page 2)

Prepared by: Richard Mandsager, M.D.

Division: Public Health

Approved by: Karleen Jackson, Commissioner

Agency: Department of Health and Social Services

Phone 465-3092

Date/Time 01/30/2006

Date 01/31/2006

FISCAL NOTE

FN #

STATE OF ALASKA  
2006 LEGISLATIVE SESSION

BILL NO. HB312CS(HES)-DHSS-DPH-01-31-06

ANALYSIS CONTINUATION

The programs are funded through FY06 almost entirely with an RSA from the Office of FAS. But future funding is unknown, jeopardizing surveillance dollars. It is vital that this program continue so data can be used to evaluate the extensive education and prevention efforts launched in 2002.

Because alcohol-related birth defects may not be diagnosed until the child reaches 5 or 6 years of age, FAS surveillance needs to be supported at least through FY2010 in order to best evaluate the prevention efforts conducted between 2002 and 2005.

Any comprehensive effort to diagnose, treat and prevent FAS must include full funding for this vital surveillance activity

Personnel (cost projections are increased by 3 percent annually):

Health Program Manager II or Public Health Specialist II (1.0 FTE - \$88,152) - to manage overall surveillance activities for birth defects and FAS.

Health Program Associates (2.0 FTE - \$142,080) - to conduct chart reviews of all birthing hospitals and other facilities that report birth defects; work includes ongoing data collection for FAS.

Research Analyst I (1.0 FTE - \$53,491) - to review reports from hospitals, enter data, conduct inquiries and work with chart abstractors on FAS surveillance.

Other costs:

Contractual - \$14.9 for lease space.

Travel - \$12.5 to visit hospitals that report the most volume of FAS data, and to an annual national birth defects conference.

Supplies - \$.5 for basic office needs.

Equipment - \$7.0 for computers and other equipment.

# FISCAL NOTE

**STATE OF ALASKA**  
**2006 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB312CS(HES)-DHSS-DBH-01-31-06

( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_

Dept. Affected: Health & Social Services

Title RELATING TO PREGNANT WOMEN AND FETAL ALCOHOL EFFECTS

RDU Behavioral Health

Component AK Fetal Alcohol Syndrome Pgm

Sponsor WEYRAUCH

Requester HOUSE (HES)

Component No. 2598

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services	80.0	80.0	80.0	80.0	80.0	80.0
Travel	30.0	30.0	30.0	30.0	30.0	30.0
Contractual	2,139.0	2,139.0	2,139.0	2,049.0	2,049.0	2,049.0
Supplies						
Equipment						
Land & Structures						
Grants & Claims	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0	2,600.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,759.0</b>	<b>4,759.0</b>	<b>4,759.0</b>

<b>CAPITAL EXPENDITURES</b>						
-----------------------------	--	--	--	--	--	--

<b>CHANGE IN REVENUES (0)</b>						
-------------------------------	--	--	--	--	--	--

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health	4,849.0	4,849.0	4,849.0	4,759.0	4,759.0	4,759.0
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,849.0</b>	<b>4,759.0</b>	<b>4,759.0</b>	<b>4,759.0</b>

Estimate of any current year (FY2006) cost: \_\_\_\_\_

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

**POSITIONS**

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

The purpose of this legislation is to establish an infant screening program for early detection of a potential fetal alcohol spectrum disorder, to increase diagnostic and treatment services and to develop and distribute educational materials to hospitals, schools and alcohol licensees.

Four primary categories of service/activity are identified: 1) Distribution of information on FASD; 2) Screening for FASD; 3) Education; and 4) Diagnostic and Treatment Program.

Prepared by: Cristy Miller, Director

Phone: 269-3410

Division: Behavioral Health

Date/Time: 01/31/2006

Approved by: Karleen Jackson, Commissioner

Date: 01/31/2006

Agency: Department of Health and Social Services

FISCAL NOTE

FN #

STATE OF ALASKA  
2006 LEGISLATIVE SESSION

BILL NO HB312CS(HES)-DHSS-DBH-01-31-06

ANALYSIS CONTINUATION

Newborn screening:

10,000 births annually in Alaska X \$130.00 each for meconium testing for alcohol. This cost is only for the cost of a lab conducting the test on each sample, this does not include the additional cost of needed hospital supplies such as testing materials, packaging for sending samples to a lab, etc. = \$1.3 million.

Distribution of information on FASD (contractual):

Development of two new FASD brochures, for specific outreach such as to hospitals, schools and retailers and servers of alcoholic beverages.

\$7,000 per brochure development X 2 = \$14,000.

Printing and distribution of 100,000 brochures annually (to schools, vital statistics, hospitals, retailers and servers of alcohol.

\$3,000 per 10,000 X 10 = \$30,000.

Education (contractual):

Produce one new multimedia education: 1 campaign each year for 3 years.

TV, newsprint and radio public service announcements = \$90,000

Statewide media distribution of ads on TV, radio and newspapers.

\$405,000 annually.

Diagnostic services:

To build increased capacity of the existing 14 diagnostic teams across Alaska with annual grants of \$150,000 per clinic per year. This will reduce wait time, extend number of clinics per month and increase services to younger children (3 -6 years of age) and to adults (18+ years of age).

\$150,000 X 14 = \$2.1 million (grants).

Support services to provide in-state training in the 4-digit diagnostic code, Diagnostic Team Medical Director, Community Clinic development, and Parent Navigator training/support.

\$250,000 per year (contractual).

FISCAL NOTE

FN #

STATE OF ALASKA  
2006 LEGISLATIVE SESSION

BILL NO. HB312CS(HES)-DHSS-DBH-01-31-06

ANALYSIS CONTINUATION

Treatment:

It is unclear what new treatment services would be requested but we would suggest an increase in alcohol treatment services for women with alcohol dependence/abuse, before they become pregnant.

\$500,000 per year to enhance existing women's substance abuse treatment services (grants).

Training:

Conduct two additional Training of Trainers for the FASD 101 and 201 curricula.

\$50,000 in contracting with trainers and curriculum updates as needed.

\$30,000 in travel for selected trainers to attend 5 day training sessions.

Personnel:

One FTE position (Project Coordinator, Range 18) will be needed to coordinate the above activities. When the federal FASD grant ended, we lost one full-time position that managed the diagnostic teams and FASD Trainers.

\$80,000 (approx.)

Total amount requested is \$4,849,000.



**STATE OF ALASKA**  
**OFFICE OF THE GOVERNOR**

**BILL ANALYSIS**

DEPARTMENT Health & Social Services	DIVISION Behavioral Health	BILL NUMBER CS HB 312 (HES)	SPONSOR WEYRAUCH
SHORT TITLE OF BILL RELATING TO PREGNANT WOMEN AND FETAL ALCOHOL EFFECTS			
DEPARTMENT POSITION We support the bill with amendments.			
PREPARED BY Stacy B. Toner	DATE 01/31/2006	COMMISSIONER'S SIGNATURE Karleen Jackson	DATE 01/31/2006

**SUMMARY**

OTHER AGENCIES AFFECTED BY BILL Department of Education Department of Corrections Division of Public Health	CONSTITUENT GROUP(S) AFFECTED BY BILL Alaska Medical Association Mid-level Practitioners (Mid-wives and Nurses)
ORGANIZATIONAL SUPPORT FOR BILL	ORGANIZATIONAL OPPOSITION TO BILL

FISCAL IMPACT       NONE       FISCAL NOTE ATTACHED

**BACKGROUND/LEGISLATIVE INTENT**

The purpose of this legislation is to establish an infant screening program for early detection of a potential fetal alcohol spectrum disorder, to increase diagnostic and treatment services and to develop and distribute educational materials to hospitals, schools and alcohol licensees. While the intent of this legislation is positive, the breadth and lack of specificity regarding requested strategies make it difficult to capture the full intent.

**ANALYSIS OF BILL/PROGRAM EFFECTS**

Four primary categories of service/activity are identified: 1) Distribution of information on FASD; 2) Screening for FASD; 3) Education; and 4) Diagnostic and Treatment Program.

1) Distribution of information on FASD. The DHSS Office of FAS has been developing and distributing information about FAS and other alcohol related disabilities since 1998. In 2001 we developed two educational brochures on FASD; one for women and their partners who were thinking about healthy pregnancies and the danger of drinking alcohol during pregnancy. The second one giving ideas for getting help is specifically geared to family, friends and partners of women with an alcohol dependence that are not able to make healthy decisions themselves about drinking during pregnancy.

**AMENDMENTS PROPOSED**

While the Department endorses and supports many parts of this legislation, the current version is so broad and so overreaching that the cost of implementation would be prohibitive. We would encourage a more streamlined version, building on the progress that has been made over the past eight years and targeting specific educational outreach, service systems improvement and a more focused method to accomplish early diagnosis of individuals with an FASD.

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS.

## BILL ANALYSIS

### STATE OF ALASKA 2006 LEGISLATIVE SESSION ANALYSIS CONTINUATION

BILL NO. CS HB 312 (HES)

These brochures continue to be printed and distributed across Alaska through vital statistics (as required by law); public health centers, medical clinics, WIC programs, public assistance offices, treatment facilities, schools and other locations. We can continue to print and distribute these materials, as well as develop other materials as deemed necessary and appropriate. In addition, we have developed and distributed message pens, beverage napkins, message brains, note pads and a variety of other items for use at health fairs, and in conjunction with International FAS Awareness Day (September 9). We also have a library of books, articles, brochures, videos, curricula and other materials in our leading library. A website of resources, information, training, etc. is also maintained at [www.hss.state.ak.us/fas](http://www.hss.state.ak.us/fas). All of these efforts have been very successful and with necessary resources can be continued.

2) Screening for FASD. While we believe the overriding goal for this category is earlier detection and diagnosis of an individual with a disability resulting from prenatal exposure to alcohol, there is no ability to screen at birth for an FASD. You can screen a newborn for exposure to alcohol either through a blood-alcohol test that will indicate alcohol exposure within 24-36 hours and you can test the baby's meconium (first stool) for traces of alcohol by-products. The meconium begins developing during the second trimester of pregnancy and can indicate if alcohol was consumed by the mother during the second and third trimester of pregnancy. One of the problems with meconium testing is that it does not show any correlation between the amount of alcohol consumed and the alcohol-by product in the meconium. So, if a mother had one drink it would potentially show the same as if the mother drank 50 drinks. For this reason, the usefulness of the meconium testing is minimal and will not indicate if the infant may or may not have an alcohol-related disability. Blood-alcohol testing would only be useful for very recent alcohol intake, but can be more precise regarding amount of alcohol consumed. It is unclear in the legislation, but it appears to be implied, that every newborn would be tested for alcohol which would result in over 10,000 tests per year at a cost of potentially \$130.00 per blood-alcohol test and \$130.00 for meconium testing (these figures are estimates based on figures received from Bartlett Memorial Hospital and Motherisk Laboratory) and would have little impact on early diagnosis. Unless a newborn has been severely impacted by maternal alcohol consumption, few signs of disability will be visible at birth. Age three is about the earliest a full diagnosis can occur because a complete diagnostic assessment includes weight and growth measurements, facial measurements for dysmorphology, and central nervous system testing including psychological testing, speech and language testing and motor skill testing.

The one area where testing for alcohol exposure would be minimally helpful in a later diagnosis would be documentation of maternal alcohol consumption. But even that would be of limited use due to the nature of the 4-digit diagnostic code being used by our 14 Alaska diagnostic teams; the level of alcohol intake by the mother needs to be rated on a scale of 1 (little use) to 4 (significant use) and the above tests are unable to distinguish time and amount of alcohol use.

## BILL ANALYSIS

### STATE OF ALASKA 2006 LEGISLATIVE SESSION ANALYSIS CONTINUATION

BILL NO. CS HB 312 (HES)

Our current FAS prevalence rates, as determined by the Division of Public Health, are approximately 16 babies born with FAS and approximately 160 born with a potential FASD per year. Testing all 10,000 births each year for blood or meconium alcohol would be an expensive process that will not help reach the goal of earlier diagnosis of individuals with an FASD. Currently in Alaska there are 14 FASD diagnostic clinics that have been developed over the past 6 years. Since 2000 over 800 diagnoses have been completed. The average age of diagnosis at this time is 10 years of age and we would like to see children being diagnosed earlier (by age 6 is recommended) but our diagnostic capacity is limited. Most clinics are minimally staffed, often with professionals who volunteer their time once a month. While some communities hold weekly or bi-weekly diagnostic clinics (2 clients can be diagnosed in a day), some are only able to participate in diagnostic clinics monthly.

Additional resources could improve the availability of our diagnostic capacity and begin moving toward earlier diagnosis. Currently we have funding available to pay for approximately 200 diagnoses per year, paid through provider agreement contracts. Another need discussed in this legislation is for improved adult diagnostic services. We would like to see our existing services be expanded to also include more capacity for adult diagnosis.

