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CONGRESSMAN Tim Murphy

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Technology facilitates Caller ID spoofing AP Associated Press



Rep. Tim Murphy, R-Penn., picks up his telephone handset in his office in the Capitol Hill House Office building on Wednesday, March 1, 2006 in Washington. Last fall, Murphy's office started getting phone calls from constituents who complained about receiving recorded phone messages that bad-mouthed Murphy. The constituents were especially upset that the messages appeared to come from the congressman's own office. At least, that's what Caller ID said. In the last few years, Caller ID spoofing has become much easier. Millions of people have Internet telephone equipment that can be set to make any number appear on a Caller ID system. (AP Photo/Pablo Martinez Monsivais)

By Peter Svensson, AP Technology Writer | March 1, 2006

NEW YORK —Last fall, U.S. Rep. Tim Murphy's office started getting phone calls from constituents who complained about receiving recorded phone messages that bad-mouthed Murphy.

The constituents were especially upset that the messages appeared to come from the congressman's own office. At least, that's what Caller ID said.

"People thought we were making the calls," Murphy said.

The calls, which the Pennsylvania Republican estimated in the thousands, were apparently placed with fake Caller ID. That has been possible for a long time, but it generally required special hardware and technical savvy.

In the last few years, Caller ID spoofing has become much easier. Millions of people have Internet telephone equipment that can be set

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to make any number appear on a Caller ID system. And several Web sites have sprung up to provide Caller ID spoofing services, eliminating the need for any special hardware.

For instance, [Spooftel.com](#) sells a virtual "calling card" for \$10 that provides 60 minutes of talk time. The user dials a toll-free number, then keys in the destination number and the Caller ID number to display. The service also provides optional voice scrambling, to make the caller sound like someone of the opposite sex.

Caller ID spoofing appears to be legal, though many of its uses are not. The Federal Communications Commission has never investigated the issue, spokeswoman Rosemary Kimball said.

Lance James, chief scientist at security company Secure Science Corp., said Caller ID spoofing Web sites are used by people who buy stolen credit card numbers. They will call a service such as Western Union, setting Caller ID to appear to originate from the card holder's home, and use the credit card number to order cash transfers that they then pick up.

Exposing a similar vulnerability, Caller ID is used by credit-card companies to authenticate newly issued cards. The recipients are generally asked to call from their home phones to activate their cards. Some card companies maintain, however, that they use additional means to confirm new cards. And caller ID spoofing may not work for calls to 1-800 numbers, where the hardware can identify calls using a separate technology.

Two spoofing services contacted by The Associated Press, [Spooftel.com](#) and [Telespoof.com](#), did not return messages seeking comment about their business. However, some of the five or so Web sites in the business don't appear to be completely unscrupulous: James said he had been hired by a few of them, which he would not name, to help stop the Western Union scam.

Also, both [Spooftel.com](#) and [Spooftel.com](#) say they will surrender call logs to authorities in response to subpoenas. [Spooftel.com's](#) site says the service is "intended for entertainment purposes only."

Telephone companies can trace calls to their origin regardless of the Caller ID information they carry, but the process is laborious, especially since a call may be carried by several companies before reaching its destination. The fragmented nature of the telephone network also makes it technically difficult for the carriers to prevent spoofing.

At [Verizon Communications Inc.](#), security manager John Lewandowski said the company often gets complaints about fake Caller ID after a telemarketer has spoofed his number to cover his tracks.

In a typical case, someone will be jarred in the middle of the night by repeated telemarketing calls. He checks Caller ID, calls the number -- which is false -- and starts "cussing out" the person at the other end of the line, Lewandowski said.

"And that poor guy was asleep. It wasn't him at all," Lewandowski said. The company investigates and tracks down the callers, he added.

Apart from fraud and telemarketing, Caller ID spoofing can be used

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for pranks and spying.

In one case, SWAT teams surrounded a building in New Brunswick, N.J., last year after police received a call from a woman who said she was being held hostage in an apartment. Caller ID was spoofed to appear to come from the apartment.

It's also easy to break into a cell phone voice mailbox using spoofing, because many systems are set to automatically grant entry to calls from the owner of the account. Stopping that requires setting a PIN code or password for the mailbox.

In a slightly more complicated fashion, spoofing was part of the technique used by a hacker who broke into Paris Hilton's cell-phone voicemail in 2004, according to security consultant Kevin Mitnick, who said he was citing hacking sources. The hacker apparently called the celebrity socialite posing as a technical-support person from the carrier, and lured the password from her.

That is known as a "pretext" call – someone poses on the phone as a customer, employee or even a regulator to obtain personal information from companies and individuals. And indeed, while [Spooftcard.com](#) contends that its service is for "entertainment purposes," it also notes that "Private Investigators will find Caller ID spoofing valuable for pretext calls."

Robert Douglas, a privacy consultant in Colorado, testified before Congress last month that pretexters trade tips on finding the best spoofing services.

Pretexters generally claim their practices are legal, as long as they don't involve financial information. A bill introduced in the Senate would make it illegal to pose as someone else to obtain phone records, or to buy records from phone company insiders.

Douglas would like legislation against Caller ID spoofing as well, but there appears to be little interest in Washington.

"If I'm paying extra for Caller ID, which I do ... there should be some ability on my part to believe what I'm getting," Douglas said.

In Alaska, State Representative Bob Lynn has introduced a bill to make spoofing a misdemeanor. "False caller identification is more serious than pranks, or the annoyance of intrusive telemarketing," Lynn writes. "It facilitates fraud, and can be potentially deadly."

However, it is unclear what effect the bill would have. As Lynn notes, Caller ID is a federal issue. ■

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Quote

The only reason for the staff at Dave's iPAQ posting this is to protect the members of our community. We do not support any of these types of actions at all!

And if I purchase a throw away cell with 100minutes how are you going to track it back? That's basically how hackers do it.

Posted by **David Ciccone**, Wednesday, Feb. 23rd, 2005

The easy way to secure your voicemail from spoofed caller ID is to set it up to require you to enter your password every time.

David chose to copy and paste the ad copy directly from CovertCall and Telespoof's respective web sites. It should be noted that, even with spoofed caller ID, there is a record of the source and destination of every phone call that is placed on the US telephone network. There is no such thing as untracable phone calls.

Additionally, Telespoof was not the first company to market with caller ID spoofing.

Posted by **PI Phone**, Wednesday, Feb. 23rd, 2005

I used to have a Sanyo (5000?) cell phone years ago that allowed me to screen calls. When the phone rings, you would hit a side button that activated a local digital voice mail like introduction recording. It would appear to be a normal voice mail greeting. (of what ever you recorded) You could then interrupt to say hi after confirming it was actually someone you want to talk to. (assuming they know to say something early, or while they are leaving a message) That's the only way I can think of to get around some of the potential headache. I havnt seen a phone with this feature though since then.

Posted by **s4czech**, Tuesday, Feb. 22nd, 2005

Everyone please note this is a very easy way to access voicemails. Paris Hilton's entire Tmobile voice mailbox is all over the internet. This could possibly be the way they got in.

Posted by **David Ciccone**, Tuesday, Feb. 22nd, 2005

Prank Calls Spook 'Other' Clintons

NORTH LITTLE ROCK, Ark. - Prank calls are nothing new for the famously named Bill Clinton of North Little Rock, but never as scary - or as high-tech - as this one.

Clinton, who is not related to the former president and Arkansas governor of the same name, was the victim of a dangerous p month when another person used a computer to hack into a caller-ID system and hijack Clinton's home number.

After hacking into a computer system in a process called "caller-ID spoofing," the as-yet unidentified caller made several calls home Jan. 29, telling Clinton's son he was going to disturb all the neighbors with calls that would appear to come from Clinton

The prankster then called police to make it look like it was Clinton calling, said he had a gun to someone's head and hung up armed officers to besiege Clinton's home.

Clinton had been sleeping, but his son had received the crank calls, including one saying the police were on the way. Clinton went outside to meet the police, who discovered that several calls were recorded on Clinton's own caller-ID system as having come from his own phone. That's when they realized somebody had hacked into the computer system and impersonated Clinton's telephone identification code.

Computer experts say that few people know about "spoofing" programs, which are available on the Internet and were developed so that telemarketers can bypass caller-ID systems. Coskun Bayrak of the computer science department at the University of Arkansas at Little Rock said wider knowledge of "spoofing" could encourage copycats, but could also pressure the software industry to develop improvements to cover the loopholes.

Clinton said he's received bomb threats and harassing telephone calls before, "presumably because his name is William Clinton and he lives in the Little Rock area," the police report said.

Police haven't found the culprit, but reviewed Clinton's phone records and found one suspicious call from Winterville, N.C., before the series of calls disguised as coming from Clinton's phone. The owner of t North Carolina told Winterville police that she too had been victimized by the crank caller.

The spoofer called again later the night of Jan. 29, after the police left, to see if the police had shown up. When Clinton menti an inkling the caller was from Winterville, the line went dead and the person hasn't called back, Clinton said.



HB

312

HFIN

FILE

Amendment No. 1.

Weyhrauch

CSHB 312(HES)

Offered in House Finance Committee

Section 7, Page 3, line 28-30:

Delete the following sentence:

"The system must include collection of documentation in a medical record of a diagnosis of fetal alcohol spectrum disorders in a person's record who is diagnosed with the disorder."

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: CSHB 312 (HES)
() Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
Title Fetal Alcohol Syndrome/Effects Prevention RDU Corp, Bus & Prof Licensing (117)
Component Corp, Bus & Prof Licensing
Sponsor Weyhrauch, Gardner
Requester House Finance Component No. 2360

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						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (1156)	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other 1156 - Receipt Supported Services						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: 0.0
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)

This legislation provides for, among other things, the distribution to pregnant women of information related to the prevention of fetal alcohol syndrome. It does not impact the operations of the division.

Prepared by: Katharine Mason, Administrative Manager Phone (907) 465-2572
Division Corporations, Business and Professional Licensing Date/Time 3/13/06 5:30 PM
Approved by: William C. Noll, Commissioner Date 3/13/2006
Agency Commerce, Community, and Economic Development

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: CSHB312-LAW-CJL-3-12
() Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: LAW
Title "An Act relating to pregnant women; relating RDU CRIMINAL
to training in fetal alcohol spectrum disorders..." Component Criminal Justice Litigation
Sponsor Representative Weyrauch
Requester House Judiciary 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						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

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)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

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						
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. The bill requires the State Medical Board and State Nursing Board to adopt regulations to provide training to doctors and nurses aimed to help prevent fetal alcohol syndrome. The bill also provides for distribution of information on fetal alcohol spectrum disorders in schools and hospitals. The bill requires the Department of Health and Social Services to maintain data and records regarding persons prenatally exposed to alcohol. It also adds fetal alcohol spectrum disorders to the list of conditions of public health importance. Finally, the bill establishes a new program for the diagnosis and treatment of fetal alcohol spectrum disorders in the Department of Health and Social Services. Passage of this legislation is not expected to have a fiscal impact on the Department of Law.

Prepared by: Kathryn Daughhete, Director
Division: Administrative Services Division
Approved by: Kathryn Daughhete for David Marcuez, Attorney General
Agency: Department of Law

Phone: 465-3673
Date/Time: 3/13/06 1:22 PM
Date: 3/13/2006

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: CSHB 312
() Publish Date: _____

Revision Date/Time (Note if correction): 3/13/06 4:00 PM Dept. Affected: EED
Title: An Act relating to . . . fetal alcohol disorders RDU: Teaching & Learning Support
Component: Student & School Achievement
Sponsor: Reps. Weyrauch and Crawford
Requester: _____ Component No.: 2796

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						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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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)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: 0.0
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)

The Department of Education & Early Development has determined that a zero fiscal note is warranted for CSHB 312. Fetal alcohol spectrum disorders curriculum materials have already been developed and can be distributed to schools in cooperation with the Department of Health and Social Services.

Prepared by: Barbara Thompson Phone: 465-8727
Division: Teaching & Learning Support Date/Time: 3/13/06 4:00 PM
Approved by: Roger Sampson, Commissioner Date: 03/13/2006
Agency: Department of Education and Early Development

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: HB312CS(HES)-DPS-ABC-3-13-06
() Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Public Safety
Title: "An Act relating to pregnant women; relating to RDU Alcoholic Beverage Control Board
training in fetal alcohol spectrum disorders..." Component: ABC Board
Sponsor: Representative Weyhrauch
Requester: House Finance Committee 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						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

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)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost: 0.0
Mark 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 proposed language in this committee substitute will not have a fiscal impact on the Department of Public Safety.

Prepared by: Director Douglas B. Griffin Phone 907-269-0351
Division: Alcoholic Beverage Control Board Date/Time 3/13/06 4:33 PM
Approved by: Commissioner William Tandeske Date 3/13/2006
Agency: Department of Public Safety

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: _____
() Publish Date: HB312CS(HES)-DHSS-DPH1-03-13-06

Revision Date/Time (Note if correction): 3/10/06

Dept. Affected: Health & Social Services

Title RELATING TO PREGNANT WOMEN AND FETAL ALCOHOL EFFECTS

RDU Public Health

Component Nursing

Sponsor WEYRAUCH

Requester HOUSE (FIN)

Component No. 288

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	18.0	36.0	39.6	43.6	47.9	52.7
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	18.0	36.0	39.6	43.6	47.9	52.7

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES (0)						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	18.0	36.0	39.6	43.6	47.9	52.7
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	18.0	36.0	39.6	43.6	47.9	52.7

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)

CS HB312 (HES) would require training in Fetal Alcohol Spectrum Disorders for medical and health care providers; provide for distribution of information and educational materials on Fetal Alcohol Spectrum Disorders to hospitals, schools, service providers and those who sell or serve alcohol in commercial establishments; and establish a diagnosis and treatment program, including provision of long-acting contraceptives, on request, for persons with alcohol dependency or a Fetal Alcohol Spectrum Disorder.