The issue related to medical providers who violate the screening order being guilty of a misdemeanor seems extreme. If there was a newborn screening test, this should be required in the same way as other newborn metabolic screening tests. The DHSS is considering, at present, adding FASD to the list of reportable conditions. There are numerous barriers, however, this would likely be a useful step. The DHSS has concern about what the purpose would be for the reporting requirement of all positive tests (newborn blood alcohol levels) being reported to the Department. Is the purpose for a registry of women who consumed alcohol during their pregnancy or a registry of children potentially exposed to alcohol prenatally? If so, it is unclear what this would accomplish and how such a registry would be used. What issues of confidentiality would we face? Of equal concern is the issue that parents who refuse to allow such a test will also be reported to the Department, again for what purpose? These reporting requirements do not appear to further the sponsor's goal of early diagnosis.

3) Education. We vigorously support the need for ongoing education regarding fetal alcohol spectrum disorders and the dangers of alcohol consumption during pregnancy. In 2002 the Office of FAS conducted a Knowledge, Attitudes, Beliefs and Behaviors (KABB) survey about FAS in Alaska. We conducted a phone survey of the general public and a paper survey for eight selected professional groups: Family Practice doctors, OB-GYN 's, Pediatricians, Substance Abuse Counselors, Public Health Nurses, Social Workers, Educators, and Juvenile and Adult Corrections Personnel. The results of this survey indicate that there was a lack of information about the impact of alcohol during pregnancy and that there was not a clear consensus related to the safety of some amount of alcohol consumption during pregnancy.

## BILL ANALYSIS

### STATE OF ALASKA 2006 LEGISLATIVE SESSION ANALYSIS CONTINUATION

BILL NO. CS HB 312 (HES)

Over the last five years we have developed two basic FASD curricula 101 to understand the basic information about alcohol and pregnancy and 201 to improve service delivery by developing appropriate interventions and strategies for working with individuals with an FASD. We have trained and certified over 30 statewide trainers who are available to provide training to a variety of service providers.

We have trainers in the Office of Children/s Services, Division of Juvenile Justice, Department of Corrections, substance abuse providers and others. We have two online FAS curricula developed in partnership with the Department of Education and Early Development one specifically for educators to meet their legal requirement of receiving training about FASD. RurALCAP, an Anchorage-based grantee, developed a series of educational materials called for women of child bearing age and a curriculum for youth (middle and high school) on the danger of drinking and pregnancy.

We would like to see FASD training included in the required alcohol server TAM training this would meet the goal of training all alcohol servers about the impact of alcohol on a developing fetus. In addition, materials could be developed and made available to retailers who sell alcohol, but we may also want to focus on retailers who sell home pregnancy kits to require information on FASD be included in each pregnancy testing kit sold and with the sale of contraceptives. While we support more education, it will be important to develop a clear strategy of where, what and who best to provide such educational materials to for the greatest impact.

4) Diagnostic and Treatment Program. Developing full diagnostic capacity for early detection and diagnosis of fetal alcohol spectrum disorders is a high priority for the DHSS.

Currently we have 13 community-based diagnostic teams and 1 specialty diagnostic team at API. Team development began in 1999 with a small seed grant from the Mental Health Trust Authority. In 2000 when we received the federal earmark from Senator Ted Stevens, the Office of FAS began a deliberate effort to increase capacity and enhance diagnostic quality and consistency. As stated above, expanding our existing FASD diagnostic services and capacity is needed all teams currently have client waitlists for requested diagnoses. The issue of improved services is less defined and more difficult to achieve.

Training of all services providers in Alaska has been a goal of the Office of FAS. Service providers that are in daily contact with individuals with an FASD include mental health providers, disability providers, residential care providers, educators, substance abuse counselors, juvenile and adult correctional personnel, judges, attorneys, employers, child care providers, physical therapist, health care providers, etc. We are currently working in partnership with Dept. of Education and Early Development, Dept. of Corrections, and the Alaska Court System.

Through the Bring the Kids Home Initiative we have recognized that many of the children and youth in out-of-state placement are those with an FASD. We are developing strategies to better train our Alaskan providers to serve this population in-state.

24-LS0241\Y  
Mischel  
1/23/06

CS FOR HOUSE BILL NO. 312( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FOURTH LEGISLATURE - SECOND SESSION

BY

Offered:

Referred:

Sponsor(s): REPRESENTATIVES WEYHRAUCH, Crawford

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to pregnant women; requiring hospitals, schools, and alcohol licensees  
2 and permittees to distribute information about fetal alcohol spectrum disorders; and  
3 establishing an infant screening program and a diagnosis and treatment program for  
4 persons suffering fetal alcohol spectrum disorders."

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

6 \* Section 1. AS 08.65.140(c) is amended to read:

7 (c) A certified direct-entry midwife shall comply with the requirements of  
8 AS 18.15.150 concerning taking of blood samples, AS 18.15.200 concerning  
9 screening of phenylketonuria (PKU), AS 18.15.230, concerning screening for fetal  
10 alcohol spectrum disorders, AS 18.50.160 concerning birth registration,  
11 AS 18.50.230 concerning registration of deaths, AS 18.50.240 concerning fetal death  
12 registration, and regulations adopted by the Department of Health and Social Services  
13 concerning prophylactic treatment of the eyes of newborn infants.

14 \* Sec. 2. AS 14.30 is amended by adding a new section to article 5 to read:

1           **Sec. 14.30.372. Distribution of information on fetal alcohol spectrum**  
2 **disorders.** For students in grades six through 12, a school shall maintain a system of  
3 distribution of information prepared and made available under AS 47.20.300 for the  
4 prevention of fetal alcohol spectrum disorders.

5 \* **Sec. 3.** AS 14.45 is amended by adding a new section to read:

6           **Sec. 14.45.115. Distribution of information on fetal alcohol spectrum**  
7 **disorders.** A religious or other private school that elects to comply with AS 14.45.100  
8 - 14.45.130 shall, for students in grades six through 12, maintain a system of  
9 distribution of information prepared and made available under AS 47.20.300 for the  
10 prevention of fetal alcohol spectrum disorders.

11 \* **Sec. 4.** AS 18.15 is amended by adding a new section to article 3 to read:

12           **Sec. 18.15.230. Screening for fetal alcohol spectrum disorders.** (a) A  
13 physician and certified direct-entry midwife who attend a newborn child shall cause  
14 the child to be tested for fetal alcohol spectrum disorders. If the newborn is delivered  
15 in the absence of a physician or certified direct-entry midwife, the nurse who first  
16 visits the child shall cause this test to be performed.

17           (b) The department shall adopt regulations regarding the method used and the  
18 time or times of testing as accepted medical practice indicates.

19           (c) The necessary laboratory tests and the test materials, reporting forms, and  
20 mailing cartons shall be provided by the department.

21           (d) All tests considered positive by the screening method shall be reported by  
22 the screening laboratory to the physician and to the department. The department shall  
23 provide services for treatment and clinical follow-up of any diagnosed case.

24           (e) A licensed physician, certified direct-entry midwife, or licensed nurse  
25 attending a newborn or infant who violates this section is guilty of a misdemeanor and,  
26 upon conviction, is punishable by a fine of not more than \$500. However, a person  
27 attending a newborn or infant whose request for appropriate specimens from the  
28 newborn or infant is denied by the parent or guardian is not guilty of a misdemeanor.  
29 The fact that a child has not been subjected to the test because a request for  
30 appropriate specimens has been denied by the parent or guardian shall be reported to  
31 the department.

1 (f) In this section, "physician" means a doctor of medicine licensed to practice  
2 medicine in this state or an officer in the regular medical service of the armed forces  
3 of the United States or the United States Public Health Service assigned to duty in this  
4 state.

5 \* **Sec. 5.** AS 18.20 is amended by adding a new section to read:

6 **Sec. 18.20.086. Distribution of information on fetal alcohol spectrum**  
7 **disorders.** A hospital shall maintain a system of distribution of information prepared  
8 and made available under AS 47.20.300 for the prevention of fetal alcohol spectrum  
9 disorders.

10 \* **Sec. 6.** AS 47.20 is amended by adding new sections to read:

11 **Article 2. Fetal Alcohol Spectrum Disorders Prevention.**

12 **Sec. 47.20.300. Education.** (a) The department shall prepare or obtain  
13 distributable and accurate information on prevention, early diagnosis, and treatment of  
14 and available resources pertaining to fetal alcohol spectrum disorders. The department  
15 shall make this information available to all hospitals, schools that serve a student in  
16 grades six through 12, and licensed and permitted persons who are engaged in selling  
17 or serving alcoholic beverages.

18 (b) The department shall maintain a public information campaign to provide  
19 relevant information under (a) of this section to local and state media outlets for  
20 regular broadcast to the public.

21 (c) The department shall work in cooperation with the Department of  
22 Education and Early Development to prepare and distribute curriculum materials and  
23 resources pertaining to the prevention, diagnosis, and treatment of fetal alcohol  
24 spectrum disorders to all schools serving a student in grades six through 12 in the  
25 state.

26 (d) A person who is employed by a hospital or by a school that serves a  
27 student in grades six through 12 in the state or who is licensed or permitted to sell or  
28 serve alcoholic beverages in the state shall distribute the information made available  
29 under (a) of this section in a systematic way to the public.

30 **Sec. 47.20.310. Diagnosis and treatment program.** (a) The department shall  
31 establish a program for the diagnosis and treatment of persons suffering from fetal

1 alcohol spectrum disorders.

2 (b) The program must include

3 (1) identification of populations identified as being at risk of fetal  
4 alcohol spectrum disorders, including mothers with at least one child born with a fetal  
5 alcohol spectrum disorder;

6 (2) early diagnosis and screening conducted in cooperation with  
7 schools and health care facilities;

8 (3) targeted prevention education for populations identified as being at  
9 risk of fetal alcohol spectrum disorders;

10 (4) research in successful diagnosis and treatment techniques;

11 (5) employment of effective diagnosis and treatment techniques aimed  
12 at specialized assistance to school age children and young adults to reach optimum  
13 functioning and employability;

14 (6) outreach to detained and incarcerated persons and intervention  
15 programs for state and local juvenile and adult correctional facilities and probation  
16 offices;

17 (7) support services for

18 (A) activities of daily living; and

19 (B) accessing housing and nutrition resources for

20 (i) children and their parents; and

21 (ii) adults diagnosed with fetal alcohol spectrum  
22 disorders; and

23 (8) inclusion of culturally sensitive materials and assistance.

24 **Sec. 47.20.350. Definitions.** In AS 47.20.300 - 47.20.350,

25 (1) "department" means the Department of Health and Social Services;

26 (2) "treatment" has the meaning given in AS 47.37.270.

27 \* **Sec. 7.** The uncodified law of the State of Alaska is amended by adding a new section to  
28 read:

29 REVISOR'S INSTRUCTION. (a) The revisor of statutes is requested to change the  
30 title of article 3 of AS 18.15 from "Phenylketonuria (PKU) and Other Heritable Diseases." to  
31 "Phenylketonuria (PKU) and Other Conditions."

1 (b) In AS 47.20.060 - 47.20.290, the revisor of statutes shall substitute "AS 47.20.060  
2 - 47.20.290" for "this chapter."

**Table 18**  
**Lifetime Costs of Medical and Residential Services**  
**for Children Born with FAS in 2003**

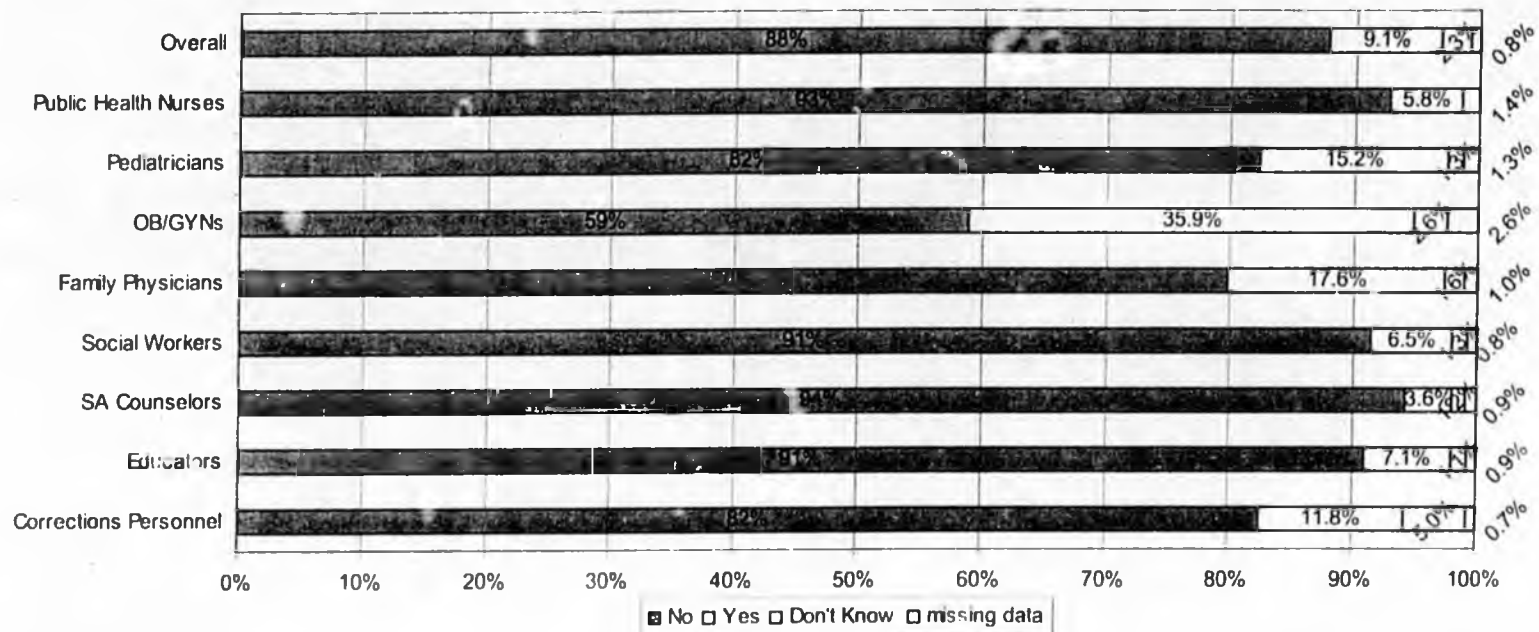
	<b>Incidence and Costs</b>
Alaska births in 2003	10,084
FAS incidence per 1,000 live births	1.5
FAS births	15
<b>Lifetime FAS cost</b>	<b>\$47,037,000</b>

Source: Birth data from the Alaska Bureau of Vital Statistics. McDowell Group, based on FAS data from Alaska Department of Health and Social Services; and Health Professions Education Partnership Act of 1998, S. 1754, 108d Congress (1998).

**Costs**

1. In your opinion, is it okay for a pregnant woman to have an occasional alcoholic beverage?

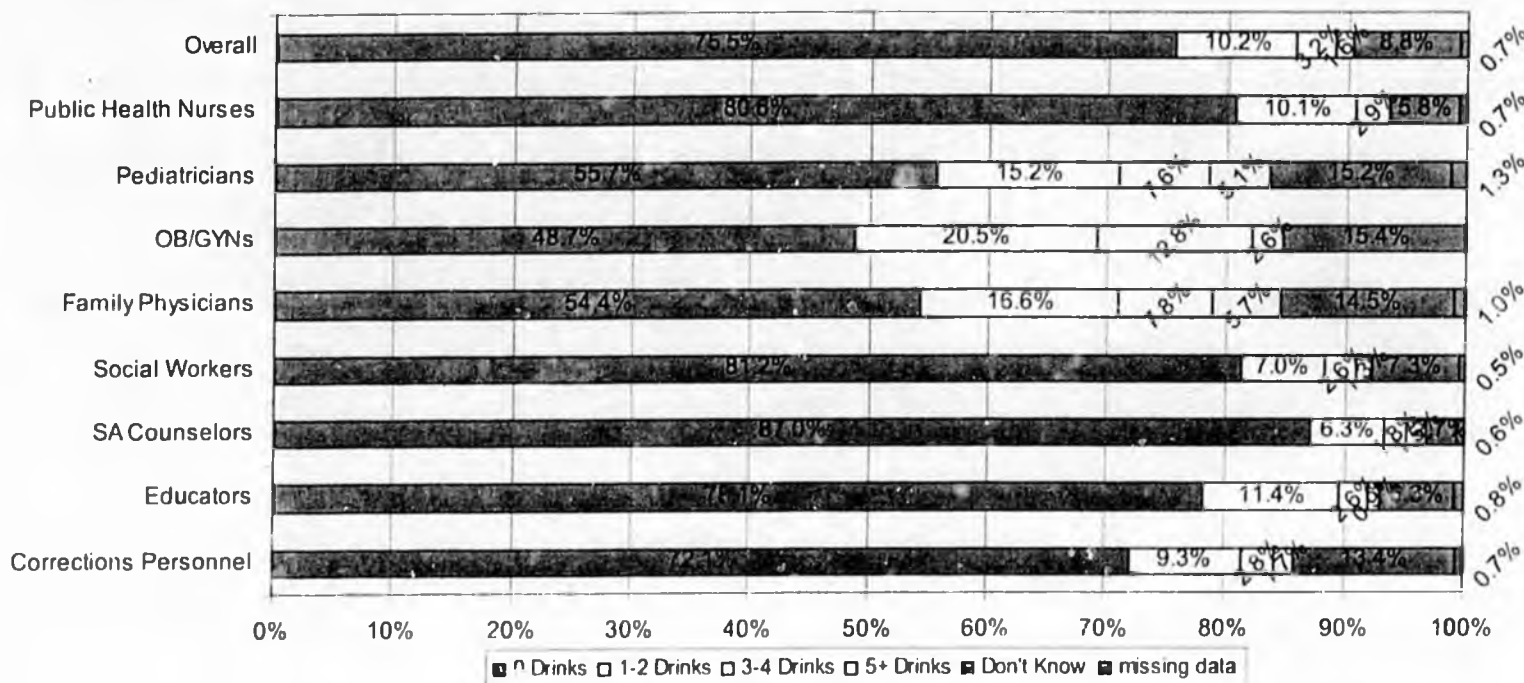
Respondents to this item indicate a surprisingly wide range of responses. Overall, 88 percent reported that, in their opinion, it is not okay for a pregnant woman to have an "occasional" drink of alcohol. Just over nine percent though, reported that it was okay for a pregnant woman to have the occasional alcoholic drink and slightly more than two percent responded that they did not know if it was okay.



The largest proportion of respondents who indicated that consuming the occasional alcoholic drink was okay, belonged to the medical OB/GYN group (36 percent). Family Physicians made up the next largest group which indicated such consumption was okay (18 percent), followed by Pediatricians (15 percent). Within the medical community of respondents, only Public Health Nurses (PHN) responded at a rate (six percent) less than the overall average (nine percent). Across the four medical respondent groups, one percent (pediatricians) to three percent (OB/GYN) reported that they did not know whether it was okay for a pregnant woman to drink alcohol.

2. What do you think is the most alcohol that a woman could drink during her pregnancy that would probably be safe for her developing baby?

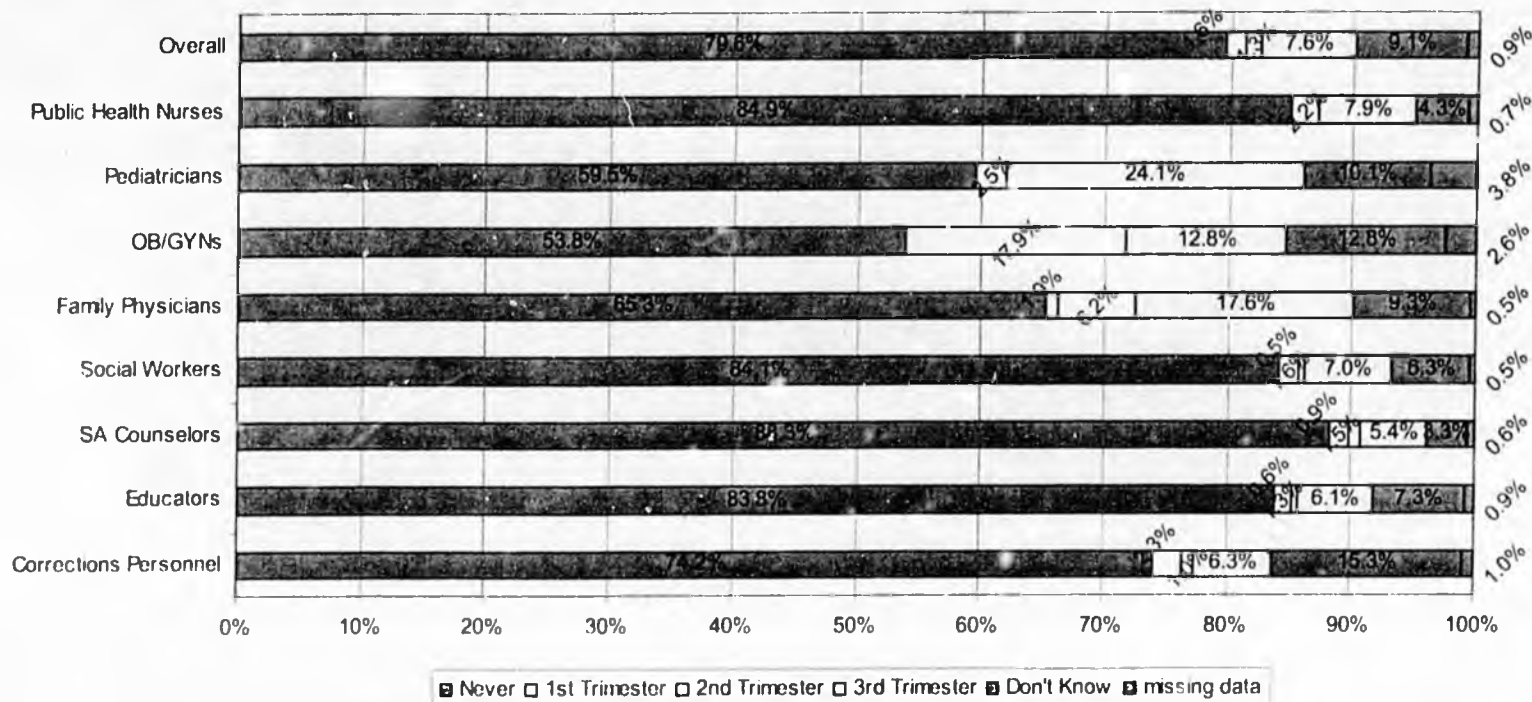
Three out of four respondents reported that no amount of alcohol is safe for a pregnant woman to drink. Of the remaining respondents, 15 percent reported "safe" levels of alcohol consumption ranging from one to five or more drinks (10 percent 1-2 drinks, three percent 3-4 drinks, and two percent 5+ drinks). Slightly less than nine percent reported that they did not know what level of alcohol consumption would be safe for the developing fetus.



As in the preceding, OB/GYNs, Family Physicians, and Pediatricians indicated higher levels of maternal "safe" alcohol consumption than the other respondent groups; 36 percent 1-5+ drinks, 30 percent 1-5+ drinks, and 28 percent 1-5+ drinks, respectively. These same three medical respondent groups also reported higher rates of "Don't know" than other groups – approximately 15 percent each. Among the medical respondents, only PHN's responded at a level comparable with the other respondents.

3. When do you think that a woman could drink during her pregnancy that would probably be safe for her developing baby?

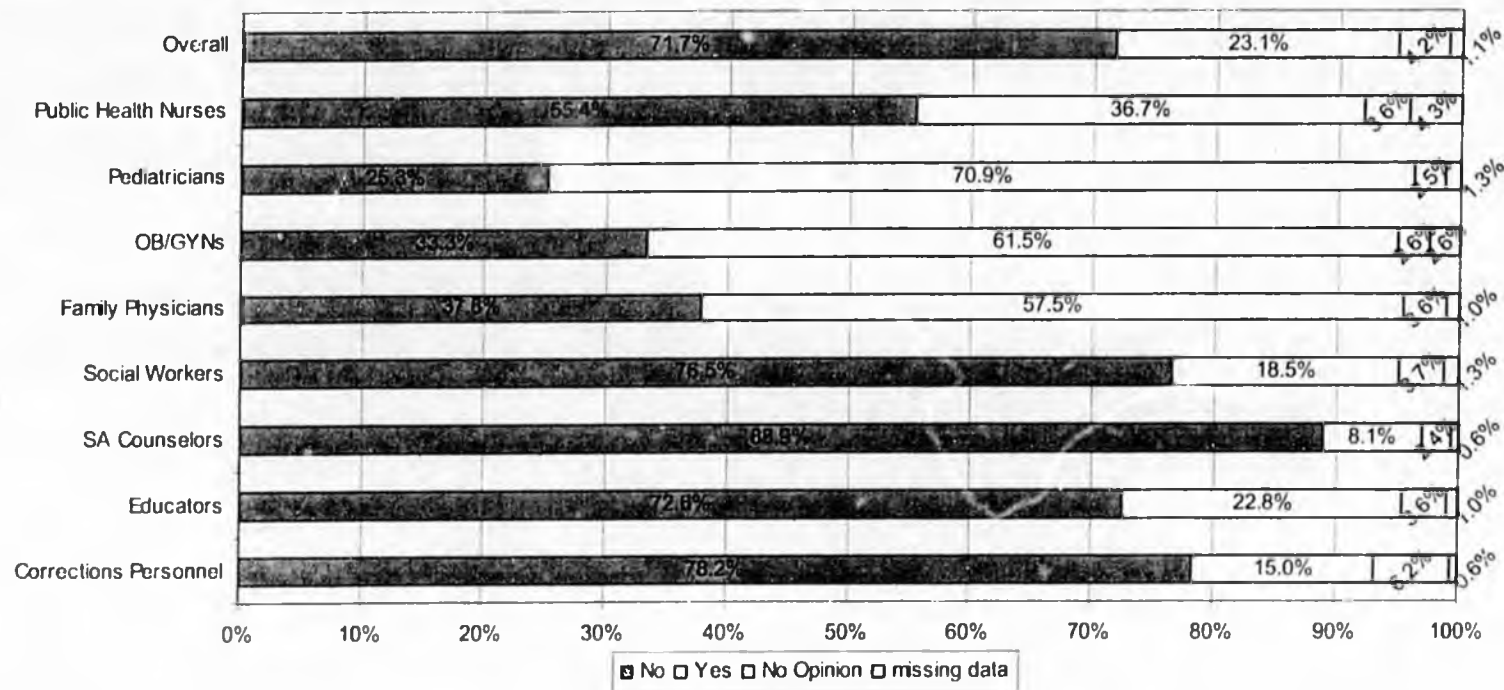
Across all respondent groups, four out of every five reported that, while pregnant, there is no safe period to drink alcohol. Eleven percent reported that alcohol consumption was safe at some time during pregnancy, with the majority reporting that alcohol consumption during the third trimester was safe on the developing fetus (eight percent).