Four State of Alaska Public Health Centers staffed with Advanced Nurse Practitioners (ANP) currently provide reproductive health exams and prescribe contraceptive methods for a limited number of women of child-bearing age who are unable to access or afford care with a private health care provider. (Continued on P. 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: 03/10/2006
Date: 03/13/2006

FISCAL NOTE
FN #

STATE OF ALASKA
2006 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

In addition, public health nurses dispense prescribed contraceptives out of eight other public health centers that receive ANP services on a periodic itinerant basis. Annually, public health nurses provide family planning services to approximately 4,500 women. The Alaska Fetal Alcohol Syndrome Program estimates that there are approximately 6,000 women in Alaska in need of substance abuse services.

It is impossible to project exactly how many more women will come to state Public Health Centers and request contraceptive services as a result of this legislation. This fiscal note estimates a client increase of about 5% in FY 07 and 10% in FY 08. The requested increased funding would pay for long-acting contraceptives for these additional clients. Beyond FY08, we estimate that client numbers will remain about the same but project pharmaceutical price increases of approximately 10% per year.

This fiscal note requests no additional staff but it is important to point out that, as client demand for contraceptives increases, other services provided by public health nurses will decrease unless additional staff are hired.

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						
TOTAL OPERATING	315.6	324.1	333.0	342.0	351.3	360.8
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

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)						
TOTAL	315.6	324.1	333.0	342.0	351.3	360.8

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 - \$1.0 for computers and other equipment.

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: HB312CS(HES)-DHSS-DBH1-03-13-06

Revision Date/Time (Note if correction): 03-02-2006

() Publish Date: _____
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 (FIN)

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	214.0	207.0	157.0	157.0	157.0	157.0
Supplies						
Equipment						
Land & Structures						
Grants & Claims	1,350.0	1,230.0	1,110.0	990.0	870.0	750.0
Miscellaneous						
TOTAL OPERATING	1,674.0	1,547.0	1,377.0	1,257.0	1,137.0	1,017.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health	1,674.0	1,547.0	1,377.0	1,257.0	1,137.0	1,017.0
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	1,674.0	1,547.0	1,377.0	1,257.0	1,137.0	1,017.0

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 training on substance use during pregnancy and fetal alcohol spectrum disorders for licensed physicians, physician assistants and nurses, to increase diagnostic and intervention services for individuals impacted by prenatal alcohol exposure, to document the extent of FAS in Alaska, and to develop and distribute educational materials to hospitals, schools and alcohol licensees.

Four primary categories of service/activity are identified: 1) Training on FASD for medical providers; 2) Distribution of information on FASD; 3) analysis of FASD registry data, and 4) Diagnostic and Services Programming. (Continued on page 2)

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 03/02/2006
Date 03/13/2006

FISCAL NOTE
FN #

STATE OF ALASKA
2006 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

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 (\$14,000 in year one, \$7,000 in following years for maintenance and update of materials).

Printing and distribution of 150,000 brochures annually (to schools, vital statistics, hospitals, retailers and servers of alcohol).

\$3,000 per 10,000 X 15 = \$50,000.

Diagnostic services:

To build increased diagnostic capacity across Alaska with decreasing annual development grants--up to 5 new clinics. 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). Development grants will be \$750,000 in year 1; \$600,000 in year 2; \$450,000 in year 3; \$300,000 in year 4; and \$150,000 in year 5. Development grants will decrease by \$150,000 per year as sustained capacity increases.

\$2,250 million over 5 years (grants).

Funds to support Provider Agreements for FASD diagnostic services. Currently, the state pays \$3,000 per completed diagnosis to assist in covering associated costs. Funds to cover 200 diagnosis are currently in the FY06 budget but have been recommended for elimination by the House Finance subcommittee. This fiscal note includes the cost for diagnostic Provider Agreements, increasing the number of diagnosis by 10 each year--200 in year 1; 210 in year 2; 220 in year 3; 230 in year 4; 240 in year 5; and 250 in year 6. Respectively, based upon the increasing number of diagnoses, the amount needed for Provider agreement grants is: \$600,000 in year 1; \$630,000 in year 2; \$660,000 in year 3; \$690,000 in year 4; \$720,000 in year 5; \$750,000 in year 6.

\$4,050,000 million over 6 years (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.

\$100,000 per year in years 1 and 2; \$50,000 in years 3-6 (contractual)

Training:

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

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

\$30,000 in travel for selected trainers to attend 5 day training sessions. (continued on page 3)

FISCAL NOTE
FN #

STATE OF ALASKA
2006 LEGISLATIVE SESSION

ANALYSIS CONTINUATION

Personnel:

One FTE position (Project Coordinator, Range 18) will be needed to coordinate the above activities. This full-time position will manage the diagnostic teams, team development, distribution of educational/informational brochures and FASD Trainers.

\$80,000 (approx.)

Total amount requested is \$1,674,000 in year one, decreasing in years 2-6.

revised

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: HB312CS(HES)-DHSS-DBH-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 Behavioral Health

Sponsor WEYRAUCH

Component AK Fetal Alcohol Syndrome Pgm

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						
TOTAL OPERATING	4,849.0	4,849.0	4,849.0	4,759.0	4,759.0	4,759.0

CAPITAL EXPENDITURES

CHANGE IN REVENUES (0)

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)						
TOTAL	4,849.0	4,849.0	4,849.0	4,759.0	4,759.0	4,759.0

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 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 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.

THE
FOLLOWING
DOCUMENT(S)
ARE
POOR
ORIGINAL
COPIES

ALASKA STATE LEGISLATURE

Representative Bruce Weyhrauch

HOUSE DISTRICT 4

ALASKA
STATE CAPITOL
JUNEAU, ALASKA
99801-1182

(907) 465-3744
FAX (907) 465-2273

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.

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

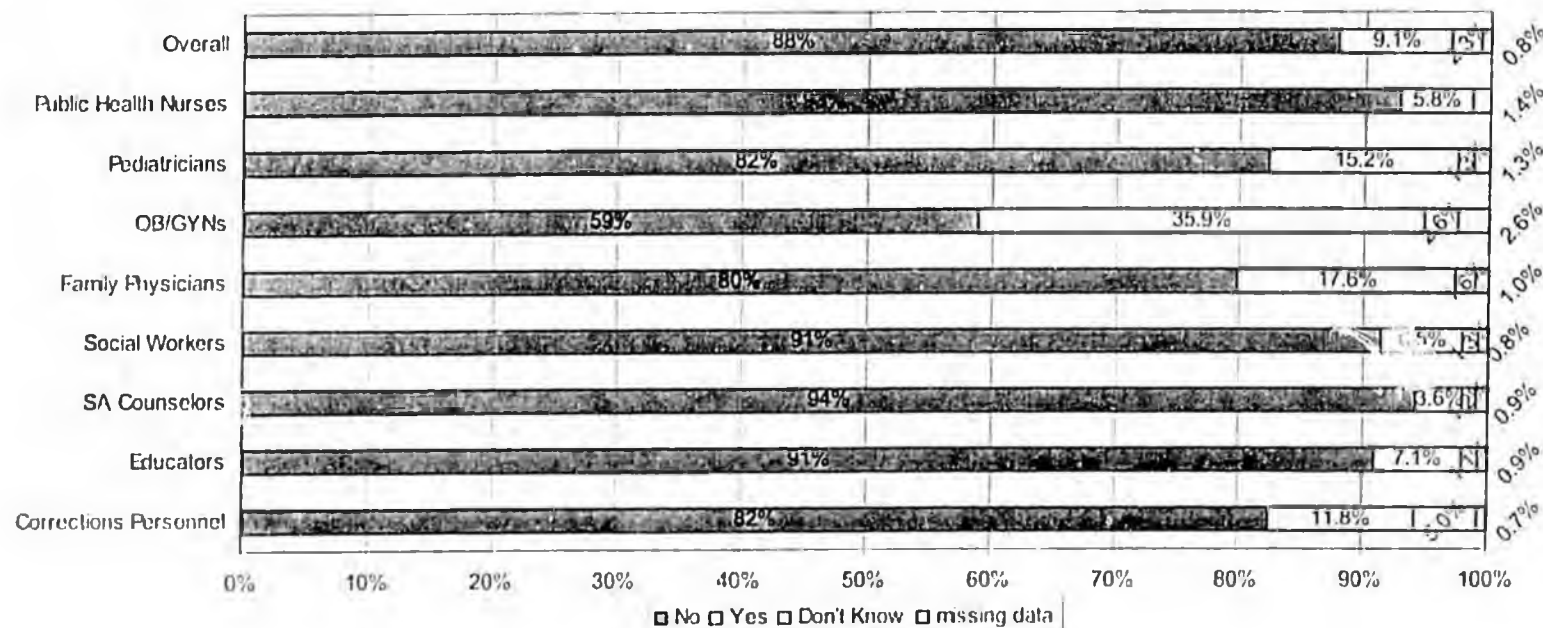
	Incidence and Costs
Alaska births in 2003	10,084
FAS incidence per 1,000 live births	1.5
FAS births	15
Lifetime FAS cost	\$47,037,000

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?

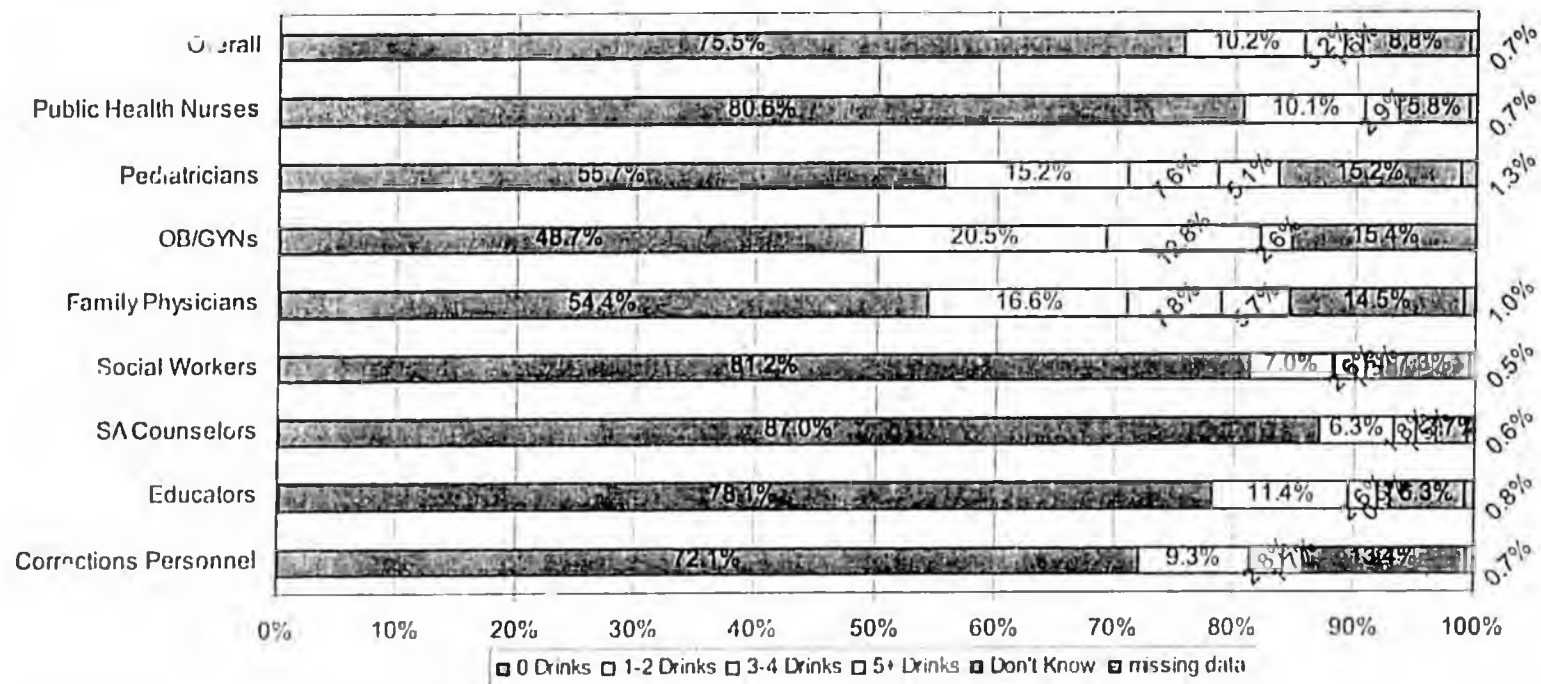
Respondents to this item indicated a surprisingly wide range of responses. Overall, 88 percent reported that, in their opinion, it is not okay for a pregnant woman to have an "occasional" drink of alcohol. Just over nine percent though, reported that it was okay for a pregnant woman to have the occasional 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?