The three medical respondent groups discussed in the previous two items, not surprisingly, identified specific trimesters as being safe at higher rates than other respondent groups. Pediatricians and Family Physicians reported this safe period as being the first trimester of pregnancy (three percent and one percent respectively) and OB/GYN's and Family Physicians also reported the second trimester (18 percent and six percent respectively). The third trimester was reported as the period during which it is safe to drink by the largest proportion of all respondents: Pediatricians - 24 percent, Family Physicians - 18 percent, and OB/GYN's - 13 percent.

4. In your opinion, is it okay for a nursing mother to have an occasional alcoholic beverage?

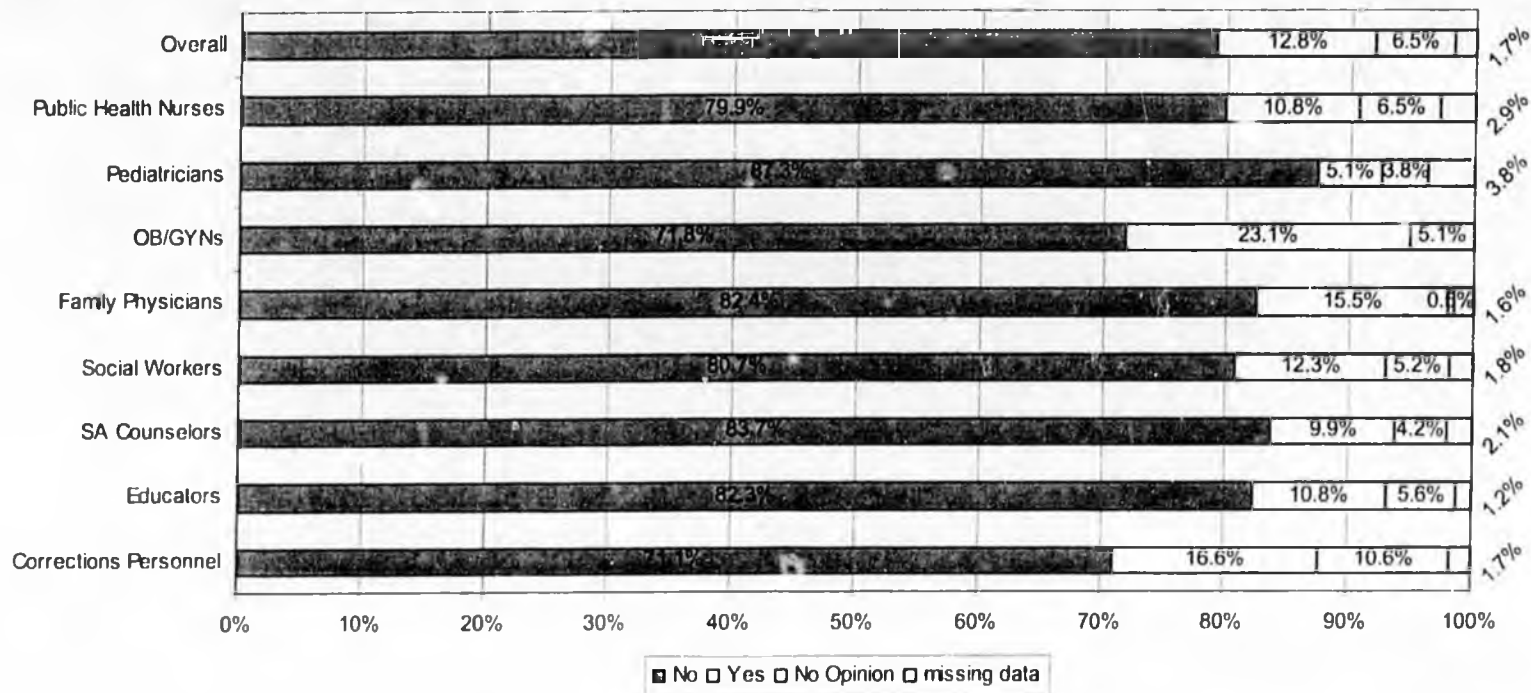
Regardless of respondent occupation, 72 percent reported that it was not all right for a nursing mother to have an occasional alcoholic beverage. Twenty-three percent reported that, in their opinion, it was all right, with the remaining five percent reported that either they did not know (four percent) or failed to respond to the question (one percent).



As in the previous questions regarding alcohol use during pregnancy, individuals in the medical professions appeared to be the most liberal when it came to post-natal alcohol consumption. Thirty-seven percent of PHN's recorded that alcohol consumption by nursing mothers was alright, as did 58 percent of Family Physicians, 62 percent of OB/GYN's, and 71 percent of Pediatricians. Substance Abuse Counselors were the most conservative, and only eight percent recorded that, in their opinion, it is all right for a nursing mother to have an occasional alcoholic beverage.

5. Do you think it's her own business if a woman drinks alcoholic beverages during her pregnancy?

Across all respondent groups, 79 percent recorded that it was a not woman's "own business" if she drank alcoholic beverages during her pregnancy. Thirteen percent reported that it was her "own business" whether she drank alcoholic beverages during her pregnancy and seven percent had no opinion.



Pediatricians as an occupational group contained the largest proportion of respondents who indicated that it was not all right for a woman to drink alcoholic beverages during her pregnancy (87 percent) and Corrections Personnel the smallest (71 percent). The OB/GYN occupational group of respondents contained the largest proportion who indicated that it was all right for a woman to consume alcohol during her pregnancy (23 percent) and Pediatricians the smallest (five percent).

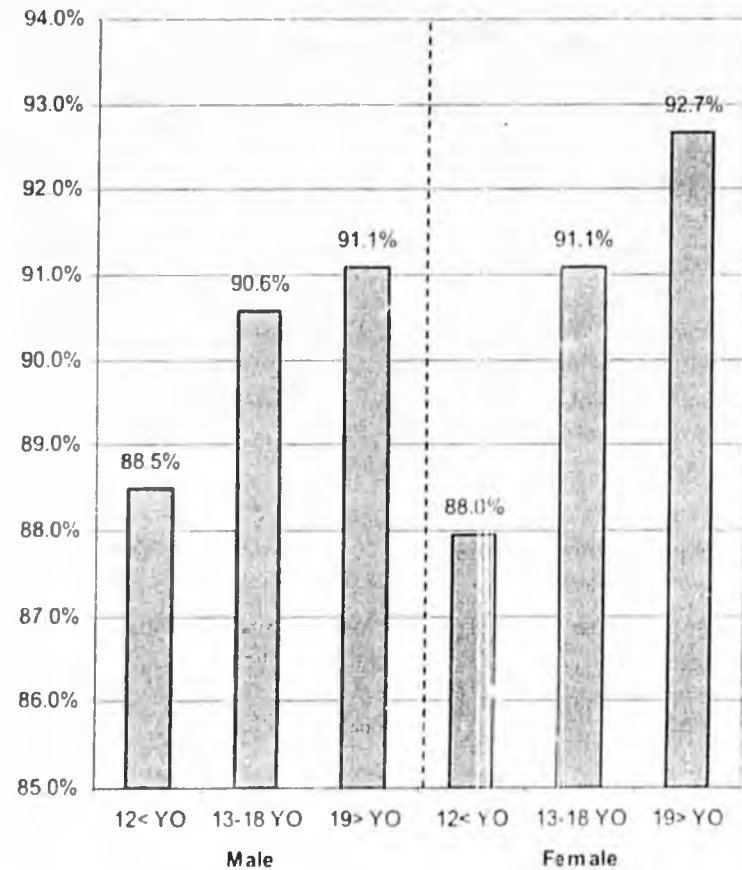
## Family Physicians

**Question 13.** Which of these populations do you currently provide services for?

Of the 189 Family Physician respondents, the largest proportion identified females in the 19 years of age and above category as the population they currently serve (93 percent). Ninety-one percent identified females in the 13-18 age category and 88 percent identified females age 12 and under.

Males, regardless of age grouping, were identified in approximately equal proportions as females; 91 percent 19 years and above, 91 percent age 13-18, and 86 percent age 12 and younger.

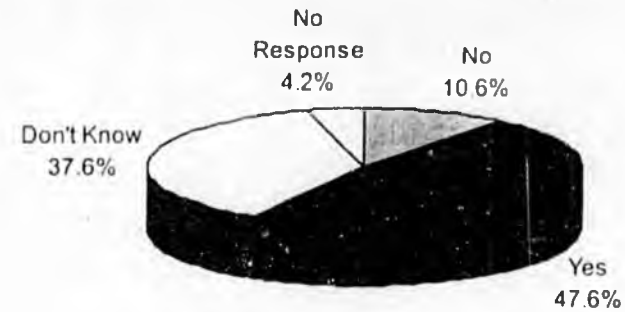
**Note:** respondents were able to identify more than one age grouping and both genders, so percentages do not sum to 100.



**Question 17.** *Do you currently have any FAS screening or diagnostic services available in your community?*

The largest proportion of Family Physician respondents reported that there are FAS screening and diagnostic services in their community (48 percent).

Approximately 38 percent reported that they were not aware of such services and 11 percent indicated that these services did not exist in their community.



**Question 18.** *Please indicate whether or not you have ever:*

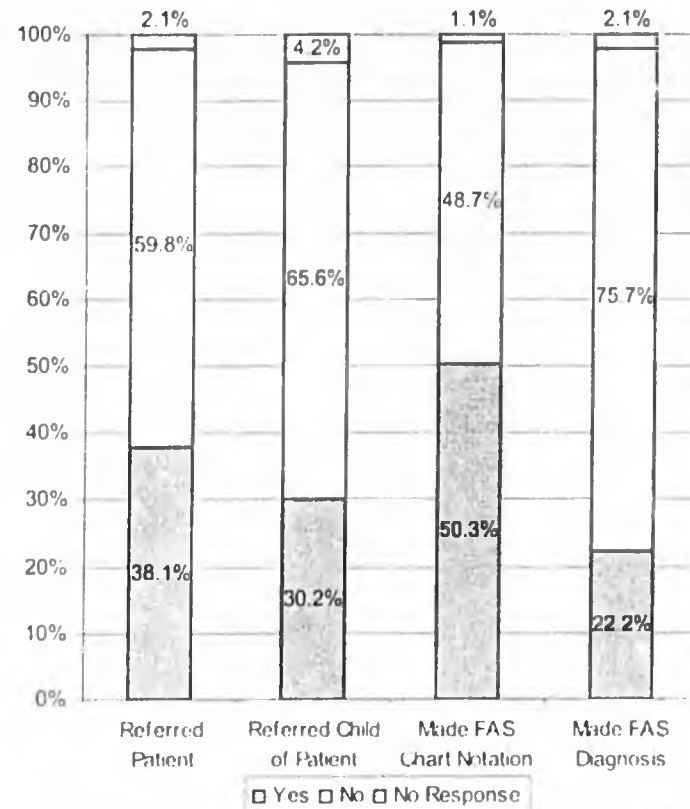
- 18a) *Referred a patient for an FAS screening or diagnosis?*
- 18b) *Referred child of a patient for an FAS screening or diagnosis?*
- 18c) *Made an FAS chart notation on a patient?*
- 18d) *Made an FAS diagnosis on a patient?*

Thirty-eight percent of respondents reported that they had referred a patient for FAS screening or diagnosis. (18a)

Thirty percent had referred a child of a patient for FAS screening or diagnosis. (18b)

One-half of respondents had made an FAS chart notation on a patient. (18c)

Only 22 percent of Family Physician respondents reported having diagnosed a patient with FAS. (18d)



**Question 19.** When providing treatment for your patients, how often do you:

19a) Ask your pregnant patients if they use alcohol?

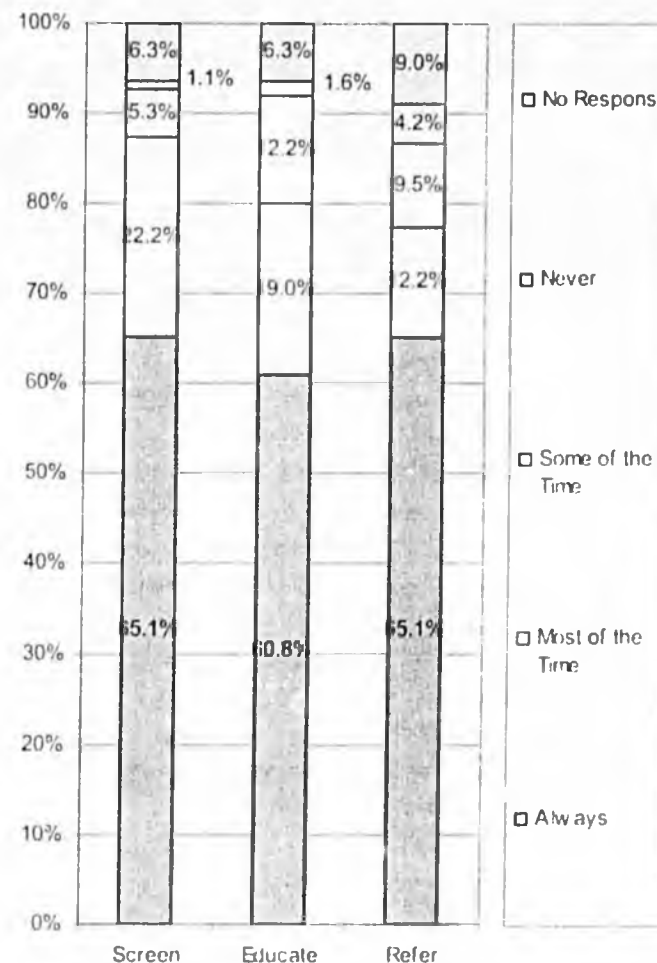
19b) Inform your pregnant patients about the effects of alcohol on a developing baby?

19c) Refer your pregnant patients who have alcohol abuse problems to a treatment or counseling program?

Sixty-five percent of the respondents reported that they *Always* ask pregnant patients if they use alcohol. An additional 28 percent reported that they ask such a question *Most of the Time* (22 percent) or *Some of the Time* (five percent). (19a)

Sixty-one percent of the respondents reported that they *Always* inform pregnant clients of the effects of alcohol on a developing baby. An additional 31 percent reported that they provide such information *Most of the Time* (19 percent) or *Some of the Time* (12 percent). (19b)

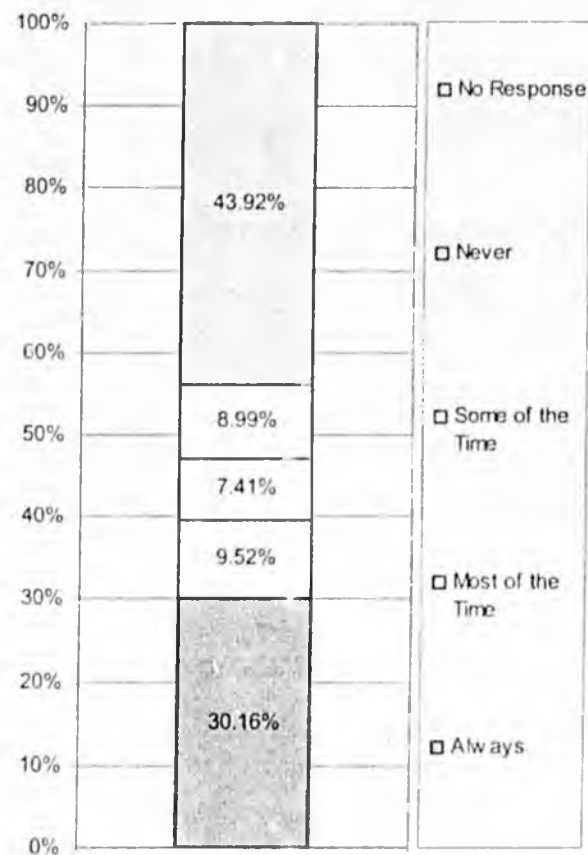
Sixty-five of respondents reported that they *Always* refer pregnant clients with alcohol problems to a treatment or counseling program. An additional 22 percent reported that they make such a referral *Most of the Time* (12 percent) or *Some of the Time* (ten percent). (19c)



**Question 20.** During the past year when you delivered the babies of women that you knew or strongly suspected to have alcohol abuse problems, how often did you note alcohol use on the birth record of those babies?

Thirty-one percent of Family Physicians reported that when they delivered the babies of women they knew or strongly suspected of having alcohol abuse problems, they *Always* noted alcohol use on the birth record of those babies. An additional 17 percent reported that they made such birth record notations *Most of the Time* (ten percent) or *Some of the Time* (seven percent).

Nine percent of Family Physicians reported that they *Never* note alcohol use on the birth record of babies whose mothers were known or strongly suspected to have alcohol abuse problems.



**Question 21.** Please indicate how strongly you agree or disagree with the following statements about your role as a health care provider:

21a) I feel that it is important for family physicians to address alcohol abuse problems.

21b) I feel comfortable making a chart notation of Fetal Alcohol Syndrome (FAS).

21c) I feel comfortable making a diagnosis of Fetal Alcohol Syndrome (FAS).

21d) I feel that I have appropriate skills and knowledge to deal with patients and families who have alcohol abuse problems.

21e) I feel that I have the appropriate skills and knowledge to deal with patients who have FAS.

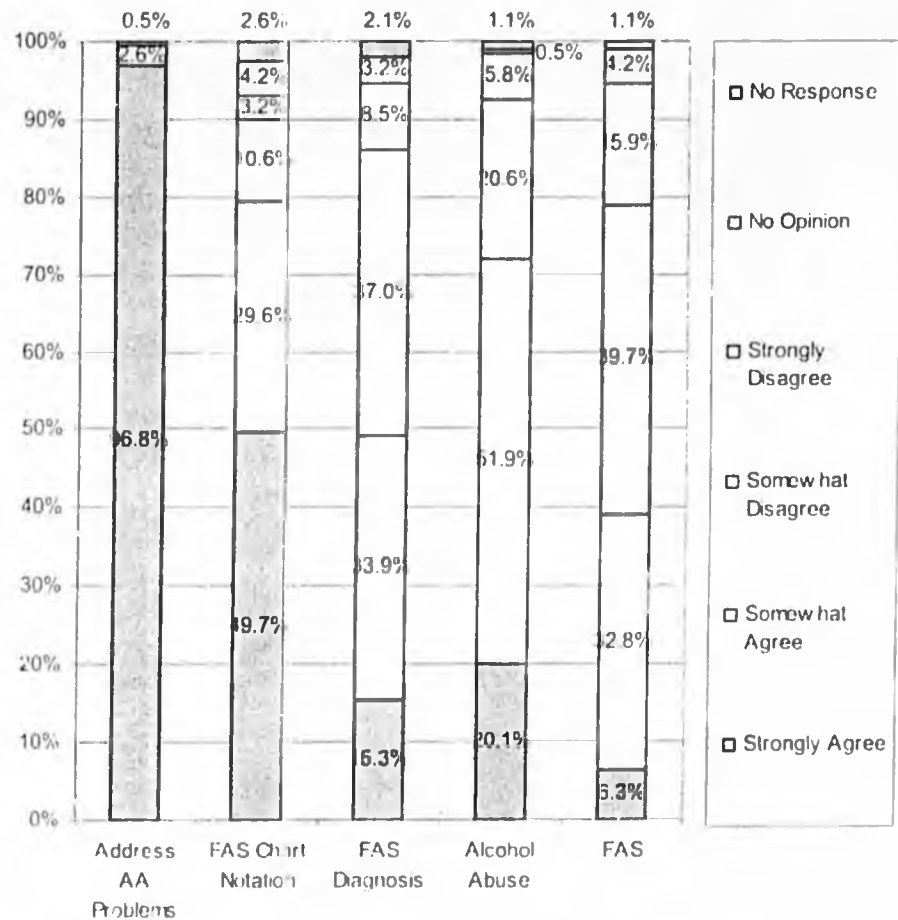
Combined, 99 percent of respondents reported that they either *Strongly Agree* or *Somewhat Agree* that it is important to address alcohol abuse problems. (21a)

Approximately one-half of the respondents *Strongly Agree* that they feel comfortable making a chart notation on FAS. An additional 30 percent reported that they *Somewhat Agree* with this statement. (21b)

Slightly over 49 percent of Family Physician respondents indicated they either *Strongly Agree* or *Somewhat Agree* that they are comfortable diagnosing FAS. (21c)

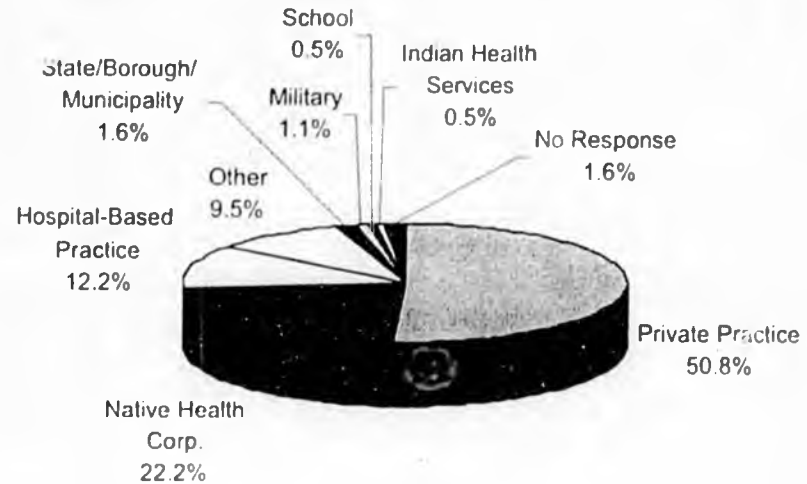
Close to three-fourths of respondents reported that they either *Strongly Agree* or *Somewhat Agree* that they possess the appropriate skills and knowledge to deal with the alcohol abuse problems of their clients and families. (21d)

Thirty-nine percent of respondents reported they either *Strongly Agree* or *Somewhat Agree* that they possess the skills and knowledge to deal with clients who possess FAS. (21e)



**Question 22. What is the primary setting for your practice?**

The largest proportion of Family Physician respondents reported that they are in *Private Practice* (51 percent). *Native Health Corporations* were the primary setting for 22 percent of respondents and 12 percent reported they were in a *Hospital Based Practice*. The setting category *Other* was indicated by ten percent and the remaining four options (*State/Borough/Municipality*, *Military*, *Indian Health Services*, and *School*) accounted for one percent to two percent each.

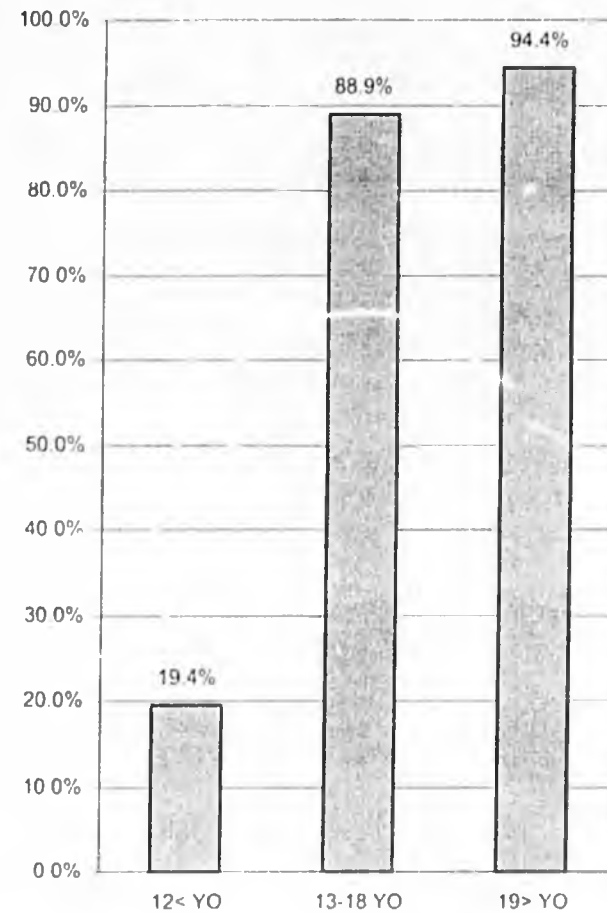


## Obstetricians and Gynecologists (OB/GYN)

Question 13. Which of these populations do you currently provide medical services for?

Of the 36 Obstetricians and Gynecologists (OB/GYN) respondents, 94 percent placed their female patients in the 19 years of age and above category. Eighty-nine percent identified females in the 13-18 age category and 19 percent identified females age 12 and under.

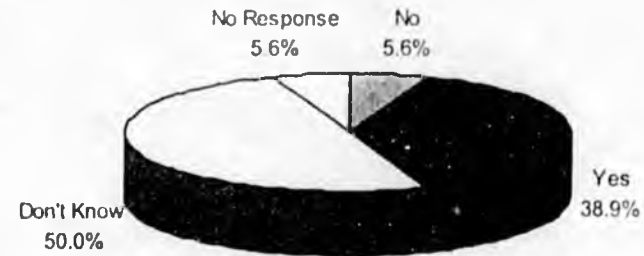
**Note:** respondents were able to identify more than one age grouping, so percentages do not sum to 100.



**Question 17.** *Do you currently have any FAS screening or diagnostic services in your community?*

One-half of the OB/GYN respondents reported that they were not aware of FAS screening or diagnostic services in their community.

Thirty-nine percent of the respondents reported that such services did exist and six percent indicated that these services did not exist in their community.