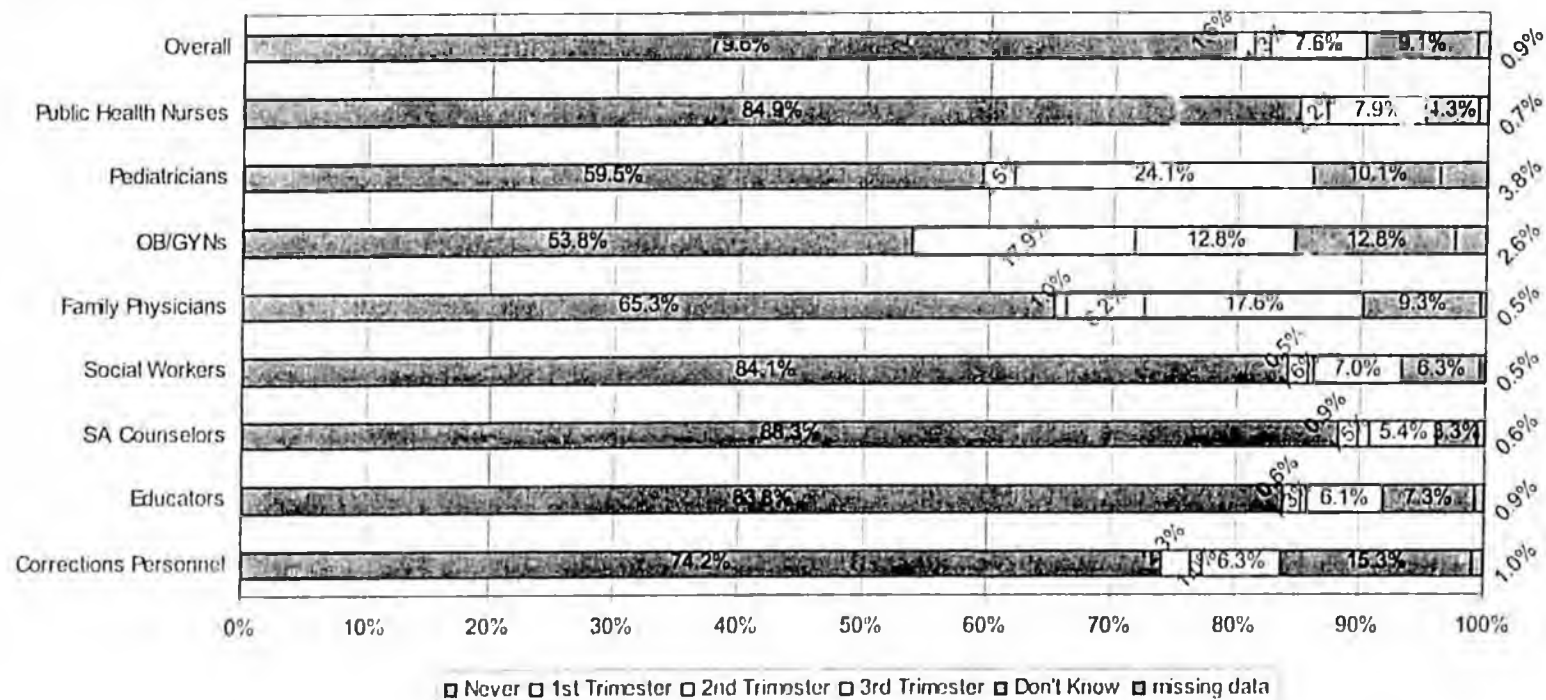
Three out of four respondents reported that no amount of alcohol is safe for a pregnant woman to drink. Of the remaining respondents, 15 percent reported "safe" levels of alcohol consumption ranging from one to five or more drinks (10 percent 1-2 drinks, three percent 3-4 drinks, and two percent 5+ drinks). 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?

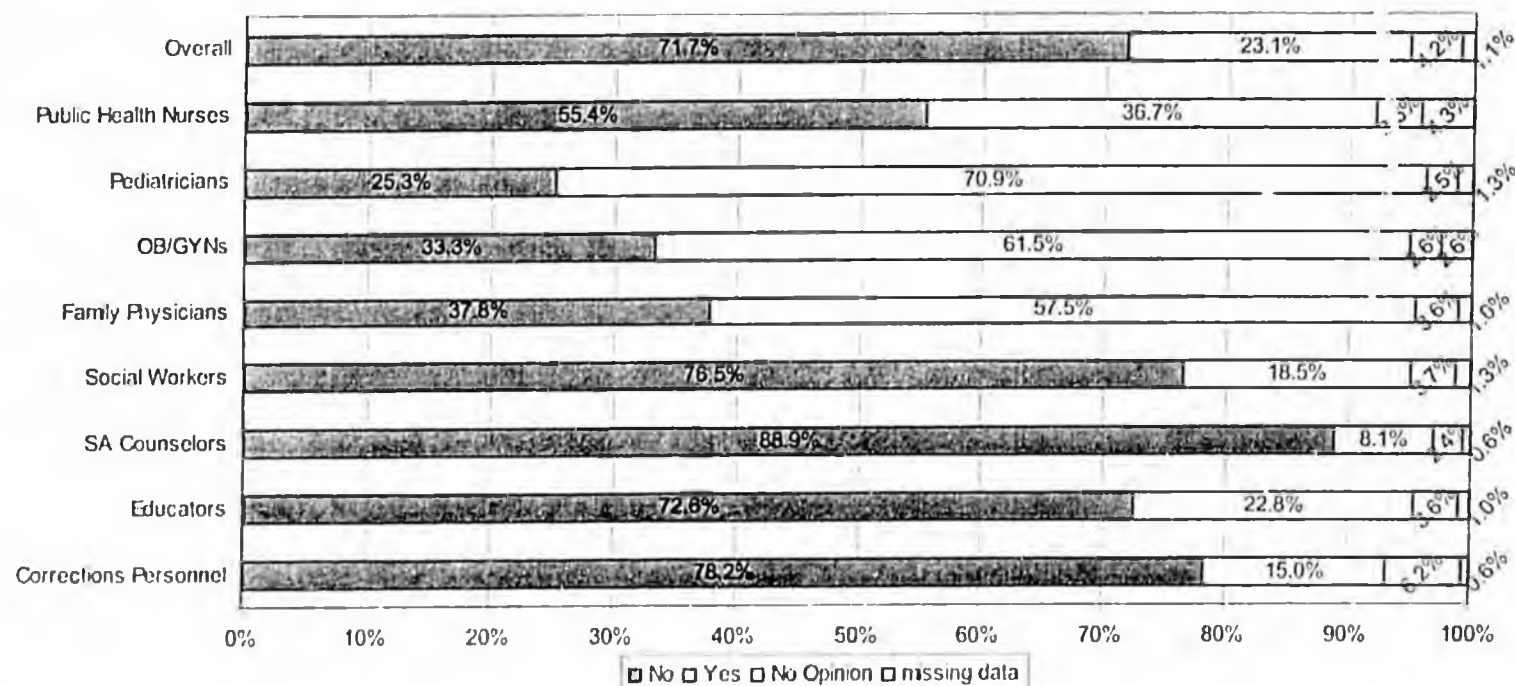
Across all respondent groups, four out of every five reported that, while pregnant, there is no safe period to drink alcohol. Eleven percent reported that alcohol consumption was safe at some time during pregnancy, with the majority reporting that alcohol consumption during the third trimester was safe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

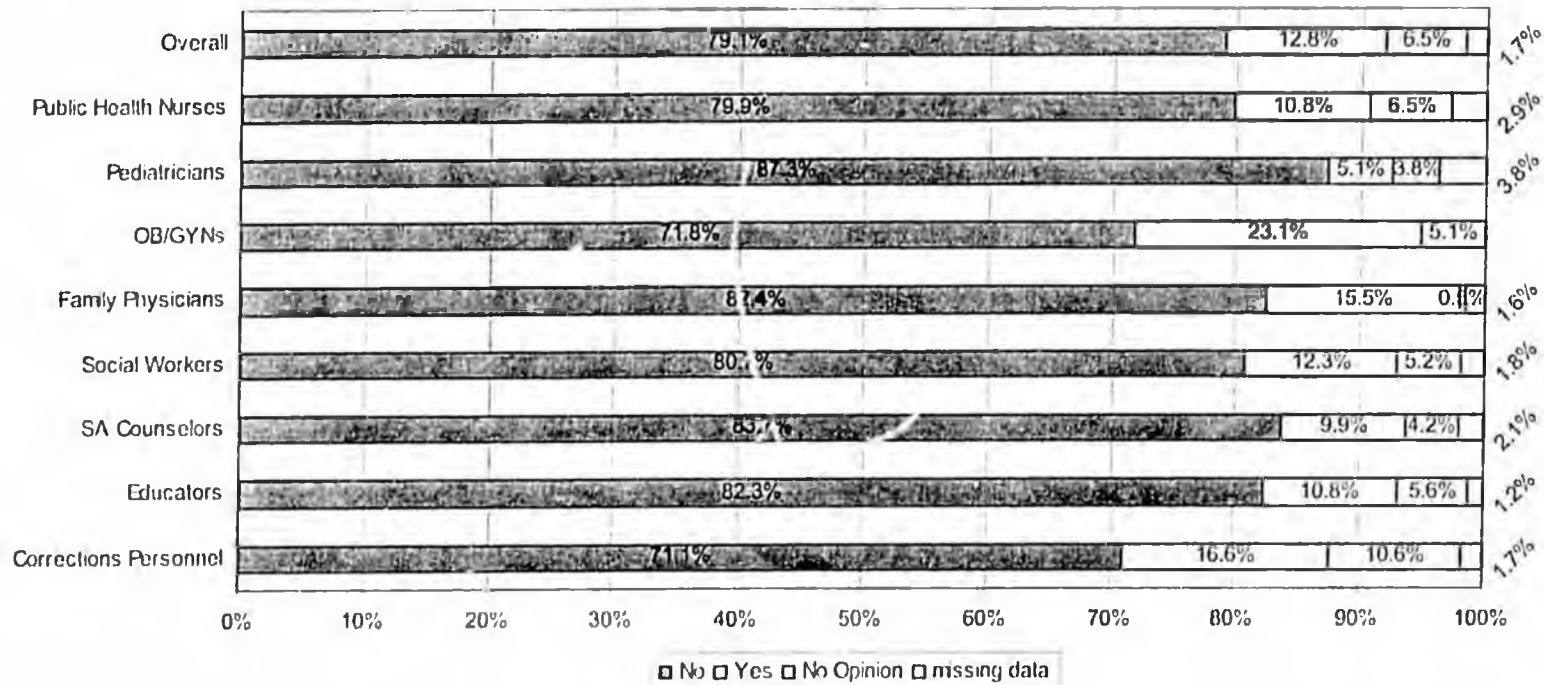
Regardless of respondent occupation, 72 percent reported that it was not all right for a nursing mother to have an occasional alcoholic beverage. Twenty-three percent reported that, in their opinion, it was all right, with the remaining five percent reported that either they did not know (four percent),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

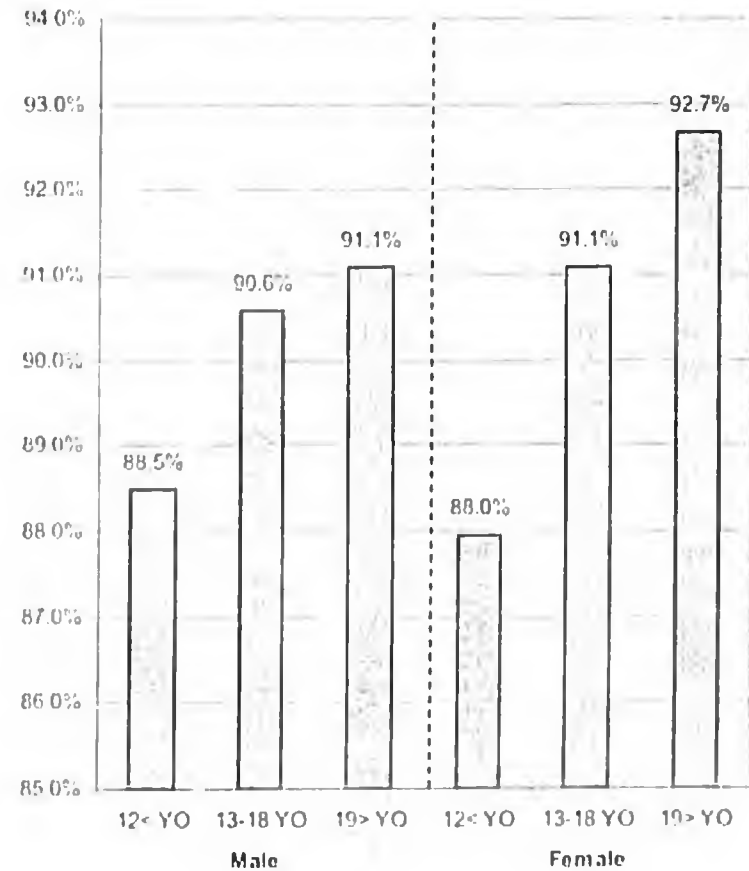
Family Physicians

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.

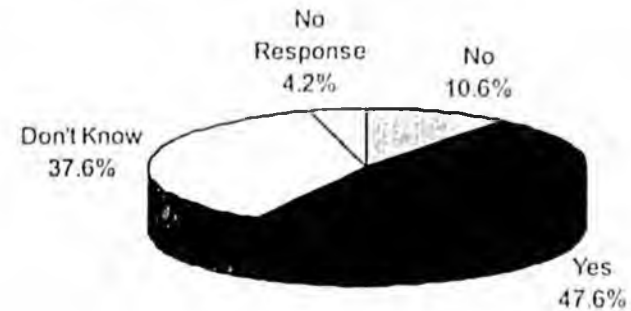
Note: respondents were able to identify more than one age grouping and both genders, so percentages do not sum to 100.



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:

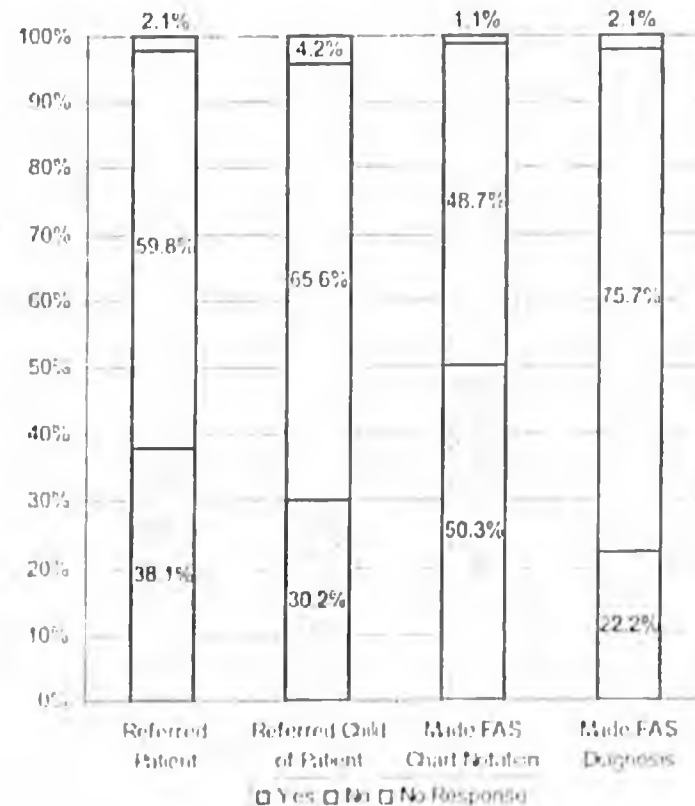
- 18a) Referred a patient for an FAS screening or diagnosis?
- 18b) Referred child of a patient for an FAS screening or diagnosis?
- 18c) Made an FAS chart notation on a patient?
- 18d) Made an FAS diagnosis on a patient?

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?

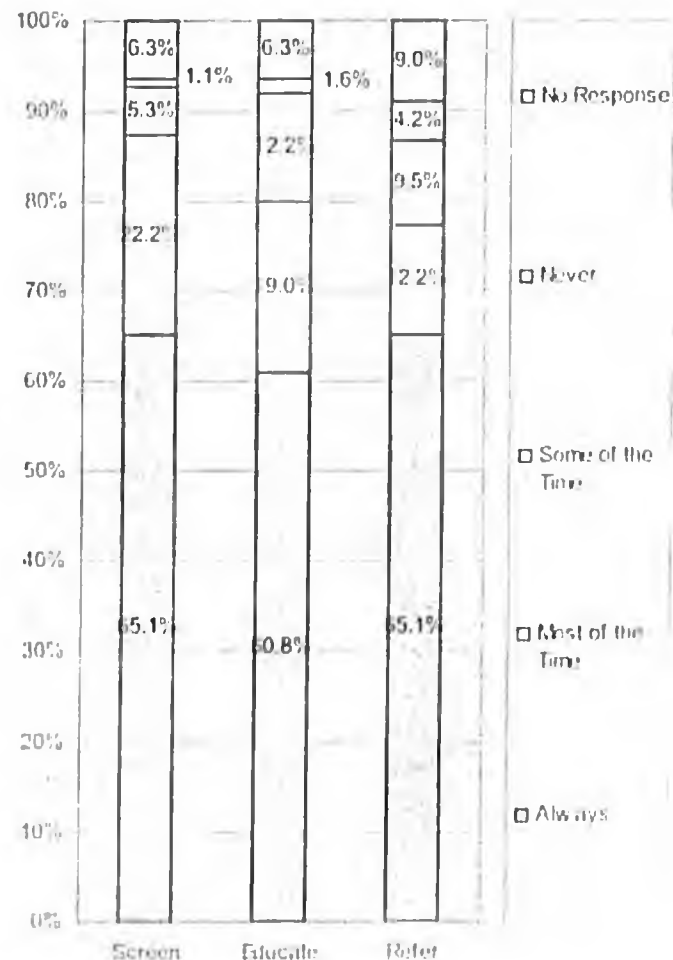
19b) Inform your pregnant patients about the effects of alcohol on a developing baby?

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)

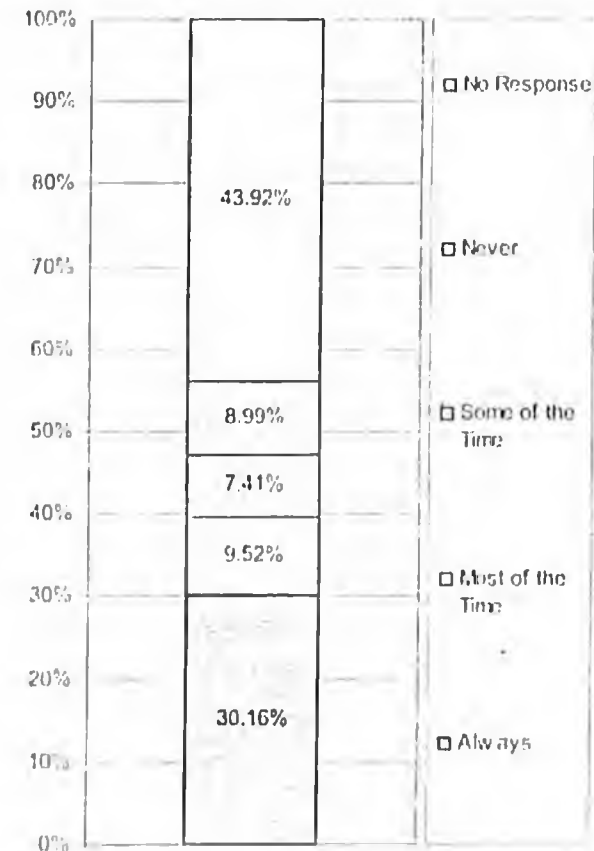
Sixty-five of respondents reported that they *Always* refer pregnant clients with alcohol problems to a treatment or counseling program. An additional 22 percent reported that they make such a referral *Most of the Time* (12 percent) or *Some of the Time* (ten percent). (19c)



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 probs.

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

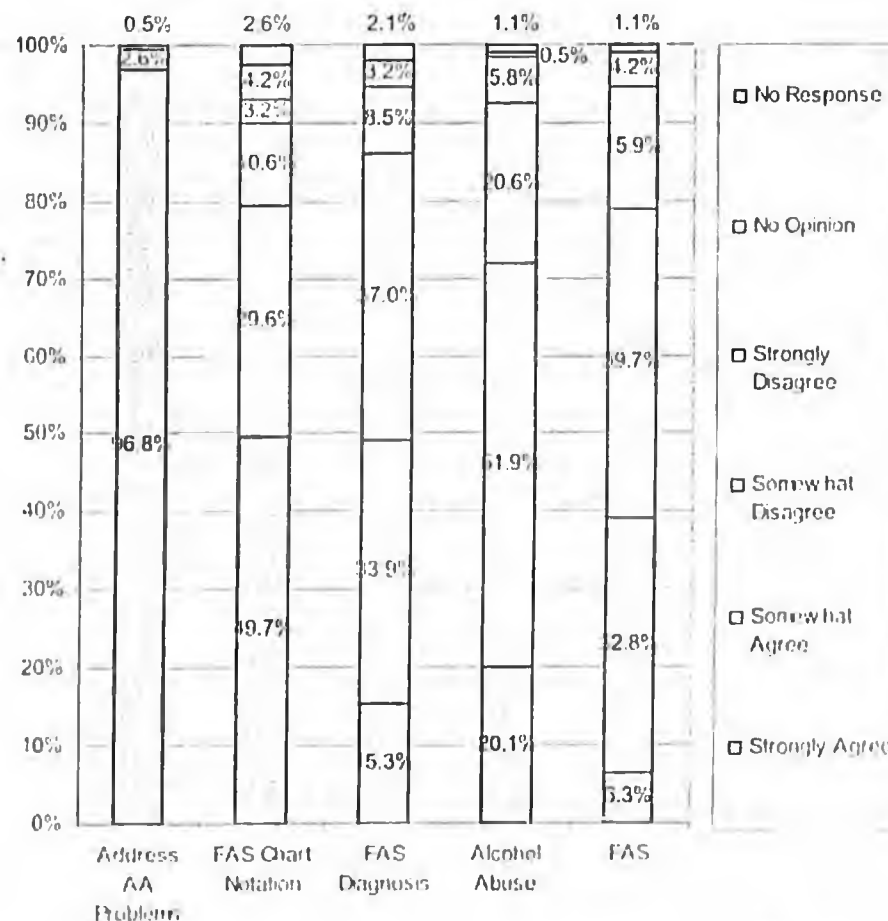
Combined, 99 percent of respondents reported that they either *Strongly Agree* or *Somewhat Agree* that it is important to address alcohol abuse problems. (21a)

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)

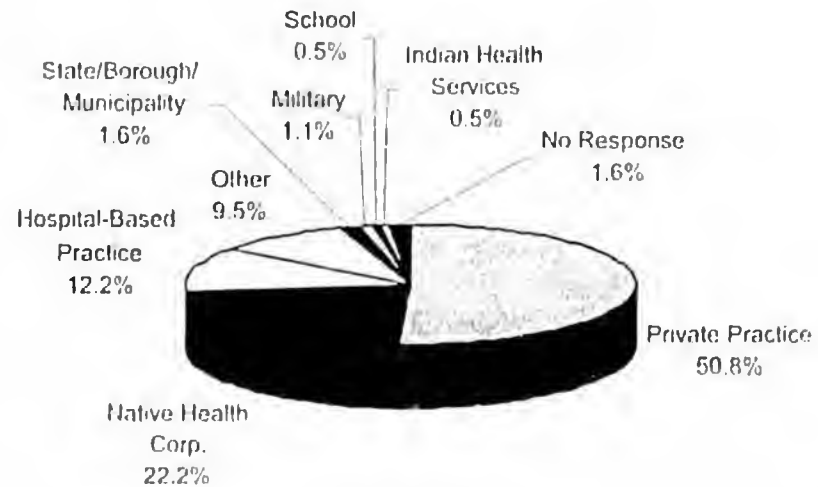
Close to three-fourths of respondents reported that they either *Strongly Agree* or *Somewhat Agree* that they possess the appropriate skills and knowledge to deal with the alcohol abuse problems of their clients and families. (21d)

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.

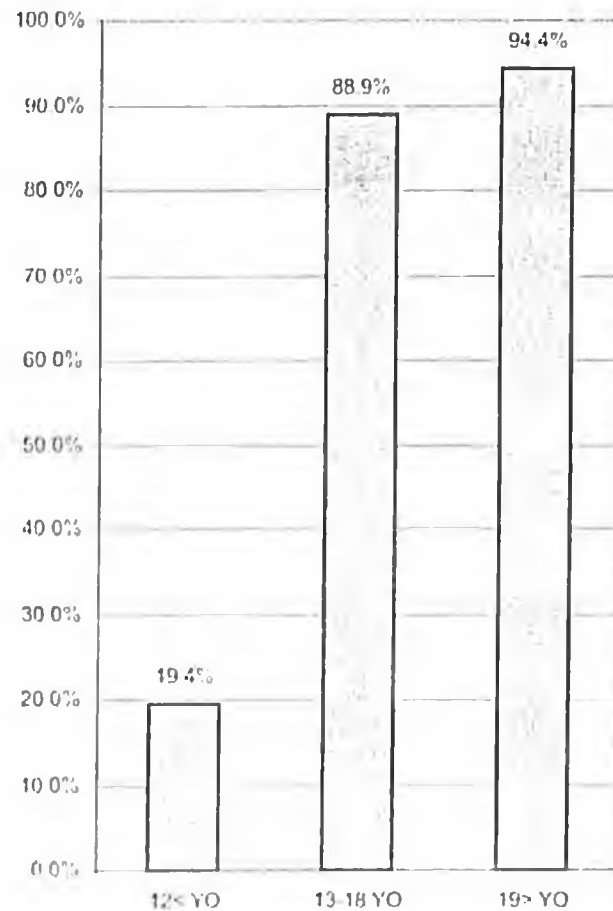


Obstetricians and Gynecologists (OB/GYN)

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.

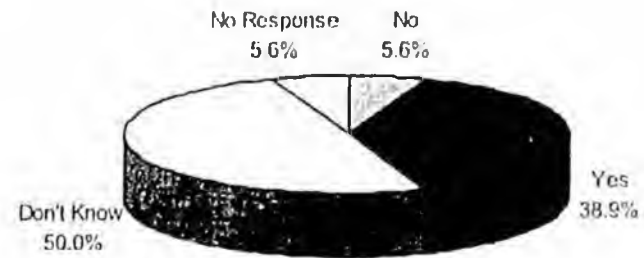
Note: respondents were able to identify more than one age grouping, so percentages do not sum to 100.



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?

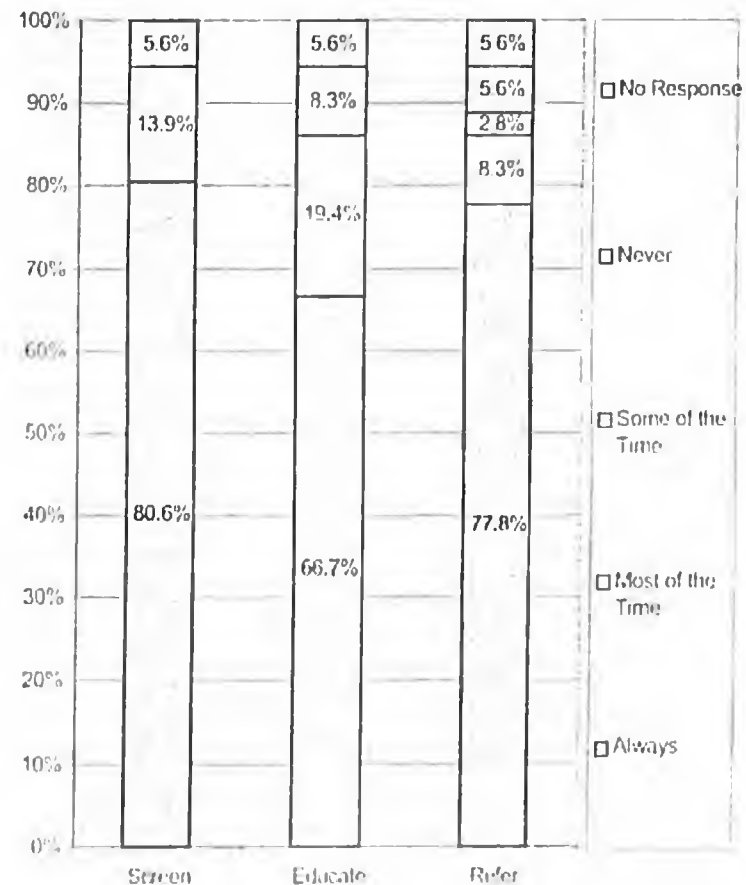
18b) Inform your pregnant patients about the effects of alcohol on a developing baby?