**Question 18.** *When providing treatment for your patients, how often do you:*

18a) *Ask your pregnant patients if they use alcohol?*

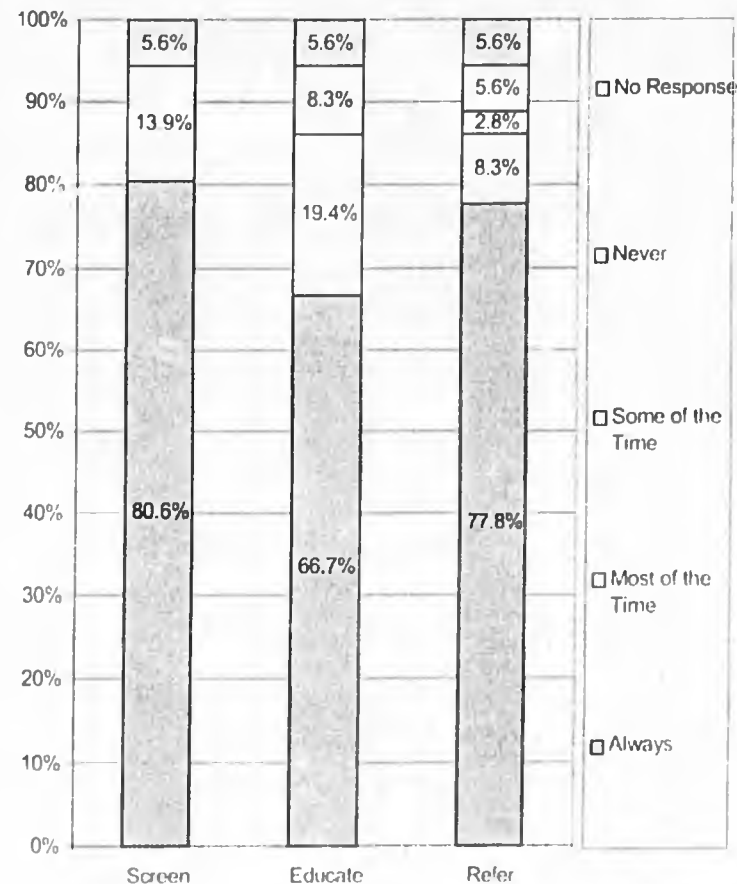
18b) *Inform your pregnant patients about the effects of alcohol on a developing baby?*

18c) *Refer your pregnant patients who have alcohol abuse problems to a treatment or counseling program?*

Eighty-one percent of the OB/GYN respondents reported that they *Always* ask pregnant patients if they use alcohol. An additional 14 percent reported that they ask such a question *Most of the Time*. (18a)

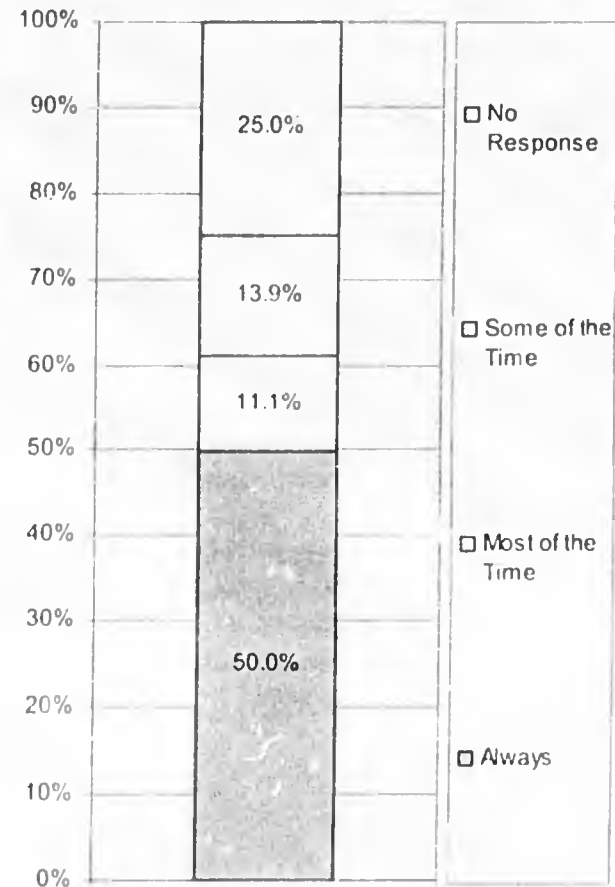
Sixty-seven percent of the respondents reported that they *Always* inform pregnant clients of the effects of alcohol on a developing baby. An additional 28 percent reported that they provide such information *Most of the Time* (19 percent) or *Some of the Time* (eight percent). (18b)

Seventy-eight percent of respondents reported that they *Always* refer pregnant clients with alcohol problems to a treatment or counseling program. An additional 11 percent reported that they make such a referral *Most of the Time* (eight percent) or *Some of the Time* (three percent). (18c)



**Question 19.** During the past year when you delivered the babies of women that you knew or strongly suspected to have alcohol abuse problems, how often did you note alcohol use on the birth record of those babies?

Fifty percent of OB/GYN respondents reported that when they delivered the babies of women they knew or strongly suspected of having alcohol abuse problems they *Always* noted alcohol use on the birth record of those babies. An additional 25 percent reported that they made such birth record notations *Most of the Time* (11 percent) or *Some of the Time* (14 percent).



**Question 20.** Please indicate how strongly you agree or disagree with the following statements about your role as a health care provider:

- 20a) I feel that it is important for OB/GYN's to address alcohol abuse problems among their patients and families.
- 20b) I feel comfortable making a chart notation of Fetal Alcohol Syndrome (FAS).
- 20c) I feel comfortable making a diagnosis of Fetal Alcohol Syndrome (FAS).
- 20d) I feel that I have skills and knowledge to deal with patients and families who have alcohol abuse problems.
- 20e) I feel that I have the appropriate skills and knowledge to deal with patients who have FAS.

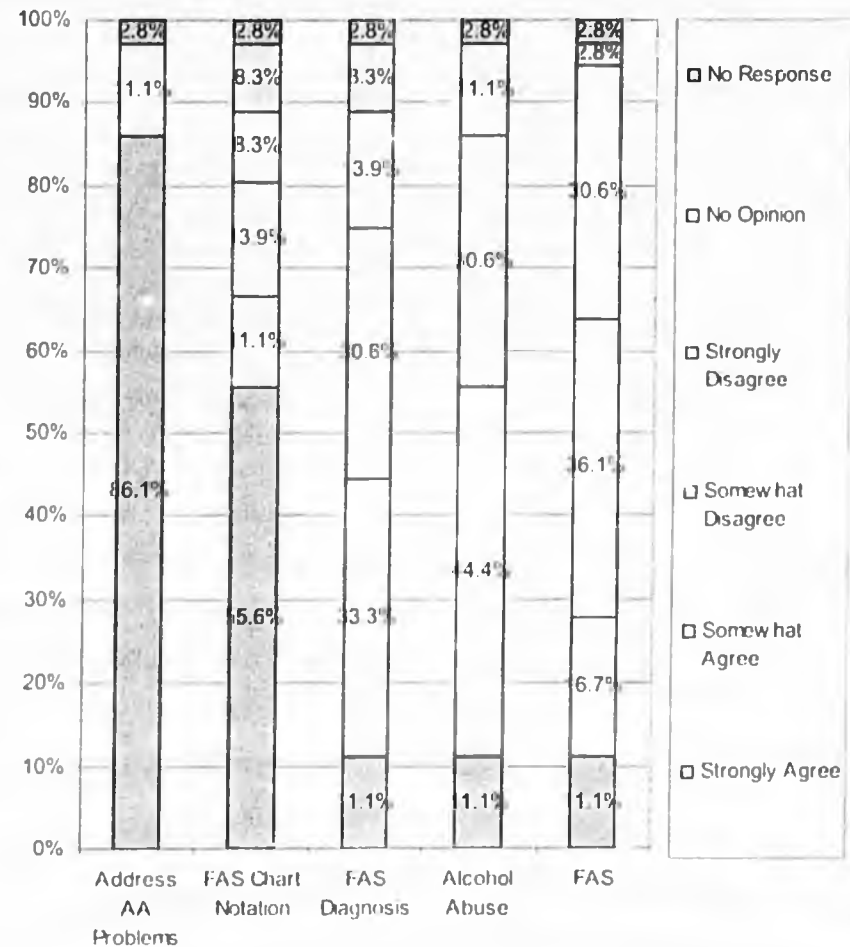
Eighty-six percent of respondents reported that they *Strongly Agree* that it is important to address alcohol abuse problems among patients and their families. Also, 11 percent recorded they *Somewhat Agree*. (20a)

Fifty-six percent of the respondents *Strongly Agree* that they feel comfortable making a chart notation on FAS. An additional 11 percent reported that they *Somewhat Agree* with this statement. (20b)

Slightly over 44 percent of OB/GYN respondents indicated they either *Strongly Agree* or *Somewhat Agree* that they are comfortable diagnosing FAS. (20c)

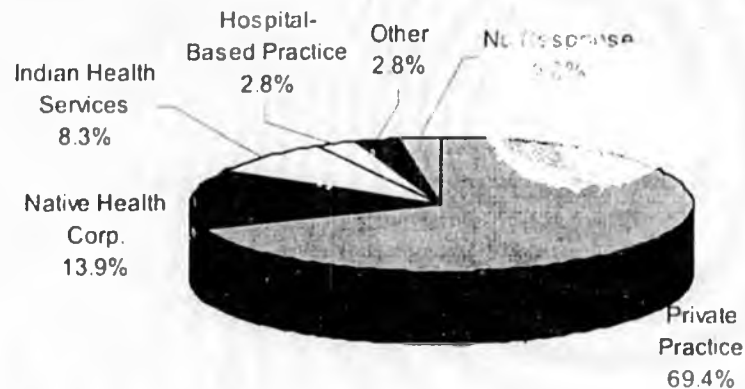
Fifty-six percent of respondents reported that they either *Strongly Agree* or *Somewhat Agree* that they possess the appropriate skills and knowledge to deal with the alcohol abuse problems of their patients and families. (20d)

Twenty-eight percent of respondents reported they either *Strongly Agree* or *Somewhat Agree* that they possess the skills and knowledge to deal with patients who possess FAS. (20e)



Question 21. What is the primary setting for your practice?

The largest proportion of OB/GYN respondents reported that they are in *Private Practice* (69 percent). *Native Health Corporations* were the primary setting for 14 percent of respondents and eight percent reported their practice was in *Indian Health Services*. Both *Hospital Based Practice* and *Other* were identified by equal proportions of respondents (three percent each).



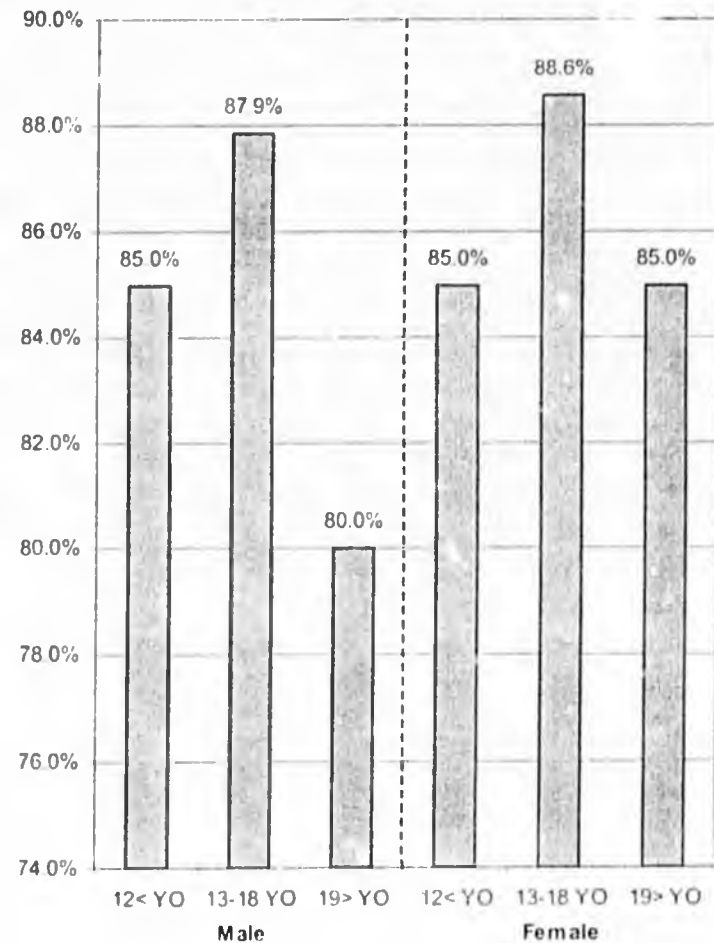
## Public Health Nurse (PHN)

Question 13. Which of these populations do you currently provide medical services for?

Of the 139 PHN respondents, the largest proportion identified males in the 13-18 age category (89 percent). Equal proportions of respondents identified both the male 19 years of age and above category and the male age 12 and under (85 percent each).

Females in the 13-18 age category made up the largest patient group identified (88 percent) followed by those in the 12 and younger age group (85 percent) and the 19 years and above age group (80 percent).

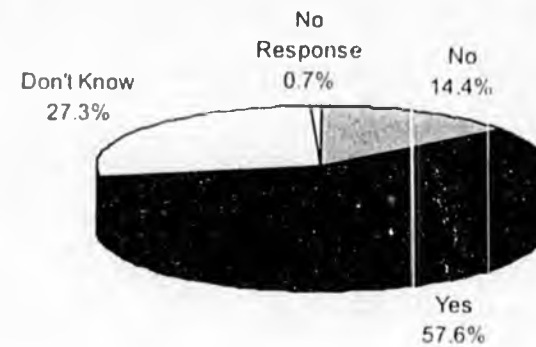
**Note:** respondents were able to identify more than one age grouping and both genders, so percentages do not sum to 100.



**Question 16.** Do you currently have any FAS screening or diagnostic services available in your community?

The largest proportion of PHN respondents reported that there are FAS screening and diagnostic services in their community (58 percent).

Twenty-seven percent reported that they were not aware of such services and 14 percent indicated that these services did not exist in their community.



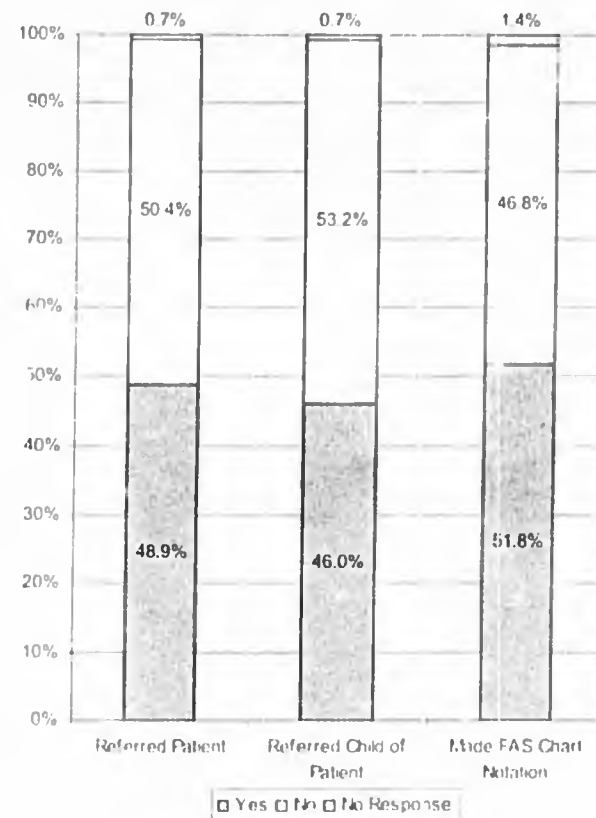
**Question 17.** Please indicate whether or not you have ever:

- 17a) Referred a patient for an FAS screening or diagnosis?
- 17b) Referred the child of a patient for an FAS screening or diagnosis?
- 17c) Made an FAS chart notation on a patient?

Forty-nine percent of PHN respondents reported that they had referred a patient for FAS screening or diagnosis. (17a)

Forty-six percent respondents reported having referred a child of a patient for FAS screening or diagnosis. (17b)

Fifty-two percent of respondents had made an FAS chart notation on a patient. (17c)



**Question 18.** *When providing treatment for your patients, how often do you:*

18a) *Ask your pregnant patients if they use alcohol?*

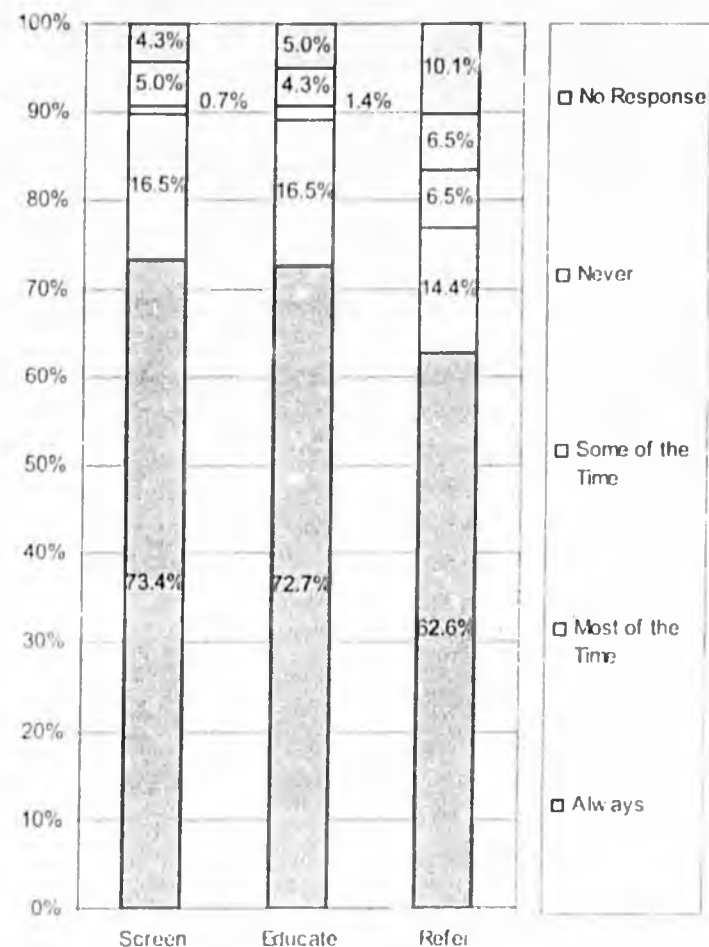
18b) *Inform your pregnant patients about the effects of alcohol on a developing baby?*

18c) *Refer your pregnant patients who have alcohol abuse problems to a treatment or counseling program?*

Seventy-three percent of the PHN respondents reported that they *Always* ask pregnant patients if they use alcohol. An additional 17 percent reported that they ask such a question *Most of the Time* or *Some of the Time*. (18a)

Seventy-three percent of the respondents reported that they *Always* inform pregnant clients of the effects of alcohol on a developing baby. An additional 18 percent reported that they provide such information *Most of the Time* (17 percent) or *Some of the Time* (one percent). (18b)

Sixty-three percent of respondents reported that they *Always* refer pregnant clients with alcohol problems to a treatment or counseling program. An additional 21 percent reported that they make such a referral *Most of the Time* (14 percent) or *Some of the Time* (seven percent). (18c)



**Question 19.** Please indicate how strongly you agree or disagree with the following statements about your role as a health care provider:

19a) I feel that it is important for PHN's to address alcohol abuse problems among their patients and their families.

19b) I feel comfortable making a chart notation of Fetal Alcohol Syndrome (FAS).

19c) I feel that I have the skills and knowledge to deal with patients and their families who have alcohol abuse problems.

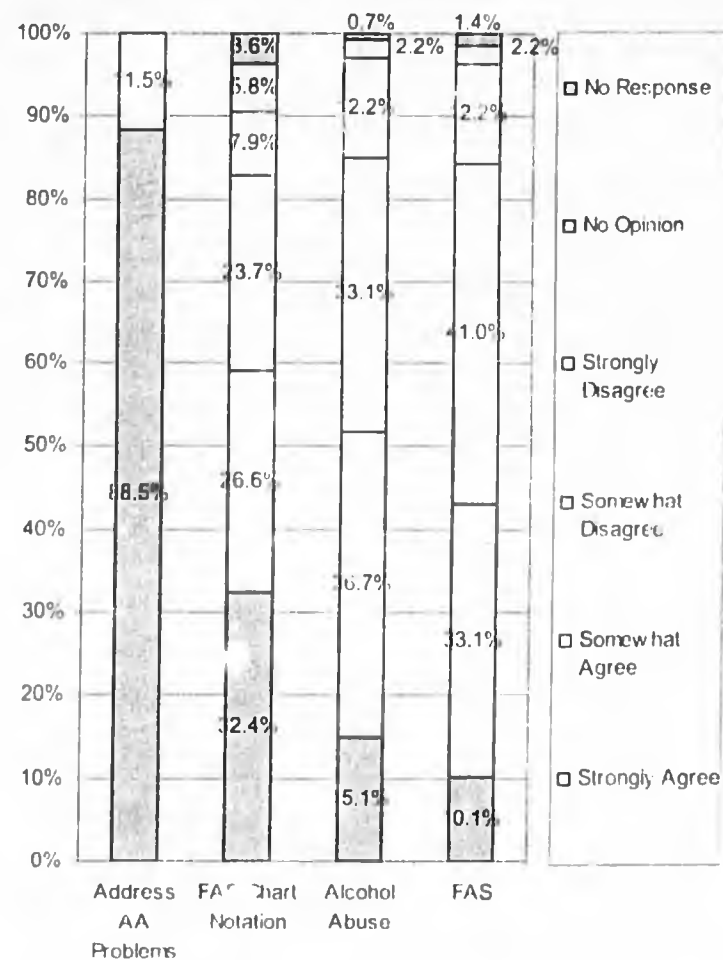
19d) I feel that I have the appropriate skills and knowledge to deal with patients who have FAS.

Eighty-nine percent of PHN respondents reported that they *Strongly Agree* that it is important to address alcohol abuse problems among patients and their families. The remaining respondents indicated that they *Somewhat Agree*. (19a)

Thirty-two percent of the respondents *Strongly Agree* that they feel comfortable making a chart notation on FAS. An additional 27 percent reported that they *Somewhat Agree* with this statement. (19b)

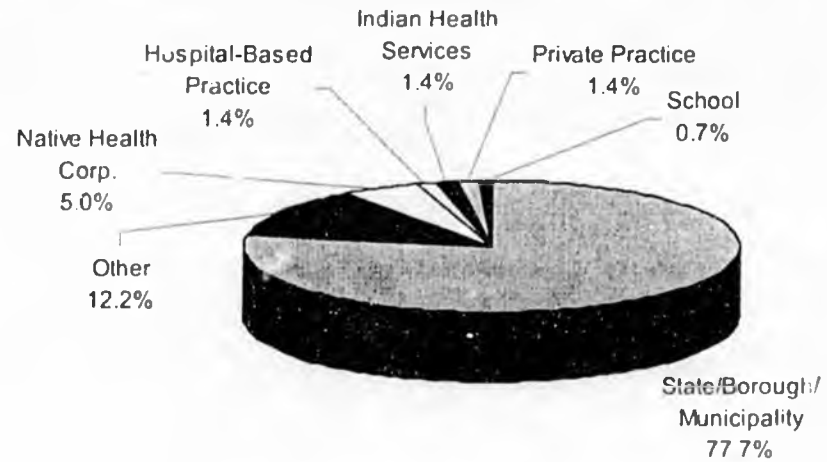
Fifteen percent of respondents reported that they *Strongly Agree* that they possess the appropriate skills and knowledge to deal with the alcohol abuse problems of their patients and families. Thirty-seven percent reported that they *Somewhat Agree* with this statement. (19c)

Ten percent of respondents reported they *Strongly Agree* that they possess the skills and knowledge to deal with patients who possess FAS. Thirty-three percent reported that they *Somewhat Agree* that they possess the appropriate skills and knowledge. (19d)



Question 20. *What is the primary setting for your practice?*

The largest proportion of PHN respondents (78 percent) reported that they work for the *State/Borough/Municipality*. The setting *Other* was indicated by 12 percent and *Native Health Corporations* by five percent. The *Hospital Based Practice* setting as well as *Indian Health Services* and *Private Practice* each were identified by roughly one percent of the respondents. Less than one percent identified the *School* setting.



**ALCOHOL EXPOSURE SCREENING TEST FOR NEWBORNS**

(for Newborn Examination)

Date of Exam \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Biological Mother \_\_\_\_\_ Don't Know Phone # \_\_\_\_\_

Primary Caregiver (if not biological parent) \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship of Primary Caregiver to the Child \_\_\_\_\_

*(Instructions: Fill out the signs and symptoms on the left side of the table and then use that data to summarize the FAS criteria on the right.)*

<u>Maternal Alcohol Use History During Pregnancy</u>	<b>SUMMARY FAS CRITERIA</b>
Binge drinking (4 or more drinks per occasion) <input type="checkbox"/> none <input type="checkbox"/> 1-2x <input type="checkbox"/> 3-4x <input type="checkbox"/> >4x Frequency <input type="checkbox"/> none <input type="checkbox"/> 1-2 days/wk <input type="checkbox"/> 3-4 days <input type="checkbox"/> >4 days Quantity <input type="checkbox"/> none <input type="checkbox"/> 1 drink <input type="checkbox"/> 2-3 drinks <input type="checkbox"/> 4 or more Alcohol use by trimester <input type="checkbox"/> first <input type="checkbox"/> second <input type="checkbox"/> third	<b>Alcohol Use During Pregnancy Summary</b> <input type="checkbox"/> Information not available <input type="checkbox"/> None <input type="checkbox"/> Low-risk use <input type="checkbox"/> At-risk use <input type="checkbox"/> Not sure
<u>I. Growth Pattern</u> Weight _____ kg <input type="checkbox"/> < 10% Height/length _____ cm <input type="checkbox"/> < 10%	<b>I. Growth Pattern Summary</b> <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not sure
<u>II. Facial Malformation</u> Palpebral fissure* Length _____ % Upper lip <input type="checkbox"/> very thin <input type="checkbox"/> in-between <input type="checkbox"/> normal Philtrum <input type="checkbox"/> flat <input type="checkbox"/> elongated <input type="checkbox"/> normal Hypoplastic midface <input type="checkbox"/> present <input type="checkbox"/> not sure <input type="checkbox"/> normal	<b>ii. Facial Malformation Summary</b> <input type="checkbox"/> Abnormality present <input type="checkbox"/> Normal exam <input type="checkbox"/> Not sure
<u>III. Neurodevelopmental**</u> Head circumference <input type="checkbox"/> yes <input type="checkbox"/> not sure <input type="checkbox"/> not present Sleep disturbances <input type="checkbox"/> yes <input type="checkbox"/> not sure <input type="checkbox"/> not present Reduced attention <input type="checkbox"/> yes <input type="checkbox"/> not sure <input type="checkbox"/> not present Decreased visual focus <input type="checkbox"/> yes <input type="checkbox"/> not sure <input type="checkbox"/> not present Decreased response to noise <input type="checkbox"/> yes <input type="checkbox"/> not sure <input type="checkbox"/> not present	<b>III. Neurodevelopmental Summary</b> <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal <input type="checkbox"/> Not sure

\*Refer to Palpebral Fissure Length Norms graph and chart.