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)

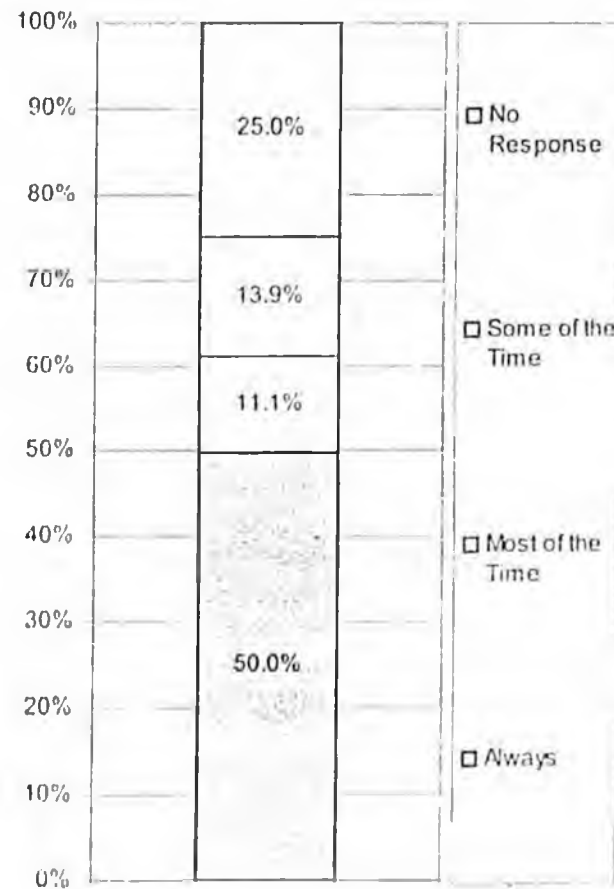
Sixty-seven percent of the respondents reported that they *Always* inform pregnant clients of the effects of alcohol on a developing baby. An additional 28 percent reported that they provide such information *Most of the Time* (19 percent) or *Some of the Time* (eight percent). (18b)

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.

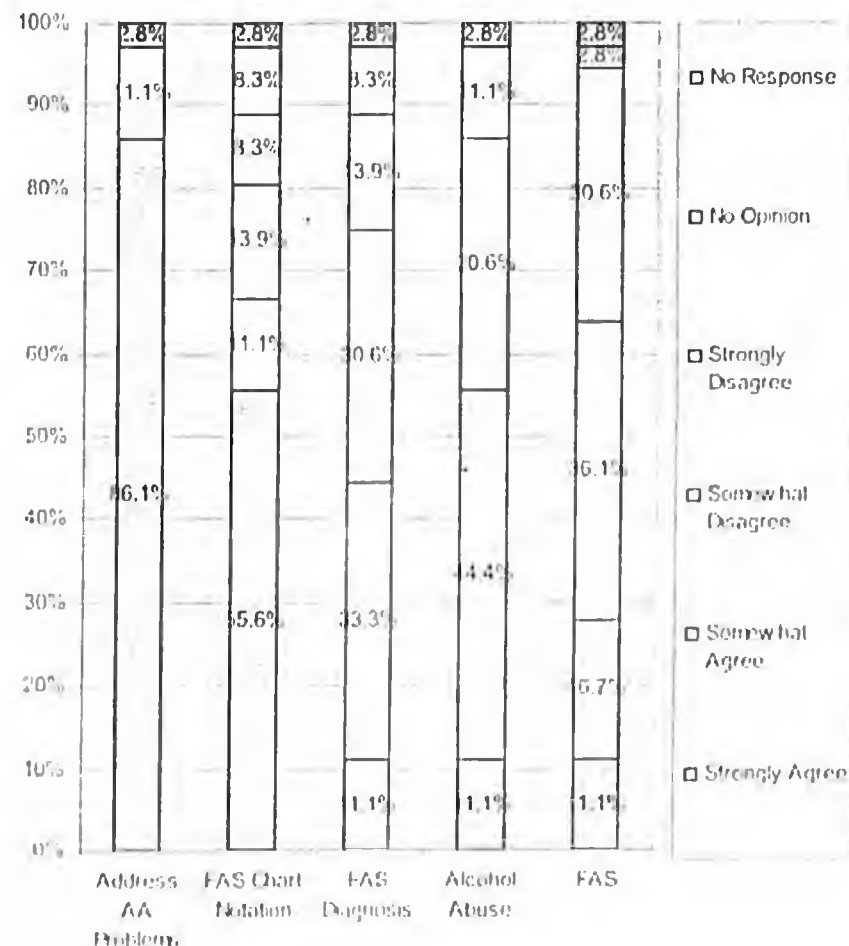
Eighty-six percent of respondents reported that they *Strongly Agree* that it is important to address alcohol abuse problems among patients and their families. Also, 11 percent recorded they *Somewhat Agree*. (20a)

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)

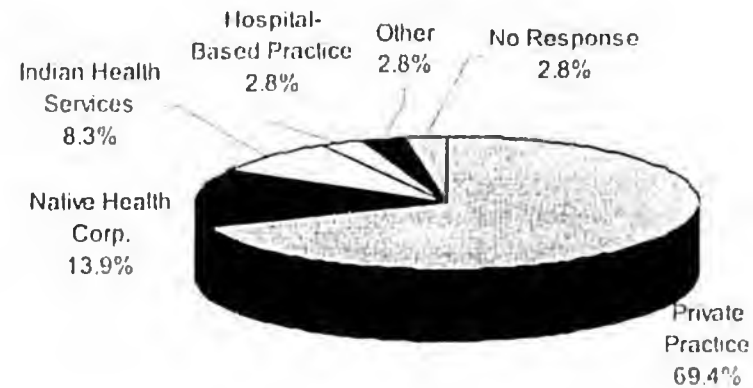
Fifty-six percent of respondents reported that they either *Strongly Agree* or *Somewhat Agree* that they possess the appropriate skills and knowledge to deal with the alcohol abuse problems of their patients and families. (20d)

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).



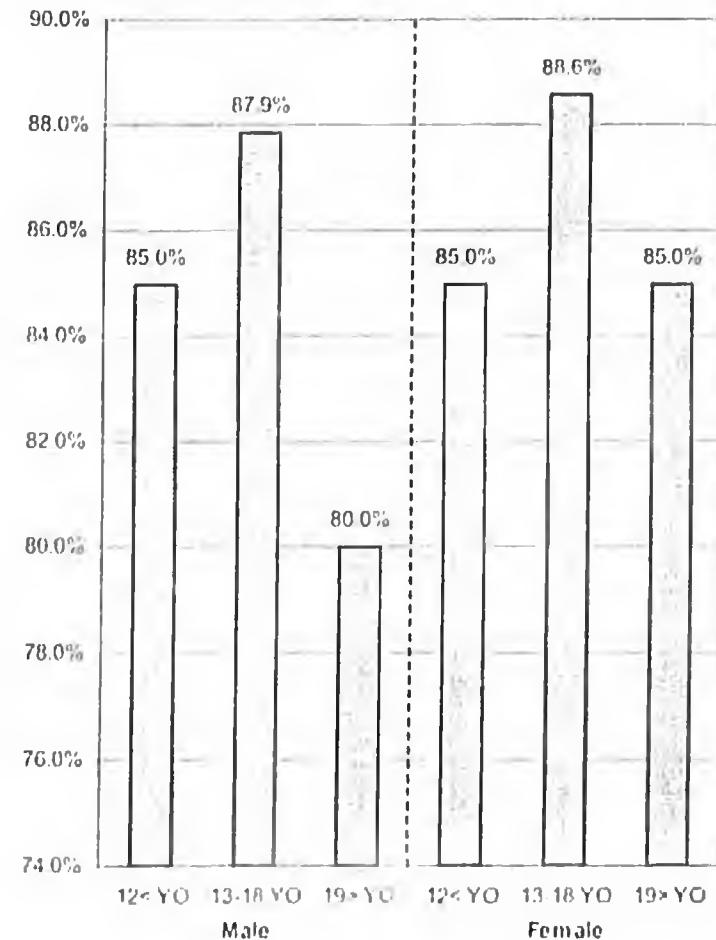
Public Health Nurse (PHN)

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).

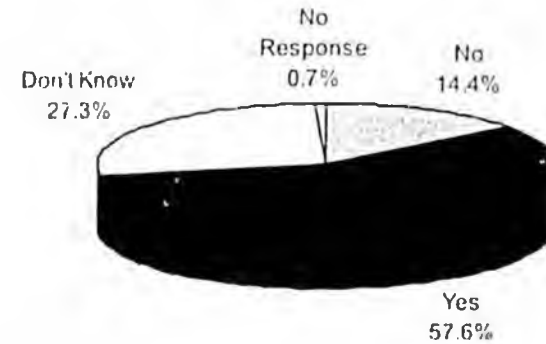
Note: respondents were able to identify more than one age grouping and both genders, so percentages do not sum to 100.



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.



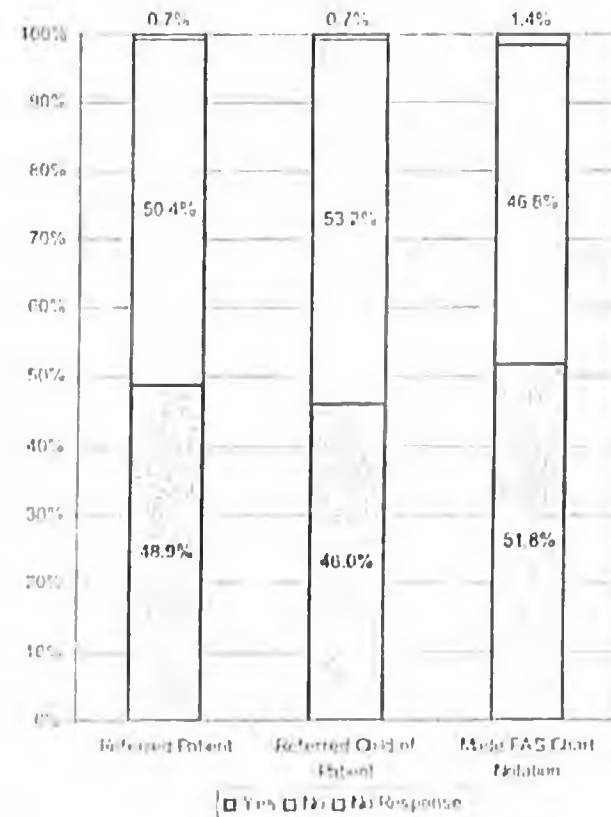
Question 17. Please indicate whether or not you have ever:

- 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?*

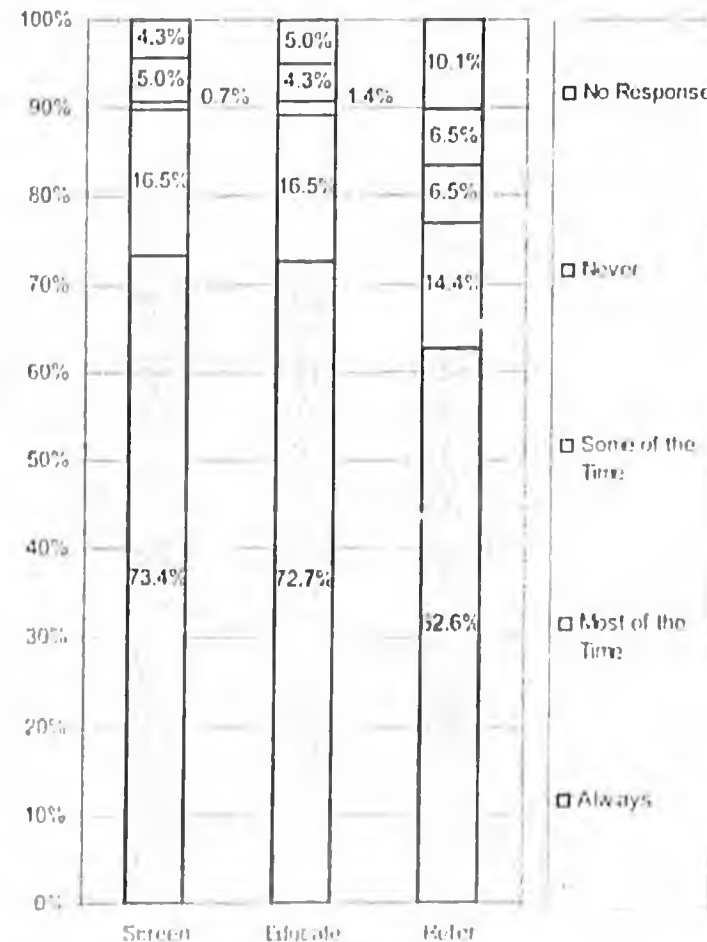
18b) *Inform your pregnant patients about the effects of alcohol on a developing baby?*

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:

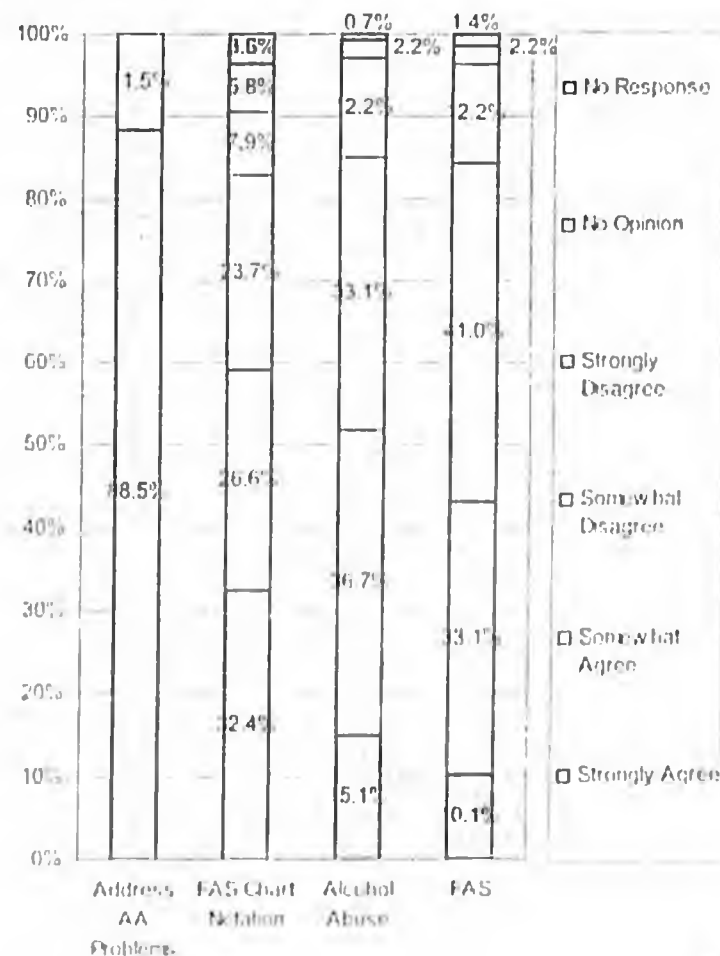
- 19a) I feel that it is important for PHN's to address alcohol abuse problems among their patients and their families.
- 19b) I feel comfortable making a chart notation of Fetal Alcohol Syndrome (FAS).
- 19c) I feel that I have the skills and knowledge to deal with patients and their families who have 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)

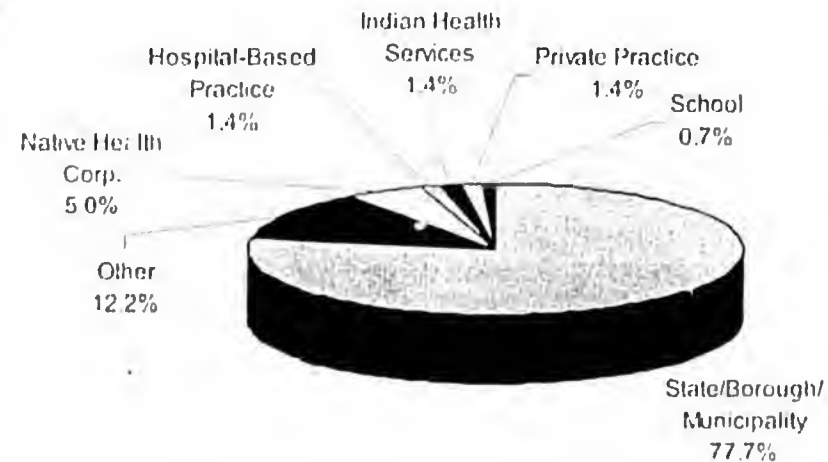
Fifteen percent of respondents reported that they *Strongly Agree* that they possess the appropriate skills and knowledge to deal with the alcohol abuse problems of their patients and families. Thirty-seven percent reported that they *Somewhat Agree* with this statement. (19c)

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>	SUMMARY FAS CRITERIA
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	Alcohol Use During Pregnancy Summary <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%	I. Growth Pattern Summary <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	II. Facial Malformation Summary <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	III. Neurodevelopmental Summary <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

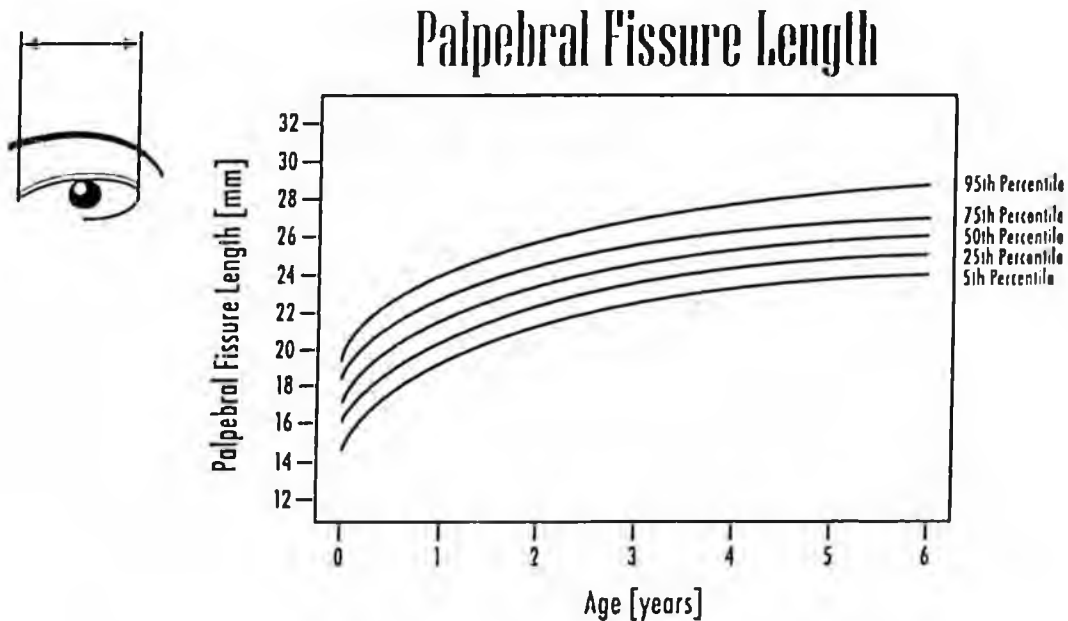
If I, II, & III are positive - Refer to local genetics/FAS assessment team (if no history of maternal alcohol use, we still recommend referral, as child may have a non-alcohol-related birth defect).
If I, II, or III are positive and a history of maternal alcohol use exists, consult an FAS specialist.

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

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.

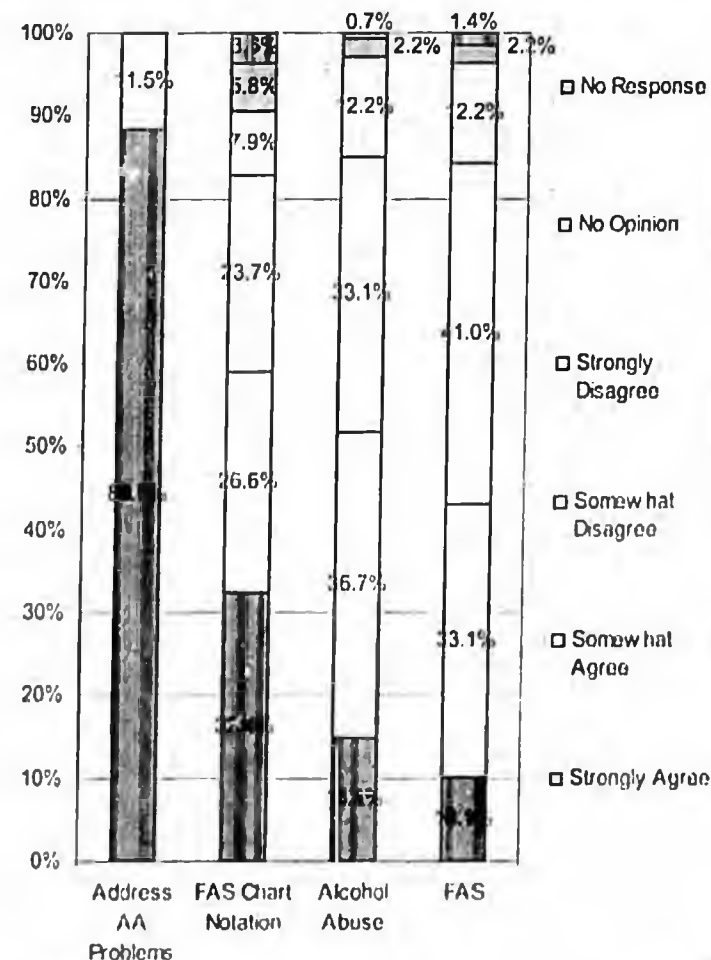
19d) I feel that I have the appropriate skills and knowledge to deal with patients who have FAS.

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

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

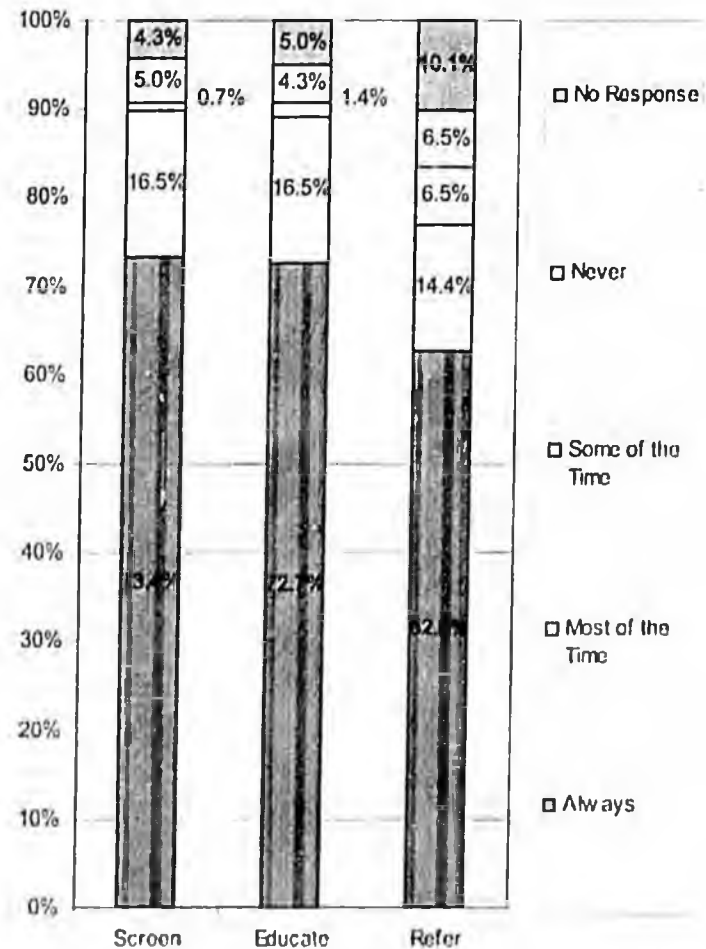
18b) Inform your pregnant patients about the effects of alcohol on a developing baby?

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)

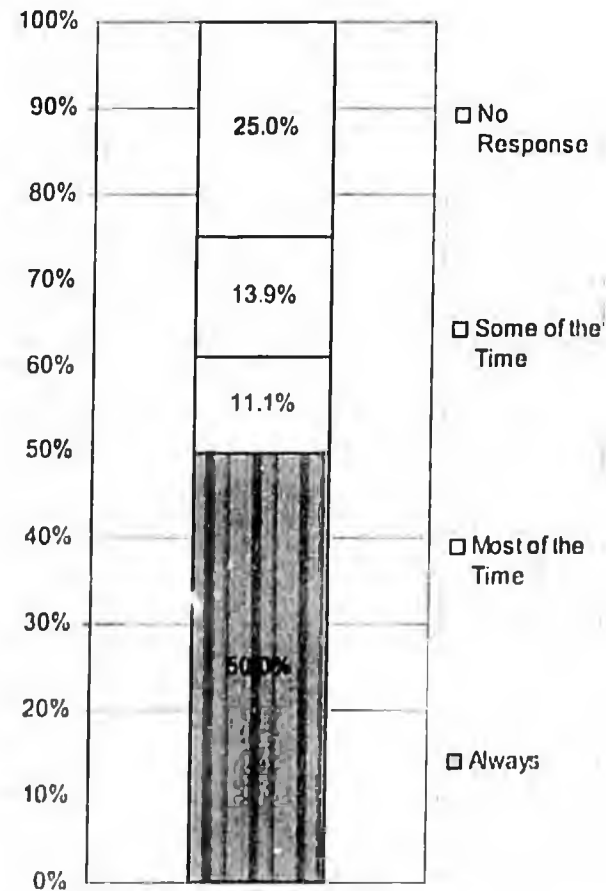
Seventy-three percent of the respondents reported that they *Always* inform pregnant clients of the effects of alcohol on a developing baby. An additional 18 percent reported that they provide such information *Most of the Time* (17 percent) or *Some of the Time* (one percent). (18b)

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

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

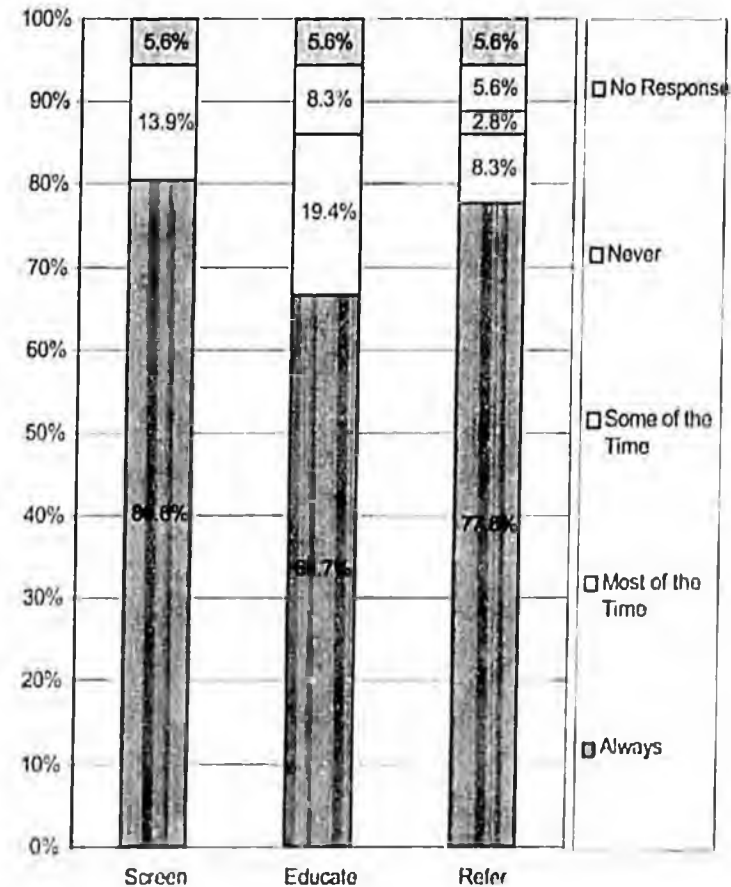
18b) *Inform your pregnant patients about the effects of alcohol on a developing baby?*

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)

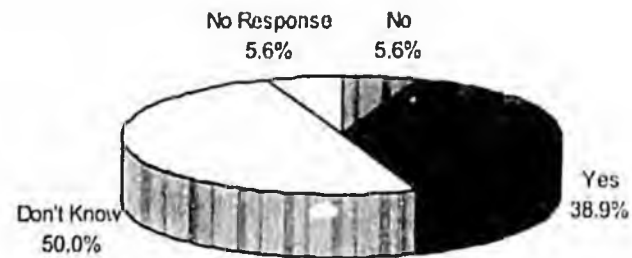
Seventy-eight percent of respondents reported that they *Always* refer pregnant clients with alcohol problems to a treatment or counseling program. An additional 11 percent reported that they make such a referral *Most of the Time* (eight percent) or *Some of the Time* (three percent). (18c)



Question 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 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.