\*\*See the back of this sheet for description of neurodevelopmental behaviors.

### Description of Neurodevelopmental Behaviors

- **Short attention span** - This might be manifested as an inability to stick to one task and difficulty "shutting out" noises and lights and confusion around the child.
- **Increased activity** - This child doesn't stay in one place for long. The child seems to be moving about almost all the time and may be impulsive.
- **Altered motor skills** - The child may have trouble learning motor skills—especially involving unfamiliar movements. The child might avoid certain toys that require fine motor coordination and may have trouble picking up small objects.
- **Increased stress reactivity** — The child might overreact to stressful situations, such as separations from parent or during inoculations.

### Other Physical Abnormalities

There may also be some physical abnormalities associated with fetal alcohol exposure. These include:

- **Ophthalmologic** - Corneal or lens problems, ptosis, strabismus, and retinal abnormalities (optic disc abnormalities)
- **Otologic** - Conductive hearing loss, sensorineuro hearing loss, and posterior rotation of external ear
- **Cardiac** - Heart murmur, which includes atrial septal defect, ventricular septal defect, and truncus arteriosus
- **Limb** - Fusion of radius and ulna, palmar crease (hockey stick), and digit malformation

### *Summary (please summarize data from the preceding page)*

At-risk maternal alcohol use	<input type="checkbox"/> yes	<input type="checkbox"/> not sure	<input type="checkbox"/> none
I. Growth Pattern	<input type="checkbox"/> abnormal	<input type="checkbox"/> not sure	<input type="checkbox"/> normal pattern
II. Facial Malformation	<input type="checkbox"/> present	<input type="checkbox"/> not sure	<input type="checkbox"/> none noted
III. Neurodevelopmental	<input type="checkbox"/> concerns	<input type="checkbox"/> not sure	<input type="checkbox"/> none present
IV. Other Physical Abnormalities	<input type="checkbox"/> yes	<input type="checkbox"/> not sure	<input type="checkbox"/> none detected

If I, II, & III are positive - Refer to local genetics/FAS assessment team (if no history of maternal alcohol use, we still recommend referral, as child may have a non-alcohol-related birth defect).

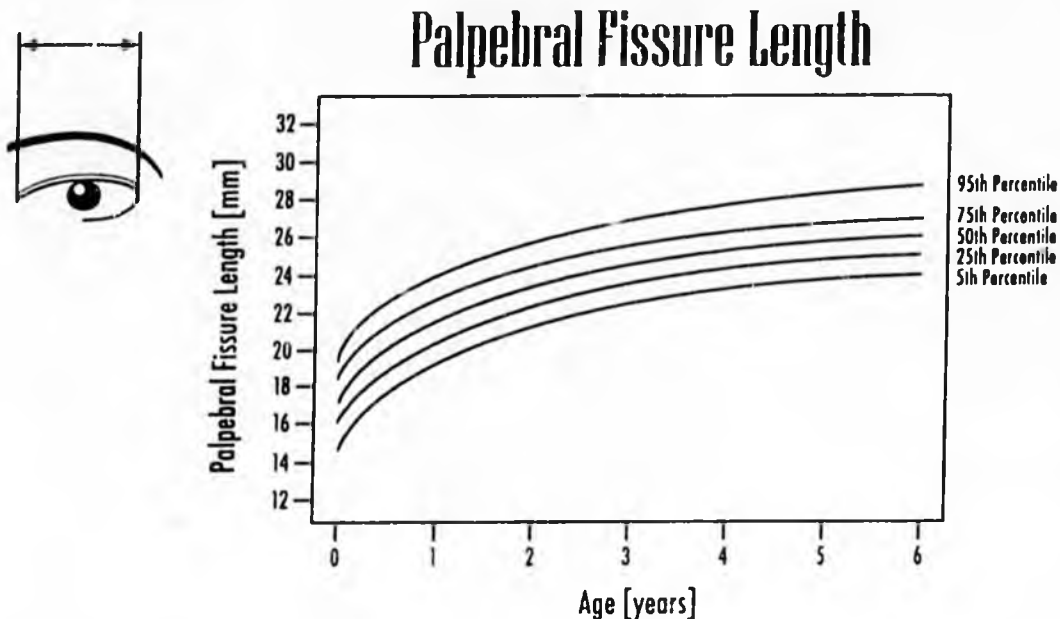
If I, II, or III are positive and a history of maternal alcohol use exists, consult an FAS specialist.

Call: \_\_\_\_\_ (list number of local referral clinic/consultant)

If maternal alcohol use is identified, encourage mother to become abstinent to prevent future alcohol exposed pregnancy - suggest appropriate alcohol treatment service.

### PALPEBRAL FISSURE LENGTH NORMS

These illustrations present normative information for clinicians relative to the length of palpebral fissures. The graph on this page contains information on White children from birth to 6 years. The chart gives Mean Palpebral Fissure Lengths in Black and Hispanic children.



Data from 343 white children presented by Thomas IT, et al: *JPaediatr* 111:267, 1987. The graph stops at age 6 since there is a negligible difference (approximately 0.75 mm) between ages 6 and 14.

### MEAN PALPEBRAL FISSURE LENGTH IN BLACK AND HISPANIC CHILDREN (MM)

	Black Male	Black Female	Puerto Rican Male	Puerto Rican Female
< 1 year	29	27	27	27
1-2 years	29	29	29	29
3-5 years	34	32	31	31
6-15 years	33	34	33	32

Data collected on 170 Black and 170 Hispanic children (ages 1 month to 16 years), New York City. Iosub S, et al: *Pediatrics*, 1985;75:318.

*This document is derived from the public domain source: Identification and care of fetal alcohol-exposed children, publication number 99-4369 of the National Institutes of Health, produced by the National Institute on Alcohol Abuse and Alcoholism. This information was used by NIH with Greenwood Genetics Center's permission from their publication: Growth References from Conception to Adulthood, 1st edition, Greenwood, SC: Greenwood Genetics 1988, p. 134*

**Table 2: Residential Alcohol Abuse Services for Pregnant Women in Alaska**

Community	Facilities	Services		
		Residential	Out-Patient	Supplementary
Anchorage	Alaska Women's Resource Center, 610 C Street	Long term	yes	Residential beds for clients' children
	Alaska Women's Resource Center, 611 West 47th Street	Long and short term	yes	
	Booth Memorial Youth and Family Services	Long term		
	Southcentral Foundation Dena A Coy	Long and short term	yes	Residential beds or clients' children
Fairbanks	Ralph Perdue Center	Long and short term	yes	American Sign Language and other services for the hearing-impaired
	Women's and Children's Center for Inner Healing	Long term		Residential beds for clients' children
	Graf Rheeneenhaanjii Substance Abuse Services	Long term		Accepts women 18 years and under
Juneau	Rainforest Recovery Center	Hospital in-patient	yes	ASL and other services for the hearing impaired
Ketchikan	Gateway Center for Human Services Substance Abuse Services Division	Short term	yes	Special women's groups
Kodiak	Safe Harbor (Kodiak Council on Alcoholism Inc.)	Long and short term	yes	American Sign Language, Arabic, Russian
Kotzebue	Maniilaq Recovery Center	Long and short term		Inupiat

**NOTES:** Of 28 substance abuse facilities statewide, 11 treat alcohol abuse and accept pregnant women. Ideally, facilities include long and short term residential treatment, outpatient services for follow-up, beds for the clients' children, and staff who speak the clients' native language.  
**SOURCE:** All substance abuse facilities as identified by the Substance Abuse & Mental Health Services Administration (SAMHSA), U. S. Department of Health and Human Services website. Follow-up calls eliminated facilities not providing services either for pregnant women or for alcohol abuse.

Pamela Watts of Rainforest Recovery Center (formerly Juneau Recovery Hospital) reports that since the Child in Need of Aid (CINA) law has mandated a limit on the length of time that children can be in foster care before parental rights are terminated, mothers have been sobering up faster. In this context, she notes that involuntary patients do as well as voluntary. However, the ultimate issue is the severity of the addiction. Pregnancy and motherhood motivate women to change, up to a point. When the addiction gets strong enough, it will often override everything else.<sup>36</sup> A

<sup>36</sup> Pamela Watts, Rainforest Recovery Center, personal communication, April 11, 2005. Ms. Watts can be reached at (907) 586-9508.

**HOUSE COMMITTEE REPORT**

\*\* CORRECTED \*\*

(7)

Date Referred to Committee: January 9, 2006

FURTHER REFERRALS: Finance

Date of Committee Action: 2/2/06

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 312

**HOUSE BILL NO. 312**

**FETAL ALCOHOL SYNDROME/EFFECTS PREVENTION**

"An Act relating to pregnant women; requiring hospitals, schools, and alcohol licensees and permittees to distribute information about fetal alcohol effects and fetal alcohol syndrome; relating to the consumption of alcoholic beverages by and the sale or service of alcoholic beverages to a pregnant woman; requiring involuntary commitment of a pregnant woman who has consumed alcohol; creating a fund for the prevention and treatment of fetal alcohol syndrome and fetal alcohol effects; relating to fines and to the taking of permanent fund dividends for selling or serving alcoholic beverages to pregnant women; and increasing taxes on sales of alcoholic beverages to fund treatment and education related to fetal alcohol syndrome and fetal alcohol effects."

Recommends it be replaced with  HCS or  CS for HB 312 (HES)

For Senate Bills with new title:  Technical Title  New Title: HCR \_\_\_\_\_  Same Title  New Title

- attach amendments
- add new referral to \_\_\_\_\_ Committee
- Letter of Intent \_\_\_\_\_ Committee

List of  
Abbrev  
for  
Depts.:

- ADM
- CEC
- COR
- CRT
- EED
- DEC
- DFG
- GOV
- HSS
- LEG
- LAW
- LWF
- MVA
- DNR
- DPS
- REV
- DOT
- UA

<u>NEW FISCAL NOTES</u>				
*Assigned by Chief Clerk's Office				
List by Dept(s):	*FN#	Fiscal	Indet.	Zero
DPS			X	
LAW		X		
HSS		X		
HSS		X		

<u>PREVIOUS FISCAL NOTES</u>				
List by Dept(s):	FN#	Fiscal	Indet.	Zero

<u>Signing with recommendations</u>	Printed Last Name	DP	DNP	NR	AM
<i>Paul K. Seaton</i>	SEATON	✓			
<i>Gatto</i>	Gatto	✓			
<i>Gardner</i>	Gardner	✓			
Chair: <i>Peggy Wilson</i>		✓			
Chair: <i> </i>					

# HOUSE COMMITTEE REPORT

\*\* CORRECTED \*\*

(7)

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Recommends it be replaced with  HCS or  CS for H8312 ( HES )

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<u>NEW FISCAL NOTES</u>				
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List by Dept(s):	*FN#	Fiscal	Indet.	Zero
DPS			x	
LAW		x		
HSS		x		
H.S.S		x		

<u>PREVIOUS FISCAL NOTES</u>				
List by Dept(s):	FN#	Fiscal	Indet.	Zero

<u>Signing with recommendations</u>	Printed Last Name	DP	DNP	NR	AM
<i>Paul Keaton</i>	SEATON	✓			
<i>Garner</i>	Garner	✓			
<i>Berta Gardner</i>	Gardner	✓			
Chair: <i>Peggy Wilson</i>		✓			
Chair:					

# HOUSE COMMITTEE REPORT

\*\* CORRECTED \*\*

(7)

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FURTHER REFERRALS: Finance

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HB 312

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Recommends it be replaced with  HCS or  CS for HB 312 (HES)

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*Assigned by Chief Clerk's Office				
List by Dept(s):	*FN#	Fiscal	Indet.	Zero
DPS			x	
LAW		x		
HSS		x		
HSS		x		

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List by Dept(s):	FN#	Fiscal	Indet.	Zero

<u>Signing with recommendations</u>	Printed Last Name	DP	DNP	NR	AM
<i>Paul K. Seaton</i>	SEATON	✓			
<i>Paulo Gardier</i>	Gardier	✓			
<i>Gardier</i>	Gardier	✓			
Chair: <i>Peggy Wilson</i>		✓			
Chair:					