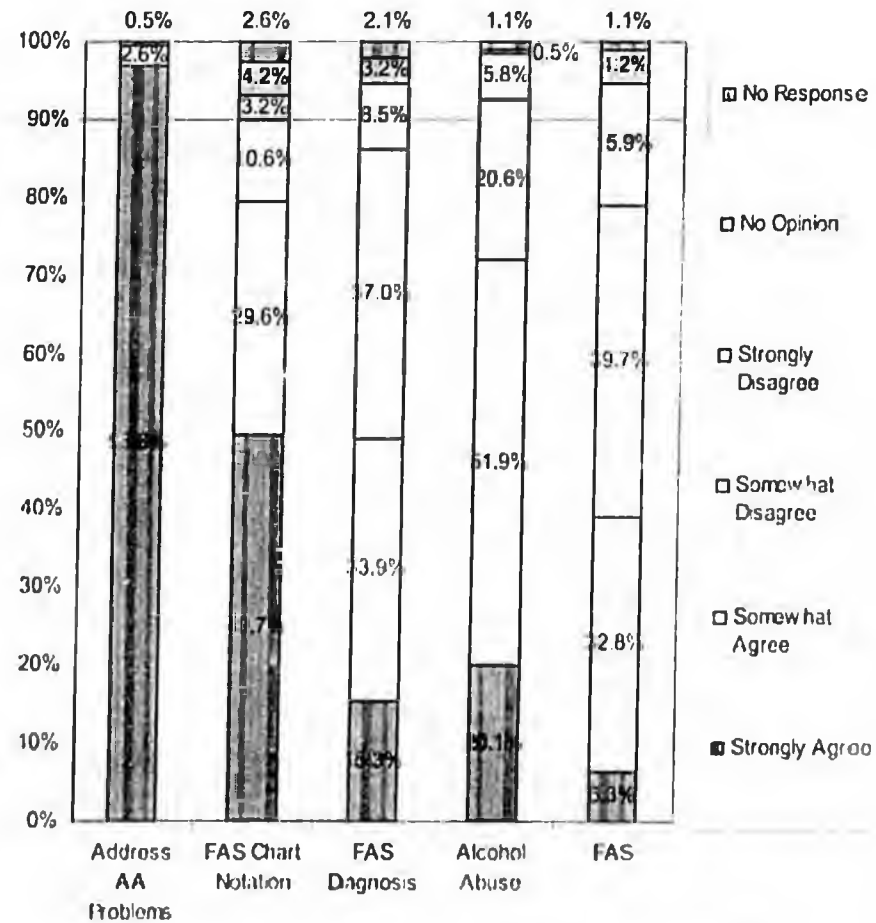
Combined, 99 percent of respondents reported that they either *Strongly Agree* or *Somewhat Agree* that it is important to address alcohol abuse problems. (21a)

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)

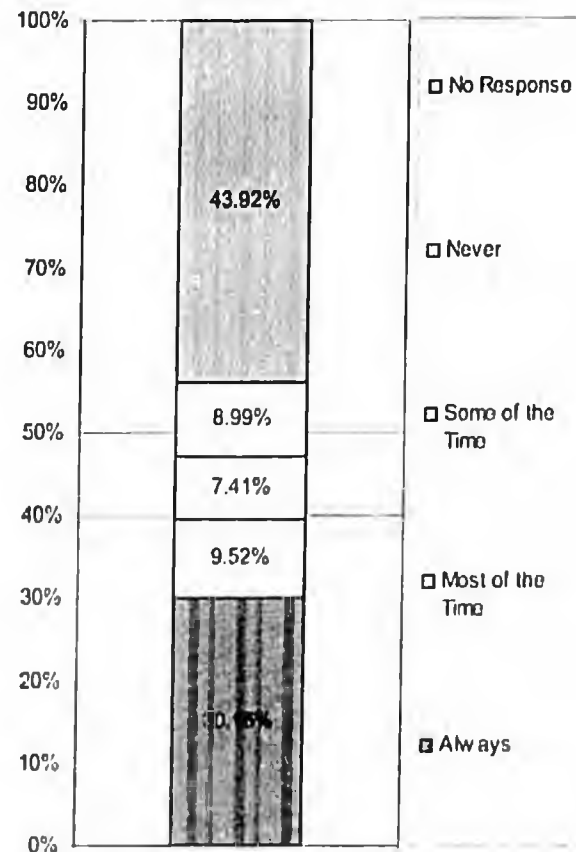
Thirty-nine percent of respondents reported they either *Strongly Agree* or *Somewhat Agree* that they possess the skills and knowledge to deal with clients who possess FAS. (21e)



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

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

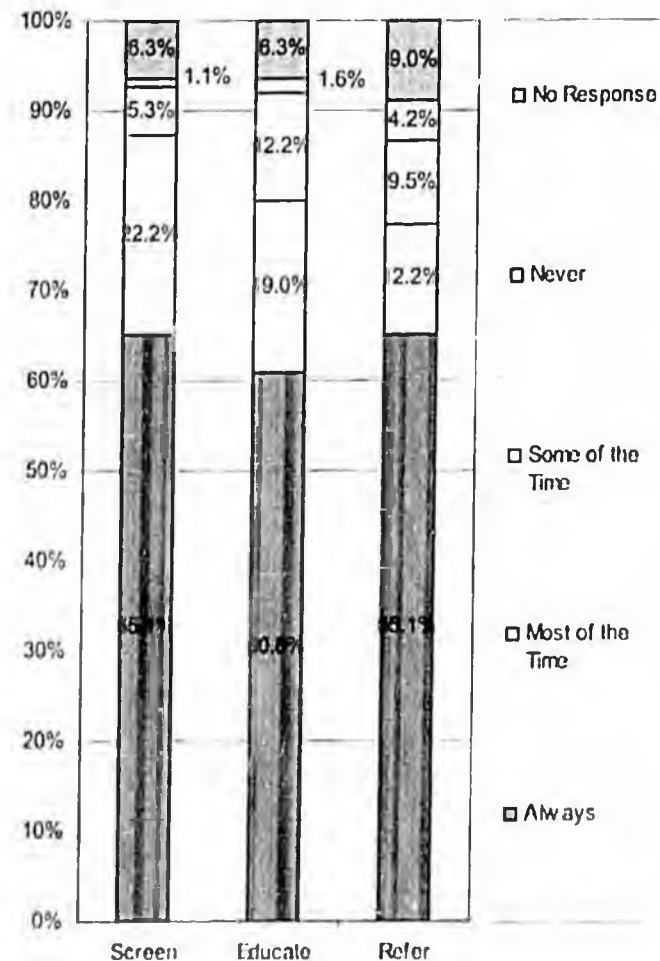
19b) Inform your pregnant patients about the effects of alcohol on a developing baby?

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)

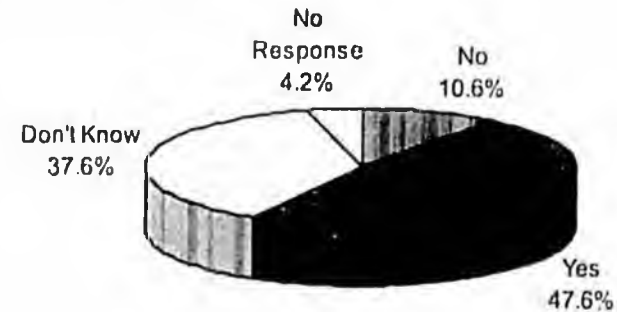
Sixty-five of respondents reported that they *Always* refer pregnant clients with alcohol problems to a treatment or counseling program. An additional 22 percent reported that they make such a referral *Most of the Time* (12 percent) or *Some of the Time* (ten percent). (19c)



Question 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:

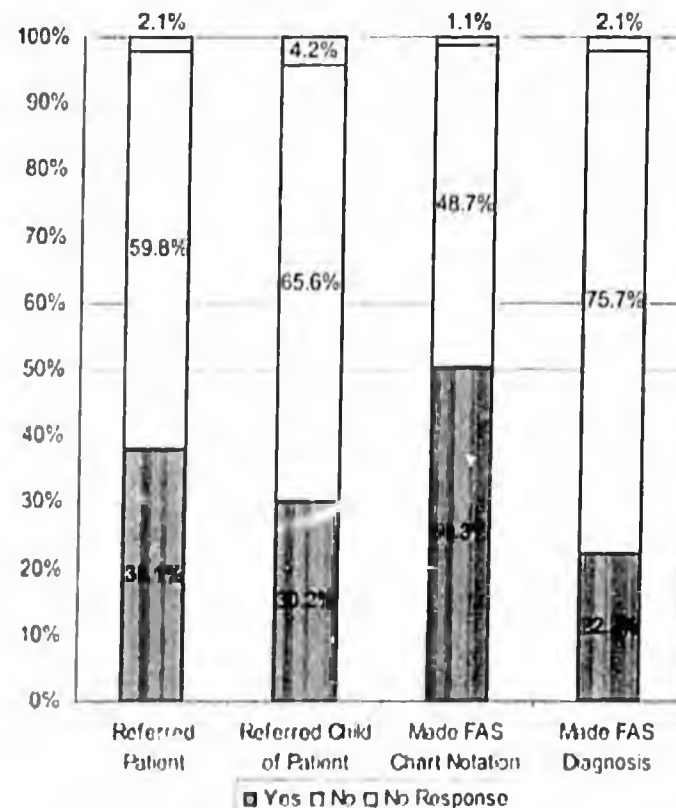
- 18a) Referred a patient for an FAS screening or diagnosis?
- 18b) Referred child of a patient for an FAS screening or diagnosis?
- 18c) Made an FAS chart notation on a patient?
- 18d) Made an FAS diagnosis on a patient?

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 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.

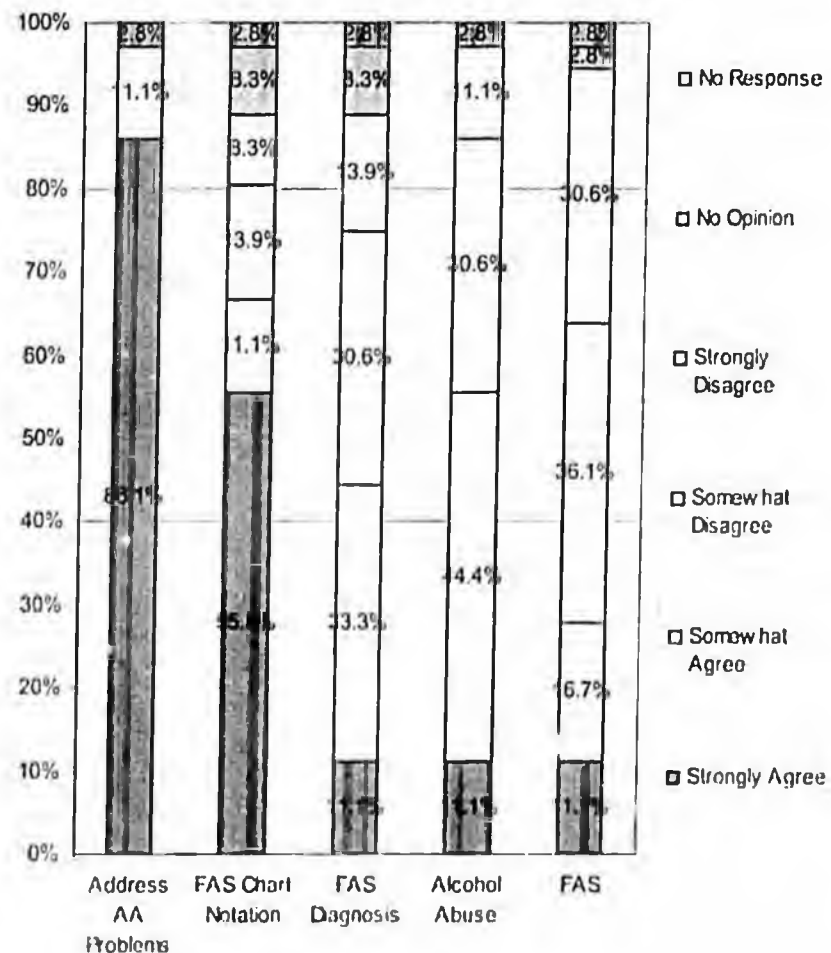
Eighty-six percent of respondents reported that they *Strongly Agree* that it is important to address alcohol abuse problems among patients and their families. Also, 11 percent recorded they *Somewhat Agree*. (20a)

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)

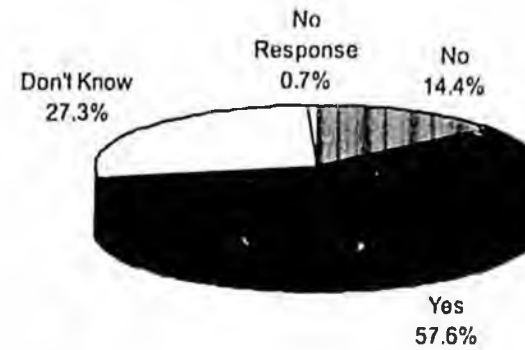
Twenty-eight percent of respondents reported they either *Strongly Agree* or *Somewhat Agree* that they possess the skills and knowledge to deal with patients who possess FAS. (20e)



Question 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.



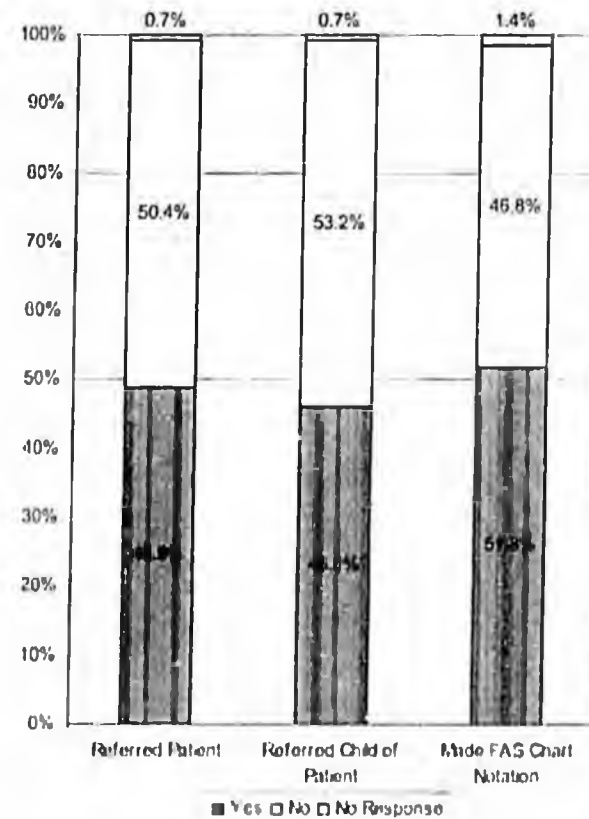
Question 17. *Please indicate whether or not you have ever:*

- 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)

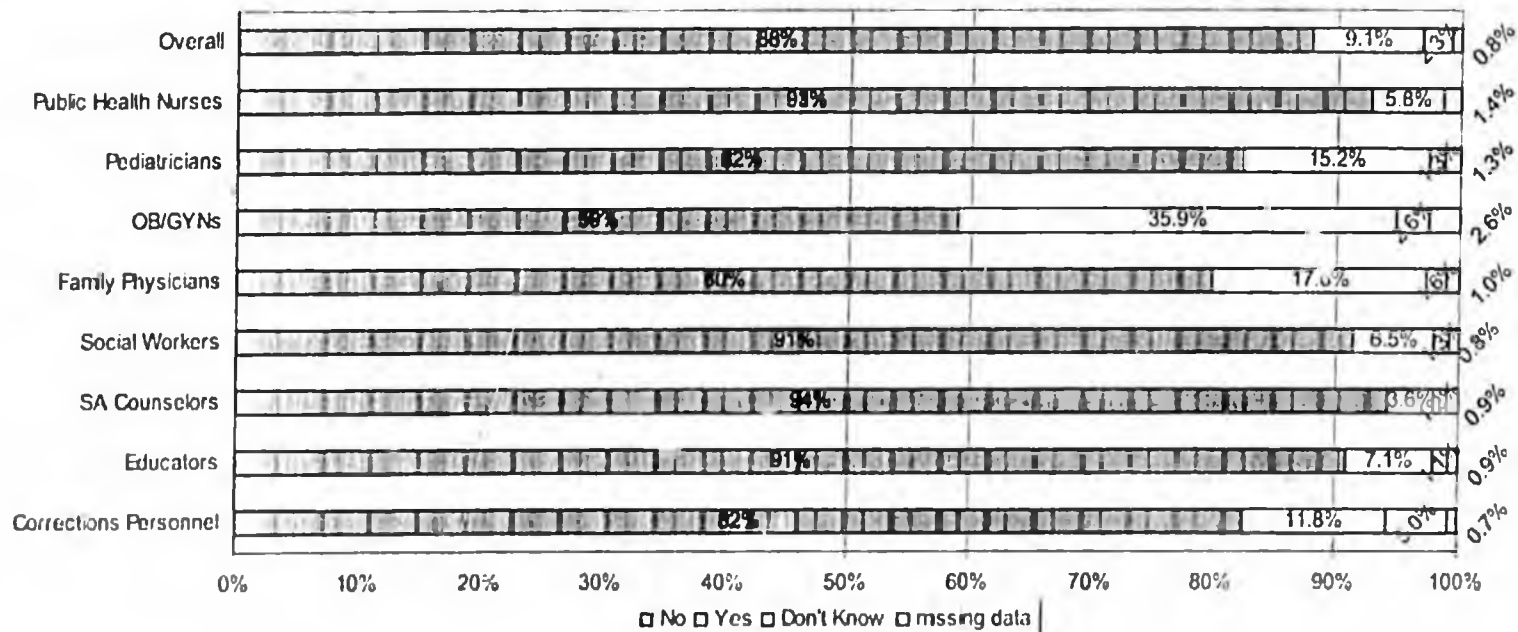
Forty-six percent respondents reported having referred a child of a patient for FAS screening or diagnosis. (17b)

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



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

Respondents to this item indicated 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.

(I was privileged to provide this as oral testimony before the Committee on March 14 through the good services of the Fairbanks Legislative Affairs Office. Here is the long overdue hard copy.)

Good afternoon. My name is Shoshanna Fiona Stewart-Campbell; I live in Fairbanks. I am speaking today in regard to HB312. I understand that there is some discussion in regard to cutting funding for Fetal Alcohol Diagnostic teams and other support services for adults and children who are afflicted with FASD. That is of grave concern to me, for I myself am an FASD adult "survivor." I use the term "survivor" because, having never been fully diagnosed and only having discovered within the last decade that FASD is the root of many of my struggles in life, I have struggled all my life to understand what besets me: both the internal challenges and the physical disabilities which have seemed to restrain me from success in the world. As well, lacking a diagnosis, I have always been ineligible for services. This is a story repeated thousands of times amongst FASD adults who are not diagnosed. During the past winter, I served as sexton (caretaker) at St. Matthew's Episcopal Church, the congregation of which is largely comprised of Native people. In the course of my time with the church, my heart was broken over and over again as one after another, parishioners or their loved ones fell ill, died suddenly in the throes of alcoholism, were taken tragically through accidents or street violence, or succumbed gradually to lifestyle-related cancers. As well, each day a number of people came to find haven from the frozen streets in the church hall; most of them, I am certain, have been in one way damaged and taken captive by substance abuse and the vast array of disasters which arise from this. All of these tragedies can be traced back in some way to alcohol, be it fetal alcohol exposure, the crimes committed by some with FASD, domestic violence...the list is endless.

Even today, most people outside the world of FASD who do deal with this matter personally, misunderstand this PHYSICAL BIRTH DEFECT, which results from prenatal exposure to alcohol in the womb; and they unwittingly misrepresent us, or even fear us! Most importantly, we do not fully understand ourselves.

Last night I attended a support group for parents of FASD children which rely heavily upon governmental financial support. These children were all vastly different from one another, experiencing a very wide range and disparate cluster of challenges from very low functioning with severe "handicaps", to artistically gifted, articulate, and very bright. Some, like me, are conundrums: highly gifted in some areas, profoundly challenged in others.

People with FASD are sometimes perceived as if we all came from the mold; the term in common usage is "cookie cutter" representation of FASD children and adults. We are not cookies, or are we all out of one mold! But, to borrow from that analogy, I could go on to say that neither are we "half baked" although, we are often very RAW within: deeply wounded and raw within our own souls; scored by the knife wounds of unkindness in a culture which largely still lacks compassion and understanding towards us; even BURNT

HB

316

HFIN

FILE

HOUSE COMMITTEE REPORT

(11)

Date Referred to Committee: May 6, 2006

FURTHER REFERRALS:

Date of Committee Action: 5/7/06

The FINANCE Committee considered:

HB 316

HOUSE BILL NO. 316

EXTEND BOARD OF GOVERNORS ABA

"An Act extending the termination date for the Board of Governors of the Alaska Bar Association; and providing for an effective date."

Recommends it be replaced with HCS or CS for HB 316 (JUD)
 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
- CED
- COR
- CRT
- EED
- DEC
- DFG
- GOV
- HSS
- LWF
- LAW
- LEG
- 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

<u>PREVIOUS FISCAL NOTES</u>				
List by Dept(s):	FN#	Fiscal	Indet.	Zero
JUD	1			✓

<u>Signing with recommendations</u>	Printed Last Name	DP	DNP	NR	AM
	Hawk	✓			
	Foster	X			
	Weyhrauch			X	
	Holm			X	
	Jack	X			
	Kertula	✓			
	STORTZ	✓			
	MOSES			X	
Chair:	Meyer	✓			
Chair:	Chasoff				✓

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: #1
 Bill Version: CS HB 316(TLD)
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: _____
 Title: "An Act extending the termination date for the RDU _____
Board of Governors of the Alaska Bar..." Component: _____
 Sponsor: Stoltze _____
 Requester: House Judiciary Committee 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						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

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)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

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						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The Board of Governors of the Alaska Bar Association is not allocated to a Department and considers itself exempt from the appropriation powers of the Legislature.

Prepared by: Kevin Jardell, Legislative Director Phone 465-4021
 Division: Governor's Legislative Office Date/Time 4/26/06 7:00 AM
 Approved by: Kevin Jardell, Legislative Director Date 4/26/2006
 Agency: Governor's Legislative Office

ALASKA STATE LEGISLATURE

Vice Chair:
House Finance Committee

Chair:
House Finance Subcommittee for
Department of Public Safety
Department of Law



Session:
Alaska State Capitol
Juneau, AK 99801-1182
Phone: (907) 465-4958
Fax: (907) 465-4928

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PO Box 464
Chugiak, AK 99567

BILL STOLTZE STATE REPRESENTATIVE

Representative_Bill_Stoltze@legis.state.ak.us

House Bill 316(JUD)

Extend the Termination Date for the Board of Governors ABA

"An act extending the termination date for the Board of Governors of the Alaska Bar Association; and providing for an effective date."

House Bill 316 extends the sunset date of the Board of Governors of the Alaska Bar Association until June 30, 2007.

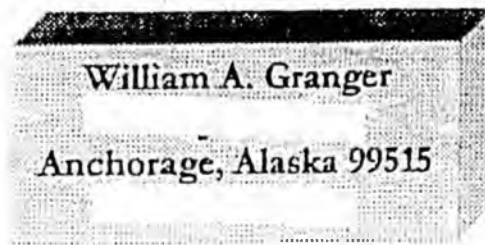
The Board of Governors for the Alaska Bar Association is comprised of 12 members. Nine members are elected by active members of the Alaska Bar Association: two from the 1st judicial district, four from the 3rd judicial district, two from the 2nd/4th judicial districts, and one at-large member. There are also three non-attorney members appointed by the Governor and confirmed by the Legislature. The Board governs the Bar Association, administers exams, approves and recommends rules concerning practice of law to the State Supreme Court, and provides continuing legal education and member services.

It is the opinion of the Legislative Budget and Audit Committee that the Board of Governors of the Alaska Bar Association should be extended. I ask your support in extended its sunset date to June 30, 2007.

DISTRICT 16

BIRCHWOOD • BUTTE • CHUGIAK • EKLUTNA • FAIRVIEW LOOP
KNIK RIVER ROAD • LAZY MOUNTAIN • PALMER • PETERS CREEK

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References

Rick Owen Esq., Corporate Counsel, Natchig, Inc.,
David H. Bundy Esq., Bundy & Christinson ;
Patrick B. Gilmore Esq., Atkinson, Conway & Gagnon, Inc.,
Barbara Schuhmann Esq., Cook, Schuhmann & Groseclose, Inc.,
Jan Ostrovsky, Esq., United States Trustee, ;
Lawrence Z. Ostrovsky, Esq., Office of the Attorney General, Oil and Gas
Joseph M. Moran, Esq. DeLisio, Moran, Geraghty & Zobel, PC,
David J. Schmid, Esq.,
William R. Hupprich, Esq., Associate General Counsel, Alaska Railroad Corporation,
Richard Strutz, President, National Bank of Alaska,
Thomas W. Mason, Senior Vice President, Alaska USA Federal Credit Union,
Allen B. Bingham, CPA, Partner, Mikunda, Cottrell & Co.,

Affiliations

Board Member, Anchorage Center for Families
Past Board Member, Hilltop Youth, Inc. (operator of Hilltop ski area)
Board Member, Alaska Snowmobile Representatives Alliance
Past President, Make-A-Wish Foundation, Alaska Chapter
Board Member, Alaska Bar Foundation
Board Member, National Bank of Alaska
RMA Senior Member
American Institute of Banking Instructor

Licenses/Permits

Real Estate Agent (expired)
PADA Scuba Diver
Private Pilot
Concealed Weapon

Education

Diamond High School,
Gonzaga University, 1972-1974
Anchorage Community College, 1959-1986
American Institute of Banking
Pacific Coast Banking, 2001

Employment History

Matanuska Valley Bank, 1968 – 1978

Consumer lending and Branch Management

Alaska National Bank of the North, 1985-1987

Senior Vice President

Loan Administration/ Special Assets

National Bank of Alaska, 1988-Present

Senior Vice President, Senior Loan Administration

Board Member

Personal

Alaska resident for 37 years.



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